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AVANCE Houston  
FRAMEWorks Program  
Evaluation

Study Protocol

2/6/2024

Clinicaltrials.gov ID:  
NCT05261802

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## Evaluation of AVANCE-Houston FRAMEWorks Project In Houston, Texas

### I. Research Question(s)

#### A. Background

Houston, located in Harris County, Texas, is one of the fastest growing and most diverse metropolitan areas in the country, yet 15% of the population of Harris County lives in poverty<sup>1</sup>. Factors such as low educational attainment, financial instability, unemployment, domestic and intimate partner violence, and homelessness contribute to the poverty and create barriers that make it difficult for adults to meet their obligations as partners, parents, and providers. Research has shown that healthy, stable families can prevent or buffer against these barriers<sup>2</sup>. AVANCE-Houston aims to promote healthy family relationships and economic stability among the diverse population of Harris County, particularly those in areas with a high number of single-family households, high poverty rates, low educational attainment, and high incidence of domestic violence.

AVANCE-Houston's FRAMEWorks (Family, Relationship, and Marriage Education Works) Program seeks to accomplish these goals by providing the *Survival Skills for Healthy Families (SSHf)* curriculum to cohorts of low-income adults. Developed in 1980 by Family Wellness, this curriculum has been delivered to over 2,000,000 around the world by a variety of trained instructors and through organizations such as schools, social services, and churches. Curriculum delivery by AVANCE follows the below schedule:

- Session 1 – *All Aboard* (Program Intro)
- Session 2 – *Talk to Me* (Communication & Conflict Resolution)
- Session 3 – *Love Doesn't Hurt* (Domestic Violence)
- Session 4 – *Family Matters* (Parenting / Co-Parenting and Family Wellness)
- Session 5 – *Igniting Pathways* (Career Readiness / Advancement)
- Session 6 – *For the Love of Money* (Financial Literacy)
- Session 7 – *Me, myself, and I* (Self-Care & Family Balance)

Target populations have included the military, refugees, foster/adoptive families, grandparents raising grandchildren, fathers, low-income adults, and has included various races/ethnicities<sup>3</sup>. This evidence-based curriculum is delivered through a series of workshops that focus on communication skills, conflict resolution, knowledge of the benefits of marriage, stress and anger management, parenting skills, financial literacy, job and career advancement, and relationship skills to improve family and economic stability. Research conducted on the Family Wellness model, which includes the SSHf as its base, shows significant positive changes across racial/cultural, socioeconomic, and geographic regions associated with attending classes<sup>4</sup>. One study conducted on the St. Louis Marriage Coalition consisted of 234 participants, most of whom were at-risk urban African American, Bosnian, and Hispanic mothers and fathers<sup>5</sup>. Researchers concluded that the program is making progress toward one of the program objectives of “decreased number of adversarial relationships between parent partners”. The second study was conducted on the Healthy Marriage Initiative in New

Mexico, which consisted primarily of Hispanic participants (73%). Using an instrument that measured marital satisfaction, couple communication, and conflict resolution, researchers reported a statistically significant difference in communication skills and conflict resolution among participants that completed the program<sup>6</sup>. Lastly, OPRE published their report titled *Strengthening Relationship Education and Marriage Services* in November 2021, detailing the Empower Families impact study, the first rigorous evidence of the effects of the Family Wellness curriculum. Using one-year follow-up data from almost 800 low-income couples randomized into a treatment and control group, researchers found that all aspects of a couples' relationship quality that were examined had improved. This included, but was not limited to, increased level of support and affection partners felt toward each other, use of constructive conflict behaviors and avoidance of destructive conflict behaviors, the level of commitment and happiness they felt toward their relationship, and quality of their co-parenting relationship<sup>7</sup>. While this study did not find that participants had improved labor market outcomes, significant reduction in economic hardship was found for those who participated in the program, likely due to how the program's financial literacy services helped participants avoid certain economic hardships by managing their limited resources more effectively.

AVANCE has delivered the SSHF curriculum in part since 2009 and completely since 2015, with a target population of low-income adults residing in the Houston area. AVANCE now offers the SSHF curriculum in multiple delivery models: in recurring weekly workshops and intensive weekend retreats. As well, AVANCE will offer the weekly workshops either virtually via Zoom or in-person, while the weekend retreat will only be offered in-person due to the importance of activities designed to provide intense connection between participants. Each of these models meets the needs of the target population in different ways, and allows participants to consider factors such as childcare, transportation, work/school schedules, weekend availability, and geographic location when choosing their preferred model. All workshop models will be offered to program participants who will have the choice of whether the weekly (either in-person or virtually) or the weekend (in-person only) format works best for them. Delivering the SSHF curriculum in a virtual setting is a novel method of offering participants the information, which AVANCE hopes will add great value to the field.

