OPRE Report #2016-63

Parents and Children Together: Design and Implementation of Two Healthy Marriage Programs

October 2016

Parents and Children Together: Design and Implementation of Two Healthy Marriage Programs

October 2016

OPRE Report 2016-63

Heather Zaveri, Scott Baumgartner

Submitted to:
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Planning, Research and Evaluation
Aerospace 7th Floor West
901 D Street, SW
Washington, DC 20447
Project Officer: Seth Chamberlain (OPRE-COR)
Kathleen McCoy (OPRE/BSC – Project Monitor)
Contract Number: HHSP23320095642WC

Submitted by:
Mathematica Policy Research
1100 1st Street, NE
12th Floor
Washington, DC 20002-4221
Telephone: (202) 484-9220
Facsimile: (202) 863-1763

Project Director: Robin Dion
Reference Number: 06997.57C

OPRE

PACT
Parents and Children Together

MATHEMATICA
Policy Research

This report is in the public domain. Permission to reproduce is not necessary. Suggested citation: Zaveri, Heather and Scott Baumgartner. (2016). Parents and Children Together: Design and Implementation of Two Healthy Marriage Programs. OPRE Report Number 2016-63. 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 http://www.acf.hhs.gov/programs/opre/index.html.

ACKNOWLEDGEMENTS

We wish to 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 its support of this component of the Parents and Children Together (PACT) evaluation. We appreciate the guidance and feedback provided by our project officer Seth Chamberlain, former project officer Nancye Campbell, and project monitor Kathleen McCoy. We also benefitted from insightful comments on this report from ACF leadership and senior staff.

Many individuals made important contributions to this study and we are fortunate to have a strong and collaborative study team at Mathematica. Angela D'Angelo, Dan Friend, Sharon McGroder, and Rebekah Selekman conducted site visits to the grantees. Lily Roberts researched outreach efforts of the New York City Office of Child Support Enforcement. Adam Dunn, Joe Baker, Sharon McGroder, Reginald Covington, and Daniel Friend acted as liaisons to the grantees. Their monitoring notes and feedback were critical to our understanding of the programs and their early implementation. Rebecca DiGiuseppe played an instrumental role in overseeing the administration of the staff survey, and Rebecca Levine Coley and Julia Alamillo made important contributions to the analysis of staff survey data. Alma Vigil's expert programming generated the PACT baseline survey results used to describe key characteristics of couples participating in the study and the PACTIS data describing trends in enrollment and participation.

The PACT evaluation is led by Robin Dion. Initially, Sheena McConnell co-led the evaluation with Robin Dion, and in that capacity provided oversight and guidance to the process study. We are especially grateful to Robin Dion for her invaluable feedback on the organization and structure of the report and to Diane Paulsell for her thoughtful review of an early draft. We appreciate Amanda Bernhardt for arranging the editing of the report and Betty Teller and Jane Retter for their diligent editing; Sharon Clark for her efficient formatting; and Brigitte Tran for her creative report design and graphic design expertise.

Finally, we wish to thank the grantees and their staff, who hosted us for site visits during the winter of 2014, participated in interviews, and provided prompt, clarifying feedback on the details of their programs during the development of this report. In particular, we would like to thank the leadership at each program: Veronica Lowenberg and Jesus Diaz (the HOME Program) and Tabitha Gonzalez, Jantra Coll, and Scott Wetzler (Supporting Healthy Relationships).

OVERVIEW

The Parents and Children Together (PACT) evaluation, conducted by Mathematica Policy Research for the Office of Research, Planning, and Evaluation, Administration for Children and Families (ACF), U.S. Department of Health and Human Services, is examining a set of Healthy Marriage (HM) and Responsible Fatherhood (RF) grantees funded by ACF's Office of Family Assistance (OFA) in 2011. Recognizing that grantees' programs continue to grow and develop, the PACT evaluation aims to provide foundational information to guide ongoing and future program design and evaluation efforts, and to build the evidence base for programming.

This report presents findings from a process study of the two OFA HM grantees who participated in PACT:

1. **The El Paso Center for Children's** Healthy Opportunities for Marriage Enrichment program in El Paso, Texas
2. **University Behavioral Associates'** Supporting Healthy Relationships program in the Bronx, New York

As a requirement of their HM grants, grantees offered services to support and strengthen couples' relationships; they were also encouraged to offer services related to job and career advancement and financial management. This report describes program design and implementation, including a focus on the job and career advancement services offered by the two grantees, and presents data on enrollment, initial participation, retention, and the amount of services couples received throughout the PACT enrollment period. Key findings include:

- Relationship education workshops, which included both married and unmarried couples, were well-attended. Combining data across programs, 85 percent of couples attended at least one session, and about 65 percent attended half or more of the sessions.

- Strong participation may have resulted from programmatic efforts to promote attendance and restricting eligibility to only couples who reported being in a committed relationship.

- Both programs offered low-intensity services designed to improve participants' economic well-being, including a brief stand-alone job and career advancement workshop. One also integrated job and career advancement content into the relationship skills workshop.

- Participation in the job and career advancement services was low, which may have reflected couples' limited needs or preferences. At enrollment, both partners were unemployed in only 13 percent of couples across the two programs. Although earnings were generally low, it is possible that in many couples one of the partners was not seeking work.

Other published reports from the PACT evaluation focus on the implementation of the RF grantees in PACT (Zaveri et al. 2015), the experiences of a subset of fathers that participated in in-depth interviews (Holcomb et al. 2015), and the implementation of four RF grantees serving Hispanic fathers (Cabrera et al. 2015). Future reports will present further findings from the in-depth interviews and the process study, as well as findings from the impact studies of RF and HM programs.

CONTENTS

OVERVIEW ..... **v**
I. INTRODUCTION AND BACKGROUND **1**
A. The policy and research context for HM programs 2
B. PACT: Furthering understanding of HM programming 5
C. PACT's evaluation framework 7
D. Data sources and collection methods for the process study 8
E. HM grantees in PACT 9
F. Road map to the rest of the report 10
II. PROGRAM SERVICES AND ACTIVITIES **11**
A. Relationship skills workshops 12
B. Job and career advancement services 13
C. Case management 17
D. Supplemental workshops and assistance 18
III. STRATEGIES TO RECRUIT COUPLES AND ENCOURAGE PARTICIPATION **19**
A. Outreach and intake strategies 20
B. Enrollment 23
C. Strategies to encourage participation 25
IV. PARTICIPANT CHARACTERISTICS, ATTENDANCE, AND DOSAGE **27**
A. Participant characteristics 28
B. Participation trends 31
C. Dosage 34
V. PARTICIPANTS' PROGRAM EXPERIENCES **39**
A. Enrollment and participation 40
B. Lessons participants learned 43
VI. STAFFING, SUPERVISION, AND IMPLEMENTATION SUPPORT **45**
A. Staff background and experience 46
B. Training and supervision 48
C. Strategies to monitor operations and service delivery 50
VII. LESSONS LEARNED AND IMPLICATIONS FOR FUTURE PROGRAMMING **53**
A. Key implementation findings 53
B. Considerations for future HM programming and research 56
REFERENCES **58**
APPENDIX A **62**
HEALTHY OPPORTUNITIES FOR MARRIAGE ENRICHMENT PROGRAM PROFILE
APPENDIX B **88**
SUPPORTING HEALTHY RELATIONSHIPS PROGRAM PROFILE

TABLES

III.1 Participant motivation for program enrollment 25
IV.1 Baseline characteristics of randomly assigned couples 29
IV.2 Relationship skills workshop attendance 33
IV.3 Referrals and individual contacts 34
IV.4 Participation in job and career advancement services 35
IV.5 Topics covered during individual contacts 38
VI.1 Staff characteristics and education 46
VI.2 Staff employment and experience 48
VI.3 Staff training and support 49

FIGURES

I.1 Timeline of key dates in PACT evaluation 6
I.2 PACT evaluation framework 7
III.1 Monthly enrollment in PACT 24
IV.1 Initial participation in program activities 32
IV.2 Average hours of participation 36
IV.3 Percentage of relationship skills workshop received 36
IV.4 Instuction in topics covered in any workshop 37

I. INTRODUCTION AND BACKGROUND

The family environment in which children are raised can affect their later decisions in every area of life, from education and employment to marriage and childbearing (McLanahan and Sandefur 1994; Wolfinger 2003; Wolfinger et al. 2003; Wu and Martinson 1993). Research confirms that growing up with two parents in a stable, low-conflict, healthy marriage can lead to favorable outcomes for children (Amato 2001; McLanahan and Sandefur 1994). Creating that environment is particularly difficult for low-income couples, however, because financial difficulties may put them at high risk for conflict and, ultimately, relationship dissolution (Bramlett and Mosher 2002; Conger et al. 2010).

The Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services is currently sponsoring several evaluation efforts that will expand understanding of what works in programming that promotes healthy relationships and marriage. One effort, the Parents and Children Together (PACT) evaluation, is examining a set of Healthy Marriage (HM) grantees funded by ACF's Office of Family Assistance (OFA).[1] Recognizing that grantees' programs are still growing and developing, PACT is intended to provide a building block in the evidence base to guide ongoing and future program design and evaluation. PACT approaches research questions from several angles to tell a holistic story about the programs and participants, including impact (using a rigorous random assignment design) and process components. Ultimately, PACT's results will provide information about who enrolls in voluntary services, the design and operation of these programs, and how the programs affect the families who enroll. This report presents findings from the process study of the two HM grantees participating in the PACT evaluation, including a description

This report presents findings from the process study of the two HM grantees participating in the PACT evaluation.

of grantees' service delivery approaches and findings on enrollment and program participation. The remainder of this chapter describes the research and policy context for HM programs, discusses PACT's evaluation framework, and introduces the two HM programs.

A. The policy and research context for HM programs

In the early 2000s, federal policymakers began focusing on strengthening marriage and parental relationships as a way to foster child well-being. Initial federal investments in healthy marriage programming occurred by integrating healthy marriage services into existing grant programs funded through the Children's Bureau, Office of Child Support Enforcement, and other programs.

Funding dedicated to healthy marriage promotion and responsible fatherhood was first included in the Deficit Reduction Act of 2005 (P.L 109-171).[2] The resulting grant program, which was administered by ACF's Office of Family Assistance, funded 125 HM grantees. Each grantee was to offer one or more of eight "allowable activities" defined in the legislation, such as marriage and relationship skills education, which may have included parenting or financial management content (Box I.1). Grantees could offer services to youth, engaged couples, people interested in marriage, unmarried but romantically involved parenting couples, and married couples. The authorizing legislation only permitted grantees to offer job and career advancement services to a narrowly defined population of unmarried expectant couples; programs offering these services had to maintain a focus on their marriage and relationship services.

Box I.1. Allowable activities under the federal Healthy Marriage legislation

1. Public advertising campaigns
2. Relationship education for youth
3. Marriage and relationship skills education
4. Premarital education
5. Marriage enhancement
6. Divorce reduction
7. Marriage mentoring
8. Efforts to reduce marriage disincentives in social programs

Parallel with the funding available for programs in the early 2000s, federal investment in demonstration evaluations sought to learn about selected program models for specific populations. Three large-scale evaluations examined the design and operations

of programs for unmarried expectant couples, programs for married parenting couples, and community-wide programming:

Building Strong Families (2002–2013) examined the design and operation of programs offering group-based relationship skills education to low-income, unmarried couples with a new baby or expecting a new baby. Couples also received individual support from a family coordinator and assessment and referral to support services. Relationship skills education was designed to be intensive, ranging from 30 to 42 hours of group sessions. Overall, across the eight programs in the evaluation, 55 percent of couples offered services attended at least one group session. Among those who attended, couples received an average of 21 hours of programming. When data were combined across all eight programs, Building Strong Families had no effect on couples' relationship quality or the likelihood of couples staying together or getting married, both 15 months and three years after couples applied to participate in the program (Wood et al. 2012). When analyzed individually, one program showed a consistent pattern of positive impacts at 15 months (Devaney and Dion 2010), whereas another program showed a few negative impacts (Wood et al. 2010). At the three-year point, effects again varied across programs, albeit in a different pattern. Combined across programs, the evaluation found that after three years, Building Strong Families led to modest reductions in children's behavior problems and had small negative effects on father involvement (Wood et al. 2012).

Supporting Healthy Marriage (2003–2014) focused on programs providing services to lower-income married couples with children. It examined the design, operations, and impacts of a program model offering healthy marriage/relationship education, case management, and employment services. Relationship skills education was designed to be intensive, ranging from 24 to 30 hours of group sessions provided over four to five months. Overall, across eight programs in the evaluation, 83 percent of couples who were offered services attended at least one group session. Across those randomly assigned to receive services, couples received an average of 27 hours of programming, of which 17 hours were group relationship skills education workshop sessions. Both one year and two-and-a-half years after couples enrolled in the program, Supporting Healthy Marriage found small, positive, and sustained impacts on couples' relationship quality. Also, after two-and-a-half years, Supporting Healthy Marriage reduced parental distress among female participants. Supporting Healthy Marriage had no effect on the likelihood of couples staying together or on prevalence of physical assault, and did not significantly affect outcomes related to co-parenting, parenting, or child well-being (Lundquist et al. 2014).

The Community Healthy Marriage Initiatives Evaluation (2003–2013) examined the design and operations of community-wide healthy marriage activities and the effects of this model on community members. Community-wide programs were

Overview of PACT evaluation

The Parents and Children Together (PACT) evaluation examines the effectiveness of programs offered by a subset of Responsible Fatherhood (RF) and Healthy Marriage (HM) grantees. Recognizing that grantees' programs are still growing and developing, PACT is intended to provide a foundation and building block in the evidence base to guide ongoing and future program design and evaluation. PACT approaches research questions from several angles to tell a more complete story about the programs and participants. PACT's goals include (1) measuring the impact of RF and HM programs on fathers' involvement, economic stability, and partner relationships; (2) documenting the services received by participants in these programs; (3) describing how the RF and HM programs deliver services; and (4) understanding the experiences and needs of fathers who participate in RF programs. To do this, PACT uses three interrelated evaluation strategies:

IMPACT STUDY. The impact study is addressing whether the grantee programs improve outcomes for the fathers, couples, and families served. It is a randomized controlled trial (RCT) that is developing rigorous evidence on the causal effects of the RF and HM programs on key outcomes, such as fathers' engagement with their children, employment and economic self-sufficiency, and coparenting and romantic relationships. Eligible program applicants are randomly assigned to either a program group that can participate in the RF or HM program or a control group that is not eligible to participate for 12 months. (However, fathers and couples in this latter group can access other services available in the community.) Telephone surveys of all study participants—in both the program and control groups—are conducted at baseline (that is, when fathers or couples first enroll) and at followup, about 12 months after random assignment.

PROCESS STUDY. The process study documents how the subset of RF and HM programs are designed and implemented and identifies both the challenges and promising practices of program implementation. Process study data include two rounds of semi-structured interviews with program staff, focus groups with participants, telephone interviews with program dropouts, a web-based survey of program staff, and data from a study management information system (MIS). A separate descriptive study of four additional RF grantees that serve predominantly Hispanic fathers is exploring how RF programs serving Hispanic populations develop, adapt, and implement culturally relevant services. Data for the Hispanic-focused descriptive study were collected via semi-structured interviews with program staff and through focus groups and questionnaires with participants.

QUALITATIVE STUDY. The qualitative study focuses specifically on a subset of participants in the RF programs, utilizing ethnographic techniques to shed light on the lives of these fathers, including their roles as parents, partners, and providers; the factors that may affect their ability to benefit from the RF programs; and how this may inform RF program design and implementation. The primary method for collecting data on fathers is three rounds of in-depth, in-person interviews conducted annually that are supplemented by brief telephone check-in calls.

designed to implement at least five of the eight activities allowable under federal healthy marriage legislation (Box I.1), reach a wide audience, and coordinate services among a variety of stakeholders, including community- and faith-based organizations, schools, governments, and health care providers. Over four years, programs in three large cities served over 77,000 participants for an average of 6 to 8 hours per participant. A quasi-experimental analysis conducted two years after the start of program implementation revealed no pattern of significant differences in the prevalence of marriage or romantic relationships, interest in or awareness of community healthy relationship programming, relationship quality, parenting behaviors, or opinions about marriage (Bir et al. 2012).

The Claims Resolution Act of 2010 (P.L. 111-291) reauthorized healthy marriage and responsible fatherhood grants and introduced more flexibility in providing services related to job and career advancement and financial management.[3] Specifically, the change allowed for these services (as well as services related to parenting skills and conflict resolution) to be provided to any population receiving marriage and relationship skills education, not just unmarried expectant couples. To be eligible for a grant, organizations that proposed incorporating job and career advancement into their HM program still had to maintain their emphasis on the marriage and relationship aspects of the program. Sixty organizations received HM grants in 2011.

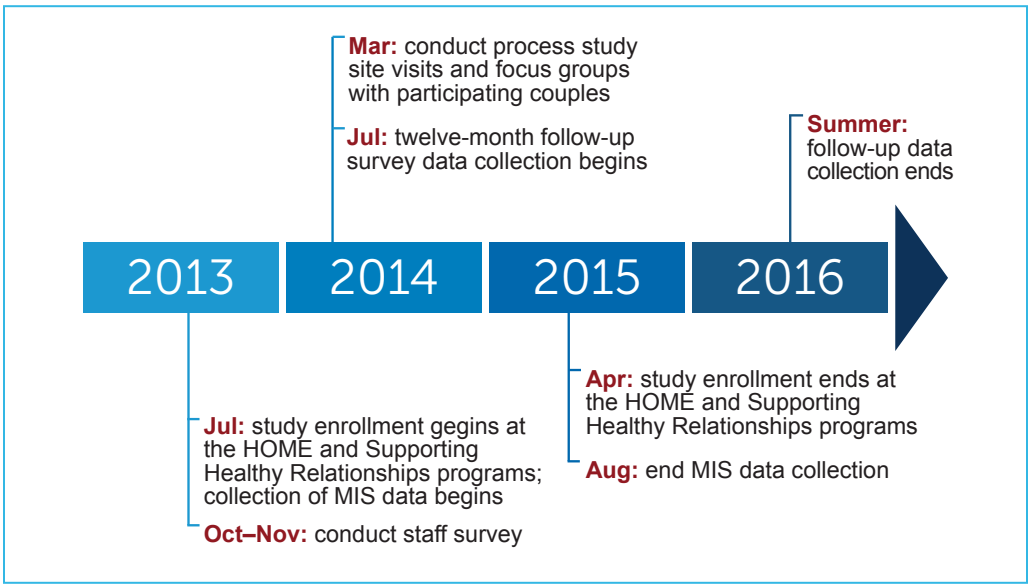
B. PACT: Furthering understanding of HM programming

PACT began in 2011 with the goal of expanding knowledge of program structure, implementation, and effects of a subset of healthy marriage and responsible fatherhood (HMRF) grantees that were part of the "second generation" of programs awarded ACF funding in 2011. The PACT evaluation of HM programs builds on the foundation of recent HM evaluations to inform ongoing and future program design and evaluation. PACT uses multiple evaluation components to address research questions on program structure, implementation, and effects (see the box, "Overview of PACT evaluation").

In total, 10 grantees from the 2011 HMRF grantee cohort participate in PACT. Two HM grantees participate in process and impact studies.[4] Four RF grantees participate in process, qualitative, and impact studies. A separate set of four RF grantees, purposefully selected for their target population, participated in a separate descriptive study on the implementation of programs for Hispanic fathers.

Data collection for the HM grantees in PACT began in July 2013 and continued through mid-2016 (Figure I.1). HM grantees conducted study enrollment between July 2013 and April 2015; the 12-month follow-up survey data collection occurred between July 2014 and June 2016.

Figure I.1. Timeline of key dates in PACT evaluation



Randomly assigning couples is a fair and unbiased way to allocate services when demand is higher than program capacity, and to determine whether the programs involved in PACT improve outcomes for couples who receive the services compared to those who do not.

PACT's impact study uses a research design known as random assignment, which works much like flipping a coin to decide who receives program services. Randomly assigning couples is a fair and unbiased way to allocate services when demand is higher than program capacity, and to determine whether the programs involved in PACT improve outcomes for couples who receive the services compared to those who do not. Random assignment yields two groups of couples who are, on average, identical in their background characteristics. Because nothing else differs between the groups except exposure to the program, comparing their outcomes at any point after study enrollment provides an unbiased assessment of the impacts of the program.

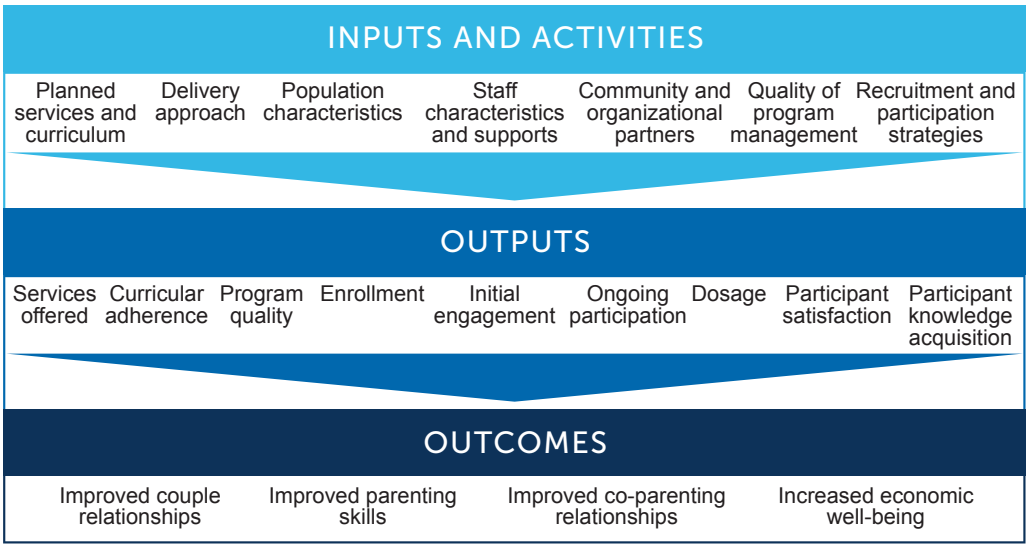
The PACT team worked with grantees participating in the impact evaluation to incorporate random assignment into their programs' enrollment processes. HM program staff identified potentially interested couples and met with them to describe both the program and the PACT study. Couples were informed that the program was participating in an evaluation designed to learn more about how HM programs work and told that, if interested, they would have a 50-50 chance of being eligible to either participate in the program immediately (the program group), or 12 months later (the nonprogram control group). Couples who agreed were connected to telephone interviewers who obtained informed consent from each partner in the couple and administered a baseline survey. Following the survey, random assignment was performed and program staff informed the couple of the result. Couples who were assigned to the nonprogram group could participate in other services offered by the organization or available in the community. At some programs, staff provided limited assistance to individuals in the nonprogram group to help them identify other community resources. Couples assigned to the nonprogram group were informed that they could return to the program after 12 months to seek services.

Random assignment is widely recognized as both ethical and justified under appropriate circumstances. Programs rarely if ever have enough program slots to serve every interested couple in their communities, so "flipping a coin" to decide who can receive services now versus later is a fair way to allocate resources. The method provides strong evidence for how programs impact couples' behavior, and supports program improvement by identifying strengths and weaknesses so that the next generation of programs can incorporate further refinements.

C. PACT's evaluation framework

An evaluation framework guides PACT's process and impact study of HM programs. The framework articulates components of inputs, activities, outputs, and outcomes, and it hypothesizes links between these factors (Figure I.2). The inputs and activities include services, curriculum, and delivery approach; characteristics of the population served and staff employed by the program; partners; and strategies to oversee and administer the program and recruit and retain participants. Outputs demonstrate what programs offered and achieved as a result of their inputs and activities. For PACT, key outputs relate to the services programs delivered and participants' level of engagement in them. Outcomes represent the changes expected to occur to study couples' attitudes, knowledge, or behaviors 12 months after study enrollment. For the HM programs, outcomes of interest include improvements in couple relationships, parenting skills, co-parenting relationships, and economic well-being.

Figure I.2. PACT evaluation framework



PACT's process study of HM programs focuses on describing the inputs, activities, and outputs articulated in the evaluation framework and on exploring the relationships among these components. The process study also provides an opportunity to understand more deeply how the two HM grantees in PACT provide job and career

advancement programming to couples. This report documents the inputs and activities for each HM program, in particular job and career advancement services, and examines a range of outputs—including, couples' enrollment, initial participation, retention, and dosage of services, as well as program factors that may influence those outputs.

D. Data sources and collection methods for the process study

PACT's process study uses multiple sources and methods to collect quantitative and qualitative data on HM program implementation. Data sources for this report include:

- **Staff interviews during site visits.** The process study team conducted site visits during March 2014 to the two HM programs participating in PACT. During visits, we interviewed staff from all grantee and partner agencies about their roles in providing services to couples, program design, organizational goals, recruitment and engagement strategies, staffing, supervision and training, monitoring of program quality, and community context. In total, we conducted 16 semi-structured interviews with 28 staff members.
- **Focus groups with participating couples.** During site visits, the process study team conducted focus groups with couples who had attended at least two sessions of the relationship skills workshop. The team conducted two focus groups at each program, one in English and one in Spanish. Prior to recruitment, the team identified and then randomly ordered all couples who had attended at least two sessions. Recruiters worked down the list until 9 couples confirmed that they would attend the focus group. Recruiters called couples and mailed flyers to recruit them. All confirmed couples received a reminder call the day prior to the group. Both members of each couple at the focus group received a $25 gift card for their attendance. Across the two programs, 22 couples (44 individuals) participated in focus groups (7 couples from Supporting Healthy Relationships and 15 couples from the HOME Program).
- **Observations of program activities.** During site visits, the process study team observed two sessions of the relationship education workshop at each program using a structured observation tool developed by the PACT team. The observations helped to contextualize the content and delivery of workshops.
- **Document reviews.** The research team reviewed documents that described program activities and structures, including grant applications and performance reports, notes from regular monitoring calls between members of the PACT evaluation team and lead staff at the HM programs, organizational charts, curricula and workshop handouts, recruitment materials, and documents used by programs to monitor program operations.
- **Web-based staff survey.** The team administered a web-based survey in October 2013 and May 2015 to all HM program staff members employed by the grantees. The survey included questions on staff background and characteristics; job

responsibilities; training, supervision, mentoring, and support; program challenges; workplace safety; compensation; work satisfaction; and perceptions of program quality. In October 2013, 26 of 29 program staff across the two HM grantees completed the survey, for an overall response rate of 90 percent. In May 2015, 16 of 30 program staff completed the survey (53 percent). Across the two administrations 11 staff completed the survey at both points; their responses are treated as separate observations. The report combines responses from both time points, unless indicated in the text or table.[5] Responses from organizational leadership were excluded from the analysis.

- **Management information system (MIS) data.** The PACT evaluation team developed a web-based MIS, the PACT Information System (PACTIS), to perform random assignment and track program participation. Both HM grantees in PACT used this system to enter information about all services provided to HM program participants, including attendance at group workshops and individual contacts, receipt of incentives and work supports, and referrals to other community service providers. Staff also entered information about the content and duration of each service. In this report, data on receipt of services includes the 797 couples who were randomly assigned to receive the program. For each couple, we included their participation during their first six months after study enrollment. This six-month window does not include the entire period when couples may have attended services, but captures the period of most active participation.[6]

- **Initial interviews with program applicants.** A baseline survey was administered to all program applicants prior to study enrollment using computer-assisted telephone interviewing. For this report, we analyzed the baseline survey data to describe the characteristics of couples enrolled in the PACT evaluation, including couples assigned to receive the HM program and couples who were assigned to the nonprogram group. We report data from 3,190 interviews comprising 1,595 couples completed between July 22, 2013, and April 30, 2015.

E. HM grantees in PACT

Two HM grantees in the 2011 grantee cohort—El Paso Center for Children and University Behavioral Associates—participated in PACT's impact and process studies. A review of all 2011 HM grant applications culminated in the selection of these grantees because they planned to offer services to parenting couples, deliver a relationship education workshop of at least 18 hours, and provide job and career advancement services to a relatively large share of couples. Additionally, the selected programs appeared able to enroll a sufficient number of couples to meet sample size targets for the evaluation and were located in communities where a similar package of services was not available elsewhere, allowing for a strong contrast between program and control group couples.

