AVANCE-Houston Building Futures Program Evaluation

Study Protocol

3/9/2023

Clinicaltrials.gov ID: NCT05293145

Evaluation of AVANCE-Houston Building Futures Project in Harris County

I. Research Question(s)

A. Background

Early relationships can both positively and negatively influence professional, peer, and romantic relationships later in life, and research indicates that adolescents often do not have the necessary knowledge and skills to recognize and develop healthy relationships and avoid unhealthy relationships. Youth in Houston, located in Harris County, Texas, face additional challenges in creating stable relationships and home environments, as they face high rates of poverty, homelessness, and teen pregnancy. Homelessness among young adults in Harris County schools increased significantly following Hurricane Harvey, and school districts in Harris County saw surges of more than 22,000 students facing homelessness even months after Harvey hit (Texas Network of Youth Services 2018). Further, homeless youth, youth aging out of foster care, and LGBTQ youth are more vulnerable to falling victim to human trafficking, an issue that is highly prevalent in Houston.

Trauma-informed services are needed to improve self-sufficiency, economic stability, and healthy relationships among at-risk and homeless youth in Harris County, especially those living in areas with high numbers of single-family households, high poverty rates, low educational attainment, high teen pregnancy rates, high incidence of domestic violence, and high involvement with the (juvenile) justice system. AVANCE-Houston's Building Futures program (A-HBF) aims to facilitate successful transitions to adulthood for cohorts of at-risk and homeless youth by offering healthy relationship and marriage education through the *Survival Skills for Healthy Families* (*SSHF*) curriculum.

Developed by Family Wellness Associates, *SSHF* is an evidence-based curriculum 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. To maximize participation, attendance, and convenience for youth and their parents, AVANCE will offer two curriculum delivery models: weekly workshops for youth that take place in targeted high-need schools and an intensive weekend retreat model co-attended by youth and parents.

AVANCE seeks to understand if participation in the A-HBF program is associated with improved outcomes among the target population of at-risk and homeless youth. Additionally, the evaluation will examine how and why participant-level characteristics such as relationship status, life status, and demographics are associated with greater or lesser benefit from A-HBF program participation. This research will provide insights about the *SSHF* curriculum and its effectiveness for the target population that can be used in the development of future programming efforts.

Table 1: Research Question Rationale

Research Question Topics	*Existing Research*	*Contribution to the Evidence Base*	*Interest to the Program and/or Community*
R1	Little empirical evidence exists in the field of HMRE to demonstrate the extent to which a skills-based curriculum can help at-risk and homeless youth build **healthy partner relationship attitudes**.	Determine whether offering a skills-based curriculum, in combination with family and career support services, enhances **partner relationship attitudes** among at-risk and homeless youth.	Inform practitioners about useful methods to consider when delivering skills-based curriculum to build **healthy partner relationship attitudes** among at-risk and homeless youth.
R2	Little empirical evidence exists in the field of HMRE to demonstrate the extent to which a skills-based curriculum can help at-risk and homeless youth build **healthy sexual attitudes**.	Determine whether offering a skills-based curriculum, in combination with family and career support services, enhances **sexual attitudes** among at-risk and homeless youth.	Inform practitioners about useful methods to consider when delivering skills-based curriculum to build **healthy sexual attitudes** among at-risk and homeless youth.
R3	Little empirical evidence exists in the field of HMRE to demonstrate the extent to which a skills-based curriculum can help at-risk and homeless youth build **healthy partner relationship behavior**.	Determine whether offering a skills-based curriculum, in combination with family and career support services, enhances **partner relationship behavior** among at-risk and homeless youth.	Inform practitioners about useful methods to consider when delivering skills-based curriculum to build **healthy partner relationship behavior** among at-risk and homeless youth.
R4	Little empirical evidence exists in the field of HMRE to demonstrate the extent to which a skills-based curriculum can help at-risk and homeless youth build **healthy financial attitudes**.	Determine whether offering a skills-based curriculum, in combination with family and career support services, enhances **financial readiness** among at-risk and homeless youth.	Inform practitioners about useful methods to consider when delivering skills-based curriculum to build **healthy financial attitudes** among at-risk and homeless youth.

R5	Little empirical evidence exists in the field of HMRE to demonstrate the extent to which a skills-based curriculum can help at-risk and homeless youth build **healthy employment attitudes**.	Determine whether offering a skills-based curriculum, in combination with family and career support services, enhances **employment readiness** among at-risk and homeless youth.	Inform practitioners about useful methods to consider when delivering skills-based curriculum to build **healthy employment attitudes** among at-risk and homeless youth.