The key goal of this descriptive evaluation is to assess the extent to which participation in the FRAMEWORKS Program is associated with improved attitudes and behaviors among program participants. Change will be measured from the time of program enrollment to one-year after enrollment, to allow for investigation of long-term outcomes. Research questions will focus on whether attitudes and behaviors related to parenting, partner relationships, and financial and job readiness change after participation in program services. Additionally, a secondary analysis will focus on the ancillary question of whether differences in outcomes exist between participants selecting in-person and virtual groups.

**Table 1: Summary of rationale for investigation**

<i>Research Question Topics</i>	<i>Existing Research</i>	<i>Contribution to the Evidence Base</i>	<i>Interest to the Program and/or Community</i>
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<i>R1: Parenting Behavior</i>	Survival Skills for Healthy Families, the primary curriculum of the FRAMEWorks Program, is an evidence-based curriculum that has been proven effective at building skills needed for healthy family relationships and child development.	Determine to what extent participation in the FRAMEWorks Program is associated with positive changes in <b>parenting behaviors</b> among low-income participants in the Houston area.	Healthy parenting behaviors support children to achieve more positive outcomes, both short- and long-term, and promote adult wellbeing.
<i>R2: Parenting Attitudes</i>	Survival Skills for Healthy Families, the primary curriculum of the FRAMEWorks Program, is an evidence-based curriculum that has been proven effective at building skills needed for healthy family relationships and child development.	Determine to what extent participation in the FRAMEWorks Program is associated with positive changes in <b>parenting attitudes</b> among low-income participants in the Houston area.	Healthy parenting attitudes support children to achieve more positive outcomes, both short- and long-term, and promote adult wellbeing.
<i>R3: Partner Relationship Behavior</i>	Survival Skills for Healthy Families, the primary curriculum of the FRAMEWorks Program, is an evidence-based curriculum that has been proven effective at building skills needed for healthy family relationships and child development.	Determine to what extent participation in the FRAMEWorks Program is associated with positive changes in <b>partner relationship behaviors</b> among low-income participants in the Houston area.	Healthy partner relationship behaviors support children to achieve more positive outcomes, both short- and long-term, and promote adult wellbeing.
<i>R4: Partner Relationship Attitudes</i>	Survival Skills for Healthy Families, the primary curriculum of the FRAMEWorks Program, is an evidence-based curriculum that has been proven effective at building skills needed for healthy family relationships and child development.	Determine to what extent participation in the FRAMEWorks Program is associated with positive changes in <b>partner relationship attitudes</b> among low-income participants in the Houston area.	Healthy partner relationship attitudes support children to achieve more positive outcomes, both short- and long-term, and promote adult wellbeing.
<i>R5: Financial Readiness</i>	Survival Skills for Healthy Families, the primary curriculum of the FRAMEWorks Program, is an evidence-based curriculum that has been proven effective at building skills needed for healthy family relationships and child development.	Determine to what extent participation in the FRAMEWorks Program is associated with positive changes in <b>financial readiness</b> among low-income participants in the Houston area.	Healthy financial readiness behaviors support children to achieve more positive outcomes, both short- and long-term, and promote adult wellbeing.
<i>R6: Job Readiness</i>	Survival Skills for Healthy Families, the primary curriculum of the FRAMEWorks Program, is an evidence-based curriculum that has been proven effective at building skills needed for healthy	Determine to what extent participation in the FRAMEWorks Program is associated with positive changes in <b>job readiness</b> among low-income participants in the Houston area.	Healthy job readiness behaviors support children to achieve more positive outcomes, both short- and long-term, and promote adult wellbeing.

	family relationships and child development.		
<i>R7: Differences by delivery format</i>	Survival Skills for Healthy Families, the primary curriculum for the FRAMEWorks Program, is an evidence-based curriculum that has been proven effective <i>when delivered in person</i> at building skills needed for healthy family relationships and child development.	Determine to what extent changes in outcomes differ between participants who receive different curriculum delivery formats (virtual vs. in-person).	Participants who receive the Survival Skills for Healthy Families curriculum virtually may report different changes in outcomes than those who receive the curriculum in person. Assessing potential differences will provide AVANCE and the field with information about delivery formats that can be applied to future cohorts.