Program: Supporting Healthy Relationships

University Behavioral Associates (UBA), within the Montefiore Medical Center, provided the Supporting Healthy Relationships program in the Bronx, New York, to married and unmarried couples. UBA provided other programs besides Supporting Healthy Relationships, including job training for home health care aides through a contract with the U.S. Department of Labor.

Program: Healthy Opportunities for Marriage Enrichment Program

The El Paso Center for Children (EPCC) provided the Healthy Opportunities for Marriage Enrichment (HOME) Program to married and unmarried couples in El Paso, Texas. EPCC is a multiservice agency focused on family strengthening. It had little background providing job and career advancement services prior to receiving the 2011 HM grant.

The two programs are described briefly here; detailed profiles of the programs are included in appendices to this report. Both programs have operated since 2006 and participated in the Supporting Healthy Marriage evaluation.[7] In contrast to the programs evaluated in Supporting Healthy Marriage, programs evaluated in PACT offered employment-related services and enrolled both married and unmarried couples.

F. Road map to the rest of the report

The remaining chapters in this report present process study findings for the HM programs in PACT. Chapter II describes the services available to couples and Chapter III documents strategies for recruiting, enrolling, and engaging couples. Chapter IV presents the characteristics of enrolled couples and their attendance at program services. Chapter V discusses participants experiences in the programs based on findings from the focus groups and Chapter VI describes staffing structures and how programs supported their staff. Chapter VII summarizes findings from the report and provides implications for practice.

II. PROGRAM SERVICES AND ACTIVITIES

Program services and activities: Key findings

- For both HM grantees, the relationship skills workshop was the program's core service. The HOME Program offered an 18-hour workshop using the *Within Our Reach* curriculum. Supporting Healthy Relationships offered its workshop in a 27-hour weekday and 24-hour Saturday format using the *Loving Couples, Loving Children* curriculum.
- In response to the funding announcement, both grantees added job and career advancement services to their programs. These new services differed between programs in the amount provided and the extent to which they were integrated with the relationship skills workshop.
- Job and career advancement services were more integrated and more regularly provided at Supporting Healthy Relationships than at the HOME Program. Supporting Healthy Relationships included job and career advancement topics in its relationship skills workshop and offered a stand-alone workshop on obtaining employment and soft-skill development. The HOME Program provided two workshops to promote economic and financial wellbeing: (1) a two-hour job readiness workshop held approximately every other month on resume preparation, interview and communication skills, and appropriate work attire and (2) an occasional workshop on financial literacy called *Money Habitudes*.
- Both programs also attempted to address couples' individual needs such as housing, food instability, and medical assistance through case management. Programs aimed to engage couples in case management before they attended the relationship skills workshop.
- The HOME Program and Supporting Healthy Relationships supplemented the relationship skills workshop with optional "booster" sessions. Programs offered sessions two to three times per month. Supporting Healthy Relationships also offered services for "distressed couples," including one-on-one meetings with facilitators and special workshops on relevant topics such as practicing "taking a break" or reconnecting after a fight.

The foundation of successful program implementation lies in clearly defining the services to be provided, the approach to their delivery, and the staff best qualified to deliver them. A plan that describes these activities provides instructions for program staff and can facilitate program monitoring and inform decision making about program improvement. Clear definition of services and activities also supports future replication.

This chapter describes the services available at the two HM programs participating in PACT and how they were delivered. It describes each program's approach to delivering relationship skills education and job and career advancement services, including core and supplementary workshops, curricula, and case management. The information in this chapter is based on in-person interviews with staff members, observations of workshops, and reviews of program documents.

Both of the HM programs in PACT offered a package of services to couples that included relationship skills workshops, job and career advancement services, case management, and supplementary workshops on a variety of topics. The OFA HM grant encouraged HM programs to integrate job and career advancement programming with their relationship skills services.

A. Relationship skills workshops

Both HM grantees in PACT included content on parenting skills, conflict resolution, and job and career advancement, but maintained a primary focus on relationship skills education.

According to legislation authorizing the 2011 grants, HM grantees that offered marriage and relationship skills education workshops could incorporate content on parenting skills, financial management, conflict resolution, and job and career advancement. Both HM grantees in PACT included these components but maintained a primary focus on relationship skills education.

The HOME Program offered an 18-hour relationship skills education workshop using the *Within Our Reach* curriculum. These workshops were cohort-based, with each cohort of couples meeting weekly for nine weeks. Up to four cohorts were offered concurrently, with a different cohort meeting each evening, Monday through Thursday. Male-female facilitator pairs led the workshops, which followed a consistent structure: facilitators provided an overview of the session's topic, gave a short lecture or provided direct instruction, and then guided couples through practice activities that could include worksheets, flash cards, videos, and group discussion and sharing. Workshops were offered in both English and Spanish. Couples graduated from the relationship skills education workshop by attending at least seven of nine sessions.

Supporting Healthy Relationships offered a cohort-based relationship skills education workshop in weekday and Saturday formats using the *Loving Couples, Loving Children* curriculum. Weekday workshops met once weekly for three hours over nine weeks (27 hours); Saturday workshops met during three consecutive Saturdays for eight hours a session (24 hours).[8] Two to three cohorts started each month. Workshop facilitators

presented research-informed information and relationship concepts to the group, facilitated discussion, and guided couples in activities, which included card decks and workbooks. During sessions, participants viewed videos of low-income couples discussing relationship issues in a talk-show format and then discussed the issue as a group. Weekday workshops were offered in English; Saturday workshops were primarily in Spanish. Couples graduated from the relationship skills workshop by attending at least two-thirds of the sessions (six of nine or two of three).

Within Our Reach and *Loving Couples, Loving Children* are evidence-informed curricula adapted for low-income and disadvantaged couples. *Within Our Reach* is based on the Prevention and Relationship Education Program (PREP). Evaluations of PREP suggest it may reduce the likelihood of divorce and improve communication skills (Jakubowski et al. 2004). *Loving Couples, Loving Children* builds upon the *Bringing Baby Home* curriculum, which is based on the observational and family research of John and Julie Gottman (Shapiro and Gottman 2005). Neither *Within Our Reach* nor *Loving Couples, Loving Children* has been evaluated for effectiveness with low-income or disadvantaged couples.[9]

The HOME Program and Supporting Healthy Relationships tailored their curricula to meet the needs of the couples in their programs. The HOME Program worked with the *Within Our Reach* developer to adapt the curriculum for a Hispanic population by translating modules into Spanish and incorporating discussions of *machismo*, a Hispanic cultural value focused on notions of gender roles and masculinity, throughout session topics.[10] Supporting Healthy Relationships supplemented *Loving Couples, Loving Children* with program-developed content on money management, employment, and development of emotion-regulation skills.

The relationship skills workshops at both programs covered similar topics (Box II.1). Both engaged couples in discussions about their personalities and perspectives so that partners developed an understanding of their outlooks, their irritants and triggers, and what they could do to avoid fighting and arguing. Both helped couples recognize signs of trouble in their relationship, learn to constructively solve problems, and practice effective communication skills. After couples learned to work together as partners in a relationship, the eighth session in both programs covered commitment, intimacy, and sex.

B. Job and career advancement services

In response to the funding announcement, the HOME Program and Supporting Healthy Relationships integrated job and career advancement services into their programs for the first time. The programs differed in the amount of job and career advancement services they provided and the extent to which they integrated services.

Job and career advancement services were more integrated and more regularly provided at Supporting Healthy Relationships than at the HOME Program, though they were still of fairly low intensity. At Supporting Healthy Relationships, about 4 hours of the relationship skills workshop were spent on topics related to economic and financial wellbeing (Box II.1). As part of the first session of the relationship skills workshop, facilitators discussed job interview skills. The fifth workshop session was dedicated to budgeting and money. During that session, a representative from the New York City Human Resources Administration provided an overview of child support rights and responsibilities (Box II.2). Then, couples discussed their career goals, learned about resume preparation, and developed strategies to talk about money. At the end of the session, participants had a chance to talk with the child support representative about their specific cases and make follow-up appointments to continue their conversations at the child support office. Every workshop session also began with two reflection questions for participants: (1) How are you feeling about your partner today? and (2) How are you feeling about your job?

Box II.1. Example lessons from relationship education workshops

Loving Couples, Loving Children	*Within Our Reach*
Adapted by Supporting Healthy Relationships	**Adapted by the HOME Program**
Session One: Introduction, job interview skills, and building a friendship with your partner	*Session One:* Introduction and accessing community resources
Session Two: Relationship warning signs and "boiling points"	*Session Two:* Communication skills
Session Three: Constructive relationship problem-solving and communication skills	*Session Three:* Relationship warning signs and stress and relaxation in relationships
Session Four: Compromise	*Session Four:* Why and how couples argue and effective problem-solving techniques
Session Five: Child support, career development, and talking about money	*Session Five:* The importance of supporting one another
Session Six: Recovering from a fight	*Session Six:* Having realistic expectations and knowing your partner's personality
Session Seven: Understanding our sensitivities and triggers and emotion control	*Session Seven:* How past experiences impact your relationship
Session Eight: Sex and intimacy	*Session Eight:* Commitment and expressing love
Session Nine: Review and graduation	*Session Nine:* Review and graduation

Source: Site visits and program documents.

Supporting Healthy Relationships also offered voluntary, stand-alone single-session employment workshops. These two-hour workshops, held twice a month, were facilitated by employment-focused case managers. Program-developed sessions covered topics related to obtaining employment and soft-skill development (Box II.3).

Program staff chose what topic to address in a session by polling current participants. Supporting Healthy Relationships also held targeted workshops on interviewing prior to a job fair or an on-site visit from an employer.

Box II.2. Outreach efforts of the New York City Office of Child Support Enforcement

As a partner to the University Behavioral Associate's Supporting Healthy Relationships program, the New York City (NYC) Office of Child Support Enforcement offered services that could be beneficial to the program's couples. Although all couples enrolled in Supporting Healthy Relationships were romantically involved at the time of enrollment, 63 percent of couples had children with prior partners. These couples may also have had child support orders for these children. By describing services available to couples with child support orders during the relationship skills workshop, the NYC Office of Child Support Enforcement worked to educate couples about available financial tools. Participation in these programs was not limited to couples in Supporting Healthy Relationships.

The NYC Office of Child Support Enforcement had a Parent Resources department that conducted presentations at community organizations throughout the city, such as nonprofitorganizations, prenatal clinics, and prisons. The Parent Resources department educated noncustodial parents about paternity, rights and responsibilities, modifying child support orders, and reducing arrears, and helps link noncustodial parents with the programs described below. This department fulfilled the NYC Office of Child Support Enforcement's social mission of improving family well-being and provided an opportunity to show noncustodial parents that it does not solely focus on enforcement.

The NYC Office of Child Support Enforcement ran several programs that provided support to coparents in navigating the child support system while maintaining their parenting goals:

- ***The Parent Pledge Project.*** This project helped separated parents discuss their plans for child support and co-parenting with the help of professional mediators trained in conflict resolution. Written agreements could be filed in Family Court.
- ***Arrears reduction programs.*** The NYC Office of Child Support Enforcement worked with noncustodial parents to reduce arrears when appropriate. Noncustodial parents enrolled in the Arrears Credit program could have $5,000 of state-owed arrears forgiven for making on-time child support payments for a full year. The Arrears Cap program could reduce a noncustodial parent's state-owed arrears to $500 if the arrears accumulated while the noncustodial parent's income was below the federal poverty level. In November and December 2013, the NYC Office of Child Support Enforcement operated the "Pay it Off" initiative, through which noncustodial parents could receive a match up to $2,500 on payments toward state-owed arrears.
- ***Order modification.*** The Modify Department of Social Services Order program allowed lowincome noncustodial parents whose children were on cash assistance to have their orders modified without going to Family Court.
- ***Support Through Employment Program (STEP).*** The STEP Program helped unemployed noncustodial parents find work so they could continue to make child support payments. Family Support Court magistrates linked noncustodial parents to employment service providers throughout the city.

Source: Site visits, New York City Human Resources Administration, and National Conference of State Legislators.

Box II.3. Sample job and career advancement workshop topics

The HOME Program and Supporting Healthy Relationships both offered supplemental job and career advancement workshops that covered topics related to acquiring and retaining a job. These two-hour workshops used curricula developed by the programs. The HOME Program offered its workshop once every other month and Supporting Healthy Relationships offered workshops on varying topics twice per month. All couples were eligible to participate.

Supporting Healthy Relationships offered workshops on the following employment and soft-skill development topics on a rotating basis. Topics marked with an asterisk were covered by the HOME Program supplemental job and career advancement workshop:

Employment-related topics:

1. Resume development*
2. Professionalism*
3. Job search strategies
4. Interviewing skills*
5. Career interest and exploration
6. Training and education opportunities

Soft-skill development topics:

1. Employer expectations
2. Self-defeating behaviors
3. Communication and listening skills*
4. Developing good work relationships
5. Time management
6. Handling conflict on the job
7. Dealing with difficult feedback
8. Decision making
9. Taking direction
10. Maintaining a positive attitude

Source: Site visits and program documents.

The HOME Program offered two types of single-session workshops on job and career advancement. Participants could attend a two-hour job readiness workshop held approximately every other month. The workshop covered resume preparation, interview and communication skills, and appropriate work attire. The HOME Program also occasionally offered a workshop on financial literacy called *Money Habitudes*. This workshop helped partners explore their similarities and differences in their approaches to and attitudes toward saving and spending. The HOME Program did not provide any services related to child support.

Unlike Supporting Healthy Relationships, the HOME Program offered an incentive designed to promote economic and financial wellbeing in exchange for participation in its relationship skills education workshop. Couples who attended the relationship skills workshop could receive credit in a HOME Program-administered career development account. After they attended the first four sessions of the workshop together, the HOME Program deposited $100 in a joint account, and an additional $10 for each subsequent relationship skills or booster session each partner attended. If both partners

attended eight of nine relationship skills workshop sessions, $500 was deposited in the couple's account. Once the couple graduated from the relationship skills workshop, the funds in the career development account were available to either partner. Couples could not withdraw cash from their account but could use the funds toward training or education costs, such as credential testing fees or the cost of work uniforms; these costs were paid directly by the HOME Program to the service provider. To use the account, a participant had to show proof of the cost of the service to the program director, who then decided whether the expense was appropriate.

Case management was a key driver of job and career advancement services in both programs.

Case management was a key driver of job and career advancement services in both programs. At intake or shortly thereafter, program staff gave each participant a career development assessment. Assessments at both programs were adapted from the Online Work Readiness Assessment (OWRA), a free tool provided by OFA and designed to help programs make informed decisions about an individual's employability, work readiness, strengths, and areas for development. Case managers used assessments to develop individualized service plans for participants, recommend job and career advancement workshops, and provide referrals for education, training, and skill development. Case managers provided couples with information about job fairs, employment workshops, and other activities throughout their participation in the program.

C. Case management

In addition to employment assistance, case managers at Supporting Healthy Relationships and the HOME Program helped couples address their individual needs, including housing, food instability, and medical assistance. Both programs aimed

to engage couples in case management services before they attended a relationship skills workshop. Supporting Healthy Relationships sent couples to a case manager immediately after intake; at the HOME Program, case managers conducted intake and began case management immediately. Case managers at both programs contacted couples on their caseloads weekly to remind them about upcoming workshops and events and to assess their progress. They referred couples to community organizations that provided programming to address needs and checked with the organizations to ensure that the couples followed through on a referral.

D. Supplemental workshops and assistance

The HOME Program and Supporting Healthy Relationships supplemented the relationship skills workshop with optional "booster" sessions for couples to improve their skills or explore in greater depth a topic initially covered during a session of the relationship skills workshop. The HOME Program offered booster sessions twice monthly, open to anyone enrolled in the program. Facilitators at Supporting Healthy Relationships led booster sessions three times per month for couples who had completed the relationship skills workshop.

Supporting Healthy Relationships provided targeted services and workshops for "distressed couples," identified through a questionnaire at intake, the Couples Satisfaction Index (Funk and Rogge 2007). Facilitators were available for one-on-one meetings with couples to practice relationship skills and discuss issues they did not feel comfortable talking about in the workshop environment. Facilitators also led special supplemental workshops geared to distressed couples on topics of (1) practicing "taking a break," (2) managing anger and stress, (3) essentials of commitment, and (4) the importance of reconnecting after a fight.

III. STRATEGIES TO RECRUIT COUPLES AND ENCOURAGE PARTICIPATION

Strategies to recruit couples and encourage participation: Key findings

- For both programs, in-person outreach, the primary mode of recruitment, allowed program staff to obtain the couples' buy-in and address questions or concerns before scheduling an intake appointment. Both programs conducted outreach at family-oriented places and events and used a message that described the relationship skills workshops as "date nights" for couples. Other outreach strategies were referrals and advertising through print and social media.
- To enroll, interested couples attended an intake appointment, which both partners needed to attend. Programs required each partner to be age 18 or older, have a child in common or be expecting, and be in a committed relationship.
- Both programs used protocols to identify domestic violence developed in consultation with a domestic violence partner agency while participating in the Supporting Healthy Marriage evaluation and continued during PACT. Intake workers, who received training to identify signs of domestic violence, administered the protocol to the female partner while the couple was separated.
- The two HM programs enrolled 1,595 couples (3,190 individuals) in the PACT evaluation, including couples assigned to the program and non-program (control) groups.
- Following enrollment, programs emphasized quick access to case management to engage couples in services. Case managers at both programs had primary responsibility for encouraging couples to attend the relationship skills workshop, mostly through weekly reminder calls about upcoming sessions. When couples missed a session, programs were flexible in allowing them to make up the session, often by meeting individually with a facilitator.
- The HOME Program and Supporting Healthy Relationships both provided financial incentives and supports to encourage and reward participation. At the HOME Program, couples who attended at least four relationship skills workshops could accrue up to $500 in a career development account to obtain job training and education, though few couples used these accounts. Supporting Healthy Relationships provided couples $100: $25 for completing intake and $75 for attending the first relationship skills workshop session. All participating couples were also entered into a drawing for $100 at the conclusion of the relationship skills workshop. Participation supports included child care, transportation, and meals.

Generating a consistent stream of couples who are eligible and interested in attending an HM program can require substantial time and effort by program staff. This chapter describes the strategies used by the two HM programs participating in PACT to recruit couples and then engage them in program services. The information in this chapter is based on in-person interviews with staff members and reviews of program documents.

The two HM programs in PACT emphasized in-person outreach, which they supplemented with referrals and marketing through print and social media. The programs encouraged couples to remain engaged in services through frequent calls from case managers, supports such as meals and transportation reimbursement to make workshop attendance easier, and incentives structured to reward couples for attending relationship skills workshops.

A. Outreach and intake strategies

1. Outreach strategies

For both programs, in-person outreach was the primary mode of recruitment. This approach allowed program staff to obtain buy-in from both members of the couple and to address questions or concerns before scheduling an intake appointment. Both programs identified family-oriented places and events where they would be likely to encounter potential participants. The HOME Program, for example, reported its greatest success with in-person recruitment at school-based events and community health fairs. A nearby military base was also an outreach location. Recruiters for the HOME Program made presentations at orientation events for soldiers and their families arriving on base. Supporting Healthy Relationships recruiters distributed information to couples at pediatric clinics throughout the Bronx, mostly run by Montefiore Medical Center. Program staff reported that these clinics were a core source of participants. According to program staff, women often received services during and after pregnancy through Montefiore, which meant families may have heard about Supporting Healthy Relationships multiple times. Families receiving care through Montefiore's clinics also may have trusted recruiters and the program because of its affiliation with Montefiore. In addition to working with clinics in the Bronx, Supporting Healthy Relationships employed a consultant who recruited couples from churches in the Bronx and northern New Jersey.

Both programs recruited couples with messaging that portrayed the relationship skills workshops as "date nights" where couples could spend time together working on their relationship.

Both programs recruited couples with messaging that portrayed the relationship skills workshops as "date nights" where couples could spend time together working on their relationship. Child care assistance and a meal before the session heightened the date night atmosphere because couples did not need to worry about caring for their children or preparing dinner. Outreach workers at the HOME Program told couples that these supports, plus reimbursement for transportation costs, meant all logistics for the date were covered. Program facilitators at both programs reported that participants who bought into the date-night atmosphere were excited and enthusiastic about participating in workshop exercises.

Program recruiters did not always encounter couples together when conducting in-person outreach. When recruiters from the HOME Program found an interested person whose spouse or partner was not present, they tried to reach the partner by phone to deliver their pitch. Leadership for the HOME Program felt it was important that recruiters talk to both partners in the couple to generate interest and obtain buy-in. Supporting Healthy Relationships recruiters did not discuss recruitment strategies to engage both members of the couples simultaneously.

Referrals were another fruitful source for identifying participants. Both programs cultivated partnerships with agencies in their communities for this purpose. Typically, recruiters identified a potential referral partner and made a presentation to the staff at the agency about the HM program so staff were equipped to recommend it to their clients. Both programs had partnerships with agencies providing family services and with Head Start centers. For example, the HOME Program partnered with a local United Way agency that served parents with young children and Supporting Healthy Relationships partnered with a nonprofit that provided fatherhood services. The HOME Program also received referrals from El Paso Child Protective Services. Supporting Healthy Relationships had referral partnerships with workforce development organizations, including a community college and the New York City Workforce Investment Board.

The third strategy the HM programs used was marketing through print and social media, recognizing that advertising has the potential to reach wide audiences. The HOME Program, for example, advertised on radio and television, on billboards and bus station benches, at movie theaters, and on Facebook. Advertisements were in English and Spanish. Supporting Heathy Relationships advertised in newsletters that were available for free on the subway, but program staff reported that these advertisements yielded few couples. The program also advertised on the radio and Facebook, but staff suggested that the ads, which had to meet Montefiore Medical Center's branding standards, did not engage many couples. Program staff also reported that many couples who responded to the ads were not eligible for program services.

2. Intake processes

Couples interested in the HM program scheduled an intake appointment to enroll. Programs required couples to attend the intake appointment together. At appointments, intake workers—who were case managers at the HOME Program and trained clinicians at Supporting Healthy Relationships—confirmed a couple's eligibility for PACT, screened them for domestic violence, and assessed their level of distress.

Programs required each partner to be age 18 or older, have a child in common or be expecting, and be in a committed relationship.[11] Neither program required that couples be married. The HOME Program defined a committed couple as two people who were, at a minimum, in a common law marriage. In the state of Texas, a couple are considered to be in a common law marriage if they live together, agree that they are

married, and engage in activities that lead others to believe they are married. Married but separated couples were ineligible for HOME Program services. Supporting Healthy Relationships required couples to self-report that they were in a committed relationship. Though Supporting Healthy Relationships defined committed as a relationship lasting at least one year, the program allowed any couple that self-reported as committed to enroll.

Programs assessed a couple's risk for separation or divorce, but differed in their treatment of couples considered to be distressed. At Supporting Healthy Relationships, each member of the couple privately completed two questionnaires about needs and relationship satisfaction, including the Couple Satisfaction Index (Funk and Rogge 2007), which was used to identify distressed couples at risk of separation. Supporting Healthy Relationships, in part due to facilitators' clinical backgrounds (see Chapter VI for more information on staffing), enrolled distressed couples and offered them additional support through supplemental "enhanced" relationship skills workshops and one-on-one meetings with facilitators to discuss relationship issues and challenges (see Chapter II). After confirming eligibility, the HOME Program asked couples about their motivation for seeking services and their relationship stability, using a program-developed assessment of couples' strengths and needs. Through this assessment, the HOME Program identified couples' risk for separation or divorce, to understand their likely commitment to the program and whether they would attend. The HOME Program did not provide targeted workshops for at-risk couples like those offered by Supporting Healthy Relationship.

Both programs used established protocols to identify domestic violence. The programs used protocols developed in consultation with a domestic violence partner while participating in the previous Supporting Healthy Marriage evaluation and continued during PACT. Intake workers, who received training to identify signs of domestic violence, administered the protocol to the female partner while the couple was separated. This created a "safe space" and prevented the male partner's presence from directly influencing her responses. The woman answered questions about the nature of the couple's interactions and relationship dynamics, such as whether arguments ever turned physical and whether one partner ever exerted control over the other (Box III.1). The intake worker probed about the frequency or severity of violence. This allowed the intake worker to differentiate between low-level mutual violence, such as an occasional fight, and more severe, unilateral violence, such as frequent aggression or control by one partner in multiple aspects of the relationship. The intake worker and other program staff, if necessary, determined whether domestic violence was present in the relationship and whether the female partner needed a referral to a domestic violence partner for shelter services. Generally, the HOME Program allowed couples with lower-level mutual violence to participate in services, but not if there was evidence of severe unilateral violence against the female partner. Supporting Healthy Relationships did not allow a couple to participate if the female partner disclosed severe unilateral domestic violence in the past year. Neither program screened males for domestic violence.

B. Enrollment

Combined, the two HM programs enrolled 1,595 couples (3,190 individuals) into the PACT evaluation between July 22, 2013, and April 30, 2015, including couples assigned to receive the program as well as those assigned to the nonprogram group (Figure III.1). Supporting Healthy Relationships enrolled 1,022 couples (2,044 individuals), and the HOME Program enrolled 573 couples (1,146 individuals).

Programs established an overall goal for the number of couples to enroll in the PACT evaluation. They used this goal to establish monthly recruitment targets, used data from a MIS to regularly monitor progress, and adjusted the monthly targets over time as needed. Monthly targets for the HOME Program ranged from 16 to 84 couples per month; during most months, the target was 31 couples. Supporting Healthy Relationships set targets for their two outreach workers, with a collective goal of having 50 couples complete intake each month throughout the evaluation period.

Box III.1. Domestic violence screening tool

During intake, staff members from Supporting Healthy Relationships and the HOME Program interviewed the female partner of each couple enrolling in the program to determine whether she had been a victim of domestic violence by her partner. Both programs' domestic violence screening protocols were developed in consultation with their domestic violence partner organization and followed guidance from the National Resource Center on Domestic Violence. The screening tools used by both programs identified the prevalence, frequency, severity, and mutuality of physical and/or emotional abuse, and allowed a trained staff member to make an informed decision about the couple's suitability for the program.

The domestic violence screening tool used by Supporting Healthy Relationships included questions from the Conflict Tactics Scale 2 (CTS-2), developed as a short form to allow service providers to make quick determinations about the presence of domestic violence in a relationship. This scale rates the frequency and mutuality of five tactics used during conflict. Individuals are read a set of statements, with each partner as the subject and object of the statement, and are asked to respond with the number of times the statement was true in the past year. Examples of the tactics and statements are:

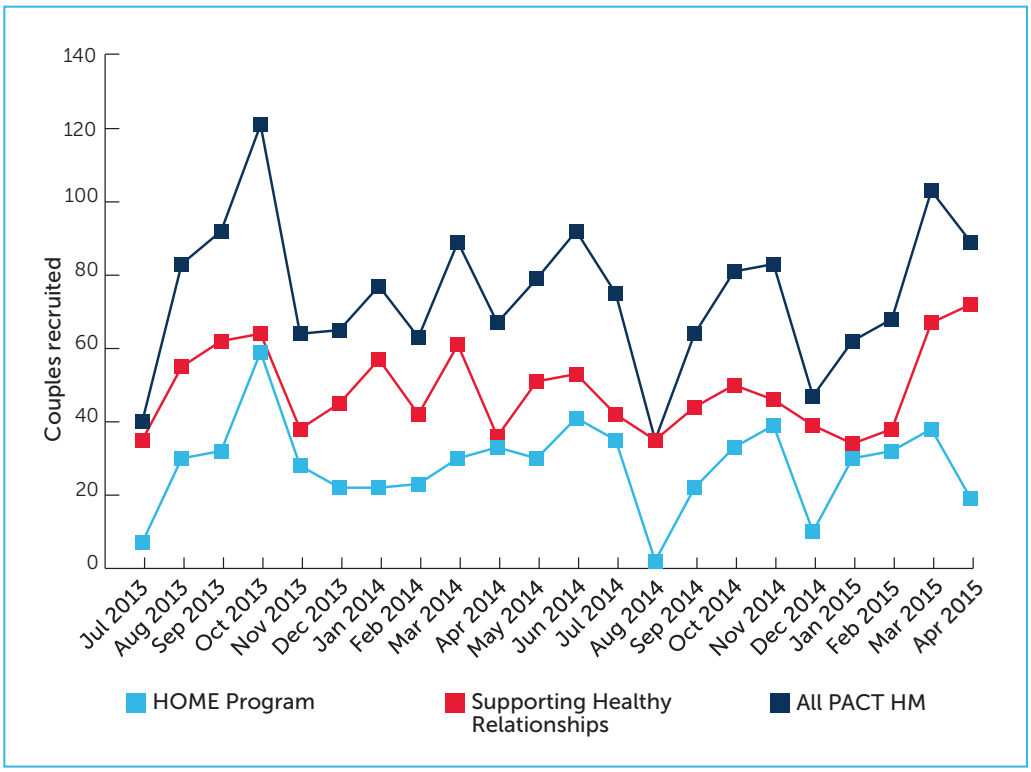
1. ***Negotiation:*** "My partner explained his or her side or suggested a compromise for a disagreement with me."
2. ***Physical assault:*** "I pushed, shoved, or slapped my partner"
3. ***Injury:*** "I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner."
4. ***Sexual coercion:*** "My partner used force (like hitting, holding down, or using a weapon) to make me have sex."
5. ***Psychological aggression:*** "My partner destroyed something belonging to me or threatened to hit me."