B. Research question(s)

Research questions in this study are framed by a descriptive evaluation design to assess whether outcomes improve for at-risk and homeless youth after participating in the AVANCE-Houston Building Futures (A-HBF) Project. Primary outcomes will indicate whether behavior is improving over time for healthy relationships. Secondary benefits will indicate whether the attitudes that facilitate and reflect behavior for healthy family relationships and economic stability (financial and employment) are improving over time. Research questions that focus on primary and secondary outcomes for this study are presented below in Table 2.

Table 2: Outcome Research Questions

No	*Research Question*	*Primary or Secondary Outcome?*
R1	Do A-HBF participants report significantly **healthier partner relationship attitudes** after completing the *SSHF* curriculum in either a standard (weekly) or compressed (weekend retreat) workshop format and support services?	Secondary Outcome
R2	Do A-HBF participants report significantly **healthier sexual attitudes** after completing the *SSHF* curriculum in either a standard (weekly) or compressed (weekend retreat) workshop format and support services?	Secondary Outcome
R3	Do A-HBF participants report significantly **healthier partner relationship behavior** after completing the *SSHF* curriculum in either a standard (weekly) or compressed (weekend retreat) workshop format and support services?	Primary Outcome
R4	Do A-HBF participants report significantly **healthier financial attitudes** after completing the *SSHF* curriculum in either a standard (weekly) or compressed (weekend retreat) workshop format and support services?	Secondary Outcome
R5	Do A-HBF participants report significantly **healthier employment attitudes** after completing the *SSHF* curriculum in either a standard	Secondary Outcome

	(weekly) or compressed (weekend retreat) workshop format and support services?	

C. Relation to program logic model

Figure 1 in Appendix A presents a logic model to specify a theory of change for delivering A-HBF services. Service delivery processes specified in the model are linked to the desired outcomes for healthy relationships and economic readiness. Model specification incorporates a descriptive study design to conceptualize service delivery and the outcomes assessed for the A-HBF Project.

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 A-HBF Project. As a result, three broad service delivery goals are identified to maximize A-HBF Project participation benefits as explained below:

- **Goal 1 - Deliver *core curriculum* as primary services to A-HBF participants**: Candidates will understand that they receive *core curriculum* to develop healthy attitudes (partner relationship, sexual, financial, and employment) and skills to engage in healthy partner relationship behaviors, but only after receiving an orientation about the A-HBF Project and giving project staff informed consent to participate in study activities. Then, *SSHF* curriculum will be delivered as specified in the logic model.
- **Goal 2 - Deliver *support services* to A-HBF participants**: Candidates will understand that they receive *support services* based on their needs to further develop their skills to engage in healthy relationships and their financial and employment readiness, but only after receiving an orientation about the A-HBF Project and giving project staff informed consent to participate in study activities. Then, Family Coaches and Career Coaches will offer trainings and make referrals to promote further success for participants.
- **Goal 3 - Conduct Continuous Quality Improvement (CQI) to ensure full implementation of project services to participants**: Reports prepared and presented to the CQI Team by evaluators in each of the 5 steps in the CQI Process will use a series of performance indicators to track key outputs over time to identify any A-HBF services delivered to study groups that might fall 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 to ensure the services offered to and received by participants meet the intended amounts by the end of each program year.

Desired Outcomes: Outcomes specified in the logic model theorize the primary and secondary outcomes that are desired for participants after they complete A-HBF services. Secondary outcomes are the improved attitudes that indicate and reflect participant engagement in healthy partner relationship behaviors and capacity for future economic stability. Primary outcomes are the healthier behaviors exhibited by participants for partner relationships that ultimately define the participation benefits for the A-HBF Project. All outcomes specified in the logic model are theorized to be more positive for eligible at-risk and homeless youth after they complete primary services and support services.

D. Hypotheses

Table 3 below presents the hypotheses associated with the primary and secondary research questions for this descriptive study. Primary and secondary outcomes are reported on participant survey measures that are administered shortly after A-HBF enrollment and again one year later after study groups complete services (or should have completed them). Confirmatory hypotheses focus on the extent to which participants report improved attitudes (partner relationship, sexual, financial, and employment) and behaviors (partner relationship) after A-HBF participation.