## B. Research question(s)

Research questions in this study are framed by a descriptive evaluation design that will be used to measure the extent to which participation in the FRAMEWorks Program is positively associated with improved attitudes and behaviors among low-income adults in the Houston, TX area. Research questions will focus on whether attitudes and behaviors related to parenting and partner relationships, and financial and job readiness behaviors change after participation in the program. Changes will be assessed between outcomes at program enrollment before primary workshops begin using entrance surveys and outcomes one year after program enrollment using the 1-year follow-up survey. The sample for the primary analysis includes all program participants who consent to be in the study, regardless of program format (e.g., virtual, in person, weekly workshops, weekend retreat). Implementation analyses seek to determine how many curriculum hours the program is offering versus how many curriculum hours participants are completing. Exploratory secondary analyses will investigate to what extent changes in outcomes differ between participants who receive the curriculum virtually vs. in person.

**Table 2: Research questions by type (implementation or outcome)**

No	Research Question	Implementation or Outcome?
<i>I1</i>	To what extent is the SSHF curriculum offered to and received by program participants?	<i>Implementation</i>
<i>R1</i>	How did <b>parenting behavior</b> outcomes change from program enrollment to 1 year after enrollment?	<i>Outcome</i>
<i>R2</i>	How did <b>parenting attitude</b> outcomes change from program enrollment to 1 year after enrollment?	<i>Outcome</i>
<i>R3</i>	How did <b>partner relationship behavior</b> outcomes change from program enrollment to 1 year after enrollment?	<i>Outcome</i>
<i>R4</i>	How did <b>partner relationship attitude</b> outcomes change from program enrollment to 1 year after enrollment?	<i>Outcome</i>

R5	How did <b>financial readiness behavior</b> outcomes change from program enrollment to 1 year after enrollment?	Outcome
R6	How did <b>job readiness behavior</b> outcomes change from program enrollment to 1 year after enrollment?	Outcome
R7	Do the change in outcomes differ between those selecting in-person or virtual groups?	Exploratory Outcome

Table 3 below summarizes key aspects of the research questions that are used to measure changes in participant outcomes after participation in the FRAMEWorks Program. For each outcome research question, there is a summary of the intervention, target population, comparison group, changes expected (the outcome), and whether the outcome is confirmatory or exploratory. As a secondary exploratory analysis, we will explore whether any differences in outcomes exist between those participants who receive the curriculum virtually vs. those who receive the curriculum in-person.

**Table 3: Outcome Research Questions**

Research Question Number <i>Should correspond to the number indicated in Table 2 above</i>	Intervention <i>Program component or set of activities that the evaluation will examine</i>	Target Population <i>Population for which the association between the treatment and change in the outcome will be examined</i>	Comparison <i>What the intervention will be compared to (e.g., pre-intervention for descriptive designs)</i>	Outcome <i>Changes in key measures over time</i>	Confirmatory or Exploratory? <i>Confirmatory: those upon which conclusions will be drawn Exploratory: those that may provide additional suggestive evidence</i>
R1	FRAMEWorks Program participation (the combination of the Survival Skills for Healthy Families curriculum, case management services, and secondary support services)	Low-income adults in the Houston area who are at least 18 years of age	Pre-intervention outcome scores	Participants will report <b>improved parenting behaviors</b> after participating in the FRAMEWorks Program	Confirmatory
R2	FRAMEWorks Program participation (the combination of the Survival Skills for Healthy Families curriculum, case management services, and	Low-income adults in the Houston area who are at least 18 years of age	Pre-intervention outcome scores	Participants will report <b>improved parenting attitudes</b> after participating in the FRAMEWorks Program	Confirmatory