The CTS-2 has been criticized by some domestic violence advocates and researchers for its strong focus on physical manifestations of violence and its limited focus on the dynamics of the couple relationship (DeKeseredy and Schwartz 1998). While Supporting Healthy Relationships included questions from the CTS-2 in their screening tool, they did not rely solely on the CTS-2 to determine whether domestic violence was present.

Source: Straus and Douglas 2004; Straus et al. 1996.

Note: A separate ACF project is examining protocols used in HM programs. See http://www.acf.hhs.gov/programs/opre/research/project/responding-to-intimate-violence-in-relationship-programs-rivir for more information.

Figure III.1. Monthly enrollment in PACT



Source: PACTIS.
Note: PACT enrollment began July 22, 2013, and ended April 30, 2015.

Combined, the HOME Program and Supporting Healthy Relationships recruited a sufficient number of couples for the PACT evaluation. The HOME Program enrolled a smaller number of couples than it originally projected, but Supporting Healthy Relationships exceeded its goal.

On average, the HOME Program enrolled 27 couples per month; monthly enrollment ranged from 5 to 57 couples. Enrollment was lowest in July 2013, when the HOME Program only had one week in the month to enroll couples. HOME Program staff could not identify why recruitment slowed during late 2013 and into early 2014, but speculated that improving local economic conditions meant that more people were employed and felt they had less time to participate. Around this time, staff also noticed an increase in the number of couples who did not attend scheduled intake appointments. Staff attributed stronger enrollment in later months to the implementation of street outreach activities in spring and summer 2014. The HOME Program did not recruit couples in August 2014 so staff could focus on organizational planning.

Supporting Healthy Relationships enrolled 46 couples per month on average; monthly enrollment ranged from 33 to 70 couples. Variation in recruitment was attributed to inclement weather, schedules around the holidays and winter months, and brief

periods of decreased staff capacity following turnover of recruitment staff. Supporting Healthy Relationships staff attributed higher recruitment in the latter months of study enrollment to an influx of participants from outreach to churches in New Jersey.

According to enrollment data, nearly 8 in 10 couples across the two programs reported that they enrolled to improve their relationship with their partner (Table III.1). A much smaller percentage of couples enrolled to either improve their relationship with their children (15 percent) or their job situation (7 percent). Compared to the HOME Program, a greater proportion of couples at Supporting Healthy Relationships were primarily interested in improving their job situation, however percentages were still relatively small.

Table III.1. Participant motivation for program enrollment

	Supporting Healthy Relationships	The HOME Program	Total PACT HM sample
Motivation to participate in program (% of individuals)			
Improve relationship with children*	11	23	15
Improve job situation*	9	2	7
Improve relationship with partner*	80	75	78
Sample size (couples)	**1,022**	**573**	**1,595**

Source: PACT Baseline Survey.

Note: Sample includes all randomly assigned couples. PACT enrollment began July 22, 2013, and ended April 30, 2015.

* Significant at .01 p-value.

C. Strategies to encourage participation

Following enrollment, both programs emphasized quick access to case management to engage couples in services and encouraged couples to attend the relationship skills workshop. Since HOME Program intake was conducted by a case manager, the intake appointment also served as a couple's first case management meeting. After a couple completed the intake process, the HOME Program case manager helped the couple find a relationship skills workshop cohort starting no more than three weeks after the intake appointment. The HOME Program case manager and couple discussed workshop attendance and developed a plan for making up sessions that they knew in advance they would miss due to scheduling conflicts. Supporting Healthy Relationships assigned couples to a case manager at intake and scheduled their first meeting before their relationship skills workshop was to begin (usually, there was a gap of two to three weeks between enrollment and the start of the workshop for a couple). If the couple and case manager were available, Supporting Healthy Relationships program staff preferred to hold the first case management meeting immediately after intake.

When a couple missed a session, programs were flexible, allowing couples to have a one-on-one make-up session with a facilitator.

Case managers at both programs were primarily responsible for encouraging program participation. They relied on calls each week to remind couples on their caseload to attend upcoming workshop sessions. Supporting Healthy Relationships case managers also used email, mail, and text messaging to keep in touch with couples. When a couple missed a session, programs were flexible, allowing couples to have a one-on-one make-up session with a facilitator. The HOME Program allowed couples to attend make-up relationship skills workshops with a cohort that met on a different night. Supporting Healthy Relationships couples whose schedules changed could switch cohorts.

The HOME Program and Supporting Healthy Relationships provided supports to encourage participation, as well. Both programs provided meals before each session. Meals served not only as assistance to those who might otherwise go hungry, but helped couples in a cohort bond with one another and establish connections with staff members by sitting down to eat together. Both programs also provided transportation assistance for couples in the form of gas cards and subway fare. The HOME Program offered free on-site child care for couples during workshops. Supporting Healthy Relationships provided a $200 reimbursement for child care expenses when a couple graduated from the relationship skills workshop.

Both programs also provided financial incentives to encourage and reward participation. The HOME Program did this through its career development accounts. These accounts were structured to provide up to $500 for a couple to obtain job training and education, but only if the couple attended at least four relationship skills workshops (see Chapter II for more detail about career development accounts). Few couples used funds accrued in their career development accounts. Supporting Healthy Relationships provided couples with $25 for completing the intake process and an additional $75 for attending their first relationship skills workshop session, for a total of $100. All participating couples were also entered into a drawing for $100 at the conclusion of the relationship skills workshop. Couples entered their name for each session attended, thus increasing the chance of winning for those who attended frequently.

IV. PARTICIPANT CHARACTERISTICS, ATTENDANCE, AND DOSAGE

Participant characteristics, attendance, and dosage: Key findings

- Married and unmarried couples with children enrolled at the HOME Program and Supporting Healthy Relationships. Couples lived with an average of two children; more than half of couples had at least one child from a previous relationship. Most children living with couples were under age 12. Few couples had children over age 18 living in their home. The majority of couples at both programs were Hispanic.
- Low levels of education and earnings were common among couples enrolled in PACT. Couples at Supporting Healthy Relationships tended to be more economically disadvantaged than their counterparts at the HOME Program.
- The HOME Program and Supporting Healthy Relationships achieved high initial participation in the relationship skills workshops and individual contacts; nearly all program couples (94 percent) participated in at least one activity after enrollment. Initial participation in job and career advancement workshops was lower.
- In couples' first six months enrolled in the program, nearly 80 percent of couples at the HOME Program attended at least half of the relationship sessions, compared to nearly 60 percent of couples at Supporting Healthy Relationships. This may be related to differences in the types of couples enrolled in each program. Make-up sessions offered by both programs helped couples who had attended some of the sessions attend a bit more. At both programs, participation in job and career advancement workshops and meetings addressing economic and financial wellbeing was less common than attendance at relationship skills workshops.
- In both programs, couples received just over 18 hours of services, on average. For both programs, the majority of hours were from attending the relationship skills workshop.

This chapter describes the families participating in HM programs in PACT, their initial engagement and participation, and the amount of program services they received. Using data from a survey administered to participants at enrollment, we describe participant characteristics. Using data from the PACT-developed MIS, PACTIS, we explore participant attendance at program services and describe how programs' focus and structure may have influenced the types and amounts of services received. Participant characteristics illuminate the need for services, participants' motivations for participating, and the context for providing services. Participant response, assessed in this chapter through attendance data, is an important mediator for program outcomes, as participants who do not attend program services cannot experience the expected benefits of participating.

A. Participant characteristics

Both married and unmarried couples with children enrolled in the program and nonprogram groups at both programs (Table IV.1). More than three-quarters of the couples enrolled in the HOME Program were married, compared to half the couples at Supporting Healthy Relationships. Couples lived with an average of two children; more than half of couples had at least one child from a previous relationship. Couples at Supporting Healthy Relationships were more likely than couples at the HOME Program to have at least one child from another relationship, but had fewer children living with them, on average. Across the two programs, most children living with couples were under age 12. Few couples had children over age 18 living in their home.

In both programs, most partners were of Hispanic origin, with 93 percent of couples in the HOME Program self-reporting as Hispanic. Couples at Supporting Healthy Relationships were more likely than HOME Program couples to be black or of mixed race. A larger percentage of couples at the HOME Program had least one partner who was foreign born. Spanish was the primary language for 72 percent of mothers and 67 percent of fathers at the HOME Program, compared to 42 percent of mothers and 43 percent of fathers at Supporting Healthy Relationships.

Low levels of education and earnings were common among couples enrolled in PACT. In only 55 percent of couples did both partners have a high school diploma or equivalent. In 87 percent of couples, at least one partner had worked for pay in the month prior to enrollment. The most common work arrangement among couples was for only the father to be employed; this arrangement was more common at the HOME Program. Overall, 63 percent of families had earned $2,000 or less in the month prior to enrollment.

Couples at Supporting Healthy Relationships tended to be more economically disadvantaged than their counterparts at the HOME Program. In almost 20 percent of couples at Supporting Healthy Relationships, both partners were unemployed and had no earnings, whereas the same was true for only 5 percent of couples at the HOME Program.

Table IV.1. Baseline characteristics of randomly assigned couples

	HOME Program	Supporting Healthy Relationships	Total PACT HM sample
Demographics			
Average age (years)			
Mothers*	33	34	34
Fathers*	35	37	36
Race and ethnicity (%)			
Both partners Hispanic*	93	62	74
Both partners black, non-Hispanic*	0	21	13
Both partners white, non-Hispanic	1	0	0
Both partners other, or couple mixed race*	6	17	13
Foreign born (%)			
Mothers *	57	47	51
Fathers	56	50	52
At least one partner*	73	56	62
Spanish is primary language (%)			
Mothers*	72	42	53
Fathers*	67	43	52
Socioeconomic status			
Have high school diploma or GED (%)			
Neither partner	13	14	14
Only mother	16	20	19
Only father	14	12	13
Both partners	57	54	55
Worked for pay in last 30 days (%)			
Neither partner*	5	18	13
Only mother worked*	7	11	9
Only father worked*	49	36	41
Both partners	39	36	37
Couples' earnings in last 30 days (%)			
No earnings*	5	18	14
$1–$1,000	18	22	21
$1,001–$2,000*	37	24	28
$2,001–$3,000	17	17	17
More than $3,001	23	19	21

	HOME Program	Supporting Healthy Relationships	Total PACT HM sample
Living arrangements and housing (%)			
Couple lives together all or most of the time*	94	82	86
Criminal history			
Ever been convicted of a crime (%)			
Mothers	3	6	5
Fathers*	16	21	19
Currently on parole (%)			
Mothers	1	0	1
Fathers	5	5	5
Children and relationships			
Total number of children	3.2	3.3	3.3
Common between partners*	1.9	1.3	1.5
Non-common across partners*	1.3	2.0	1.8
Number of children living with couple*[1]	2.4	2.0	2.1
At least one partner has at least one child with another partner (% of couples)*	48	63	58
Age range of children common between partners living with parents all or most of the time (% of couples)			
Age 2 and under	48	46	47
Between ages 3 and 5*	45	30	36
Between ages 6 and 12*	48	37	42
Between ages 3 and 18	17	21	19
Over age 18	6	6	6
Relationship status			
Married*	76	50	59
Romantically involved on a steady basis*	17	35	29
In on-again/off-again relationship*	6	12	10
Not in a romantic relationship	2	3	3
Relationship trouble in last 3 months (%)			
Only mother reported relationship trouble	15	14	15
Only father reported relationship trouble	12	10	11
At least one partner reported relationship trouble	76	80	79
Both partners reported relationship trouble*	48	56	53
Sample size	**573**	**1,022**	**1,595**

Source: PACT Baseline Survey.

Note: Sample includes all randomly assigned couples. PACT enrollment began July 22, 2013, and ended April 30, 2015.

* Significant at .01 p-value.

[1] Limited to couples who were living together all or most of the time.

In about 80 percent of couples, at least one member reported relationship trouble in the three months prior to PACT enrollment.

Though most couples lived together most or all of the time, in about 80 percent of couples, at least one member reported relationship trouble in the three months prior to PACT enrollment. Compared to the HOME Program, Supporting Healthy Relationships tended to enroll more distressed couples; in more than half of Supporting Healthy Relationships couples, both partners reported relationship distress.

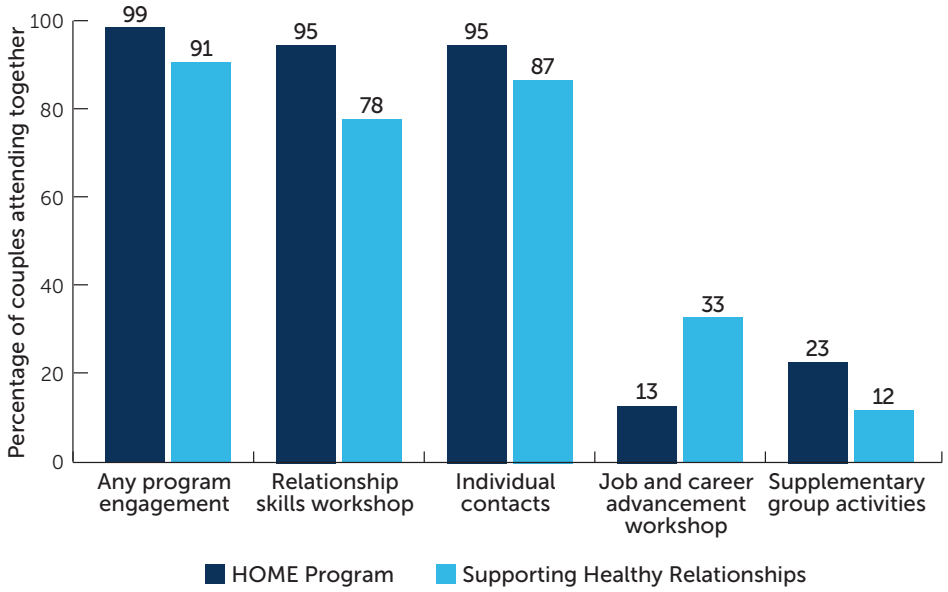
B. Participation trends

To measure participation, we first considered initial program involvement. Initial participation in services indicates whether the program engaged couples. We examined participation for the first six months after each couple enrolled in PACT. This window does not include the entire period when couples may have attended services, but captures the period of most active participation.[12] To conduct the participation analysis, we examined data for all couples who enrolled in the PACT evaluation and were assigned to participate in the program. PACT enrollment was from July 22, 2013, through April 30, 2015; the last possible date of participation was six months later, October 31, 2015. We present participation among all program group couples, including those who did not participate at all.[13]

The HOME Program and Supporting Healthy Relationships achieved high initial participation in the relationship skills workshops and individual contacts. The majority of program couples (94 percent) participated in at least one activity after enrollment. Over 75 percent of couples at Supporting Healthy Relationships and 95 percent of couples at the HOME Program attended at least one relationship skills workshop session (Figure IV.1). Individual contact receipt was high; 95 percent of couples at the HOME Program and 87 percent of couples at Supporting Healthy

Relationships received at least one contact during the first six months. Differences in initial participation were potentially due to differences in the stability of couples enrolled in each program. For example, HOME Program couples were more likely than Supporting Healthy Marriage couples to be married and less likely to report relationship distress.

Figure IV.1. Initial participation in program activities



Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began July 22, 2013, and ended April 30, 2015. The HOME Program sample included 286 couples and the Supporting Healthy Relationships sample included 511 couples. Analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

Initial participation in the job and career advancement workshops was lower overall. About one-third of Supporting Healthy Relationships couples and 13 percent of couples at the HOME Program attended at least one job and career advancement workshop. More than 23 percent of couples at the HOME Program and 12 percent of couples at Supporting Healthy Relationships attended at least one supplemental workshop.

Retention is the extent to which couples continue to attend a program. We measured retention as the percentage of couples who attended at least half of the relationship skills sessions within six months of enrollment. Nearly 80 percent of couples at the HOME Program attended at least half of the relationship sessions, compared to nearly 60 percent of couples at Supporting Healthy Relationships (Table IV.2). Compared to Supporting Healthy Relationships, the HOME Program served a larger percentage of couples who were married or reported no relationship distress, factors that may have contributed to higher retention. Also, of these two programs, only the HOME

Program offered on-site childcare, which may have made it easier for couples to attend. Make-up sessions offered by both programs helped couples who had attended some of the sessions receive a bit more content.

Table IV.2. Relationship skills workshop attendance

	HOME Program	Suporting Healthy Relationships
Percentage of couples attending relationship skills workshop at least once		
Group attendance only	95	78
Percentage of couples attending half or more of relationship skills workshop sessions		
Group attendance only	78	58
Group attendance and individual make-up sessions	80	60
Number of couples	**286**	**511**

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began on July 22, 2013, and ended on April 30, 2015. Only attendance by both partners was counted.

The vast majority of couples in both programs met one-on-one with staff (98 percent in The HOME Program, 88 percent in Supporting Healthy Relationships; Table IV.3). Couples met with a staff member between four and six times in their first six months, on average, and most meetings were attended by both partners.[14] Couples had more individual contacts in the first three months than in months four through six. On average, couples had between four and five individual contacts in the first three months, when they would have been participating in the group relationship skills workshop. Half of the individual service contacts at the HOME Program were by phone, whereas over three-quarters of individual contacts at Supporting Healthy Relationships were in person. Just over one-half of the couples in the HOME Program received a referral to outside support services, compared to about one-third of couples from Supporting Healthy Relationships.

At both programs, participation in job and career advancement workshops and meetings addressing economic and financial wellbeing was less common than attendance at relationship skills workshops.

At both programs, participation in job and career advancement workshops and meetings addressing economic and financial wellbeing was less common than attendance at relationship skills workshops (Table IV.4). Although almost all couples at the HOME Program attended the relationship skills workshop at least once, only 13 percent of couples attended a supplemental job and career advancement workshop. One-third of couples at Supporting Healthy Relationships attended a job and career advancement workshop; however, more than half of couples received job and career advancement content while attending the relationship skills workshop, a feature not available in the HOME Program (see Chapter II for more on program services). A much

Table IV.3. Referrals and individual contacts

	HOME Program	Suporting Healthy Relationships
Referrals and individual contacts		
Number of couples	286	511
Percentage of couples with at least one contact	98	88
Total contacts (average per couple)	4.7	5.8
Monthly contacts (average per couple)	0.8	1.0
Monthly contacts, first three months	1.4	1.7
Monthly contacts, months four through six	0.2	0.3
Couples receiving at least one support service referral (%)	57	31
Mode of individual contact		
Number of individual contacts	1,349	2,981
Mode of service contacts		
Telephone	53	22
Program office visit	25	76
Other	23	2

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began on July 22, 2013, and ended on April 30, 2015. Analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

larger proportion of couples in Supporting Healthy Relationships participated in an employment-focused individual contact than did couples at the HOME Program (63 percent versus 11 percent). At Supporting Healthy Relationships, case management was employment focused, whereas case management at the HOME Program focused on social services and basic needs. More couples at the HOME Program participated in individual contacts about education topics than employment topics.

C. Dosage

In Chapter II, we described program services and the total number of hours of services offered. In this section, we present the average number of hours that couples attended during their first six months after enrollment, by the type of content received. Attendance may have been by both partners together or by only one partner (although most attendance was by couples). Program dosage, the total hours of service received, may help explain the magnitude of program impacts on outcomes of interest.

Table IV.4. Participation in job and career advancement services

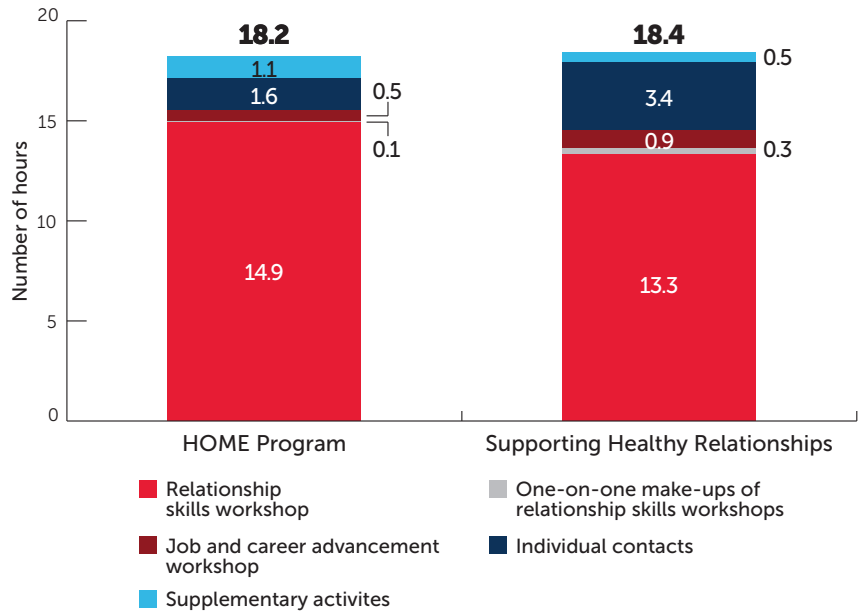
	HOME Program	Suporting Healthy Relationships
Percentage of couples attending job and career advancement workshop at least once		
Group attendance only	13	33
Percentage of couples receiving job and career advancement topics during relationship skills workshop		
Group attendance only	NA	55
Percentage of couples receiving employment and education topics during individual contacts		
Employment	11	63
Education	14	10
Number of couples	**286**	**511**

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began July 22, 2013, and ended April 30, 2015. Only attendance by both partners was counted.

Across programs, the average hours of services received was 18.2 hours at the HOME Program and 18.4 hours at Supporting Healthy Relationships (Figure IV.2). For both programs, the majority of hours were from attending the relationship skills workshop.[15] Couples from the HOME Program spent more time than couples from Supporting Healthy Relationships attending the relationship skills workshop and supplemental activities, whereas couples from Supporting Healthy Relationships spent more time than couples from the HOME Program receiving individual contacts and attending job and career advancement workshops; however, the differences were small. At the HOME Program, couples spent 14.9 hours, on average, attending the relationship skills workshop, and at Supporting Healthy Relationships, couples spent 13.3 hours, on average, in these workshops. Given that Supporting Healthy Relationships' relationship skills workshop had 24 hours compared to 18 hours at the HOME Program, couples at the HOME Program received, on average, 83 percent of the relationship skills workshop compared to couples at Supporting Healthy Relationships, who received 55 percent of the workshop (Figure IV.3).

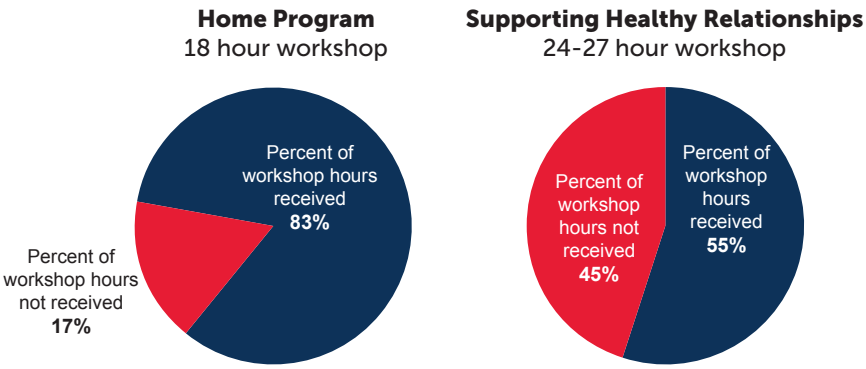
Figure IV.2. Average hours of participation



Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began July 22, 2013, and ended April 30, 2015. The HOME Program sample included 286 couples and the Supporting Healthy Relationships sample included 511 couples. Analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

Figure IV.3: Percentage of relationship skills workshop received



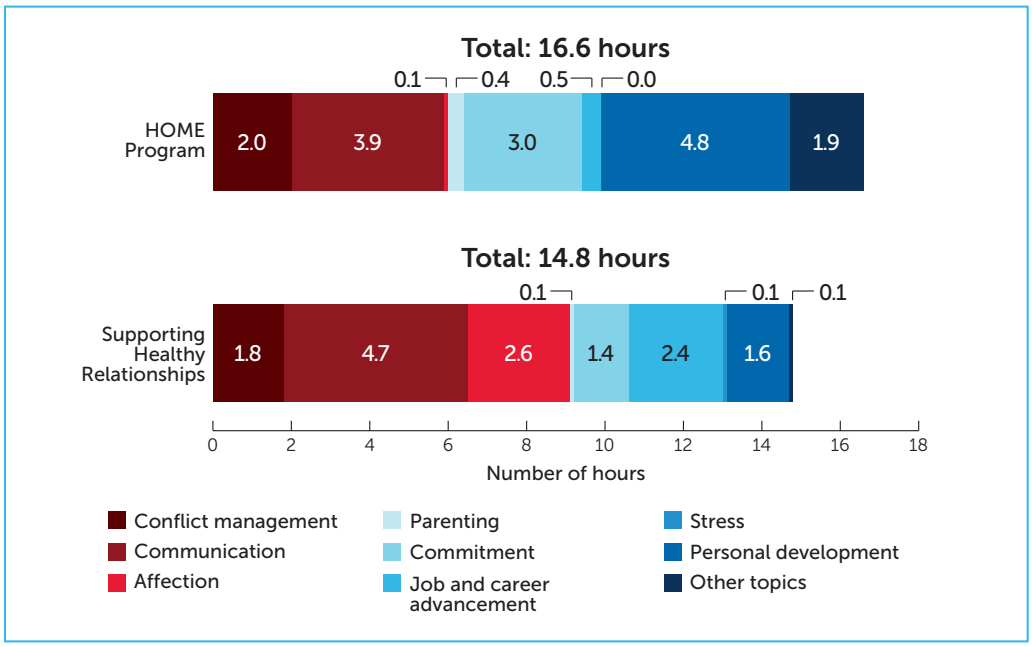
Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began July 22, 2013, and ended April 30, 2015. The HOME Program sample included 286 couples and the Supporting Healthy Relationships sample included 511 couples.

Across the workshops offered, including the relationships skills workshops and supplemental workshops on job and career advancement and other topics, the two programs covered similar topics, including affection, commitment, stress, and parenting. In both programs, a large proportion of couples received content on

communication and conflict management through workshops (Figure IV.4). Together, these topics made up between one-third and one-half of the total workshop hours. At the HOME Program, personal development was also a focus of workshops, totaling almost a third of the hours all couples received. At Supporting Healthy Relationships, couples received 2.4 hours of job and career advancement content in group workshops—about five times the amount received by couples in the HOME Program.

Figure IV.4. Instruction in topics covered in any workshop



Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began July 22, 2013, and ended April 30, 2015. The HOME Program sample included 286 couples and the Supporting Healthy Relationships sample included 511 couples.