Table 3: Hypothesized Results

Research Question	***Hypothesized Result***
R1	Participants will report **healthier partner relationship attitudes** after they complete primary services and support services in the A-HBF Project.
R2	Participants will report **healthier sexual attitudes** after they complete primary services and support services in the A-HBF Project.
R3	Participants will report **healthier partner relationship behavior** after they complete primary services and support services in the A-HBF Project.
R4	Participants will report **healthier financial attitudes** after they complete primary services and support services in the A-HBF Project.
R5	Participants will report **healthier employment attitudes** after they complete primary services and support services in the A-HBF Project.

II. Research Design and Staff

A. Research design

In this study, a descriptive study design will be used to determine if A-HBF participants benefit from the *Survival Skills for Healthy Families (SSHF)* curriculum. At-risk or homeless youth who agree to participate in the study will receive the *SSHF* curriculum through either a series of 7 in-school weekly workshops (14 hours) or an intensive weekend retreat co-attended by their parents (16 hours) followed two weeks later by a Reflections Workshop (2 hours). All program participants also receive support services delivered by Family Coaches and Career Coaches as needed.

Baseline data will be collected from participants shortly following study enrollment. Post-test data will be collected following curriculum completion, approximately 2-7 weeks following study enrollment depending on the curriculum delivery format. Follow-up data will be collected one year after study enrollment.

B. Methods to develop study groups

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

C. Sample

The target population for this study is at-risk and homeless youth from high-need school districts in Harris County who are 14-18 years of age and enrolled in 9-12th grades. AVANCE will work with school districts, school boards, and individual schools to identify and recruit participants from the target population. The unit of analysis for this study is individual youth. See Appendix D for anticipated sample flow and attrition rates.

Power analysis:
The analysis of survey data will address the primary and secondary research questions with findings derived from running a linear regression model that quantifies the potential benefits of Building Futures Program participation and outcomes as well as the relationship of participant characteristics to Building Futures Program benefits. Benefits are quantified by specifying a model that compares the relative influences of participant characteristics as predictor that is regressed against a series of dependent variables (e.g., outcomes specified in the logic model). Given the predicted sample size as described in the appended logic model, the following calculations regarding power and effect size can be made.

	Participant Responses	Minimum Detectable Effect Size
Post-test	1105	0.017
Follow-up	774	0.023

These power analyses assume an Alpha Level of 0.05 with a two-tailed test and power level set at 0.80 (1 – Beta). The estimated effect sizes are all small effects or nearly small effects that would be detected, based on best practices outlined by Cohen (1988) of small effect sizes <0.02 and medium effect sizes <0.15. With these analyses, the proposed research design is demonstrated to measure large, medium, and small changes in participants' responses.

Table 4: Methods to Promote Sufficient Program Participation

What methods will you use to ensure sufficient sample is recruited, enrolls, and participates in the program?	AVANCE will work with schools and their community partners to 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.
Who will be responsible for recruiting the evaluation sample?	The evaluation sample will not differ from the program population, in that all participants will be invited to participate in the evaluation. 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.

Please describe any incentives to be offered for program participation and/or completion and/or data collection and/or participation in the evaluation.	Program Participation – AVANCE will provide a series of incentives for program retention (promotional items) and completion ($75 gift card). Evaluation Participation – No incentives will be used for the first two data collections- baseline and post-test, while participants are beginning or still engaged in services. A $50 incentive will be used for the 1-year follow-up survey and will be provided in the form of a Walmart gift card.

D. Lead staff

See Appendix B for CVs of lead evaluation staff.

Table 5: Lead Evaluation Staff

Name	*Organization*	*Role in the Evaluation*
Dr. Matthew Shepherd	Midwest Evaluation and Research	Principal Investigator
Dr. Theodore Jurkiewicz	Midwest Evaluation and Research	Lead Evaluation Consultant
McKenna LeClear, MA	Midwest Evaluation and Research	Evaluation Project Manager
Jennifer Leveille, 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.

Dr. Theodore Jurkiewicz will serve as the Lead Evaluation Consultant and provide day-to-day oversight for the HMRF evaluation activities. Dr. Jurkiewicz has been conducting HMRF evaluations since 2006 and has been involved with every cohort of HMRF grantees.

McKenna LeClear will serve as the Evaluation Project Manager. The Evaluation PM leads the effort to conduct an impact study and a Continuous Quality Improvement (CQI) process for the grant. 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 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 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.

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 CQI 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 RCT 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 personal interests to influence evaluation findings.