	secondary support services)				
R3	FRAMEWorks Program participation (the combination of the Survival Skills for Healthy Families curriculum, case management services, and secondary support services)	Low-income adults in the Houston area who are at least 18 years of age	Pre-intervention outcome scores	Participants will report improved <b>partner relationship behaviors</b> after participating in the FRAMEWorks Program	Confirmatory
R4	FRAMEWorks Program participation (the combination of the Survival Skills for Healthy Families curriculum, case management services, and secondary support services)	Low-income adults in the Houston area who are at least 18 years of age	Pre-intervention outcome scores	Participants will report improved <b>partner relationship attitudes</b> after participating in the FRAMEWorks Program	Confirmatory
R5	FRAMEWorks Program participation (the combination of the Survival Skills for Healthy Families curriculum, case management services, and secondary support services)	Low-income adults in the Houston area who are at least 18 years of age	Pre-intervention outcome scores	Participants will report improved <b>financial readiness</b> after participating in the FRAMEWorks Program	Confirmatory
R6	FRAMEWorks Program participation (the combination of the Survival Skills for Healthy Families curriculum, case management services, and secondary support services)	Low-income adults in the Houston area who are at least 18 years of age	Pre-intervention outcome scores	Participants will report improved <b>job readiness</b> after participating in the FRAMEWorks Program	Confirmatory
R7	Primary workshop delivery format	Low-income adults in the Houston area	Pre-intervention outcome scores	Participants will report improved outcomes after participating in the program,	Exploratory

		who are at least 18 years of age		but differences may exist for virtual vs. in-person participants	
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### C. Relation to program logic model

Figure 1 in Appendix A presents a logic model to specify a theory of change for delivering FRAMEWorks Program services. Service delivery processes in the model are linked to the desired outcomes for healthy family relationships and economic stability. Model specification incorporates a descriptive study design to measure change in outcomes from program enrollment to one year after enrollment.

Service delivery processes: Key aspects of service delivery processes in the theory of change—goals, inputs, activities, and outputs—articulate the experiences that are designed to solve specific problems for those who agree to participate in the FRAMEWorks Program. As a result, three broad service delivery goals are identified to maximize FRAMEWorks Program participation benefits as explained below:

- **Goal 1 - Deliver primary curricula workshops to AVANCE-Houston FRAMEWorks Program participants:** Candidates will understand that they will receive *core curricula* to develop their skills to engage in healthy behaviors for parenting, partner relations, employment, and financial management, but only after receiving an orientation about the FRAMEWorks Program and giving project staff informed consent to participate in study activities. Then, *SSHF* curricula will be delivered as specified in the logic model.
- **Goal 2 - Deliver support services to FRAMEWorks Program participants:** Candidates will understand that they will receive *support services* based on their interest to further develop their skills to engage in healthy behaviors for parenting, partner relations, employment, and financial management, but only after receiving an orientation about the FRAMEWorks Program and giving project staff informed consent to participate in study activities. Then, staff from AVANCE-Houston will offer classes and referrals to promote further development for participants.
- **Goal 3 - Conduct Continuous Quality Improvement (CQI) to ensure full implementation of FRAMEWorks Program services to participants:** Reports prepared and presented to the CQI Team by evaluators as part of the CQI process will use a series of performance indicators to track key outputs over time to identify if the curriculum delivered to study groups could be falling short of the intended amounts to be offered (i.e., fidelity standards) and received (i.e., dosage thresholds) by them. The CQI Team will then work with project staff to develop and implement performance interventions to address any outputs that need improvement.

Desired Outcomes: Outcomes are those that are desired for program participants after they participate in the program. Those outcomes are the improved attitudes that facilitate and reflect participant engagement in healthy parenting, partnership, financial, and employment behaviors after participating in the FRAMEWorks Program.



## D. Hypotheses

Table 4 below presents hypotheses to address the research questions for this descriptive study. Participants are surveyed shortly after FRAMEWorks Program enrollment before primary workshops begin and again one year after program enrollment.

**Table 4: Hypotheses by research question**

Research Question	Hypothesized Result
R1	Participants will report <b>healthier parenting behaviors</b> after participating in the FRAMEWorks Program.
R2	Participants will report <b>healthier parenting attitudes</b> after participating in the FRAMEWorks Program.
R3	Participants will report <b>healthier partner relationship behaviors</b> after participating in the FRAMEWorks Program.
R4	Participants will report <b>healthier partner relationship attitudes</b> after participating in the FRAMEWorks Program.
R5	Participants will report <b>healthier financial readiness behaviors</b> after participating in the FRAMEWorks Program.
R6	Participants will report <b>healthier job readiness behavior</b> after participating in the FRAMEWorks Program.
R7	All participants will report improved outcomes after FRAMEWorks Program participation, but differences may exist between virtual and in-person participants.

## II. Research Design and Staff

### A. Research design

In this descriptive evaluation design, parenting and partner relationship behaviors and attitudes, as well as financial and job readiness behaviors, will be measured at the time of program enrollment and again one year after program enrollment. Low-income adults who agree to participate in the study will choose which workshop model works best for them to receive the *SSHF* curriculum (that is, the recurring weekday or weekend format, and virtual or in-person). All participants are also offered support services, delivered by Family Coaches and Career Coaches.