At both programs, individual contacts focused primarily on relationship topics. Couples at Supporting Healthy Relationships received about an hour of job and career advancement material through individual contacts, on average, whereas couples at the HOME Program spent almost no time, on average, discussing employment topics during individual contacts (Table IV.5). Couples at the HOME Program spent less than 10 minutes, on average, getting one-on-one help with job and career advancement.

Table IV.5. Topics covered during individual contacts

Topics	Percentage of couples receiving contact related to topic	Average hours of contacts in topic for all couples
HOME Program		
Relationships (not make-up sessions)	75	0.7
Employment	11	0.1
Education	14	0.1
Social Services	91	0.7
Parenting	2	0.0
Other	28	0.1
Supporting Healthy Relationships		
Relationships (not make-up sessions)	69	2.2
Employment	63	0.9
Education	10	0.0
Social Services	39	0.2
Parenting	3	0.0
Other	16	0.1

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began July 22, 2013, and ended April 30, 2015. The HOME Program sample included 286 couples and the Supporting Healthy Relationships sample included 511 couples. Analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

V. PARTICIPANTS' PROGRAM EXPERIENCES

Participants' Program Experiences: Key findings

- On the baseline survey, couples reported that they enrolled in the program to strengthen their relationships. Nevertheless, they were initially skeptical that the programs could help them. After attending some sessions, participants embraced the program workshops. Couples felt that facilitator pairs established a supportive environment that encouraged them to continue attending.
- According to couples, program staff were diligent in following up and reminding them to attend workshop sessions.
- Couples appreciated learning concrete techniques they could apply to manage their anger, communicate, and understand their respective backgrounds and perspectives.
- Couples in the focus groups did not generally have much to say about job and career advancement services; few participated in those services and those who did had mixed feelings about whether they were worthwhile.

This chapter describes the experiences of individuals and couples who participated in the HOME Program and Supporting Healthy Relationships. It conveys, in their own words, their initial impressions of the programs, why they participated, and what they believe they got out of the programs. The information presented in this chapter is based on four focus groups conducted during site visits to the programs in early 2014; a total of 22 couples (44 individuals) attended these focus groups (see Chapter I for detail on the selection of couples for focus groups).

A. Enrollment and participation

While on the baseline survey more than three-quarters of couples reported that they enrolled in the program to strengthen their romantic relationship, during the focus groups, participants in both programs reported entering the programs with some skepticism. Although at least one member in about 80 percent of couples reported relationship trouble in the three months prior to PACT enrollment, some focus group participants noted that they were at first concerned the program was only for couples with problems. One couple who attended the HOME Program, for example, did not want to participate initially because, "we don't have problems. We have 20 years of marriage." Outreach staff were persistent, however, and convinced couples that, in the words of another HOME Program participant, "It wasn't really for marriages where they had problems. It was more of an enrichment, more to communicate as couples."

"You must love your relationship, for you to let go [of] everyday life and get out of the routine and come to the program."

A male participant at Supporting Healthy Relationships suggested that it was hard for some couples to admit that they needed help; he described that some couples "are also, ashamed to say 'oh, I have problems with my wife…' so they don't want to come because they think that they are not quite 'male'." His wife agreed that deciding to enroll in the program was difficult: "You must love your relationship, for you to let go [of] everyday life and get out of the routine and come to the program."

Facilitators echoed this message. According to another participant, facilitators told participants that, "It's not a marriage class; it's just a group discussion and tools that will help your marriage grow or not, depending on how you use them. Not all of [the tools] work for everybody. Just take what you need and keep it moving."

Some couples, however, recognized elements of their marriages that needed work. "We had only been married for four years when we went the first time," said one HOME Program participant, and her spouse agreed: "I was out of town most of the time and we had problems." A couple expecting a child enrolled in Supporting Healthy Relationships because they were having trouble communicating and planning for their new child: "There was times that I just felt like I wanted to just wring his neck, so I'm like, I need to learn self-control. [I] need to learn how to just [take a deep breath] and talk to him and let him talk, because I don't let him talk."

After participating, couples embraced the workshops and their focus on relationships. One couple at Supporting Healthy Relationships needed encouragement and a second attempt to attend the program, but enjoyed the material so much that they convinced family members to enroll: [My sister] approached us [about enrolling in the program] and at that point we're like, we don't really want to do therapy," said the participant whose relatives recruited her. "She encouraged us. No, it's just extra tools, extra this, extra that. The biggest thing was, I guess it's almost like a date night.

"When I told [my husband about the program], he said, 'Okay…,' the first day, and we fell in love. Then I started to work and when I arrived [home] I already found him ready: 'Let's go!'"

Like you have something that you can plan with your mate every week. So we were like, okay, let's try it one time and see how it goes, and we enjoyed it. A woman in the HOME Program discussed how her husband begrudgingly came to the first session, but quickly became excited: "When I told him, he said, 'Okay…' the first day, and we fell in love. Then, I started to work and when I arrived [home], I already found him ready: 'Let's go!'"

The group format and dynamic facilitators encouraged couples to attend. Many couples made friends with other couples through attending the program. "We had a great time," said a HOME Program participant. "When it was over, it was like we had fun with everybody and it was great. We asked them [HOME Program staff] if we could keep coming every Wednesday, but they said we couldn't. We enjoyed it; it was fun." At Supporting Healthy Relationships, one participant stated: "We were a family and [on the] last day we gave the phone numbers and made a list with the phone numbers and emails and we pass it over and everyone has any partner phone number, because we are also supporting ourselves as a couple."

Participants at both programs felt that the facilitator pairs encouraged a supportive and convivial environment. "Yeah, our facilitators [kept us attending each week]," said one HOME Program participant. "We made friends, friends that we still talk to in class. That was good." Another said, "One thing I like is that [the facilitator pair] was a married couple where they have issues too….That made it a real plus for us." Participants at Supporting Healthy Relationships experienced a similar atmosphere:

> [Facilitators] were a little transparent about their personal struggles that they're going through, so it made it real for us. They're not trying to be like, "Oh we're perfect"…. I felt that was really good that they shared their own personal perspective and made it real for everyone, that it's not just this floating theory that you're trying to present that you haven't applied personally and you're trying to talk to us. You walk the walk.

Focus group participants reported that participation supports encouraged program attendance. The HOME Program provided on-site child care, meals, and transportation assistance to help parents attend the relationship skills workshops. One participant said that child care was a driving factor in her weekly attendance, because "my children liked [the child care center] very much… [I was] happy to come every Wednesday." Her children asked her, "'Hey are we leaving yet? Let's go now!'" Another participant said, "We had free food, they took care of the kids for free, they gave us a $10 voucher for gas card, what more could you ask?" Several participants appreciated the gas cards they received to help pay for transportation: "There are people living quite far away. With the $10 that they give them for

"my children liked [the child care center] very much… [I was] happy to come every Wednesday."

gasoline, it's okay," said one. A participant at Supporting Healthy Relationships also appreciated receiving assistance: "I love the gift cards. They definitely came in handy. Right in the beginning [Supporting Healthy Relationships] makes it clear to you, 'you're going to be, in a sense, compensated for your time.'" Another Supporting Healthy Relationships participant said, "in each session, they gave us the MetroCard…to us, [the card was] as something that fell from heaven." Others liked the raffles that Supporting Healthy Relationships ran to reward couples for participation. One participant explained, "They gave us a ticket per couple and you had to fill it out with your data and at the end of the course, on graduation they did a raffle of one hundred dollars, a gift card…. We decided [to make the reward] two of fifty dollars [to have two winners], and we were winners."

Staff attention also encouraged attendance and supported the couples. One HOME Program participant said, "[My case manager] was very good about calling, 'Are you going to be making it today?' I wasn't; I was all bruised up [from surgery], or we wouldn't make it. But we made up the days. She's very good. If we didn't answer at the house she'd call our cell phone." A Supporting Healthy Relationships participant also appreciated reminder calls: "Because you're so caught up in your regular life, you do know that whatever day, it is coming for you, and you know that the time is coming, but life gets the best of you sometimes. If you get the courtesy call, text message, email, or whatever, it gives you that chance to be like, let me make sure everything is lined out."

Both programs offered one-on-one sessions with facilitators. One participant described what facilitators at Supporting Healthy Relationships mentioned every class: "At the end of each workshop that we had, they asked, 'Anybody here want to set up a day? Meet us at the front….' They were pretty thorough with everything,

"At the end of each workshop that we had, they asked, 'Anybody here want to set up a day? Meet us at the front....' [the facilitators] were pretty thorough with everything, constantly asking everybody what they needed or if they had any questions up front or at the end."

constantly asking everybody what they needed or if they had any questions up front or at the end." The HOME Program also accommodated couples, offering frequent make-up sessions: "They have them I think Monday, Tuesday, and Wednesday," recalled one participant. "They would say, 'you can make up the one on Monday,' and they offer Spanish and English either day." One Supporting Healthy Relationships couple found make-up sessions helpful when an emergency arose: "For us, it was his surgery. We had started and then we were like, 'listen, he has a certain recovery time.' Originally, they were willing to do the one-on-ones so we could make it up. It's almost like every 30 minutes they can try to square away one session that you missed, one class that you missed."

B. Lessons participants learned

Participants believed they learned concrete relationship skills and strategies. Participants commonly cited communication and anger management strategies as their main takeaways from the programs. A HOME Program participant explained one technique the program taught him to help family members take turns when speaking and listening to each other: "At times as we started to yell… we start there and I go there and she takes the other side so that's it! It's over! And we did not achieve anything. Then that technique about 'who has the word'... [the speaker has] a card, the one right now who has the 'word,' [is the only one who can speak]." Couples in the HOME Program reported learning about how to talk about their feelings and moods using journaling and strategies to truly listen to each other; for example, couples described lying down next to each other while they talked or giving back rubs. Several couples at Supporting Healthy Relationships spoke about learning to "soft start" conversations about housework or chores without making accusations. Couples at Supporting Healthy Relationships also enjoyed sessions where they discussed their backgrounds to understand differences in perspective and change behaviors:

> One of the issues that hit me was…the backpack that one brings from your own upbringing, the way I was raised in my house…. I can no longer order [my wife]…. They told us, because if we are two, we have to help each other… "Let's do the laundry, we are going to clean the house," not as I was raised… I did not wash, not scrub, not mop, not iron, I did nothing.

One participant in Supporting Healthy Relationships shared how he has tried to teach some of the lessons he learned to a friend: "I am trying to get him [to use the] same technique that they gave us here so that he talks to the wife, not fighting, that if she... rises or is excited, he waits until she calms down... to begin to speak."

One couple found a financial literacy workshop helpful "because finance issues damage the cutest love, the strongest love... love with good footing."

Participation in the job and career advancement services and economic and financial wellbeing were not key themes during focus group discussions. Focus group moderators probed participants about their involvement in job and career advancement services, but few participants had participated in the services available from either program or found them satisfying. Some participants in both programs had attended financial literacy classes. A Supporting Healthy Relationships couple found the session useful "because finance issues damage the cutest love, the strongest love... love with good footing." Some Supporting Healthy Relationship participants had worked with case managers to update resumes and search for jobs. Though Supporting Healthy Relationships participants appreciated the persistence of case managers, who continued to serve them for a year after enrolling, they had not experienced much success in improving their job situations. "[My case manager] sent me a letter in the mail, too, about certain job fairs, but there was really nothing in there that I was looking for," said one. Another said, "This week we went on a… workforce job fair [Supporting Healthy Relationships] was having on-site and interviewed there from that job establishment, so that was cool. I'm still waiting to hear back from them, so I don't know if it was that cool." A third said her husband also went to a job fair "and he went to an interview. It turns out that the security job that they were offering, I don't know what he thought it was…. It was just less than what he's making now... He's making, let's say, $16 an hour and they were going to start him at $8."

No HOME Program participants at the focus groups had attended job and career advancement workshops. Several participants reported that they were employed when they enrolled in services and were not looking for help finding a new job. Most participants had not accessed their career development accounts. Though the program intended the funds to be used for a wide range of training opportunities, one participant thought it could only be used for obtaining a "GED and stuff like that," which the participant did not need. One focus group participant who used her career development account credit to attend a class shared that she was initially "ashamed about asking" for money. She only used the funds when her case manager asked her how she was paying for her education, and walked her through the process of getting approval to use the credits.

VI. STAFFING, SUPERVISION, AND IMPLEMENTATION SUPPORT

Staffing, supervision, and implementation support: Key findings

- The composition of program staff reflected the target population and the programs' emphasis on relationship skills. The majority of staff across the programs held at least a bachelor's degree. Nearly two-thirds of program staff at both programs had experience providing relationship skills education. A smaller percentage of staff had prior experience providing employment services, which reflected the programs' relatively short history of providing these services.
- As programs struggled to figure out how job and career advancement services fit with their relationship skills programming, they also contended with staff turnover, including among staff providing job and career advancement services. Over time, turnover diminished programs' emphasis on economic and financial wellbeing.
- Most program staff received training, found it helpful, and felt prepared for their jobs as a result. Facilitators received initial training and coaching on the relationship skills curriculum.
- Most program staff reported having a supervisor, but the frequency of supervision varied across programs and positions, particularly for individual supervision. Most Supporting Healthy Relationships staff met individually with a supervisor each week. Most HOME Program staff participated in individual supervision, but meetings were infrequent.
- Both programs used monitoring practices that emphasized program improvement. Monitoring occurred through use of a MIS that tracked enrollment and participation. Programs monitored curricular adherence and facilitation quality through reflective practice centered on observations of facilitators.

HM programs must hire and retain staff with the right mix of skills and experience to provide high quality services to populations with multiple needs. Staff must have a clear understanding of their roles and receive adequate training and supervision. The two HM programs employ a program director or manager, staff to facilitate workshops, and case managers to address participants' needs. This section describes the characteristics of staff employed by the HM programs, supervision and training, and implementation supports, using data from two waves of a staff survey conducted in fall 2013 and spring 2015, as well as staff interviews during site visits. Averages presented in the tables are calculated from pooled responses across both waves of the survey, unless otherwise noted.

A. Staff background and experience

The composition of program staff reflected the target population and programs' emphasis on relationship skills. According to the staff survey, HM staff were of similar racial and ethnic makeup to participants (Table VI.1). All program staff at the HOME Program and just under half at Supporting Healthy Relationships identified as

Table VI.1. Staff characteristics and education

	HOME Program	Supporting Healthy Relationships	All HM grantees in PACT
Gender (%)			
Male	29	36	31
Female	71	64	69
Race and ethnicity (%)			
Hispanic	100	43	81
Black, non-Hispanic	0	7	2
White, non-Hispanic	0	36	12
Other	0	14	5
Education (%)			
High school diploma or equivalency	0	7	2
Some college	46	0	31
Bachelor's degree	39	7	29
More than bachelor's degree	14	86	38
Sample size	**28**	**14**	**42**

Source: PACT staff survey, fall 2013 and spring 2015.

Note: Sample sizes represent the total number of respondents to both waves of the staff survey. At the HOME Program, 17 staff completed the fall 2013 survey and 11 staff completed the spring 2015 survey, 9 staff responded to both waves of the survey. At Supporting Healthy Relationships, 9 staff completed the fall 2013 survey and 5 staff completed the spring 2015 survey, 2 staff responded to both waves of the survey. Percentages may not sum to 100 due to rounding and respondents' ability to choose multiple responses.

Hispanic. Around two-thirds of program staff were female, though both programs used opposite gender pairs for facilitating relationship skills workshops.

The majority of staff across the programs—about two-thirds—held a bachelor's degree or higher (Table VI.1). All staff at the HOME Program had at least some college coursework. More than 80 percent of Supporting Healthy Relationships staff held a master's or professional degree. Supporting Healthy Relationships required facilitators and intake staff to be trained clinicians or have a graduate degree in the mental health or social work field.

Nearly two-thirds of program staff at both HM programs had experience providing relationship skills education (Table VI.2). Staff at the HOME Program had considerably more years of experience providing relationship skills education, compared to staff at Supporting Healthy Relationships. The HOME Program valued prior work experience over educational attainment.

A smaller percentage of HM program staff, about 50 percent, had prior experience providing employment services, which reflected the programs' relatively short history of providing these services. In both the fall 2013 and spring 2015 survey waves, staff at the HOME Program averaged five years of employment services experience. In the fall 2013 survey wave, staff at Supporting Healthy Relationships averaged nearly 10 years of employment services experience, a number inflated by one staff member who had over 25 years of experience. However, this employee was no longer with Supporting Healthy Relationships by the spring 2015 survey wave, and as a result, the average decreased considerably to 1.3 years.

Staff turnover diminished programs' emphasis on economic and financial wellbeing.

Staff turnover diminished programs' emphasis on economic and financial wellbeing. As programs struggled to figure out how job and career advancement services fit with their relationship skills programming (see Chapter II), they also had to contend with staff turnover, including staff providing job and career advancement services. The HOME Program eliminated its employment specialist role in late 2013 after finding that participants were confused by the two case management positions (one had focused on social service needs and the other on employment services). HOME Program leadership shifted responsibility for employment services to the case managers addressing social service needs. A staff member in an employment specialist position became the lead case manager, whose responsibility was coordinating case managers and ensuring they met participants' job and career needs. Supporting Healthy Relationships lost an employment specialist with over 25 years of experience. Due to uncertainty over future grant funding, they could not fill the vacancy, thereby reducing their capacity to provide case management focused on economic and financial wellbeing.

Table VI.2. Staff employment and experience

	HOME Program	Supporting Healthy Relationships	All HM grantees in PACT
Average length of employment (years)			
2013	4.2	2.0	3.4
2015	5.1	2.9	4.4
Involvement in HM program activities (%)			
Outreach and intake	44	86	59
Facilitation	54	79	62
Employment services	11	36	20
Economic and financial wellbeing	14	36	21
Case management	63	93	73
Staff supervision and training	33	50	39
Prior experience			
Relationship skills education experience (%)	64	64	64
2013 average (years)	7.6	1.5	5.6
2015 average (years)	3.5	2.1	3.0
Employment services experience (%)	50	50	50
2013 average (years)	5.0	9.3	6.9
2015 average (years)	5.0	1.3	4.1
Sample size	**28**	**14**	**42**

Source: PACT staff survey, fall 2013 and spring 2015.

Note: Sample sizes represent the total number of respondents to both waves of the staff survey. At the HOME Program, 17 staff completed the fall 2013 survey and 11 staff completed the spring 2015 survey; 9 staff responded to both waves of the survey. At Supporting Healthy Relationships, 9 staff completed the fall 2013 survey and 5 staff completed the spring 2015 survey; 2 staff responded to both waves of the survey. Percentages may not sum to 100 due to rounding and respondents' ability to choose multiple responses.

B. Training and supervision

Most program staff received training, found it helpful, and felt prepared for their jobs as a result. Over 90 percent of staff at the two HM programs reported receiving training in the 12 months prior to completing the staff survey (Table VI.3). For example, HOME Program case managers attended monthly training to learn about community services and policies that affected program participants, such as how to use the Affordable Care Act website. Domestic violence partner organizations provided annual training to staff at both programs about the domestic violence protocols used during intake (see Chapter III), recognizing signs of domestic

violence, and how to respond when domestic violence is identified. At both programs, all staff reported that the training they received had adequately prepared them for their job responsibilities.

Table VI.3. Staff training and support

	HOME Program	Supporting Healthy Relationships	All HM grantees in PACT
Participated in training in last 12 months (%)	93	93	93
Perception of helpfulness of training (% very helpful or somewhat helpful)	79	86	81
Perception of preparedness for job as a result of training (% very prepared or somewhat prepared)	100	100	100
Have mentor or coach (%)	75	93	81
Have supervisor (%)	96	100	98
Frequency of individual supervision (%)			
Weekly or more	11	93	38
Biweekly	14	0	10
Monthly or less	54	0	36
Never	14	7	12
No response	7	0	5
Frequency of group supervision (%)			
Weekly or more	14	50	26
Biweekly	0	14	5
Monthly or less	61	21	48
Never	11	7	10
No response	14	7	12
Sample size	**28**	**14**	**42**

Source: PACT staff survey, fall 2013 and spring 2015.

Note: Sample sizes represent the total number of respondents to both waves of the staff survey. At the HOME Program, 17 staff completed the fall 2013 survey and 11 staff completed the spring 2015 survey; 9 staff responded to both waves of the survey. At Supporting Healthy Relationships, 9 staff completed the fall 2013 survey and 5 staff completed the spring 2015 survey; 2 staff responded to both waves of the survey. Percentages may not sum to 100 due to rounding.

Facilitators received initial training and coaching on the relationship skills curriculum. Supporting Healthy Relationships facilitators attended training on *Loving Couples, Loving Children* that was similar to, though less intensive than, the curriculum developer's certification process. Before leading a workshop session, facilitators read curriculum manuals, watched training videos, and observed all nine sessions of the relationship skills workshop. Next, new facilitators co-facilitated

a workshop session with an experienced facilitator. This workshop session was videotaped. After the session, the facilitator and a manager watched the tape to review strengths and areas for improvement. All HOME Program facilitators received training on *Within Our Reach* from the curriculum developer prior to the start of its 2011 HM grant. The HOME Program did not train facilitators during the PACT evaluation period.[16]

Most program staff reported having a supervisor, but the frequency of supervision varied across programs and positions. Nearly all staff at both programs reported receiving regular supervision from a supervisor (Table VI.3). At the HOME Program, the program director had primary responsibility for supervising staff. Full-time staff met monthly to discuss ongoing program operations and issues. HOME Program staff also met departmentally. Case managers met as a group every other week to check on couples' progress towards graduating from the relationship skills workshop, receive input on active cases as needed, and discuss upcoming events. Outreach staff met weekly to plan events and discuss progress towards achieving recruitment goals. Facilitators met as a team as needed. Formal individual staff supervision was more frequent in Supporting Healthy Relationships. Most staff reported weekly individual meetings and weekly or biweekly group meetings. Supporting Healthy Relationships staff reported that all-staff meetings were held each week to discuss organizational challenges and concerns and decide as a group how to address them. The president of UBA attended these meetings along with program staff.

The programs differed in their use of individual meetings as a supervision strategy. Most Supporting Healthy Relationships staff met individually with a supervisor each week to discuss concerns. Most HOME Program staff participated in individual supervision, but these meetings happened infrequently. The few staff members who did not respond to the survey items in Table VI.3 about staff supervision were either facilitators, who did not receive regular supervision in the HOME Program, or new employees, who may not have participated in supervision.

C. Strategies to monitor operations and service delivery

Participant tracking systems recorded participant information, such as demographics; how participants learned about the program; and workshop attendance.

Both programs used monitoring practices that emphasized program improvement. Before adopting PACTIS, both programs used a participant tracking system from their involvement in the Supporting Healthy Marriage evaluation. These systems recorded participant information, such as demographics; how participants learned about the program; and workshop attendance. Program staff at Supporting Healthy Relationships also used a custom database to record employment data, including case management information, external referrals, and employment placements and outcomes. Staff also tracked pre- and post-program survey responses to assess

whether participation increased relationship skills and satisfaction. The HOME Program tracked similar information, including assessments and case management records. Programs also tracked recruitment information, such as intake appointments and contact information for potential participants.

Program leadership at both programs were ultimately responsible for managing and reviewing administrative data. They regularly monitored progress toward recruitment, enrollment, and retention targets and discussed progress with frontline staff during supervision. For example, the Supporting Healthy Relationships program manager expected case managers to place five clients in jobs per month, and each outreach staff member was expected to recruit 25 couples per month—with half completing intake. The HOME Program director reviewed case notes with case managers to ensure that clients' needs were met, and checked an outreach events calendar to make sure that the program maintained a strong community presence.

Both programs monitored curricular adherence and facilitation quality through reflective practice centered on observations of facilitators.

Reflective practice is the process of observing a practice, debriefing it, assessing strengths and weaknesses, coming up with strategies to revise the practice, and then putting the strategies into practice (Gibbs 1988). To that end, both programs monitored curricular adherence and facilitation quality through reflective practice centered on observations of facilitators. At Supporting Healthy Relationships, program managers facilitated workshops alongside frontline staff and as a result were able to see firsthand how staff facilitated workshop sessions, and provide feedback immediately following the session. Program managers also observed case managers' facilitation of employment workshops and provided feedback during supervision. At the HOME Program, a senior facilitator observed other facilitators, discussed the observations with them, and provided written feedback. The senior facilitator's feedback included scoring the facilitators on a rubric and providing qualitative comments that explained and justified scores (Box VI.1). After conducting an observation, the senior facilitator helped the facilitator develop an action plan and steps for improvement, if needed.

Box VI.1. The HOME Program facilitator observation form

At the HOME Program, a senior facilitator developed a form to guide observations of facilitators and comment on their use of select facilitation skills.

1. *Positive attitude towards role of group facilitator as opposed to group educator.* Teaches clients by asking questions, rather than lecturing.
2. *Confidence.* Demonstrates confidence in role of facilitator
3. *Time management and materials.* Adheres to agenda and session design, completes exercises.
4. *Enforcing ground rules.* Posts and notes ground rules, making the group a safe and supportive space, and reminds clients who need to adhere when appropriate.
5. *Communication.* Uses active listening, responds to participants' spoken and body language.
6. *Positive reinforcement and monitoring of couple participation.* Reinforces and monitors participant involvement and effort so that all couples have a chance to participate equally.
7. *Gives fidelity to curriculum by summarizing and redirecting.* Summarizes and redirects monopolizing participants to adhere to session design and agenda.
8. *Works as a team with co-facilitator.* Shares facilitation responsibilities equally.
9. *Acts as a role model for peers by distinguishing instruction delivery.* Models professional demeanor and uses multiple approaches to convey information.
10. *Active, successful participation of all participants.* Actively engages and includes participants in exercises and group processing.

Source: Site visits and program documents.

VII. LESSONS LEARNED AND IMPLICATIONS FOR FUTURE PROGRAMMING

The two HM grantees participating in PACT, the HOME Program and Supporting Healthy Relationships, implemented programs that aimed to enhance participants' relationship skills and economic and financial wellbeing. Each grantee strove to develop an approach to service delivery that would best meet the needs of its organization and the couples it enrolled. This chapter summarizes implementation lessons from the PACT enrollment period at the two programs and discusses considerations for future programming and evaluation.

A. Key implementation findings

Effective recruitment required face-to-face outreach. According to the programs, in-person outreach was the primary and most effective strategy for recruitment. Both programs conducted in-person outreach at family-oriented locations, such as pediatric clinics and school health fairs, that potential participants would likely access. Consistent with prior studies of HM programming, efforts to market the program and obtain referrals from community organizations were useful but secondary to in-person recruitment.

The two HM programs in PACT achieved strong participation in their services to strengthen couples' relationships. Over 75 percent of couples at Supporting Healthy Relationships and 95 percent of couples at the HOME Program attended at least one session of the relationship skills workshop. After attending the first session of a relationship skills workshop, couples often continued to attend. Nearly 80 percent of

couples at the HOME Program attended at least half of the relationship sessions; a smaller but still sizeable percentage of couples at Supporting Healthy Relationships (60 percent) attended at least half of the relationship sessions. Receipt of at least one individual contact was also high; 95 percent of couples at the HOME Program and 87 percent of couples at Supporting Healthy Relationships received at least one contact. These participation rates were similar to rates in the Supporting Healthy Marriage evaluation, which served only married couples, and higher than rates in the Building Strong Families evaluation, which served only unmarried couples.

Strong participation in the relationship education component likely reflects a combination of two inputs: characteristics of the enrolled population, and programmatic strategies to promote attendance. The two programs in PACT chose to recruit only couples who reported they were in committed relationships or were married. Data collected at enrollment showed that many of these couples had experienced recent trouble in their relationships and enrolled in the program specifically to improve their relationship.

To promote attendance, both programs removed the most common barriers to attendance—child care and transportation—and developed a welcoming atmosphere that promoted the development of relationships across couples and with facilitators by starting each session with a meal. Programs offered a variety of workshop formats and make-ups for missed sessions, and relied on regular reminder calls and financial incentives to further encourage attendance.

Although the relationship skills workshops for the two HM programs varied in the number of hours offered, at both programs, couples could complete the workshop in just over two months. This length may have appealed to couples, in that it was long enough to develop a temporary pattern of attendance but short enough for couples to feel they could complete most or all of it.