III. Data Collection

A. Data collection

Table 6: Constructs and measures/data collection instruments

Construct	***Measure***	***Instrument***	***Reliability and Validity*** *(if standardized instrument, you provide a citation for the instrument)*
Partner Relationship Attitudes	9 items: levels of agreement with relationship beliefs (categories, 4-point); 3 items: likelihood of key relationship beliefs (categories, 5-point scale)	nFORM Healthy Marriage Youth Program Survey (A1.a-i; A2.a-c)	nFORM
Sexual Attitudes	7 items: levels of agreement with key sexual attitudes (categories, 4-point scale)	nFORM Healthy Marriage Youth Program Survey (B1.a-g)	nFORM
Partner Relationship Behavior	5 items: levels of reported skill with key relationship behaviors (categories, 4-point scale); 6 items: frequency engage in key relationship behaviors (categories, 5-point scale)	nFORM Healthy Marriage Youth Program Survey (C1b.a-e; C3.a-f)	nFORM
Financial Attitudes	4 items: levels of agreement with key financial	OLLE (Online Local	In appendix D of: Jurkiewicz, T. & Friedman, L. (2020). *Impact Evaluation of The TYRO*

	attitudes (categories, 7-point scale)	Evaluation) Survey	*Champion Dads Project in Dallas, Texas: Final Impact Evaluation Report for Anthem Strong Families*. Midwest Evaluation and Research.
Employment Attitudes	4 items: levels of agreement with key employment attitudes (categories, 7-point scale)	OLLE (Online Local Evaluation) Survey	In appendix D of: Jurkiewicz, T. & Friedman, L. (2020). *Impact Evaluation of The TYRO Champion Dads Project in Dallas, Texas: Final Impact Evaluation Report for Anthem Strong Families*. Midwest Evaluation and Research.

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 14 IRB approvals and renewals for evaluations it has conducted during the past four years. IRB clearance will be submitted for approval and obtained during the planning period.

Each school location will have a signed letter of agreement to be included in this project. This must be filed with the IRB during the application process. Any school locations that are later recruited into the study will result in MER submitting amendments to the IRB to include these schools as research sites, and the additional school's letter will be included in the project.

An opt-out letter will be provided to all parents/guardians of applicants under the age of 18 who are interested in the project. The letter will state that because this is a research study, survey data will be collected on youth, but will be kept confidential. If a parent or guardian does not want their child to participate in the project, that letter will need to be signed and returned to the school or facilitator.

During the survey administration process, youth participants will be given a letter along with the survey that explains that the survey is optional, any or all questions can be skipped for any reason, and not taking the survey will not result in any penalties.

Table 7: Data Collection Timeline

Wave of Data Collection *(e.g., baseline, short-term follow-up, long-term follow-up)*	***Timing of Data Collection***
Baseline	Collected immediately following informed consent and enrollment – during orientation or first workshop

Post-test	Collected after the completion of the primary services programming – during the last workshop or session
1 year follow-up (post-enrollment)	Collected approximately one year after program enrollment

Table 8: Measures

Measure	***Timing of Data Collection*** *(baseline, wave of data collection)*	***Method of Data Collection***	***Who Is Responsible for Data Collection?***
On-line Local Evaluation (OLLE) and nFORM Baseline Survey	Baseline	Participant self-enters survey using online data collection program or completes survey with program staff through Zoom or over the phone in the case of virtual service delivery	Data Manager and program staff will proctor data collection and assist participants as necessary
OLLE and nFORM Post-Test Survey	Post-Test (approx. 7 weeks after enrollment for standard format and 16 days after enrollment for compressed format)	Participant self-enters survey using online data collection program or completes survey with program staff through Zoom or over the phone in the case of virtual service delivery	Data Manager and program staff will proctor data collection and assist participants as necessary
OLLE 1 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

Ensuring and monitoring high quality data collection:

This evaluation will utilize both post-program surveys (completed at the completion of core programming) and follow-up surveys collected one year after enrollment. The methods for these data collections differ. The primary driver for post-program survey completion is high rates of program retention. This data point will be collected during the last workshop session – after (but during the same session of) the completion of the nFORM post-program data collection. As such,

only those individuals who complete the program and who are at the data collection session will participate in the post-program data collection.

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 subjects 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 CQI Data Manager and the primary local evaluation staff will undergo a rigorous training process to better understand the context of HMRF 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 CQI 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, who has more than 15 years' experience in evaluating HMRF projects.

Tracking participants and reducing attrition:

For each wave of data collection listed in Table 7, what is your estimated response rate?	***Baseline***	100% - done at the time of enrollment
	Wave 1	90% - estimated A-HFP completion rate
	Wave 2	70% - estimated 1 year follow-up rate