Table 5 below presents the role played by descriptive design to produce findings that inform research questions addressed in the evaluation.

**Table 5: Justification of Descriptive Study Designs**

Research Question	Design	Justification
R1	For this descriptive evaluation, <b>healthy parenting behaviors</b> will be measured at the time of program enrollment and again one year after program enrollment. Analyses will determine if changes in parenting behavior outcomes are statistically significant.	This study is interested in whether participation in the FRAMEWorks Program is associated with improved outcomes for participants, so a descriptive study of within subject change is sufficient for measuring differences in participant outcomes over time.

R2	For this descriptive evaluation, <b>healthy parenting attitudes</b> will be measured at the time of program enrollment and again one year after program enrollment, and analyses will determine if changes in parenting behavior outcomes are statistically significant.	This study is interested in whether participation in the FRAMEWorks Program is associated with improved outcomes for participants, so a descriptive study of within subject change is sufficient for measuring differences in participant outcomes over time.
R3	For this descriptive evaluation, <b>healthy partner relationship behavior</b> will be measured at the time of program enrollment and again one year after program enrollment, and analyses will determine if changes in parenting behavior outcomes are statistically significant.	This study is interested in whether participation in the FRAMEWorks Program is associated with improved outcomes for participants, so a descriptive study of within subject change is sufficient for measuring differences in participant outcomes over time.
R4	For this descriptive evaluation, <b>healthy partner relationship attitudes</b> will be measured at the time of program enrollment and again one year after program enrollment, and analyses will determine if changes in parenting behavior outcomes are statistically significant.	This study is interested in whether participation in the FRAMEWorks Program is associated with improved outcomes for participants, so a descriptive study of within subject change is sufficient for measuring differences in participant outcomes over time.
R5	For this descriptive evaluation, <b>financial readiness behaviors</b> will be measured at the time of program enrollment and again one year after program enrollment, and analyses will determine if changes in parenting behavior outcomes are statistically significant.	This study is interested in whether participation in the FRAMEWorks Program is associated with improved outcomes for participants, so a descriptive study of within subject change is sufficient for measuring differences in participant outcomes over time.
R6	For this descriptive evaluation, <b>job readiness behaviors</b> will be measured at the time of program enrollment and again one year after program enrollment, and analyses will determine if changes in parenting behavior outcomes are statistically significant.	This study is interested in whether participation in the FRAMEWorks Program is associated with improved outcomes for participants, so a descriptive study of within subject change is sufficient for measuring differences in participant outcomes over time.
R7	For this descriptive evaluation, the study is interested in exploring how service format may moderate participant outcomes by looking at differences between virtual vs. in-person format groups.	AVANCE-Houston has delivered the SSHF curriculum in-person to participants in the past but virtually for the first time this grant cycle. They are interested in exploring differences in outcomes between participants who receive the curriculum virtually vs. in-person.

## B. Methods to develop study groups

Because this is a descriptive evaluation, this subsection is not relevant.

## C. Sample

Recruitment into the FRAMEWorks Program and the study rely heavily on referrals from past participants and community partners who serve eligible participants in their respective target populations. Referrals will come from the AVANCE-Houston website that presents available programs and services, advertising by AVANCE-Houston staff about the program, and word of mouth from current and past participants. Recruitment targets largely low-income parents or individuals in the Houston area who are: at least 18 years of age with no open criminal cases

**Commented [DF1]:** It might be good to note your sample size here. I know it is in your diagram, but it could be noted here as well.

(can be deferred); have children up to 24 years; and are interested in services (see Table 6 below).

**Table 6: Target population for analytic sample**

<i>Description of Target Population</i>	<i>How is the population different from those who will be broadly served by the grant?</i>	<i>How will the target population be identified?</i>	<i>Unit of Analysis</i>
Adults who are primarily low-income and 18+ years of age	No difference, all program participants will be offered a chance to enroll in the evaluation study. Those who do not are still eligible for the program.	AVANCE and community partners will recruit potential participants through informational flyers and targeted recruitment at community events (e.g., open houses, career fairs, Head Start centers, etc.). AVANCE program staff will determine eligibility for program participation.	Individual

Staff present the purpose and benefits of program services at orientations held at partner sites to recruit eligible parents. Orientations also discuss the descriptive study and explain informed consent before soliciting study participation. Participant responsibilities are clarified at the orientation, such as providing contact information and responding to surveys.