Programs conducted regular program monitoring focused on program improvement. Setting performance targets and using data to make decisions can support program planning, monitoring, and improvement. The two HM programs in PACT set monthly enrollment targets, regularly measured progress against these targets through a MIS, reflected on factors that may have helped or hindered the program in meeting the monthly enrollment targets, and made adjustments to their approach as needed. Program staff similarly monitored program engagement, participation, and retention by regularly reviewing and reflecting on data. As a result of these monitoring efforts, the programs recruited a sufficient number of couples for the PACT evaluation, and may have contributed to the high participation and retention in the core relationship workshop.

The two HM programs in PACT set monthly enrollment targets, regularly measured progress against these targets through a MIS, reflected on factors that may have helped or hindered the program in meeting the monthly enrollment targets, and made adjustments to their approach as needed.

Programs offered limited job and career advancement services along with their relationship skills programming. Following guidance in the 2011 funding announcement for OFA HM grants, the two HM programs in PACT offered some services to address couples' economic or financial wellbeing. The job and career advancement services offered were of fairly low intensity.[17] The HOME Program offered a two-hour job and career advancement workshop once every other month; Supporting Healthy Relationships offered a two-hour job and career advancement workshop twice per month.

HM programs can also integrate job and career advancement content into their relationship skills workshop to extend the reach of these services to more couples. Supporting Healthy Relationships did so by including this content in its relationship skills workshop, albeit at a low level of intensity. Session one of their relationship skills workshop covered job interview skills and session five discussed career development and child support rights and responsibilities. For Supporting Healthy Relationships, integrating job and career advancement content into the relationship skills workshop may have increased the proportion of couples who received this content. Over half of Supporting Healthy Relationships couples received job and career advancement content during the relationship skills workshop.

For both programs, job and career advancement services were new and the programs were careful to not divert their focus away from the goal of strengthening couples' relationships.

Programs may have offered only a low level of job and career advancement services for several reasons. For both programs, these were new services and the programs were careful to not divert their focus away from the goal of strengthening couples' relationship. Programs' limited experience with offering these services may have led them to only offer a light touch. Also, the programs may have been concerned that only a few couples were seeking work, and, thus, did not expect many couples to participate in this content.

Low participation in job and career advancement services may have been related to couples' job-related needs and preferences. Couples' characteristics and needs may have contributed to whether they participated in the standalone job and career advancement workshops. Neither program marketed its job and career advancement services during recruitment, which may have affected whether enrolled couples were seeking employment. Few participants in focus groups reported benefitting from job and career advancement services. Based on the MIS data, relatively few couples in either program—13 percent of couples at the HOME Program and 33 percent of couples at Supporting Healthy Relationships—accessed standalone job and career advancement workshops. The average length of time spent attending these separate workshops was low; at the HOME Program, couples spent 30 minutes, on average, attending them and at Supporting Healthy Relationships, couples spent 55 minutes, on average. Low participation may reflect that at enrollment, both partners were unemployed in only 13 percent of couples across the two programs. Although couples' earnings were generally low—below $2,000 per month—it is possible that in many couples one of the partners was not seeking work.

B. Considerations for future HM programming and research

Offer a range of workshop formats and opportunities to make up missed sessions. The HM programs in PACT achieved high rates of participation and offered multiple opportunities for couples to participate in services. Consider offering a variety of workshop formats to address scheduling constraints that may otherwise hinder participation. Weekdays may work better for couples in which one or both of the partners is not employed or works during the evenings, weekday evenings may work better for couples in which one or both partners work during the day, and a few consecutive weekends may work better for couples who can commit to longer workshop sessions over fewer weeks. Programs should be aware that participants' schedules can change with little notice, and be flexible in allowing them to sit in on workshop sessions with other cohorts, attend at varying days or times, or meet one-on-one to make up workshop content. When scheduling, programs should be sensitive to couples' child care and transportation needs and consider providing supports such as on-site child care or vouchers to reduce these participation barriers. Couples in focus groups appreciated receiving reminder calls about workshops and found that child care and transportation made it easier to attend workshops.

Because of these differing needs and dynamics, programs may find that the best way to provide job and career advancement services for couples is by developing multiple strategies for improving families' economic well-being.

Match job and career advancement strategies to level of need. Although most couples in PACT were low-income, they nevertheless differed in their specific job and career advancement needs. For example, they varied in their level of educational attainment, employment status, and level of earnings. In particular, about half of the couples lived on one income, which may have been a deliberate choice for some couples with young children. Because of these differing needs and dynamics, programs may find that the best way to provide job and career advancement services for couples is by developing multiple strategies for improving families' economic well-being and matching services to their needs. Examples of multiple strategies could include:

- Integrate content that is applicable to both employed and unemployed individuals into the relationship skills workshop. Such content can include, for example, financial literacy, money management, communicating and making financial decisions as a couple, and child support information.
- Target education and training activities to those seeking employment but lacking basic education or specific job skills. Programs that serve large proportions of couples with low educational attainment and/or wages may want to incorporate offerings like General Education Development (GED) credential preparation, Adult Basic Education (ABE), or pre-employment education, such as soft-skill development, into their menu of services.
- Target job readiness services, such as workshops on developing resumes, filling out job applications, and interviewing techniques, to those who indicate they are actively

seeking employment. Target the most intensive job and career advancement services, including job development and job placement services, to participants needing extra assistance in securing employment.

- Consider how job and career advancement services can be tailored to meet the needs of employed participants. For example, career exploration and education and training opportunities might be used to help participants obtain better jobs, advance in their current careers, or earn higher pay.
- Include financial literacy services that might be useful for members of couples who choose not to work outside the home. For example, programs may host workshops addressing managing a household budget, avoiding predatory financial practices, and building assets.
- Encourage members of couples to attend job and career advancement services individually if a service is more applicable to one partner than the other.

Test whether the connection between couples' level of commitment at enrollment affects program participation. The HM programs in PACT restricted eligibility for their programs to only couples who reported being in a committed relationship at enrollment. Findings from this study suggest that restricting eligibility to these couples may have contributed to higher participation in program activities. Programs in Building Strong Families (which struggled to achieve high participation rates) included less committed couples, such as those who reported being in on-again, off-again relationships at enrollment. Programs in Supporting Healthy Marriages served only couples who were married at enrollment, and obtained higher participation rates than the programs in Building Strong Families. PACT programs achieved generally high participation rates, but participation was highest at the HOME Program, in which more couples reported that they were married or in a steady romantic relationship. At enrollment, Supporting Healthy Relationships couples were more likely to report that they were in an on-again, off-again relationship compared to their counterparts at the HOME Program. Researchers can formally test whether commitment level at enrollment is a causal predictor of participation, regardless of marital status.

REFERENCES

Ahsan, Nilofer. "The Family Preservation and Support Services Program." *Future of Children*, vol. 6, no. 3, winter 1996, pp. 157–160.

Amato, Paul R. "Children of Divorce in the 1990s: An Update of the Amato and Keith (1991) Meta-Analysis." *Journal of Family Psychology*, vol. 15, no. 3, 2001, pp. 355–370.

Bir, Anupa, Robert Lerman, Elise Corwin, Brian MacIlvain, Allison Beard, Kelly Richburg, and Kevin Smith. "The Community Healthy Marriage Initiative Evaluation: Impacts of a Community Approach to Strengthening Families. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2012.

Bramlett, M.D., and W.D. Mosher. "Cohabitation, Marriage, Divorce, and Remarriage in the United States." *Vital Health Statistics*, vol. 23, no. 22, 2002.

Cabrera, Natasha, Luis Torres, Robin Dion, and Scott Baumgartner. "H-PACT: A Descriptive Study of Responsible Fatherhood Programs Serving Hispanic Men." Washington, DC: Mathematica Policy Research, November 2015.

Conger, R.D., K.J. Conger, and M.J. Martin. "Socioeconomic Status, Family Processes, and Individual Development." *Journal of Marriage and Family*, vol. 72, no. 3, 2010, pp. 685–704.

DeKeseredy, Walter, and Martin Schwartz. "Measuring the Extent of Women Abuse in Intimate Heterosexual Relationships: A Critique of the Conflict Tactics Scale." National Electronic Network of Violence Against Women, 1998.

Devaney, Barbara, and Robin Dion. "Family Expectations: 15 Month Impacts of Oklahoma's Family Expectations Program." Washington, DC: Mathematica Policy Research, August 2010.

Funk, J.L., and R.D. Rogge. "Testing the Ruler with Item Response Theory: Increasing Precision of Measurement for Relationship Satisfaction with the Couples Satisfaction Index." *Journal of Family Psychology*, 21, 2007, pp. 572–583.

Gibbs, G. *Learning by Doing: A Guide to Teaching and Learning Methods*. London, UK: Further Education Unit, 1988.

Holcomb, Pamela, Kathryn Edin, Jeffrey Max, Alford Young Jr., Angela Valdovinos D'Angelo, Daniel Friend, Elizabeth Clary, and Waldo E. Johnson Jr. "In Their Own Voices: The Hopes and Struggles of Responsible Fatherhood Participants in the Parents and Children Together (PACT) Evaluation." Washington, DC: Mathematica Policy Research, June 2015.

Lundquist, Erika, JoAnn Hseuh, Amy Lowenstein, Kristin Faucetta, Daniel Gubits, Charles Michaelopoulos, and Virginia Knox. "A Family Strengthening Program for Low-Income Families: Final Impacts from the Supporting Healthy Marriage Evaluation." Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2014.

Jakubowski, S.F., E.P. Milne, H. Brunner, and R.B. Miller. "A Review of Empirically Supported Marital Enrichment Programs." *Family Relations*, vol. 53, no. 5, 2004, pp. 528–536.

McLanahan, Sara, and Gary Sandefur. *Growing Up with a Single Parent: What Hurts, What Helps*. Cambridge, MA: Harvard University Press, 1994.

Miller Gaubert, Jennifer, Daniel Gubits, Desiree Principe Alderson, and Virginia Knox. "The Supporting Healthy Marriage Evaluation: Final Implementation Findings." Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2012.

Miller Gaubert, Jennifer, Virginia Knox, Desiree Principe Alderson, Christopher Dalton, Kate Fletcher, and Meghan McCormick. "Early Lessons from the Implementation of a Relationship and Marriage Skills Program for Low-Income Married Couples." Washington DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2010.

National Conference of State Legislatures. "Work Oriented Child Support Programs." Available at http://www.ncsl.org/research/human-services/work-oriented-child-support-programs.aspx. Accessed November 5, 2015.

Neighborhood Scout. "Crime Rates for El Paso, TX." Available at http://www.neighborhoodscout.com/tx/el-paso/crime/. Accessed June 2015.

Neighborhood Scout. "Crime Rates for Bronx, NY." Available at http://www.neighborhoodscout.com/ny/bronx/crime/. Accessed June 2015.

New York City Human Resources Administration. "Office of Child Support Enforcement's 'Pay it Off' Program Helped Noncustodial Parents Repay Nearly $1 Million in Child Support Debt." Press release, January 22, 2014. Available at http://www1.nyc.gov/assets/hra/downloads/pdf/news/internet_articles/2014/january_2014/OCSE_Pay_It_Off_Results.pdf. Accessed November 5, 2015.

Shapiro, Alyson, and John Gottman. "Effects on Marriage of a Psycho-Communicative-Educational Intervention with Couples Undergoing the Transition to Parenthood, Evaluation at 1-Year Post Intervention." *Journal of Family Communication*, vol. 5, no. 1, 2005, pp. 1–24.

Straus, Murray, Sherry Hamby, Sue Boney-McCoy, and David Sugarman. "The Revised Conflict Tactics Scales (CTS2)." *Journal of Family Issues*, vol. 17, no. 3, 1996, pp. 283–316

Straus, Murray, and Emily Douglas. "A Short Form of the Revised Conflict Tactics Scales, and Typologies for Severity and Mutuality." *Violence and Victims*, vol. 19, no. 5, 2004, pp. 507–520.

Wolfinger, Nicholas H. "Parental Divorce and Offspring Marriage: Early or Late?" *Social Forces*, vol. 82, 2003, pp. 337–353.

Wolfinger, Nicholas H., Lori Kowaleska-Jones, and Ken R. Smith. "Double Impact: What Sibling Data Can Tell Us About the Long-Term Negative Effects of Parental Divorce." *Social Biology*, vol. 50, 2003, pp. 58–76

Wood, Robert, Sheena McConnell, Quinn Moore, Andrew Clarkwest, and JoAnn Hseuh. "The Effects of Building Strong Families: A Healthy Marriage and Relationship Skills Education Program for Unmarried Parents." *Journal of Policy Analysis and Management*, vol. 31, no. 2, 2012, pp. 228–252.

Wu, Lawrence L., and Brian C. Martinson. "Family Structure and the Risk of Premarital Birth." *American Sociological Review*, vol. 58, 1993, pp. 210–232.

U.S. Census Bureau. "American Fact Finder," generated by Scott Baumgartner using American Fact Finder. Available at http://factfinder2.census.gov. Accessed June 2015.

U.S. Department of Commerce, Bureau of the Census. *Current Population Survey: Civilian Unemployment Rate 2013-07 to 2014-09*. Generated by Scott Baumgartner using https://research.stlouisfed.org. Accessed October 2015.

U.S. Department of Commerce, Bureau of the Census. *Current Population Survey: Unemployment Rate in Bronx County, NY 2013-07 to 2014-09*. Generated by Scott Baumgartner using https://research.stlouisfed.org. Accessed October 2015.

U.S. Department of Commerce, Bureau of the Census. *Current Population Survey: Unemployment Rate in El Paso, TX (MSA) 2013-07 to 2014-09*. Generated by Scott Baumgartner using https://research.stlouisfed.org. Accessed October 2015.

Wood, Robert, Sheena McConnell, Quinn Moore, Andrew Clarkwest, and JoAnn Hseuh. "Strengthening Unmarried Parents' Relationships: The Early Impacts of Building Strong Families." Washington, DC: Mathematica Policy Research, May 2010.

Zaveri, Heather, Robin Dion, and Scott Baumgartner. "Responsible Fatherhood Programming: Two Approaches to Service Delivery." OPRE Report No. 2015-46. Washington, DC: Office of Planning, Research and Evaluation; Administration for Children and Families; U.S. Department of Health and Human Services, 2015.

APPENDIX A

EL PASO CENTER FOR CHILDREN

HEALTHY OPPORTUNITIES FOR MARRIAGE ENRICHMENT PROGRAM PROFILE

HEALTHY MARRIAGE PROGRAM PROFILE: HEALTHY OPPORTUNITIES FOR MARRIAGE ENRICHMENT PROGRAM AT EL PASO CENTER FOR CHILDREN

Program overview

The El Paso Center for Children (EPCC) provided the Healthy Opportunities for Marriage Enrichment (HOME) Program to couples in El Paso, Texas. The primary service provided through the HOME Program was an 18-hour cohort-based relationship skills workshop that met once per week over nine weeks. Participants in the HOME Program could also attend a job readiness workshop that was offered every other month, and could meet individually with a family support worker to address social service and economic needs.

Program context and background

Organizational context

EPCC was founded in 1982, the result of a merger between two El Paso area orphanages that wished to revamp their services and extend their reach to families at risk of separation. The new agency adopted the mission statement, "A safe home, a stable family, a chance for every child." To achieve its mission of family strengthening, the agency developed four service branches. The Therapeutic Homes program provides therapeutic foster care to children and adolescents. An emergency short-term shelter houses runaway and homeless youth between the ages of 10 and 17. These two programs have the ultimate aim of family reunification. The third program, Services to At-Risk Youth (STAR), provides counseling, parenting classes, and case management services for at-risk youth and their families. The fourth service branch is the HOME Program, which participated in the PACT evaluation.

EPCC receives the majority of its funding from state and federal sources. Its emergency shelter has received funding from the Family and Youth Services Bureau (FYSB) within the U.S. Department of Health and Human Services (HHS) Administration for Children and Families through its Runaway and Homeless Youth Program (RHY) and from the Department of Housing and Urban Development (HUD). Therapeutic Homes is a state-supported fee-for-service program and STAR is funded through the Texas Department of Family and Protective Services, Prevention and Early Intervention division. The HOME Program was funded primarily through an HHS Administration for Children and Families (ACF) Office of Family Assistance (OFA) Healthy Marriage (HM) grant. According to the executive director, less than 10 percent of EPCC's funding comes from businesses and private donations.

Healthy marriage program development

The idea for the HOME Program grew out of EPCC's involvement with a network of organizations that assembled to provide family support and preservation services funded by the federal Family Preservation and Support Services Act. This act allocated funds to states to integrate prevention strategies into their child welfare services. Texas chose to integrate home visiting services, parent education, and respite care (Ahsan 1996). The collaboration operated over a 10-year period, but EPCC did not offer marriage strengthening services during this period. In 2006, EPCC received an OFA HM grant to continue its family support work through the HOME Program. At the same time, the Texas Department of Health and Human Services approached EPCC about participating in the federally funded Supporting Healthy Marriage (SHM) study, for which it would be a host agency for two sites in Texas.[18] EPCC planned and developed the HOME Program during the grant's first year, and then piloted the program and began enrollment for the SHM evaluation in 2007. SHM evaluation activities concluded in 2010. In 2011, the HOME Program received a second HM grant from OFA. With receipt of this grant, EPCC added job and career advancement components to the HOME Program model and joined the PACT evaluation.

Community context

EPCC is located in El Paso, Texas, a city that borders Ciudad Juarez in the state of Chihuahua, Mexico, a major point of entry between Mexico and the United States. According to five-year estimates from the 2013 American Community Survey, El Paso's median household income for families was $46,604, which was almost $20,000 below the U.S. median for families ($64,719).[19] Between 2009 and 2013, about 5 percent of El Paso families received cash assistance—two percentage points higher than the national rate—and 22 percent of the population received food assistance, nearly double the national rate. Over a quarter of El Paso families with related children under age 18 were living below the poverty line, compared to 18 percent of families nationally. Roughly a quarter of El Paso residents over age 25 lacked a high school diploma and nearly 15 percent had less than a ninth-grade education. Nearly 30 percent of all families in El Paso were headed by single mothers, the average family had 3.6 people, and about 3 percent of all households included unmarried, opposite-sex partners. The average unemployment rate in El Paso between July 2013, when enrollment in the PACT evaluation began, and August 2014, when it ended, was 7.2 percent, compared to a national average of 6.6 percent (all statistics from the American Community Survey, U.S. Census Bureau; Bureau of Labor Statistics, U.S. Department of Labor). El Paso's violent crime rate—almost four crimes per 1,000 residents in 2013—was comparable to the national rate (NeighborhoodScout.com, derived from FBI Uniform Crime Statistics).

Program design

Population served

To enroll in the HOME Program, both members of the couple had to be at least 18 years old. The couple had to be expecting a child or have at least one adopted or biological child living with them, be legally married or in a common law marriage for at least a year, and live in the El Paso area.[20] Biological children had to be related to only one member of the couple. The program accepted couples' self-reports of their relationship status.

According to HOME Program data, most participants were in couples in which both members were Hispanic (93 percent; Table 1) at enrollment. Over half of enrolled mothers and fathers were foreign born and more than two-thirds of participants reported Spanish as their primary language. Both members of most couples had earned a high school diploma or its equivalent. Ninety-five percent of couples had at least one employed member (most often the male) in the month prior to enrollment; however, earnings were often low. More than three-quarters of couples earned less than $3,000 in the month prior to study enrollment.

Most couples lived together most of the time (94 percent) and were married (76 percent). In three-quarters of couples, however, at least one member reported relationship trouble in the three months prior to PACT enrollment. Couples had three children, on average, two of whom were common to the couple and lived with them. Most couples had a common child living with them who was 12 years old or younger.

Table 1. Baseline characteristics of randomly assigned couples

	HOME Program	Total PACT HM sample
Demographics		
Average age (years)		
Mothers	33	34
Fathers	35	36
Race and ethnicity (%)		
Both partners Hispanic	93	74
Both partners black, non-Hispanic	0	13
Both partners white, non-Hispanic	1	0
Both partners other or couple is mixed race	6	13
Foreign born (%)		
Mothers	57	51
Fathers	56	52

	HOME Program	Total PACT HM sample
Spanish is primary language (%)		
Mothers	72	53
Fathers	67	52
Socioeconomic status		
Have high school diploma or GED (%)		
Neither partner	13	14
Only mother	16	19
Only father	14	13
Both partners	57	55
Worked for pay in last 30 days (%)		
Neither partner	5	13
Only mother	7	9
Only father	49	41
Both partners	39	37
Couples' earnings in last 30 days (%)		
No earnings	5	14
$1–$1,000	18	21
$1,001–$2,000	37	28
$2,001–3,000	17	17
More than $3,001	23	21
Living arrangements and housing		
Couple lives together most or all of the time (%)	94	86
Criminal justice system involvement		
Ever convicted of a crime (%)		
Mothers	3	5
Fathers	16	19
Currently on parole (%)		
Mothers	1	1
Fathers	5	5
Children and relationships		
Total number of children	3.2	3.3
Common between partners	1.9	1.5
Noncommon between partners	1.3	1.8

	HOME Program	Total PACT HM sample
Number of children living with couple[1]	2.4	2.1
At least one partner has at least one child with another partner (% of couples)	48	58
Age range of children common between partners who live with parents all or most of the time (% of couples)		
Under age 2	48	47
Between 3 and 5	45	36
Between 6 and 12	48	42
Between 13 and 18	17	19
Over 18	6	6
Relationship status (% of individuals)		
Married	76	59
Romantically involved on a steady basis	17	29
In on-again/off-again relationship	6	10
Not in a romantic relationship	2	3
Relationship trouble in last three months (%)		
Only mother reported relationship trouble	15	15
Only father reported relationship trouble	12	11
At least one partner reported relationship trouble	76	79
Both partners reported relationship trouble	48	53
Sample size	**573**	**1,595**

Source: PACT Baseline Survey.

Note: Sample includes all randomly assigned couples. PACT enrollment began July 22, 2013 and ended April 30, 2015.

[1] Limited to couples who were living together all or most of the time.

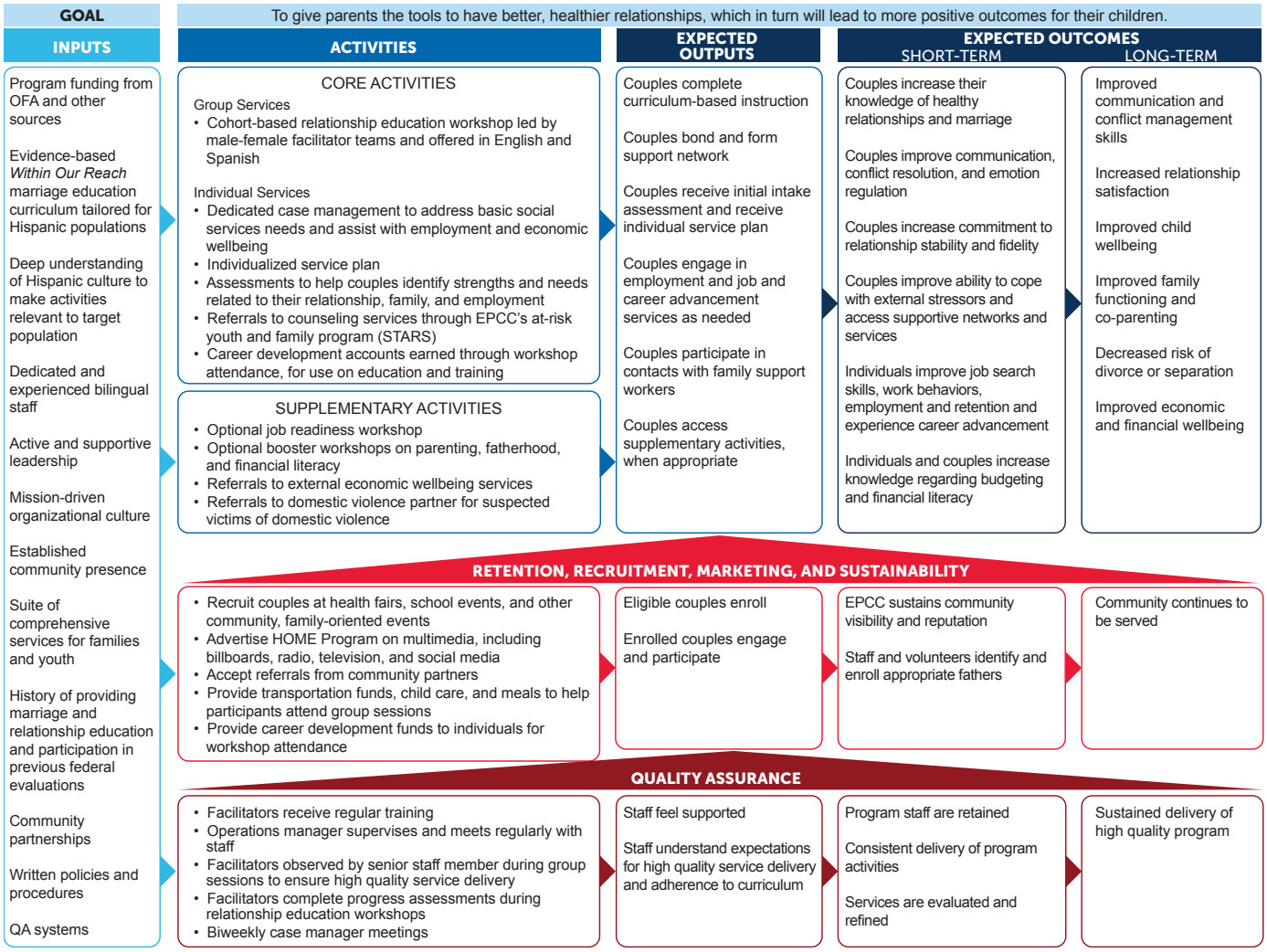
Program philosophy, service delivery approach, and logic model

The HOME Program's philosophy extended EPCC's mission by providing parents with tools for healthy and strong relationships to encourage family stability and, ideally, lead to positive outcomes for children. These tools included communication skills, co-parenting strategies, and stress management techniques. Program staff believed that these tools empowered partners to address issues in the relationship and to grow as a couple through problem solving. In turn, the program expected children to benefit through observation and emulation of their parents' positive behaviors.

The main approach to service delivery was a cohort-based group relationship skills workshop, which the HOME Program referred to as a Marriage Enrichment Group (Figure 1). The HOME Program tailored its curriculum, *Within Our Reach*, for its

mainly Hispanic population (these adaptations are discussed in the next section). Mixed-gender facilitator pairs led the workshop. They shared personal stories and encouraged couples to develop relationships with program staff and other couples to minimize the risk of a power imbalance between staff and couples. Relationship skills workshops were offered in both English and Spanish.

Figure 1. El Paso Center for Children: Program Logic Model



Program staff believed that the group format of the workshop was critical to participants' understanding of healthy relationships. By talking about their relationships and developing skills alongside other couples, participants witnessed the challenges other couples faced and often learned that their challenges were normal. Second, the group format combined couples of varying levels of stability, which confronted the myth that healthy relationships were free of problems or conflict. Participants learned instead that most relationships encountered friction, and the ability to resolve conflict was what made a relationship a healthy one.

Service components

Relationship skills workshop. Relationship skills workshops were cohort-based. Male-female pairs of staff co-facilitated the *Within Our Reach* curriculum. Cohorts met once per week over nine weeks, for a total of nine sessions. Each session lasted two hours. Up to four cohorts were offered concurrently, with a different cohort meeting each evening, Monday through Thursday. A new cohort began about every three weeks. Each cohort was facilitated in either English or Spanish; program staff reported that Spanish-language workshops were most popular. Six to 11 couples attended each cohort.

Within Our Reach is an evidence-informed curriculum, based on the Prevention and Relationship Education Program (PREP). Evaluations of PREP suggest it may reduce the likelihood of divorce and improve communication skills (Jakubowski et al. 2004). To develop *Within Our Reach*, PREP, Inc. adapted the framework from PREP using empirically based learning strategies for serving disadvantaged adults, but the effectiveness of *Within Our Reach* has not been evaluated.[21] Initially, the Texas Health and Human Services Commission and EPCC selected *Within Our Reach* for use during the SHM evaluation because of the research that informed its content. During the SHM evaluation, the HOME Program used a version of *Within Our Reach* that included 15 sessions. After SHM ended, EPCC worked with PREP, Inc. to condense *Within Our Reach* into 9 sessions in an attempt to increase program completion. EPCC, in consultation with PREP, Inc., made other modifications to *Within Our Reach* to make it applicable to the largely Hispanic population that the HOME Program serves, including translating the curriculum into Spanish and incorporating discussions of *machismo*, a Hispanic cultural value associated with traditional, stereotypical notions of gender roles and masculinity (see Cabrera et al. 2015).

The modified *Within Our Reach* curriculum covered the following topics:

- **Session one:** program and curriculum overview; review of community resources
- **Session two:** communication skills
- **Session three:** relationship warning signs, such as contempt or defensiveness; stress and relaxation in relationships
- **Session four:** why and how couples argue; effective problem solving techniques
- **Session five:** the importance of supporting one another
- **Session six:** the value of having realistic expectations of one's partner; exercises to develop knowledge of one's partner's personalities.
- **Session seven:** how past experiences shaped one's relationships
- **Session eight:** commitment and ways to express love
- **Session nine:** review, graduation and renewal of couples' commitment to each other.

An optional shared meal preceded each workshop session to promote social bonding and group cohesion. Facilitators and family support workers joined the couples. Also during the meal, part-time administrative staff took attendance and provided transportation reimbursements. Each session followed a consistent structure: facilitators provided an overview of the session's topic, gave a short lecture or provided direct instruction, and then couples engaged in practice activities such as worksheets, flash cards, videos, and group discussion and sharing. Through workshops, couples learned concrete strategies they could practice in their relationships. An example of a strategy was "time out": establishing a word or phrase that one partner could say to the other when the partner started to feel angry and out of control, and wanted to take a break from a conversation to calm down.

Couples graduated if they completed seven of nine sessions. To encourage completion, family support workers helped couples find opportunities to make up sessions they missed, whether through a one-on-one session or by attending a workshop with another cohort on a different day of the week.

Case management. The HOME Program provided all couples with case management services that included addressing basic needs, such as housing and food, and needs related to economic and financial wellbeing. As a part of case management services, couples received referrals to other EPCC programs, such as the STAR program for parenting help, and external organizations, such as the United Way, for help addressing basic needs and applying for the Earned Income Tax Credit. Family support workers provided case management, typically carrying a caseload of 17 to 25 couples assigned to them at intake.

A couple's intake appointment served as the initial case management meeting; during this time, a family support worker administered assessments and screenings to determine the types of services a couple needed. Prior to study enrollment, family support workers screened the female partner of an applicant couple for signs of domestic violence and, if necessary, made a referral to a domestic violence partner organization (see outreach and recruitment, below, for more detail on the domestic violence screening process). For couples randomly assigned to receive the HOME Program, family support workers administered a strengths and weaknesses assessment and a career development assessment. The strengths and weaknesses assessment was a program-developed set of questions to help determine the aspects of their marriage that the couple would like to improve. The career development assessment was adapted from the Online Work Readiness Assessment (OWRA), a tool that assesses an individual's work readiness and recommends a course of action to improve employability.[22] Family support workers reviewed the schedule of upcoming relationship skills workshops to ensure that couples were able to attend, and provided immediate referrals as needed. Finally, family support workers used the information from the strengths and weaknesses

and career development assessments to create an individualized service plan for each couple. These plans were revisited throughout case management—which could last for up to six months after program enrollment, as long as a couple was attending regular or booster sessions (see supplemental activities, below).

After a couple was enrolled in the HOME Program, a family support worker attempted to contact them several times per month. Most contact was by phone, though family support workers also attended one to two sessions of each relationship skills workshop cohort to observe couples on their caseload and provide support. During individual meetings and calls, family support workers offered information that could help individuals improve their economic and financial wellbeing, such as dates of upcoming job fairs or assistance arranging job interviews. Family support workers also made weekly calls to couples on their caseload to remind them of upcoming relationship skills sessions and to check on progress toward completing their individual service plan. Workers also contacted external organizations to follow up on whether couples sought out referrals. When necessary, a family support worker accompanied a couple to help them access services. For example, family support workers escorted couples to a local college to help them register for adult basic education courses.

Job and career advancement services. Before receiving the 2011 OFA HM grant, EPCC's experience providing job and career advancement services was limited and not related to the HOME Program.[23] EPCC decided to add job and career advancement services to the HOME Program in response to OFA's funding announcement for the 2011 grant, which gave an advantage to programs that integrated job and career advancement services into their healthy marriage programs. The HOME Program proposed three services: employment-focused case management, job readiness workshops, and career development accounts.

From the start of implementation for the 2011 OFA HM grant until October 2013 (a period that includes the first three months of implementation for the PACT evaluation), the HOME Program employed a dedicated employment specialist who met with couples to address economic issues. Family support workers handled only basic needs and referrals for social services. Program leadership found, however, that few couples requested the services of an employment specialist. For those who did, having two points of contact was confusing and redundant. To reduce confusion, the HOME Program eliminated the employment specialist position, so that each family had only one contact. The program promoted an employment specialist to lead the family support workers and oversee case management activities.

The HOME Program hosted a single-session, two-hour job readiness workshop approximately once every other month. It covered resume preparation, interview and communication skills, and appropriate work attire. All couples enrolled in

HOME could participate, regardless of whether they attended the relationship skills workshop or not. Participants could repeat the job readiness workshop as many times as they wanted.

As an incentive to attend relationship skills sessions, couples received credits in a HOME Program-administered career development account. After they attended the first four sessions of the workshop together, the HOME Program deposited $100 in a joint account and an additional $10 for each subsequent workshop and booster session each partner attended. If both partners attended eight of nine relationship skills workshop sessions, $500 was deposited in the couple's account. The funds in career development accounts were available to either partner once the couple graduated from the relationship skills workshop. Funds could be applied to training or education costs, such as testing fees or the cost of work uniforms, and were paid directly from the HOME Program to a service provider. Couples could not receive cash from their account. To use the account, a participant had to show proof of the cost of the service to the program director, who then decided if the expense was appropriate.

Program staff reported that very few couples used career development account funds. One focus group participant who used her career development account credit for a class said that she was initially "ashamed about asking" for money. She only used the funds when her family support worker asked her how she was paying for her education and walked her through the process of getting approval to use the credits.

Booster sessions. The HOME Program provided optional, two-hour booster sessions to couples looking to improve their skills or explore in greater depth a topic initially covered during a session of the relationship skills workshop. Booster sessions covered topics such as fatherhood, parenting, and anger management. A financial literacy booster session using the *Money Habitudes* curriculum helped partners explore similarities and differences about saving and spending. Booster sessions were designed to be fun for couples. For example, during a booster session couples could watch and discuss a movie. Sessions were offered twice per month and were frequently scheduled on weekends to make it easier for couples to attend. Couples could attend up to 18 booster sessions on a drop-in basis. All couples enrolled in the program could participate. A program facilitator led the booster sessions on parenting and fatherhood. Other booster sessions were led by program volunteers from organizations such as the YWCA and local banks.

Partner in service delivery

El Paso Center Against Sexual and Family Violence (CASFV). CASFV has operated in the El Paso area as a domestic violence hotline, shelter, and sexual and domestic violence intervention and prevention program for nearly 40 years. EPCC and CASFV first partnered in 2006, when the HOME Program received its first OFA HM grant.

CASFV helped the HOME Program develop its domestic violence screening protocol. In 2011, CASFV trained facilitators and staff to identify and address domestic and family violence. CASFV received referrals from the HOME Program when staff identified an individual who could be domestic violence victim

Staffing, supervision, and implementation support

To understand how programs were staffed, we administered a web-based survey of program staff in fall 2013 and spring 2015. The HOME Program employed 21 part- and full-time staff in fall 2013, and 23 staff in spring 2015. Rates of staff turnover were low; only one staff member left the organization between survey waves and three were added. Nevertheless, the survey response rate was only 50 percent for the second survey, compared to 85 percent for the first wave. Survey findings reported in this section are based on pooled responses across both surveys, unless otherwise noted.

Background and experience of staff

Seventy-one percent of survey respondents were female and all identified as Hispanic. In fall 2013, the average employee tenure was just over four years. Average tenure had increased to just over five years by spring 2015 (Table 2).

Table 2. HOME Program staff characteristics and experience

Staff characteristics		Staff experience	
Gender (%)		Experience providing relationship skills education (%)	64
Male	29	2013 average (years)	7.6
Female	71	2015 average (years)	3.5
		Experience providing employment services (%)	50
Race and ethnicity (%)		2013 average (years)	5.0
Hispanic	100	2015 average (years)	5.0
Black, non-Hispanic	0		
White, non-Hispanic	0	Education (%)	
Other, including mixed race	0	High school diploma or equivalency only	0
		Some college, associate's degree, or certificate	46
Average length of employment, 2013 (years)	4.2	Bachelor's degree	39
Average length of employment, 2015 (years)	5.1	More than bachelor's degree	14

Source: PACT staff surveys, fall 2013 and spring 2015.

Note: N = 28, including 9 staff who completed both waves of the survey. 17 staff completed the survey in fall 2013 and 11 staff completed the survey in spring 2015.

The HOME Program leadership described valuing prior experience and knowledge of the community over educational attainment when hiring. As of the beginning of 2014, all staff members were bilingual in English and Spanish, had experience working with the HOME Program target population prior to being hired, and had previous relevant experience. Part-time facilitators also worked at other community organizations, which program leadership believed deepened their understanding of the needs, strengths, and challenges of program participants. Although the HOME Program did not require a specific level of educational attainment, all staff members had attended at least some college (Table 2). All family support workers reported having attained at least a bachelor's degree.

According to program leadership, the HOME Program frequently promoted from within or hired staff from other EPCC programs. All of the family support workers employed by the HOME Program in early 2014 had been employed in another branch of EPCC before joining the HOME team. When the HOME program director transitioned to another role in EPCC in July 2014, the operations manager was promoted to fill the program director role.

EPCC and the HOME Program were directed by leaders with long organizational tenure and substantial institutional knowledge. As of early 2014, EPCC's executive director, who oversaw the HOME program, had worked for EPCC for over 35 years. The HOME program director at the time of PACT's site visit in early 2014 had managed the program since the receipt of its second OFA HM grant in 2011 and had worked in other capacities at EPCC before taking the program director position. When she transitioned to a new role within EPCC in July 2014, she remained available to her replacement to help with the transition.

Roles and responsibilities

The HOME Program had a well-defined organizational structure with oversight by EPCC's leadership. The program director and operations manager reported directly to the EPCC executive director. Together, the program director and operations manager were responsible for day-to-day program operations and supervision of all frontline staff. Table 3 lists HOME Program staff positions and the primary responsibilities of staff at each level of the organization.

Staff training

Though nearly all HOME Program staff members reported receiving training. The amount of training that staff members received depended on their role in the HOME Program. Family support workers generally attended training monthly to learn about community services and policies that affected program participants. For example, family support workers participated in a training session in early 2014 that discussed changes to health insurance resulting from the Affordable Care Act and how to use the health

Table 3. HOME Program staff roles and responsibilities

Job title	Primary responsibilities
Leadership	
Executive director	• Oversee HOME Program and other EPCC programs
	• Report to board of directors
	• Solicit grant and philanthropic funding for EPCC programs
Managers	
Program director	• Manage and monitor day-to-day operations of HOME Program
	• Supervise operations manager, family support workers, facilitators, recruiters, and administrative assistant
Operations manager	• Supervise activities coordinators and childcare providers
	• Manage program logistics
	• Coordinate advertising on television, radio, bus stations, billboards, and other media
	• Interview and hire program staff
Program staff	
Recruiter[1]	• Conduct community outreach
	• Recruit potential program participants
	• Schedule intake sessions
Family support worker	• Conduct program intakes and domestic violence screenings
	• Provide case management and job and career advancement services to couples
	• Administer assessments to determine participants' strengths and needs related to their relationship, family, and employment
	• Make reminder and follow-up calls to participants to ensure program attendance
Marriage training facilitator (contractor staff)	• Facilitate *Within Our Reach* curriculum
	• Provide individualized support to couples, as needed
	• Coordinate relationship skills workshop logistics with activity coordinators
	• Facilitate parenting and fatherhood supplementary booster sessions
	• One senior marriage training facilitator observes relationship skills workshop sessions and provides feedback
Activities coordinator	• Support couples and facilitators during group workshops by arranging meals, preparing materials, recording attendance, and providing transportation reimbursement

Note: Table does not include administrative staff or child care providers.

[1] The recruiter also spends half time as the PACTIS administrator.

insurance marketplace to help participants enroll in a health plan. Although facilitators were trained on the *Within Our Reach* curriculum during the previous round of OFA HM grant funding, they reported that they had not received any further job-specific training since 2011. (According to the program director, there had been no turnover in the facilitator position since 2011, when curriculum training was last offered.) In surveys completed in fall 2013 and spring 2015, nearly all staff members reported that the training they had received in the last year was to fulfill a job requirement and said they felt "very prepared" for their responsibilities as a result of training.

All HOME Program staff were trained to identify and address domestic violence and child abuse. When the OFA HM grant was awarded in 2011, CASFV (the HOME Program's domestic violence partner) provided training to all staff on identifying signs of domestic violence. After new staff were hired in early 2014, the HOME Program arranged a second training. This training was led by a HOME Program facilitator who also worked for Sexual Trauma and Assault Response Services (STARS), a community organization that provides crisis intervention and hotline services to victims of sexual and domestic violence.

Supervisory support for direct service staff

The program director had primary responsibility for supervising frontline program staff. All full-time staff met monthly to discuss ongoing program operations and issues. In addition, family support workers met as a group every other week to check on couples' progress toward graduating from the relationship skills workshop, get input on active cases as needed, and discuss upcoming events. The program director also reviewed all case notes and provided feedback as needed to family support workers. Outreach staff met weekly to plan recruiting events, monitor progress toward recruitment targets, and brainstorm outreach strategies. All staff also reported attending frequent ad hoc meetings, organized as necessary to address program issues or participant needs. Family support workers reported that the program director had an open-door policy. They described feeling comfortable stopping at her office and meeting with her on an as-needed basis. The majority of staff reported attending group and individual supervision at least monthly (Table 4).

As part-time contract employees, workshop facilitators were not regularly supervised and expressed reservations about the level of support they received. Facilitators did not participate in monthly staff meetings and did not meet formally as a group. A senior facilitator observed two sessions of each relationship skills workshop cohort. After each observation, the senior facilitator provided written feedback on the facilitators' approach and made suggestions for ways to handle specific situations. The staff members who did not respond to the survey items in Table 4 about the frequency staff supervision were either workshop facilitators or new employees, who may not have participated in supervision.

Table 4. Staff supervision at the HOME Program

Frequency of supervision	Percent
Individual	
Weekly or more	11
Biweekly	14
Monthly or less	54
Never	14
No response	7
Group	
Weekly or more	14
Biweekly	0
Monthly or less	61
Never	11
No response	14

Source: PACT Staff Survey, fall 2013 and Wave 2 spring 2015.

Note: N = 28, including 9 staff who completed both waves of the survey. 17 staff completed the survey in fall 2013 and 11 staff completed the survey in spring 2015.

Nearly half of HOME Program staff felt that they were "very supported" by the program; this support stemmed from various aspects of organizational culture (Table 5). On average, staff members had moderately positive feelings about the support they received from their direct supervisor and that they had a say in organizational decision making. More than three-quarters of staff members felt that the staff worked together as a team, and felt, on average, that staff shared the same mission and worked in a safe environment. Staff also felt moderately positively about their compensation and reported few challenges with program or staff resources. On average, staff members reported high job satisfaction.

Outreach and recruitment

Outreach strategies. Recruiters had primary responsibility for conducting outreach and recruitment on an ongoing basis. The HOME Program relied on three primary recruitment strategies: (1) in-person outreach, (2) referrals from community organizations, and (3) media and print. Since its inception, the HOME Program targeted families at risk of separation, attracting them through the messages outreach staff use to promote the program: "improve communication," "resolve conflicts," "strengthen marital stability," "improve your marriage," and "change your life."

According to program staff, most couples who enrolled in the HOME Program learned of the program through in-person outreach. Recruiters focused in-person

Table 5. Staff support at the HOME Program

Supportiveness	
Feel supported (%)	
Very supported	46
Somewhat supported	32
Not very supported	14
No response	7
Supervisor support (mean, scale 1–6)	4.6
Staff work as a team (% strongly agree/agree)	86
Sense of shared mission (mean, scale 1–6)	5.6
Sense of shared authority (mean, scale 1–6)	5.0
Sense of safety (mean, scale 1–6)	5.4
Satisfaction with compensation (mean, scale 1–6)	4.1
Challenges with program resources (mean number of challenges, 0–4)	0.4
Challenges with program staff resources (mean number of challenges, 0–4)	0.7
Overall work satisfaction (mean, scale 1–6)	5.3

Source: PACT Staff Survey, fall 2013 and Wave 2 spring 2015.

Note: N = 28, including 9 staff who completed both waves of the survey. 17 staff completed the survey in fall 2013 and 11 staff completed the survey in spring 2015.

outreach efforts on family-oriented places and events, such as school-based activities and new soldier orientation at Ft. Bliss, a nearby Army base. Due to its community presence, the HOME Program was generally invited to these events by the sponsors. Recruiters also spent a portion of their time establishing contacts at community organizations in order to make presentations about the HOME Program to the staff and families they served. During spring and summer 2014, recruiters began street outreach, canvassing areas where they would be likely to encounter potential participants, such as outside daycare centers, to increase enrollment numbers. Recruiters felt it was important to describe the program to both members of a couple. If both members were not present at the initial encounter, recruiters tried to reach him or her by phone to deliver the pitch. The HOME Program set targets for in-person recruitment, which were revised a few times during PACT's enrollment period. Targets ranged from 84 to 16 couples per month; the final target, used for the last 10 months of enrollment, was 31 couples per month.

Recruiters found that couples responded positively to the opportunity to attend the relationship skills workshop in English or Spanish and were most interested in improving their conflict resolution and communication skills. They described the workshop as a "date night" for couples to take time to focus on themselves, which they

felt encouraged them to enroll. Recruiters also told couples about the shared meal, free child care, and transportation reimbursements, which they felt alleviated some of couples' concerns about being able to commit to the program. They reported, however, that recruitment pitches centering on job and career advancement services were less successful at encouraging couples.

Referrals were a second source for identifying HOME Program participants. Recruiters attended meetings with coalitions of community organizations to cultivate referral partners. Important partners included Avance, a local United Way agency serving parents with young children; local Head Start centers; and El Paso Child Protective Services. Referral partnerships were informal; staff at the programs provided information about the HOME Program to interested clients, but it was up to the clients to contact the HOME Program. Staff encouraged program participants to tell their friends about the program. The HOME Program also accepted court-mandated referrals (although mandated clients were not enrolled in the PACT evaluation).

Flyers and pamphlets were important recruitment tools that recruiters handed out at events and presentations. In addition to these print materials, the HOME Program advertised on radio and television, on billboards and bus station benches, at movie theaters, and on Facebook. The HOME Program ran advertisements in English and Spanish.

Intake process. Couples interested in enrolling in the HOME Program attended an intake appointment. At outreach events, recruiters scheduled intake appointments for couples and then made reminder calls to couples on the day of their appointment. At intake appointments, a family support worker asked each couple about their motivation for enrolling, how they heard about the program, and their relationship stability. During intake, the partners were separated so that the female partner could be screened for domestic violence in private. If the couple passed the domestic violence screening (see below) and consented to be in the study, they were randomly assigned into the evaluation. Outreach workers called couples who missed their scheduled intake appointment to reschedule.

Domestic violence screening. The HOME Program's domestic violence screening used a protocol CASFV adapted from materials developed by the National Resource Center on Domestic Violence for the SHM evaluation. While in private, the family support worker asked the female questions about the presence of potential violence, such as whether arguments with her partner ever turned physical and whether either partner ever attempted to control the other, as well as questions about the frequency and severity of any violence. This allowed the family support worker to differentiate between low-level mutual violence, such as an occasional conflict, and more pervasive, unilateral violence, such as frequent aggression or behavior by one partner to control the other in multiple aspects of the relationship. The family support worker recorded

her impression of the couple's risk of domestic violence at the end of the protocol, based on the female partner's responses to the protocol questions. If a family support worker identified signs of unilateral violence against the female partner, the couple was excluded from enrollment into PACT and the female partner discreetly received a referral to CASFV. Couples with lower levels of mutual violence were allowed to participate in the HOME Program on a case-by-case basis, determined by the family support worker. Men were not screened for female-to-male domestic violence.

Program outputs

Program enrollment

Between July 22, 2013, and April 30, 2015, the HOME Program enrolled 573 couples (1,146 individuals) in the PACT evaluation. Of these, 286 couples were assigned to the program group. On average, the HOME Program recruited 27 couples per month; monthly enrollment ranged from 5 to 57 couples. Enrollment was lowest in July 2013, when the HOME Program only had one week in the month to enroll couples. HOME Program staff could not identify why recruitment slowed during late 2013 and into early 2014, but speculated that improving local economic conditions meant that more people were employed and felt they had less time to participate. Around this time, staff also noticed an increase in the number of couples who did not attend scheduled intake appointments. Staff attributed strong enrollment in later months to the implementation of street outreach activities in spring and summer 2014. The HOME Program did not recruit couples in August 2014 so staff could focus on organizational planning.

Staff reported that most couples they recruited were interested in improving their relationship; enrollment data bear this out (Table 6). About three-quarters of the men and women who enrolled wanted to improve their relationship—the same proportion of couples in which at least one partner indicated that there was relationship trouble (Table 1). The second most common motivator for participation was to improve

Table 6. Participant motivation for program enrollment

	HOME Program	Total PACT HM sample
Motivation to participate in program (% of individuals)		
Improve relationship with children	23	15
Improve job situation	2	7
Improve relationship with partner	75	78
Sample size (couples)	**573**	**1,595**

Source: PACT Baseline Survey.

Note: Sample includes all randomly assigned couples. PACT enrollment began July 22, 2013 and ended April 30, 2015.

relationships with children. About a quarter of respondents indicated that this was their primary motivation. Very few individuals wanted to enroll in the HOME Program to improve their job situation.

Program participation

To understand participation trends, we examined engagement and retention in program services and assessed couples' total program dosage during the first six months after program enrollment. By the end of PACT evaluation enrollment in April 2015, 286 couples had been randomly assigned to receive program services and had at least six months in which to participate in program activities.

Program engagement. Nearly all couples participated in a program activity or had at least one individual contact within six months of program enrollment (Table 7). About the same percentage of couples participated in a session of the relationship education workshop as had an individual contact with a staff person. About 20 percent of couples participated in a supplemental activity, but fewer than 15 percent of couples attended either a make-up session of the relationship skills workshop or the job and career advancement workshop.

Table 7. Engagement in at least one program activity, by partner

Content	Both partners	Only mother	Only father
Engagement in any program activity (%)	99	65	46
Relationship skills workshop (%)	95	7	11
Make-up sessions of relationship skills workshop (%)	11	23	10
Job and career advancement workshop (%)	13	5	1
Individual contacts (%)	95	57	35
Supplemental activities (%)	23	5	3

Source: PACTIS.

Notes: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate (a total of 286 couples). PACT enrollment began July 22, 2013 and ended April 30, 2015. The analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

Most couples participated in the relationship skills workshop and individual contacts together (95 percent for each). When one partner attended an individual contact, make-up session, supplemental activity, or job and career advancement workshop, it was usually the mother. Only 1 percent of fathers attended a job and career advancement workshop alone, and only 3 percent participated individually in a supplemental activity, such as a booster session.

Program retention. As an indicator of program retention, we assessed the percentage of couples who attended at least half of the relationship skills workshop. In the HOME Program, 78 percent of couples attended more than half of the nine sessions of the relationship skills workshop (Table 8). Only a small percentage of couples attended between one and four sessions, and 5 percent of couples never attended the workshop. Attendance at one-on-one make-up sessions only slightly contributed to couples receiving more of the workshop: to make up missed sessions, couples typically attended a session offered to another cohort instead of receiving the content through a one-on-one appointment.

Table 8. Couples' attendance at relationship skills workshop

	Percentage of sessions attended		
	None	1 to 50 percent	51 percent or more
Group attendance only	5	17	78
Group attendance and one-on-one make-up sessions	5	15	80

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate (a total of 286 couples). PACT enrollment began July 22, 2013 and ended April 30, 2015. Percentages may not sum to 100 due to rounding.

Topics of workshop instruction received. An assessment of the content received by the 286 couples shows that at least three-quarters of couples received instruction in conflict management, communication, commitment, personal development, and other topics (Table 9). Communication was the most common topic in the core workshop. The greatest number of hours, on average, were spent on personal development topics (4.7 hours), followed by communication (3.9 hours).

Table 9. Instruction in topics covered during relationship skills workshops

Content	Percentage of couples receiving instruction	Average hours of participation in topic
Conflict management	73	1.6
Communication	92	3.9
Affection[1]	NA	NA
Commitment	77	3.0
Job and career advancement[1]	NA	NA
Personal development	84	4.7
Other topics	79	1.7

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate (a total of 286 couples). All participation during the first six months after random assignment was included. PACT enrollment began July 22, 2013 and ended April 30, 2015. NA = not applicable.

[1] Topic not covered during relationship skills workshop.

Individual contacts received. Couples received, on average, 4.7 individual contacts by program staff during the first six months of enrollment; more than half of contacts were conducted by telephone (Table 10). Between 1 and 2 contacts came during the first three months after enrollment. About half of the contacts included both partners. When members of couples attended individually, mothers received more than double the number of individual contacts as fathers. More than half of the couples received a referral to an outside support service. The most common topics covered during individual contacts were relationships and social services (Table 11). Only 11 percent of couples discussed employment.

Table 10. Individual contacts and referrals

	Percentage or number
Referrals and individual contacts with couples	
Percentage of couples receiving at least one outside referral for support services	57
Average number of contacts per couple	4.7
Contacts with both partners	2.2
Contacts with only mother	1.8
Contacts with only father	0.7
Average number of contacts per couple per month	0.8
Average number of contacts per couple per month, first three months	1.4
Average number of contacts per couple per month, months four through six	0.2
Mode of individual contact	
Number of individual contacts	1,349
Percentage of individual contacts by	
Telephone	53
Program office visit	25
Other	23

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive program services and had six months in which to participate (a total of 286 couples). PACT enrollment began July 22, 2013 and ended April 30, 2015. The analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

Table 11. Topics covered during individual contacts

Content	Percentage of couples receiving contact	Average hours of contacts in topic
Relationships (not make-up sessions)	75	0.7
Employment	11	0.1
Education	14	0.1
Social services	91	0.7
Parenting	2	0.0
Other	28	0.1

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate (a total of 286 couples). All participation during the first six months after random assignment was included. PACT enrollment began July 22, 2013 and ended April 30, 2015. The analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

Total program dosage. Across all program group couples (including those who never participated), couples averaged 18.2 hours of participation in the six months after program enrollment (Table 12). During most of this time, couples participated in program activities together; mothers and fathers each spent an hour or less interacting individually with program services. More than 80 percent of the average hours of participation were spent in the relationship skills workshop. The remainder of participation hours were split between individual contacts and supplemental activities, with less than an hour, on average, spent in one-on-one make-up sessions or job and career advancement workshops. Limiting the sample to only couples with engagement in at least one program activity does not substantially change the level or pattern of service receipt, compared to all couples.

Table 12. Average hours of participation

Content	Both partners attended	Only mother attended	Only father attended	Total hours
All program group couples				
Relationship skills workshop	14.2	0.3	0.4	14.9
One-on-one make-ups of relationship skills workshop	0.0	0.1	0.0	0.1
Job and career advancement workshop	0.3	0.1	0.0	0.5
Individual contacts	1.1	0.4	0.1	1.6
Supplemental activities	0.9	0.1	0.1	1.1
Total hours	**16.7**	**1.0**	**0.6**	**18.2**

Content	Both partners attended	Only mother attended	Only father attended	Total hours
Program group couples with any participation				
Relationship skills workshop	14.3	0.3	0.4	15.0
One-on-one make-ups of relationship skills workshop	0.0	0.1	0.0	0.1
Job and career advancement workshop	0.3	0.1	0.0	0.5
Individual contacts	1.1	0.4	0.1	1.6
Supplemental activities	0.9	0.1	0.1	1.2
Total hours	**16.8**	**1.0**	**0.6**	**18.4**

Source: PACTIS and site MIS data.