**Table 7: Methods to Promote Sufficient Program Participation**

<i>What methods will you use to ensure sufficient sample is recruited, enrolls, and participates in the program?</i>	AVANCE and their community partners will recruit program participants, and AVANCE will provide incentives for program retention and completion. The CQI process will address issues regarding program recruitment and enrollment to ensure targets are met.
<i>Who will be responsible for recruiting the evaluation sample?</i>	The evaluation sample may differ from the program population, in that all participants will be invited to participate in the evaluation. Any participant who declines to enroll in the evaluation will still be eligible for the program. Enrollment into the evaluation will be conducted by the CQI Data Manager who will conduct the informed consent process and proctor the baseline data collection efforts.
<i>Please describe any incentives to be offered for program</i>	Program Participation – AVANCE will provide a series of incentives for program retention (promotional items) and completion (\$100 gift card).

*participation and/or completion and/or data collection and/or participation in the evaluation.*

Evaluation Participation – No incentives will be used for baseline data collection. A \$50 incentive will be used for the 1-year follow-up survey and will be provided in the form of a Walmart or PayPal gift card.

#### D. Lead staff

Evaluators for this study comprise an experienced group with many years of experience investigating HMRF Projects. Each staff member has a specific role in the evaluation project as summarized below in Table 8 and subsequent discussion (see CVs in Appendix B for more details on the qualifications of evaluation staff for this project).

**Table 8: MER Evaluation Staff**

<i>Name</i>	<i>Organization</i>	<i>Role in the Evaluation</i>
Dr. Matthew Shepherd	Midwest Evaluation and Research	Principal Investigator
McKenna LeClear	Midwest Evaluation and Research	Lead Evaluation Consultant
Jennifer Leveille, MPH	Midwest Evaluation and Research	Evaluation Project Manager
Deepika Bhatt, MPH	Midwest Evaluation and Research	CQI Data Manager

Dr. Matthew Shepherd will serve as the Principal Investigator for this grant. As such, he has corporate responsibility for all evaluation activities. Dr. Shepherd has over 25 years' experience in program design and implementation, applied research, program evaluation, policy analysis, and evaluative technical assistance.

McKenna LeClear will serve as the Lead Evaluation Consultant and provide day-to-day oversight for the HMRF evaluation activities. Prior to joining MER, Ms. LeClear managed evaluation projects as a Senior Research Associate with the Child and Family Research Partnership at the University of Texas at Austin.

Jennifer Leveille will serve as the Evaluation Project Manager. The Evaluation PM leads the effort to conduct a descriptive study and a Continuous Quality Improvement (CQI) process for the grant. Prior to joining MER, Mrs. Leveille worked as a Senior Research Assistant with MD Anderson Cancer Center and as a Public Health Consultant with Rice University's Texas Policy Lab.

Deepika Bhatt will serve as the CQI Data Manager. The CQI Data Manager will be responsible for accurate and timely data collection, report generation, and assistance with Continuous Quality Improvement (CQI) throughout the process of the grant. Prior to working with MER, Deepika worked as Research, Monitoring, and Evaluation (RME) Officer at Sunaulo Parivar Nepal/ Marie Stopes International Nepal.

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## E. Ongoing coordination between grantee and local evaluator

The basis for ongoing coordination between AVANCE (the grantee) and MER (the local evaluator) is regular communication, by way of recurring meetings and daily interactions with embedded staff. Throughout the original proposal process, and now during the evaluation planning phase, MER worked in consort with AVANCE to design a study with research questions that are appropriate to the intervention. MER guides the process, given our experience designing and running evaluations, and AVANCE provides expertise on their community, target population, and program/curricula specifics.

Recurring meetings will include a bi-weekly project CQI team meeting. Under the leadership of the Data Manager and Lead MER Evaluator, the CQI team reviews data from the nFORM and local evaluation systems to identify and mitigate implementation or data issues, and closely examine trends and accomplishments. This team includes AVANCE organizational and project leadership, the MER Evaluation team, and front-line staff representatives (e.g., Program Administrators, Case Managers).

In addition to CQI team meetings, overall project team meetings occur monthly (at a minimum), with project leaders across MER and AVANCE in attendance, to ensure the partnership remains strong and that coordination across organizations is on track. This recurring, ongoing meeting structure is conducive to close coordination, ensuring that challenges can be quickly addressed, and promising strategies can be efficiently maximized.

One of the key components of this coordination effort is the CQI Data Manager, who is a MER employee, embedded with AVANCE. The CQI Data Manager functions to bridge the gap between organizations. They will interact with AVANCE staff daily while completing their job duties and play a leadership role in the recurring meetings outlined above. See Section II.D above for more details about this role and others. Both the meetings and the roles outlined above will continue throughout the entire project period, providing opportunities to ensure the rigor and relevance of the evaluation and its findings, and to discuss and coordinate dissemination efforts (which will also be shared across MER and AVANCE).

MER has experience operating prior descriptive evaluations using this exact process. Clearly outlining roles and responsibilities maintains the independence of the evaluation. That is, the evaluation team helps identify and illuminate areas of concern or improvement (for the program and the evaluation), but the program staff have responsibility for implementing improvements and providing direct services to participants. In this way, AVANCE and MER acknowledge our shared interest in and responsibility for a well-executed project and evaluation, but that MER is also an independent and external organization with a high level of integrity and is not responsible for nor invested in the specific outcomes of the program. This allows for close coordination without allowing for co-dependence, or for personal interests to influence evaluation findings.

### III. Data Collection

#### A. Constructs and Measures

Table 9 below summarizes the constructs of interest, measures to evaluate those constructs, and specific data collection instruments.

**Table 9: Constructs and measures/data collection instruments**

<i><b>Construct</b></i>	<i><b>Measure and description</b></i>	<i><b>Instrument</b></i>	<i><b>Reliability and Validity</b></i> <i>(if standardized instrument, you provide a citation for the instrument)</i>
Parenting Attitudes	4 items: levels of agreement for parent relationship status best for child (categories, 4-point scale)	OLLE (Q1-4)	Psychometric analyses of parenting attitudes construct completed in October 2021 (a = .862)
Partner Relationship Attitudes	5 items: levels of agreement with attitudes about relationship (categories on 5-point scale)	Healthy Marriage Adult Program Survey (D10.a-e)	nFORM
Parenting Behaviors	4 items: frequency supporting child (categories on 4-point scale)	Healthy Marriage Adult Program Survey (A2a.a-d)	nFORM
Partner Relationship Behaviors	3 items: frequency engaged in key behaviors with partner (categories, 4-point scale)	Healthy Marriage Adult Program Survey (D11.a-c)	nFORM
Financial Readiness Behaviors	2 items: have checking/savings account (yes/no)	Healthy Marriage Adult Program Survey (B3a-b)	nFORM
Job Readiness Behaviors	1 item: do you have an update resume you can give to employers (yes/no)	Healthy Marriage Adult Program Survey (B2)	nFORM

#### B. Consent

Because the planned evaluation involves human subjects, AVANCE understands program implementation requires both IRB approval and participant informed consent. MER has an established relationship with Solutions IRB, having secured more than 20 IRB approvals and renewals for evaluations it has conducted during the past five years. IRB clearance will be submitted for approval and obtained during the planning period.

To secure informed consent, participants will attend an orientation/enrollment session where the Data Manager will describe the evaluation process and the risks and benefits of the project. At this point in time, participants have not yet taken entrance surveys (including the ACS) and are therefore not yet enrolled in the program or the study. Enrollment immediately follows consent. Those participants that wish to participate in the evaluation will complete an informed consent process and affirm their consent on the OLLE Entrance Survey in the form of a survey question. All participants will receive a copy of the consent form with contact information for evaluation staff and how to contact the IRB if needed. Informed consent will take place prior to study enrollment and the collection of evaluation data. Those participants who initially indicate they do not wish to participate in the evaluation study will be referred to a family coach who will work with that person to explain study benefits. If they still refuse to enroll in the evaluation study, they are still eligible to participate in the program and receive services.

### C. Data Collection

Implementation study data from nFORM will be collected bi-weekly and reviewed with regard to enrollment, retention, participation, survey completion, etc. This data is updated in real time by the evaluator and reviewed with grantee staff during scheduled bi-weekly CQI meetings. These meetings are designed to keep the evaluator informed about project updates, progress toward program targets, and to discuss any interventions that might need to be developed.

In addition to the bi-weekly CQI meetings between the evaluator and the grantee staff, MER will conduct a yearly site visit either in person or virtually. Evaluation staff will meet with program leadership, support staff (facilitators, family coaches, career coaches, etc.), and participants (past and present if possible) in an interview style setting. Questions will aim to seek information about how the program is progressing, what we have learned so far, if there are issues the evaluation staff can identify that might need to be addressed, and to provide guidance on how to run the program better. MER will create a report of the information discussed in the site visit that will be shared with program staff and the program ETAP.