Notes: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate (a total of 286 couples). Of these, 284 had any participation. All participation during the first six months after random assignment was included. PACT enrollment began July 22, 2013 and ended April 30, 2015. The analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

Maintaining and improving program operations

Strategies and supports for encouraging program participation

HOME Program staff encouraged couples to engage in services soon after enrollment. Family support workers actively worked to get couples to start a relationship skills workshop within three weeks of their enrollment. With up to four cohorts of the workshop operating at one time and a policy that allowed couples to begin the workshop through the third session, program staff reported that couples often met this goal. If a lag between enrollment and the start of their relationship skills workshop happened, enrolled couples could participate in supplemental activities while they waited for their relationship skills workshop to begin.

Starting at intake, family support workers proactively discussed attendance at workshop sessions with couples and helped them plan for making up missed sessions when they knew in advance they would be unable to attend. Family support workers worked with couples to identify when a make-up session would occur with a different cohort, or would schedule a one-on-one make-up session. Since multiple cohorts of the relationship skills workshop operated at the same time on different days of the week, couples could often find an alternative workshop session that worked for their schedule to make up the missed session.

The HOME Program used several strategies to encourage ongoing participation. Family support workers called couples on their caseloads weekly to remind them to attend upcoming workshop sessions. If a couple missed a scheduled session, the family support worker checked in to schedule a make-up session and identify the issue that prevented the couple from attending. Family support workers also regularly sent event

calendars to couples and highlighted booster sessions that might be of interest to particular couples. Facilitators encouraged ongoing participation by making workshop sessions engaging and participatory. They previewed upcoming sessions to spark couples' interest and aimed to end each session with a joke or story that "left couples wanting more." Facilitators also left couples with an assignment to practice skills in between workshop sessions.

The HOME Program included several services to make participation less burdensome and encourage attendance. Group meals before workshop sessions encouraged cohesion among the cohort, which could increase participation, and the opportunity of a free meal could also draw in families. EPCC had a free childcare facility with age-appropriate toys, games, and a playground; couples were encouraged to bring their children during workshops. The HOME Program also provided $10 in transportation reimbursements to each couple for each workshop they attended. Although few couples took advantage of the funds in career development accounts, the HOME Program considered these a participation incentive because they were structured to reward participation and incentivize completion.

Systems for monitoring program operations

Continuously monitoring data on program operations was an important element of the HOME Program. As part of its participation in the SHM evaluation, the HOME Program adopted Efforts to Outcomes (ETO), a MIS, to track intake, eligibility, and demographic information; assessments (including the domestic violence protocol); and session attendance and case management records. The HOME Program stopped using ETO and adopted PACTIS for these functions when it joined the PACT evaluation.

The program director had ultimate responsibility for monitoring program operations. An administrative assistant maintained PACTIS, ensuring the system remained up-to-date with program and participant information. To monitor referrals to the HOME Program from outside organizations, the assistant kept a log of all referrals and tracked whether referred couples completed intake appointments. Each day, recruiters checked their enrollment progress in PACTIS and received a list of couples who needed to be contacted to schedule or reschedule missed intake appointments. Recruiters also kept a shared calendar for outreach events, which the program director used to ensure the program had a presence at community events. The administrative assistant uploaded attendance at the relationship skills workshop daily and informed family support workers when a couple missed a session. The program director regularly monitored case management records, including reviewing case notes in PACTIS to determine if family support workers were meeting couples' needs.

Although program leadership expected facilitators to deliver the curriculum consistently, the HOME Program did not have a formal process for monitoring

curriculum delivery or observing and providing feedback to facilitators. A more senior facilitator took on the role of observing and providing feedback to other facilitators through an informal process. The program director based her assessment of workshop quality on couples' anecdotal feedback and what she "saw and heard" about the program. For example, the program director attended the graduation session for each cohort and got a sense of how well the facilitators connected with couples and whether the couples expressed gratitude to the facilitators. Though couples were given questionnaires at different points during the workshop series to measure skill acquisition, the program director did not indicate that these were used to assess facilitators' job performance.

APPENDIX B

UNIVERSITY BEHAVIORAL ASSOCIATES

SUPPORTING HEALTHY RELATIONSHIPS PROGRAM PROFILE

HEALTHY MARRIAGE PROGRAM PROFILE: SUPPORTING HEALTHY RELATIONSHIPS PROGRAM AT UNIVERSITY BEHAVIORAL ASSOCIATES

Program overview

University Behavioral Associates (UBA) provided the Supporting Healthy Relationships (SHR) program to couples in the Bronx, New York and surrounding areas. SHR offered a cohort-based relationship skills workshop that met weekly for nine weeks (27 hours) or three consecutive Saturdays (24 hours). SHR participants could also access employment-focused case management and supplemental workshops on relationship and employment topics.

Program context and background

Organizational context

UBA is affiliated with the Montefiore Medical Center and the Albert Einstein College of Medicine. Montefiore is the largest medical provider in the Bronx. Montefiore founded UBA in 1995 to provide holistic behavioral health care. UBA's mission was to improve the quality and reduce the cost of behavioral health care, while reducing the stigma of mental illness. In addition to the SHR program, UBA offered behavioral care management for individuals enrolled in select health plans, substance abuse case management, family treatment and rehabilitation, employment services, and job training. Employment services were included in SHR and substance abuse case management. UBA offered job training services through a contract with the U.S. Department of Labor (DOL), which focused on training individuals to be home health care aides.

In addition to the funding from DOL, UBA received funding from both private and public sources. Behavioral care management was funded through fee-for-patient contracts with health plan providers, but substance abuse case management and family treatment and rehabilitation were funded through the New York City Human Resource Administration. The SHR program was funded through an Office of Family Assistance (OFA) Healthy Marriage (HM) grant.

Healthy marriage program development

In 2006, UBA received an OFA HM grant, allowing it to add SHR to its array of services. The president of UBA applied for the organization's first OFA HM grant because he felt that healthy marriage programming was a good fit with the existing behavioral health, employment, and case management services. During the grant period that began in 2006, SHR was open to married couples only. With receipt of its second OFA HM grant in 2011, SHR expanded its target population to include

unmarried couples in committed relationships. (As a consequence, the program, which was referred to as "Supporting Healthy Marriage" under the initial grant, became "Supporting Healthy Relationships" under the second grant.) For the second grant, UBA also bolstered its job and career advancement services by adding supplementary employment workshops and more robust employment case management. The content of relationship skills workshops was largely unchanged; SHR used the *Loving Couples, Loving Children* curriculum since the program's origination, although SHR modified the curriculum for the 2011 grant (see below).

SHR was a site in the federally funded Supporting Healthy Marriage (SHM) evaluation, which examined marriage education programs for low-income married couples.[24] UBA planned SHR between 2006 and 2007. In September 2007, UBA began a pilot of SHR, and in March 2008, it began evaluation activities. SHM evaluation activities concluded in 2010.

Community context

UBA is located in the Bronx, the northernmost borough of New York City and one of the most impoverished urban areas in the country. According to five-year estimates from the 2013 American Community Survey, the median income for families in the Bronx was $38,843, 40 percent less than the U.S. average for families ($64,719).[25] During that time period, about 7 percent of families in the Bronx received cash assistance—nearly two-and-a-half times the national rate—and over one-third of Bronx families received food assistance, nearly three times the national rate. More than one-third of Bronx families with related children under 18 were below the poverty line, more than double the national rate. About 30 percent of Bronx residents over 25 lacked a high school diploma, and half of these individuals had not completed any high school. Nearly half of all families in the Bronx were headed by single mothers; the average family had 3.6 people, and unmarried, opposite-sex partners made up about 6 percent of all households. The average unemployment rate in the Bronx between July 2013, when random assignment into the PACT evaluation began, and August 2014, when it ended, was 10.7 percent, compared to a national average of 6.6 percent during that time (all statistics from the American Community Survey, U.S. Census Bureau; Bureau of Labor Statistics, and U.S. Department of Labor). The Bronx also struggled with a high violent crime rate in 2013—11 violent crimes per 1,000 residents—that was almost triple the national rate of just under four violent crimes per 1,000 residents (NeighborhoodScout.com, derived from FBI Uniform Crime Statistics).

Program design

Population served

SHR targeted couples living in the Bronx, but accepted couples living in Brooklyn, Staten Island, and northern New Jersey. To be eligible, each partner had to be at least

18 years old and couples had to indicate they were in a committed relationship. SHR considered relationships of at least a year committed, but couples self-reported their status. The couple had to be expecting a child or have at least one adopted or biological child under 18 living with them. Biological children had to be related to only one member of the couple.

According to enrollment data, most couples were Hispanic or of mixed race. Both members of the couple identified themselves as Hispanic in 58 percent of couples; another 20 percent reported being of mixed race. One quarter of the couples were African American, and none were white (Table 1). About 40 percent of mothers and fathers were born outside the U.S., and about 35 percent spoke Spanish as their primary language. In half the couples, at least one member did not have a high school diploma. In 78 percent of couples, at least one member of the couple (most often the male) was employed in the month prior to enrollment. Average earnings were low: almost a quarter were unemployed and reported no earnings, almost half of the couples made $1,000 or less during the 30 days prior to enrollment, and less than a third made more than $2,000 during that period. Nearly one-quarter of enrolled fathers had been convicted of a crime.

Though four in five couples lived together, fewer than half were married, and both partners in the majority of couples reported relationship trouble. On average, partners had three children between them; one child, on average, was common to the couple. For nearly two-thirds of the couples, at least one partner had a child with a different partner. On average, couples had two children with other partners. An average of two children lived with couples enrolled in PACT and couples most often had a common child living with them who was 12 years old or younger.

Table 1. Baseline characteristics of randomly assigned couples

	Supporting Healthy Relationships	Total PACT HM sample
Demographics		
Average age (years)		
Mothers	34	34
Fathers	37	36
Race and ethnicity (%)		
Both partners Hispanic	62	74
Both partners black, non-Hispanic	21	13
Both partners white, non-Hispanic	0	0
Both partners other or couple mixed race	17	13

	Supporting Healthy Relationships	Total PACT HM sample
Foreign born (%)		
Mothers	47	51
Fathers	50	52
Spanish is primary language (%)		
Mothers	42	53
Fathers	43	52
Socioeconomic status		
Have high school diploma or GED (%)		
Neither partner	14	14
Only mother	20	19
Only father	12	13
Both partners	54	55
Worked for pay in last 30 days (%)		
Neither partner	18	13
Only mother	11	9
Only father	36	41
Both partners	36	37
Couples' earnings in last 30 days (%)		
No earnings	18	14
$1–$1,000	22	21
$1,001–$2,000	24	28
$2,001–3,000	17	17
More than $3,001	19	21
Living arrangements and housing		
Couple lives together most or all of the time (%)	82	86
Criminal justice system involvement		
Ever convicted of a crime (%)		
Mothers	6	5
Fathers	21	19
Currently on parole (%)		
Mothers	0	1
Fathers	5	5

	Supporting Healthy Relationships	Total PACT HM sample
Children and relationships		
Total number of children	3.3	3.3
Common between partners	1.3	1.5
Non-common between partners	2.0	1.8
Number of children living with couple[1]	2.0	2.1
At least one partner has at least one child with another partner (% of couples)	63	58
Age range of children common between partners living with parents all or most of the time (% of couples)		
Under age 2	46	47
Between 3 and 5	30	36
Between 6 and 12	37	42
Between 13 and 18	21	19
Over 18	6	6
Relationship status (% of individuals)		
Married	50	59
Romantically involved on a steady basis	35	29
In on-again/off-again relationship	12	10
Not in a romantic relationship	3	3
Relationship trouble in last three months (%)		
Only mothers reported relationship trouble	14	15
Only fathers reported relationship trouble	10	11
At least one partner reported relationship trouble	80	79
Both partners reported relationship trouble	56	53
Sample size (couples)	**1,022**	**1,595**

Source: PACT Baseline Survey.

Note: Sample includes all randomly assigned couples. PACT enrollment began July 22, 2013 and ended April 30, 2015.

[1] Limited to couples who were living together all or most of the time.

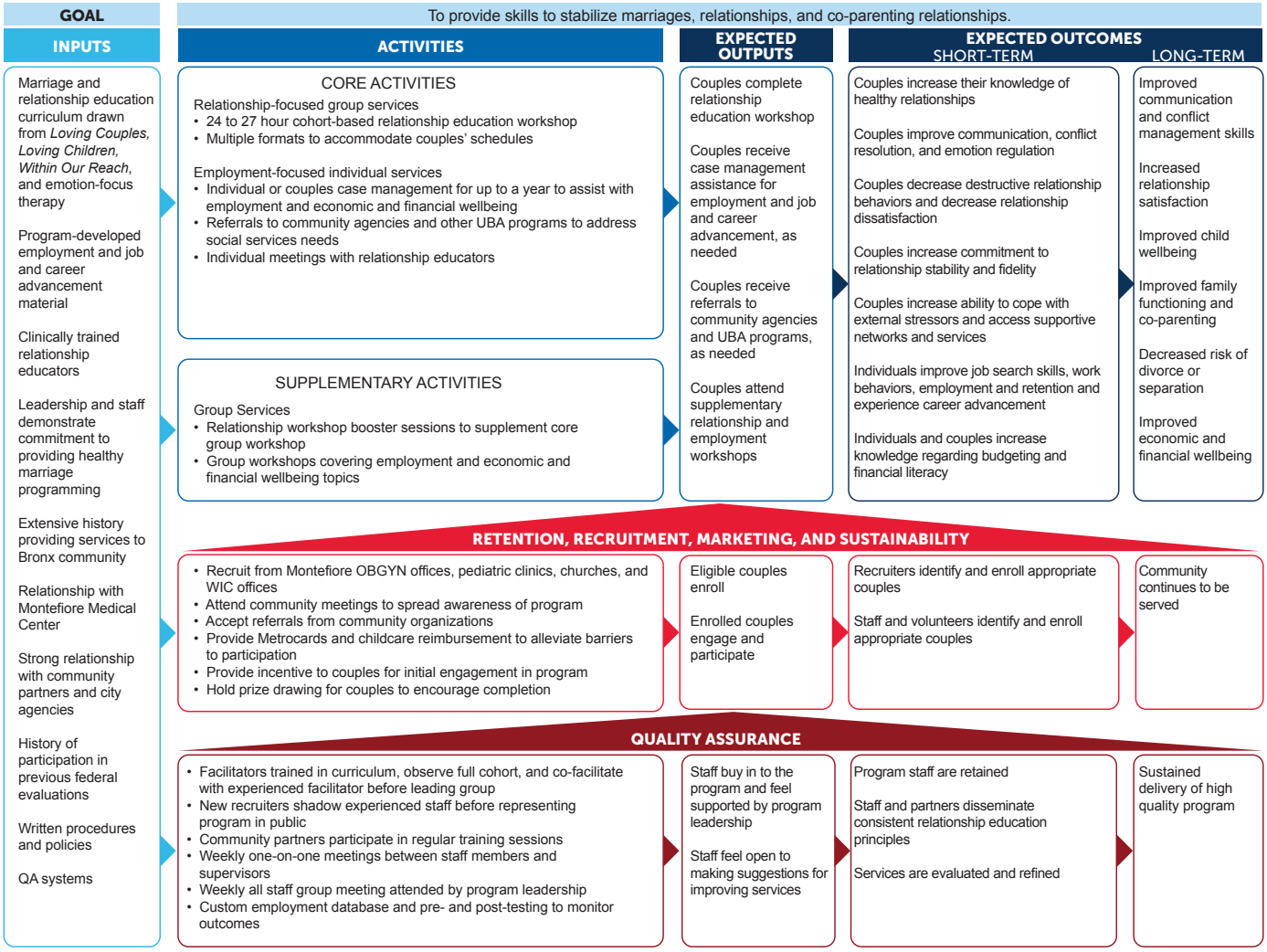
Program philosophy, service delivery approach, and logic model

SHR's goals were to help couples understand how to form and maintain better relationships, become better parents, and achieve family and financial success. The principle behind these goals was a belief that developing relationship skills can help stabilize marriages and relationships. To stabilize relationships and foster learning relationship skills, SHR staff aimed to create an environment where both partners

had an equal voice and power in their relationship. Program staff felt that couples often did not trust each other, particularly when they enrolled in SHR. By creating an environment where partners were on equal footing, they could begin to reduce hostility and rebuild trust, and make behavioral changes to improve the relationship.

Recognizing that hostility could come from familial and economic stressors, SHR took a two-pronged approach to encourage healthy relationships through services to strengthen relationships and economic and financial wellbeing (Figure 1). A cohort-based relationship skills workshop used the *Loving Couples, Loving Children* curriculum. Recognizing that economic issues could also affect relationship stress, sessions of the relationship skills workshop covered money management and employment. Case managers helped couples obtain employment and access social services. SHR leadership believed that employment could help build responsibility, self-esteem, and teamwork within couples. "Enhanced" relationship workshops were available to distressed couples at risk of separation.

Figure 1. University Behavioral Associates: Program Logic Model



Program staff believed that the group setting of the relationship skills workshop was critical to participants' understanding of healthy relationships. By talking about their relationships and developing skills alongside other couples, participants learned to stop perceiving their issues as anomalous; instead, they saw that many couples struggled with similar challenges. The group setting also allowed couples to get to know couples at different levels of commitment or with different levels of distress, which helped them confront the myth that healthy relationships were free of problems or conflict. Participants learned, instead, that most relationships encountered friction from time to time, and the ability to resolve conflict is what made a healthy relationship.

Service components

Relationship skills workshop. The core SHR service was a cohort-based relationship skills workshop. It was offered in two formats: a weekday workshop that met once weekly for three hours over nine weeks (27 hours), and a Saturday workshop that met for eight hours over three consecutive Saturdays (24 hours). The Saturday workshops were usually reserved for Spanish-speaking couples. SHR started two to three new workshop cohorts at the program office each month. Additional cohorts, recruited separately from churches in the Bronx and northern New Jersey, could participate in the program at their churches (see "outreach and recruitment" below). Workshop content primarily drew from the evidence-informed *Loving Couples, Loving Children* curriculum, which was developed for low-income couples. During sessions, participants viewed videos of low-income couples discussing relationship issues in a talk-show format and then discussed the issue among workshop participants. Workshop facilitators also presented research-based information and relationship concepts to the group, facilitated discussion, and guided couples in activities, which employed hands-on materials such as card decks and workbooks. SHR supplemented the curriculum with program-developed content on money management, employment, and the development of emotion regulation skills. The president of UBA described these additions as filling "gaps" in the curriculum to meet the needs of the program's target population.

Loving Couples, Loving Children is based on decades of observational and family research by Drs. John and Julie Gottman on couple interactions. In particular, the curriculum builds from the research-based *Bringing Baby Home* curriculum (Shapiro and Gottman 2005). Though informed by research, no evidence exists on the effectiveness of *Loving Couples, Loving Children* with low-income populations.[26] The curriculum conveys the idea that friendship forms the basis for a strong relationship and is structured to help couples learn to manage conflict and build closeness through skills-based positive interactions (Gaubert et al 2010). UBA initially selected *Loving Couples, Loving Children* because of its grounding in research and believed that the interactive and participatory format would appeal to program participants. For the SHM evaluation, the program offered a 10-session version of *Loving Couples, Loving*

Children. In SHM, the first session lasted a full day and covered several topics (Gaubert et al 2010). The program has condensed these topics into the current 9-session program and added content on money management. Workshop sessions built upon one another as follows:

- **Session one:** introduction; survey of baseline knowledge of relationships, parenting, and economic stability; job interview skills; ways to build a friendship with one's partner
- **Session two**: "boiling points" and the four relationship warning signs: criticism, contempt, defensiveness, and stonewalling
- **Session three:** constructive problem solving and listening skills
- **Session four:** compromise
- **Session five:** talking about money and defusing money-related conflicts; New York City Human Services Administration presentation on child support, a common financial issue; resume development
- **Session six:** ways to recover from a fight and move past it
- **Session seven:** partners' sensitivities and triggers; emotion regulation and emotional intelligence
- **Session eight:** talking about sex and intimacy.
- **Session nine:** review; retake of Couple Satisfaction Index (initially taken during intake) to assess changes in relationship satisfaction; program-developed post-workshop questionnaire to measure participants' changes in knowledge; graduation ceremony.

Group discussion made up a significant portion of each workshop session (at least 30 minutes of weekday sessions, and more in the weekend sessions). Facilitators also taught the Speaker-Listener technique, adapted from the PREP healthy relationship curriculum, which set ground rules for speakers and listeners to promote clear communication.

Though the Saturday workshop was somewhat shorter, it covered the same topics in the same order. Couples covered sessions one through three during the first Saturday, sessions four through six during the second Saturday, and sessions seven through nine on the final Saturday.

SHR ran multiple cohorts simultaneously, holding workshops four nights per week, plus Saturdays, to offer multiple participation options to couples. SHR attempted to have eight to nine couples in a cohort.

Couples had to attend two-thirds of the workshop sessions (six of nine or two of three) to graduate. Generally, if a couple missed more than three sessions, they had to restart by joining a new cohort. If a couple experienced a schedule change, which could happen, for example, when a partner started a new job, SHR allowed the couple to switch to a cohort meeting on a different night. If a couple missed one or two consecutive sessions, then facilitators attempted to hold one-on-one makeup sessions with them so they could rejoin their cohort. Under certain circumstances that prevented a couple's attendance, such as being near a baby's due date, the program allowed couples to complete the program through one-on-one makeup sessions with a facilitator.

Case management. Employment specialists[27] provided couples and individuals with case management services to help them improve their economic situation and access social services. Employment specialists were the only SHR staff who provided case management. Couples began to meet with an employment specialist soon after program enrollment. The first meeting occurred before the couple started attending the relationship skills workshop, and, ideally, on the day of intake. In the first meeting, an employment specialist completed an employment profile with each member of the couple. This profile identified barriers and goals for employment and recorded some demographic information, such as highest education completed and veteran status. Each partner completed the Online Work Readiness Assessment, a tool that summarizes an individual's work readiness and recommends a course of action to improve employability.[28] Depending on an individual's needs, employment specialists would administer other assessments to help individuals gain insight into their personality and identify career interests and work styles to better target their job search. The decision to administer these additional assessments was up to employment specialists' discretion. For social service needs, employment specialists provided referrals to other services within UBA, such as substance abuse counseling, and to external community organizations, if UBA did not provide a service. For example, employment specialists reported that Dress for Success, which provides business attire to low income individuals, was a common referral. An employment specialist provided the couple with contact information for the external referral organization, and while they were still present, the specialist would call ahead to the organization and set up an appointment.

After the initial meeting, employment specialists made appointments with couples or individuals on an as-needed basis. They were expected to frequently communicate with couples by phone, email, and mail to let them know about employment workshops, job fairs, and other activities, and to help place them in jobs. Employment specialists also attended each workshop session to check-in with couples on their caseloads. Couples could receive case management services for up to a year after enrollment, whether the couple remained together or separated.

Job and career advancement services. Before receipt of the most recent OFA HM grant, job and career advancement services through SHM were limited to referrals provided by case managers whose focus was addressing participants' basic needs. When developing an enhanced job and career advancement offering for the current HM grant, UBA drew upon Montefiore's experience providing employment and training services through other programs, including its substance abuse case management program funded by the New York City Human Resource Administration and home health care aide training program funded by the U.S. Department of Labor. According to program documents, experiences during the first OFA HM grant had shown SHR leadership how economic instability and unemployment in the household introduced stress and resentment into couples' relationships. This led SHR to integrate job and career advancement services into existing program elements. Two sessions of the relationship skills workshop addressed economic and financial wellbeing: week one introduced interview skills and week five included resume development. Each session also began with the two following reflection questions for participants:

1. How are you feeling about your partner today?
2. How are you feeling about your job?

Also, case management, described above, was adjusted to focus more on job and career advancement than basic services.

In addition to integrating job and career advancement content into the relationship skills workshop and emphasizing job and career advancement in case management, SHR offered supplemental standalone employment workshops. Individuals in need of employment could attend these workshops as often as they wanted. The workshops were held twice a month for two hours and facilitated by employment specialists. Program-developed sessions covered topics related to obtaining employment and soft skill development. Employment specialists chose which topic to address in a session by polling current participants. These topics included the following:

- Resume development
- Professionalism
- Job search strategies
- Interviewing skills
- Career interest and exploration
- Training and education opportunities

Soft skill development topics included the following:

- Employer expectations
- Self-defeating behaviors
- Communication and listening skills
- Developing good work relationships
- Time management
- Handling conflict on the job
- Dealing with difficult feedback
- Decision making
- Taking direction
- Maintaining a positive attitude

Employment specialists also held targeted workshops on interviewing prior to on-site visits from employers or job fairs.

Supplemental relationship workshops. Couples who completed the relationship skills workshop could attend supplemental relationship workshops that occurred approximately three times per month. SHR offered 36 different supplemental workshops on a rotating basis. Supplemental workshops could be *Loving Couples, Loving Children* booster sessions that reinforced content from the relationship skills workshop or covered new topics like anger management or parenting. Four workshops were specifically geared towards distressed couples: (1) practicing "taking a break," (2) managing anger and stress, (3) essentials of commitment, and (4) strategies for reconnecting after a fight. Supplemental sessions followed the same format as the relationship skills workshop.

One-on-one relationship assistance. Relationship educators were available to meet individually with couples who wanted to practice skills discussed in the workshop or discuss a relationship issue they preferred not to share with their cohort during a session. To access one-on-one assistance, the couple had to regularly attend the relationship skills workshop.

Workshops and services for distressed couples. Based on their score on the Couple Satisfaction Index, taken by all couples at intake, staff could consider a couple "distressed." These distressed couples were given priority for individual meetings during "support clinic hours" with a relationship educator. These meetings could be scheduled, or the couple could walk in and be given priority. Distressed couples were also encouraged to attend supplemental relationship workshops, particularly the sessions targeted to distressed couples (see above).

Partners in service delivery

SHR partnered with several community organizations and city agencies to provide services and accept referrals. Communication with partner organizations occurred on an as-needed basis. These partnerships predated the second, 2011 OFA HM grant.

New York City Human Resources Administration. A child support outreach worker from the New York City Human Resources Administration presented information on the basics of child support during the fifth session of the relationship education workshop and was available to answer couples' individual questions about child support after the session ended.

Sanctuary for Families, a local domestic violence awareness and victim assistance organization, provided training to SHR staff on how to identify signs of domestic violence. Sanctuary for Families also developed the domestic violence screening tool that SHR used during program intake (see below). Sanctuary for Families accepted referrals from SHR when a SHR staff member suspected that domestic violence was an issue in a couple's relationship.

Bronxworks is a community organization that runs an early childhood learning center, foster care prevention program, workforce development program, and housing services for seniors, immigrants, and families who qualify for public assistance. Bronxworks accepted referrals from SHR for its housing services, which include homelessness prevention, landlord mediation, housing placement, temporary shelter, and assistance navigating the New York City Housing Courts.

Mercy Center is a community center for women and families that offers adult education and work readiness services, services for immigrants, parenting and family life skills development, personal development, youth programs, and case management. It accepted referrals from SHR employment specialists.

Staffing, supervision, and implementation support

To learn about staffing issues, we administered two surveys to program staff, in fall 2013 and spring 2015. At the time of the staff survey in fall 2013, SHR employed 10 staff members; in spring 2015, the program employed 9 staff members. Staff turnover rates were relatively high; five staff members left the organization between survey waves and four were added. The survey response rate was 63 percent in the second wave, compared to 100 percent in the first wave. Averages presented in the tables below are calculated from pooled responses across both surveys, unless otherwise noted.

Background and experience of staff

About two-thirds of staff survey respondents were female. Nearly were Hispanic and slightly more than a third were white. The average length of employment was two years in fall 2013; by spring 2015, average tenure increased to about three years (Table 2).

With no more than 10 employees, all SHR staff members were expected to assume leadership roles and responsibilities. As an affiliate of a medical center and college of medicine, UBA prioritized hiring trained clinicians; the president of UBA suggested in interviews that clinical training was more important to the success of the program than the curriculum itself. All but one staff member had a college degree; over 80 percent had some training beyond a bachelor's degree (Table 2). Relationship educators, in particular, had to have a master's or doctoral degree in the mental health or social work field, as well as experience with crisis management. Field managers, who co-facilitated relationship skills workshops, also had to have advanced degrees. In addition to strong educational backgrounds, nearly two-thirds of program staff had experience providing relationship education.

Table 2. SHR staff characteristics and experience

Staff characteristics		Staff experience	
Gender (%)		Experience providing relationship skills education (%)	64
Male	36	2013 average (years)	1.5
Female	64	2015 average (years)	2.1
		Experience providing employment services (%)	50
Race and ethnicity (%)		2013 average (years)	9.3
Hispanic	43	2015 average (years)	1.3
Black, non-Hispanic	7		
White, non-Hispanic	36	Education (%)	
Other, including mixed race	14	High school diploma or equivalency only	7
		Some college, associate's degree, or certificate	0
Average length of employment, 2013 (years)	2.0	Bachelor's degree	7
Average length of employment, 2015 (years)	2.9	More than bachelor's degree	86

Source: PACT Staff Surveys, fall 2013 and spring 2015.

Note: N = 14, including 2 staff who completed both waves of the survey. 9 staff completed the survey in fall 2013 and 5 staff completed the survey in spring 2015.

Though the educational requirements for recruiters and employment specialists were not as stringent, SHR looked for individuals who could represent Montefiore Medical Center, UBA, and the SHR program professionally, and speak confidently about the program and its funding. Recruiters, if they did not have a bachelor's

degree, had to be working towards a bachelor's degree in social services. Employment specialists had to have a bachelor's degree and relevant experience, such as a background in job development, case management, or computers. SHR also preferred that staff were bilingual.

Roles and responsibilities

SHR was led by the president of UBA, who was closely involved with the field managers in monitoring program operations. Two field managers were in charge of supervision and day-to-day program operations. As a relatively small team, however, SHR program staff had to be flexible and adept at working on many different tasks. For example, the field managers, who managed frontline staff, also conducted intakes and co-facilitated relationship skills workshops.[29] Table 3 shows the roles and responsibilities of program staff.

Table 3. SHR staff roles and responsibilities

Job title	Primary responsibilities
Leadership	
University Behavioral Associates president	• Oversee all UBA grant-funded programs
	• Hire staff for SHR program
	• Meet weekly with SHR staff to review program operations and discuss clinical issues
Field Managers	
Director of program operations	• Supervise employment specialists, relationship educators, front desk operations, and interns
	• Co-facilitate relationship skills workshop
	• Manage program information system
Program manager/clinical coordinator	• Supervise recruitment staff (including consultant), relationship educators, and interns
	• Co-facilitate relationship skills workshop
	• Conduct intake
Frontline staff	
Relationship educator	• Co-facilitate relationship skills workshop
	• Follow up with individuals referred for domestic violence services
	• Meet one-on-one with couples, as needed
	• Conduct intakes

Job title	Primary responsibilities
Employment specialist	• Provide case management services
	• Refer participants to external organizations for services
	• Meet one-on-one with participants to provide job search assistance
	• Follow up with participants to encourage retention and alert them to upcoming program activities
	• Place five participants in jobs per month
	• Facilitate employment workshops and activities
	• Arrange career fairs
	• Present at relationship skills workshops
	• Cultivate relationships with employers in the community
Recruiter	• Identify and recruit program-eligible couples
	• Present about program to community organizations
	• Make reminder calls to couples with scheduled intake appointments

Note: Table does not include administrative staff and interns.

Staff training

All SHR program staff received initial training for their primary roles within the organization. Relationship educators and field managers were trained on the *Loving Couples, Loving Children* curriculum. As a part of training, prior to facilitating workshops, relationship educators read curriculum manuals, watched training videos, and observed all nine sessions of the relationship skills workshop. Next, new educators co-facilitated workshop sessions with an experienced relationship educator. These sessions were videotaped. After each session, the relationship educator and a field manager watched the tape to review strengths and areas for improvement. During the SHM evaluation, relationship educators had to be certified by the curriculum developers in *Loving Couples, Loving Children* to facilitate the relationship skills workshop. For PACT, SHR dropped this certification requirement for relationship educators, but followed a similar (albeit less intensive) initial training process.[30]

To prepare for their roles, new recruiters and employment specialists first reviewed program materials. New recruiters also reviewed program recruitment presentations for individuals and community organizations and shadowed experienced recruiters before conducting street outreach on their own. New employment specialists were given an overview of case management protocols and procedures by a field manager. The field manager observed the new employment specialists' first few meetings with couples and reviewed their case notes to ensure that the specialist was meeting participants' needs. Employment specialists also attended a training on motivational interviewing, a technique that helps couples make healthy decisions for themselves. According to

the two PACT surveys of staff in fall 2013 and spring 2015, nearly all staff attended at least one training in the prior year, and all staff felt it had adequately prepared them for their job responsibilities.

All staff, with the exception of recruiters, also received training to identify signs of domestic violence. SHR's domestic violence partner, Sanctuary for Families, provided an initial training in 2011, after the award of the most recent OFA HM grant and re-trained all staff annually. Although only relationship educators and field managers conducted intakes and used the domestic violence protocol, employment specialists believed it was important that they receive this training to be equipped to detect signs of domestic violence after enrollment, such as during workshop participation and case management.

Supervisory support for direct service staff

Formal staff supervision was frequent in the SHR program. Most staff reported weekly individual meetings and weekly or twice-monthly group meetings (Table 4). SHR staff reported that weekly all-staff meetings were held to discuss and address organizational challenges and concerns. The president of UBA attended these meetings along with field managers and frontline staff. Specific issues and concerns were addressed during individual meetings between field managers and frontline staff members that were held as needed.

Table 4. Staff supervision at SHR

Frequency of supervision	Percent
Individual	
Weekly or more	93
Biweekly	0
Monthly or less	0
Never	7
No response	0
Group	
Weekly or more	50
Biweekly	14
Monthly or less	21
Never	7
No response	7

Source: PACT Staff Surveys, fall 2013 and spring 2015.

Note: N = 14, including 2 staff who completed both waves of the survey. 9 staff completed the survey in fall 2013 and 5 staff completed the survey in spring 2015.

SHR program leadership stressed the importance of supporting staff. They believed that frequent staff turnover could quickly destroy the cohesion and morale of a small team and that support would prevent or reduce turnover. Field managers made themselves available to staff to discuss issues as they arose. On the staff surveys conducted in fall 2013 and spring 2015, nearly 80 percent of staff felt very supported by their supervisors (Table 5). Staff strongly agreed that staff worked as a team, and felt a strong sense of a shared mission, shared authority, and safety. On average, they felt that they were fairly compensated for their work and encountered few challenges with program or staff resources. Staff reported an average of around five out of six on a scale of overall work satisfaction, indicating a high level of satisfaction.

Table 5. Staff support at SHR

Supportiveness	
Supervisor support (mean, scale 1–6)	5.4
Feel supported (%)	
Very supported	79
Somewhat supported	14
Not very supported	0
No response	7
Staff work as a team (% strongly agree/agree)	100
Sense of shared mission (mean, scale 1–6)	5.6
Sense of shared authority (mean, scale 1–6)	5.4
Sense of safety (mean, scale 1–6)	5.4
Satisfaction with compensation (mean, scale 1–6)	4.2
Challenges with program resources (mean number of challenges, 0–4)	0.9
Challenges with program staff resources (mean number of challenges, 0–4)	0.6
Overall work satisfaction (mean, scale 1–6)	4.8

Source: PACT Staff Surveys, fall 2013 and spring 2015.

Note: N = 14, including 2 staff who completed both waves of the survey. 9 staff completed the survey in fall 2013 and 5 staff completed the survey in spring 2015.

Outreach and recruitment

Outreach strategies. SHR employed two full-time recruiters and contracted with a recruitment consultant for additional outreach into the faith community. In addition, most staff in other positions reported participating in outreach and recruitment activities. SHR had three main strategies: (1) in-person recruitment, (2) referrals from community organizations, and (3) advertising.

According to program staff, in-person recruitment was the most successful method. Two full-time recruiters recruited couples from Montefiore Medical Center's 22 clinics in the Bronx; Women, Infants, and Children (WIC) clinics; and local pediatric clinics. They also gave presentations to parents in Bronx schools and staffed tables at school-based events. Recruitment staff reported that Montefiore's clinics, in particular, were a valuable recruitment source for couples. UBA is affiliated with Montefiore, and women were likely to receive services during and after pregnancy through Montefiore, which means they were likely to hear about SHR multiple times and be more likely to trust recruiters and the program. Recruiters spent five to six hours per day recruiting at a clinic, and kept a rotating schedule of clinics they visited on different days. They handed out flyers, which included eligibility information, to potential participants and obtained couples' contact information to set up intake appointments if they were interested and eligible. To get a sense for whether a couple would be appropriate, recruiters asked couples if they had children in common and if they lived together or were considering moving in together. While UBA recruiters visited clinics to identify interested couples, a consultant recruited couples from Spanish-language churches in the Bronx and northern New Jersey. Typically, couples recruited by the consultant attended the SHR program at their churches; they could also attend program activities offered at the SHR program office. SHR set targets for in-person recruitment, and during PACT, each recruiter was expected to recruit 25 couples per month, with half completing intake. The consultant was expected to recruit at least 20 couples per month.

The second recruitment strategy focused on referrals from community organizations. Recruiters distributed flyers to community organizations with whom SHR had relationships, and gave community presentations to inform other programs about SHR and its services. Organizations that provided referrals to SHR included Hostos Community College; the New York City Workforce Investment Board; Start Small Think Big, a Bronx organization that provided financial coaching services and assistance to entrepreneurs; The Doe Fund, which provided fatherhood services; and Head Start programs. Generally, a referral agency staff person called the SHR recruitment staff to let them know they had an interested couple. The recruiter told the agency staff person when the next relationship skills workshop cohort was started, and asked to talk directly to the couple over the phone to schedule an intake appointment.

SHR also advertised the program through print and social media, although the efforts generated low yield. SHR advertised the program in newsletters, including *AM New York* and *Metro New York*, which were available for free in subway stations. Program staff reported that these advertisements yielded fewer than 10 couples, while an ad cost up to $3,000. Although advertisements reached a wide audience, most people who contacted SHR as a result of them were not eligible for the program. Staff also reported that advertising through social media or radio was difficult because of SHR's affiliation with the Montefiore Medical Center and the organization's branding

requirements. Getting approval for advertisements was sometimes time-consuming, and staff felt that the requirements resulted in materials that did not engage the target population. Staff concluded that advertising was the least effective strategy used by the program.

In addition to these strategies, SHR provided incentives to encourage program enrollment and initial engagement in services. Couples earned $100 for enrolling in the program, $75 of which was given after the couple attended the first relationship education session. Program participants earned $25 for referring a couple who enrolled in the program.

Intake process. Couples had to schedule an intake appointment to enroll in SHR. Partners had to attend the appointment together to complete intake. SHR estimated that between one-third and one-half of all scheduled intake appointments were kept, so it was necessary to schedule more than the program expected to enroll.

A relationship educator or field manager conducted each intake. Though recruiters checked a couple's eligibility before scheduling an intake appointment, intake staff confirmed the couple's eligibility during the appointment. During intake, partners were separated so that the female partner could be screened for domestic violence in private. If the couple passed the domestic violence screening (see below) and consented to be in the study, they completed a questionnaire on their background characteristics and needs and the Couple Satisfaction Index, prior to random assignment. The questionnaire on background characteristics and needs asked a number of questions about the couple's romantic background, such as characterizing the couple's current relationship and whether one had a previous marriage; educational background; racial/ethnic background; household information; and employment and income. The Couple Satisfaction Index assessed partners' level of relationship satisfaction and was used to determine if a couple was "distressed" and thus eligible for intensive workshops and one-on-one meetings with a relationship educator. Program leaders believed that it was important to administer these assessments to partners while they were separated, so that one did not bias the other's responses.

Domestic violence screening. SHR's domestic violence protocol was created with Sanctuary for Families, in consultation with the National Resource Center on Domestic Violence, for the SHM evaluation. The screening took the form of a semi-structured interview. The female partner in a couple was asked questions from the Conflict Tactics Scale, which documents the tactics, such as coercion, psychosocial aggression, physical abuse, or negotiation, that each partner uses during conflicts. It allows the interviewer to assess the prevalence, frequency, severity, and mutuality of abuse (Straus et al. 1996). Trained intake staff supplemented the Conflict Tactics Scale with open-ended questions and probes to define the nature and patterns of behavior to

better inform their judgment about whether a couple would be allowed to participate in services. Men were not screened for domestic violence.

If an intake worker suspected domestic violence, she conferred with another staff member to get a second opinion. Together, the staff members made a judgment of the suitability of the couple for the program and provided the female partner with contact information to Sanctuary for Families, if necessary. If they decided that domestic violence was an issue, staff reunited the partners and explained to the couple that they could not receive services, without revealing the specific reason (to avoid triggering any further violence).

Program outputs

Program enrollment

Between July 22, 2013 and April 30, 2015 SHR enrolled 1,022 couples (2,044 individuals) into the PACT evaluation. Of these, 511 couples were randomly assigned to receive the program. On average, SHR recruited 46 couples per month; monthly enrollment ranged from 33 to 70 couples. Lower recruitment was due to inclement weather, schedules around the holidays and winter months, and brief periods of decreased staff capacity following recruitment staff turnover.

According to enrollment data, 8 in 10 participants reported enrolling in SHR to improve their relationship with their partner (Table 6). Roughly equal proportions of participants were primarily motivated to improve their relationship with their children or their job situation.

Table 6. Participant motivation for program enrollment

	Supporting Healthy Relationships	Total PACT HM sample
Motivation to participate in program (% of individuals)		
Improve relationship with children	11	15
Improve job situation	9	7
Improve relationship with partner	80	78
Sample size (couples)	**1,022**	**1,595**

Source: PACT Baseline Survey.

Note: Sample includes all randomly assigned couples. PACT enrollment occurred between July 22, 2013 and April 30, 2015.

Program participation

To understand participation trends among couples receiving the SHR program, we examined program engagement, retention in workshops and individual contacts, topics of instruction received, and couples' program dosage during the first six months after program enrollment. By the end of PACT enrollment in April 2015, 511 couples in the program group had had at least six months to participate in program activities.

Program engagement. More than nine in ten couples engaged in at least one program activity within six months of program enrollment (Table 7). More than three-quarters had attended at least one relationship skills workshop, and about a third of all couples attended a job and career advancement workshop together. The vast majority of participation was by couples attending together, rather than attendance by only one member of the couple.

Program retention. To assess retention in program services, we examined the number of couples who attended at least half of the sessions of the relationship skills workshop. Fifty-eight percent of couples attended at least half of the sessions of the relationship skills workshop—five of nine weekday sessions or two of three weekend sessions (Table 8). Including couples who missed group sessions but made them up increased the retention rate to 60 percent. Less than one-quarter of the couples who were assigned to the program group did not attend any relationship skills workshop sessions.

Table 7. Engagement in at least one program activity, by partner

Content	Both partners	Only mother	Only father
Engagement in any program activity (%)	91	25	21
Relationship skills workshop (%)	78	5	4
Make-up sessions of relationship skills workshop (%)	21	1	0
Job and career advancement workshop (%)	33	5	5
Individual contacts (%)	87	20	18
Supplemental activities (%)	12	1	1

Source: PACTIS.

Notes: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate (a total of 511 couples). PACT enrollment began July 22, 2013 and ended April 30, 2015. The analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

Table 8. Couples' attendance at relationship skills workshop

	Percentage of sessions attended		
	None	1 to 50 percent	51 percent or more
Group attendance only	22	20	58
Group attendance and make-up sessions	22	18	60

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate (a total of 511 couples). PACT enrollment began July 22, 2013 and ended April 30, 2015. Percentages may not sum to 100 due to rounding.

Topics of workshop instruction received. We examined the data to explore the topics of instruction most couples were likely to receive during the relationship skills workshop, and the amount of time spent on those topics. Sixty percent or more of all couples received instruction in the topics of affection, communication, and conflict management (Table 9). On average, couples spent an average of 4.6 hours on communication topics, which was more than couples spent on the second and third most received content areas combined—affection (2.5 hours) and conflict management (1.8 hours). More than half of all couples received content in job and career advancement as part of the relationship education workshop. Couples received an average of 1.5 hours of job and career advancement content during this workshop.

Individual contacts received. Couples had, on average, 5.8 individual-level contacts with the program during the first six months following enrollment (Table 10). About five of these contacts occurred during the first three months, with one additional contact in the last three months. Most individual contacts included both partners; between them, mothers and fathers averaged about one contact without their partner. Thirty-one percent of couples received a referral for an outside support service. The large majority of contacts were in person, with contacts by telephone the next most common mode.

Table 9. Instruction in topics covered during relationship skills workshops

Content	Percentage of couples receiving instruction	Average hours of participation in topic
Conflict management	61	1.8
Communication	71	4.6
Affection	69	2.5
Commitment	50	1.4
Job and career advancement	55	1.5
Personal development	49	1.5
Other topics	9	0.1

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate (a total of 511 couples). PACT enrollment began July 22, 2013 and ended April 30, 2015.

Table 10. Individual contacts and referrals

	Percentage or number
Referrals and individual contacts with couples	
Percentage of couples receiving at least one outside referral for support services	31
Average number of contacts per couple	5.8
Contacts with both partners	5.1
Contacts with only mother	0.4
Contacts with only father	0.4
Average number of contacts per couple per month	1.0
Average number of contacts per couple per month, first three months	1.7
Average number of contacts per couple per month, months four through six	0.3
Mode of individual contact	
Number of individual contacts	2,981
Percentage of individual contacts by	
Telephone	22
Program office visit	76
Other	2

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate (a total of 511 couples). PACT enrollment began July 22, 2013 and ended April 30, 2015. The analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

Relationships were the most commonly discussed topic during individual contacts, but a large proportion of couples also discussed employment issues during these contacts (Table 11). The most time during individual contacts, on average, was devoted to relationships (2.2 hours), followed by employment (0.9 hours). Only three percent of couples participated in an individual contact that involved discussion about parenting.

Total program dosage. Across all couples in SHR (including those who never participated), couples averaged 18.4 hours of participation in the first six months following enrollment (Table 12). Most of the time, couples participated together, and fathers and mothers spent about an hour combined participating individually. About 70 percent of the total hours of participation were spent in the relationship skills workshop. The next most attended activity was individual-level contacts; couples spent only about an hour attending the supplemental employment workshop and an additional hour in all other activities.

Limiting the sample to couples who had attended at least some program activity increased the average hours of participation but did not substantially change the pattern of service receipt. The increase in average hours of participation was driven by

Table 11. Topics covered during individual contacts

Content	Percentage of couples receiving contact	Average hours of contacts in topic
Relationships (not make-up sessions)	69	2.2
Employment	63	0.9
Education	10	0.0
Social services	39	0.2
Parenting	3	0.0
Other	16	0.1

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate (a total of 286 couples). All participation during the first six months after random assignment was included. PACT enrollment began July 22, 2013 and ended April 30, 2015. The analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

attendance at the relationship skills workshop and individual contacts, the program components in which participation was highest.

Maintaining and improving program operations

Strategies and supports for encouraging program participation

SHR emphasized engaging program couples quickly after program enrollment to capitalize on their initial motivation. Although staff conducting intake strived to connect the couple with an employment specialist immediately after enrollment to begin case management, this was not always possible due to the couple's schedule or staff availability. When an immediate meeting was not possible, the couple was assigned an employment specialist, who contacted the couple to schedule a meeting prior to their first relationship skills workshop. If the couple was unable to meet in advance of the workshop, the employment specialist met them at the first session. Typically, there was a gap of two to three weeks between enrollment and when the couple started the relationship skills workshop.

Program staff maintained contact with couples throughout their participation in the program. Before relationship skills workshop sessions, employment specialists made reminder calls to couples on their caseloads. If a couple missed a session, relationship educators and employment specialists continued to call and work with the couple to schedule a one-on-one make-up session. Staff used multiple methods of contact, including telephone calls, email, mail, and text message to reach couples. Employment specialists continued to reach out to couples unless they told the program they were no longer interested in participating or they had broken up.

Table 12. Average hours of participation

Content	Both partners attended	Only mother attended	Only father attended	Total hours
All program group couples				
Relationship skills workshop	13.0	0.2	0.1	13.3
Make-up sessions of relationship skills workshop	0.3	0.0	0.0	0.3
Job and career advancement workshop	0.6	0.2	0.2	0.9
Individual contacts	3.0	0.2	0.2	3.4
Supplemental activities	0.5	0.0	0.0	0.5
Total hours	**17.4**	**0.5**	**0.5**	**18.4**
Program group couples with any participation				
Relationship skills workshop	14.1	0.2	0.1	14.5
Make-up sessions of relationship skills workshop	0.3	0.0	0.0	0.3
Job and career advancement workshop	0.6	0.2	0.2	1.0
Individual contacts	3.3	0.2	0.2	3.7
Supplemental activities	0.6	0.0	0.0	0.6
Total hours	**18.9**	**0.6**	**0.6**	**20.0**

Source: PACTIS.

Notes: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate (a total of 511 couples). Of these, 471 had any participation. PACT enrollment began July 22, 2013 and ended April 30, 2015. The analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

SHR provided assistance to reduce participation barriers and offered financial incentives to encourage attendance. Each session was preceded by a meal. This served not only as assistance for those who would otherwise go hungry, but helped couples in the cohort bond with each other and establish connections with staff members. Staff members reported that the meal helped the relationship skills workshop feel like a "date night" for couples, which could encourage participation. Couples could also get MetroCards, worth $9 per couple, per session, to defray the cost of public transportation to the UBA office, and the program provided a $200 reimbursement for child care when a couple graduated from the relationship skills workshop (no on-site childcare was provided). Finally, SHR provided cash incentives to encourage initial participation and program completion. Couples received $25 for completing the intake process and an additional $75 for attending their first relationship education session, for a total of $100. All participating couples were also entered into a drawing for $100 at the conclusion of the relationship skills workshop. Couples entered their names for each session attended, thus increasing the chance of winning for those who attend frequently.

Program staff did not feel that incentives, MetroCards, or childcare reimbursements were the main driver of participation. They reported, for instance, that the child care reimbursement was often not enough to fully cover the cost of care. Rather, program staff felt that most couples were intrinsically motivated to attend the relationship skills workshop to focus on their relationship. After couples started participating, they formed bonds with staff members and fellow participants, which sustained them to completion.

Systems for monitoring program operations

SHR program leadership actively monitored program operations. One of the field managers was responsible for PACTIS, a MIS used to record participant information, participant referral sources, and workshop attendance. SHR had a second custom database that program staff used to record employment profile data, case management information, external referrals, and employment-related placements and outcomes. Responses to the Couple Satisfaction Index completed by couples at intake and during the final session of the relationship education workshop, and to the pre- and post-workshop surveys on relationship knowledge were tracked in a spreadsheet. Program leadership used these data to assess the program's progress towards targets related to recruitment, enrollment, and program and employment retention; couples' knowledge acquisition; and the provision of effective case management that met the needs of couples on their caseloads. Two staff positions had explicit performance expectations: employment specialists were to place five clients in jobs per month and recruiters were to recruit 25 couples per month—half of whom had to complete intake. Data were discussed with program staff during weekly or biweekly group supervision meetings.

In addition to a focus on data, field managers' co-facilitation of relationship skills workshops allowed them to frequently observe relationship educators and provide immediate feedback. Field managers also observed employment specialists' facilitation of employment workshops and provided feedback during supervision meetings.

ENDNOTES

[1] PACT is also evaluating a set of Responsible Fatherhood grantees.

[2] http://www.gpo.gov/fdsys/pkg/PLAW-109publ171/html/PLAW-109publ171.htm.

[3] http://www.gpo.gov/fdsys/pkg/PLAW-111publ291/html/PLAW-111publ291.htm.

[4] Three grantees were initially involved in the PACT HM evaluation; two remain.

[5] We compared data from the two time points and patterns were consistent, suggesting that combining data across time was appropriate. We also examined the responses for individuals who completed the survey twice. These individuals did report changes between time periods, which led us to retain both responses from these individuals.

[6] In both HM programs in PACT, couples could receive services for at least 12 months, but were typically the most active within the first few months of enrollment.

[7] See http://www.acf.hhs.gov/programs/opre/research/project/supporting-healthy-marriages.

[8] The Saturday workshop contained the same material as the weekday workshop, covering three topics per session.

[9] Programs in the Supporting Healthy Marriage and Building Strong Families evaluations used *Within Our Reach* and *Loving Couples, Loving Children* curricula, but neither evaluation was designed to test the effectiveness of an individual curriculum.

[10] The PACT project produced a report on serving Hispanic fathers in Responsible Fatherhood programming (Cabrera et al. 2015) that contains a discussion of common Hispanic cultural values and program adaptations.

[11] Couples who participated in the previous Supporting Healthy Marriage study were not eligible to participate in the PACT evaluation. Intake workers checked a database of Supporting Healthy Marriage participants before proceeding with intake. Outreach workers were unable to do this check during recruiting.

[12] Participation data were only available for all couples for six months after enrollment.

[13] Because engagement was high, differences in participation rates were similar between all couples and couples engaged in at least one program activity. We only present participation patterns for all couples.

[14] Participation by partner is presented in Tables A.7 and B.7 of the appendices.

[15] The hours of program services that couples received in PACT are less than couples received in other evaluations of HM programming. In Supporting Healthy Marriage, couples received an average of 27 hours of services (Lundquist et al. 2014). In Building Strong Families, couples received about 21 hours of program services (Wood et al. 2012).

[16] All of the HOME Program facilitators throughout the PACT study period were employed by the organization prior to 2011, so all had received training.

[17] The PACT evaluation sought HM grantees offering the most intensive employment component.

[18] The Supporting Healthy Marriage evaluation was conducted by MDRC. In addition to the El Paso site, the Texas Department of Health and Human Services operated a San Antonio site for the evaluation. The final impacts report can be found at http://www.mdrc.org/publication/family-strengthening-program-low-income-families.

[19] As defined in the American Community Survey, families are composed of a householder and one or more people in the same household who are related by birth, marriage, or adoption.

[20] In Texas, common law marriages have the same legal status as formal marriages. A couple is considered in a common law marriage if they live together, agree that they are married, and engage in activities that lead others to believe that they are married, such as telling people they are spouses or applying for joint credit.

[21] Though the HOME Program and other sites in the SHM evaluation used *Within Our Reach* as part of their overall programs, SHM was not an evaluation of the effectiveness of the *Within Our Reach* curriculum.

[22] For more information on OWRA, see https://peerta.acf.hhs.gov/owra.

[23] As a federal Runaway and Homeless Youth Program transitional living grantee, EPCC had offered program participants training that addressed budgeting, financial management, job preparation, ESL, GED, vocational skills, and linkages to internships and paid employment.

[24] The Supporting Healthy Marriage evaluation was conducted by MDRC. The final impact report can be found at: http://www.mdrc.org/publication/family-strengthening-program-low-income-families.

[25] Families, as defined in the American Community Survey, are composed of a householder and one or more people in the same household and related by birth, marriage, or adoption.

[26] Two sites in the SHM evaluation, including SHR, and five sites in the Building Strong Families evaluation used *Loving Couples. Loving Children*. Neither SHM nor Building Strong Families was designed to test the effectiveness of the curriculum.

[27] UBA employed one employment specialist for most of the evaluation period, but employed two for a short time.

[28] For more information on OWRA, see https://peerta.acf.hhs.gov/owra.

[29] Because of their roles as front-line staff, these individuals were included in the staff survey.

[30] During SHM, trainees were required to receive detailed feedback from the curriculum developers based on their performance co-facilitating each workshop session, until the trainee was judged to have met all certification requirements. The number of videotaped sessions required for certification varied by trainees. Some were able to be certified after just a few sessions, although others needed more, up to 24 sessions.

OPRE

PACT
Parents and Children Together

MATHEMATICA
Policy Research