Survey administration procedures collect data for outcomes assessment that are carried out by case managers under supervision of the CQI Data Manager. Evaluation data collection occurs at two time points – nFORM and OLLE entrance surveys at wave 1 before primary workshops begin and the 1-year follow-up OLLE survey at wave 2 one year after program enrollment. Table 10 below presents the timing of collection for each wave.

**Table 10: Timeline**

<b>Wave of Data Collection</b> (e.g., baseline, short-term follow-up, long-term follow-up)	<b>Timing of Data Collection</b>
Entrance (nFORM and OLLE)	Collected immediately after informed consent and enrollment – during orientation or first workshop.

One-year follow-up (1 year post-enrollment, OLLE only)

Collected approximately one year after project enrollment. MER's survey tracking team will reach out 60-days prior to the one year mark and will stop attempting to collect follow-up surveys 30 days after the due date.

**Table 11: Measures**

<i>Measure</i>	<i>Timing of Data Collection (baseline, wave of data collection)</i>	<i>Method of Data Collection</i>	<i>Who Is Responsible for Data Collection?</i>	<i>Will Methods or Collection Procedures Differ by Study Group?</i>	<i>Administrative Data Only: Will data access require data sharing agreement?</i>
nFORM Applicant Characteristics (ACS) Survey	At enrollment	Participant self-enters survey using online data collection platform (nFORM)	AVANCE staff will proctor data collection and assist participants as necessary	No	N/A
On-line Local Evaluation (OLLE) and nFORM Entrance Survey	At enrollment	Participant self-enters survey using online data collection platforms (Qualtrics and nFORM, respectively)	AVANCE staff will proctor data collection and assist participants as necessary	No	N/A
OLLE One-Year Follow-up Survey	1 year after enrollment / baseline	Participant self-enters survey using online data collection platform and link – or – Phone interview data collection	MER Research Staff/ participant tracking team	No	N/A

### Ensuring and monitoring high quality data collection

This evaluation will utilize the nFORM and OLLE entrance surveys at enrollment and the OLLE 1-year follow-up surveys collected one year after enrollment. The data collection methods for these time points differ, as shown in Table 11 above and as discussed further in Table 12 below.

All program staff and evaluation staff will undergo a rigorous set of trainings to prepare for the evaluation. All staff receive an overview and introductory training to present the goals and objectives of the evaluation effort and its importance to the overall project. Next, all staff receive training on human subject protection and are required to pass a certification test on the subject matter. All staff will also receive a detailed training on the evaluation, including the



evaluation tools, timing and data collection process, and the role and importance of randomization of participants.

In addition, the data manager and the primary local evaluation staff will undergo a rigorous training process to better understand the context of HMRP research, training on data collection procedures they will be responsible for, and training on the nFORM system and use of nFORM data in a CQI process. MER is creating networks of CQI data managers and Evaluation Project Managers across the 12 projects that we are evaluating so that all staff have access to experienced data managers and evaluation staff who have done this work previously. This training takes the form of weekly training sessions that are currently underway.

Members of the CQI team will also receive specific training on the MER CQI process that has been developed prior to the launch of data collection or program services. As described elsewhere, MER is assisting the program staff in implementing a robust CQI process that will focus on retention as one of the primary areas of program improvement, and as such, we are anticipating relatively modest levels of attrition for this data collection.

On a bi-weekly basis, the data manager, the local evaluation staff, and MER technical specialists will be responsible for downloading data from the nFORM and MER On-Line Local Evaluation (OLLE) systems for processing and presentation to the CQI team for tracking and monitoring performance measurement outcomes (recruitment, enrollment, dosage, completion, referrals, etc.) so that near real-time adjustments can be made to program implementation to ensure compliance with program goals and objectives.

All MER training is currently being recorded, and as new staff come on board with projects or project staff turnover (or need refresher training), recorded training material can be shared and accessed with follow-up one on one training with the primary local evaluator and the MER LOB Lead.

**Table 12: Tracking participants and reducing attrition**

<b><i>For each wave of data collection listed in IIIA.2, what is your estimated response rate?</i></b>	<b><i>Entrance</i></b>	100% - done at the time of enrollment
	<b><i>Follow-Up</i></b>	70% - estimated 1 year follow-up rate