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Implementation of the Building Strong Families Program

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M. Robin Dion
Alan M. Hershey
Heather H. Zaveri
Sarah A. Avellar
Debra A. Strong
Timothy Silman
Ravaris Moore

Submitted to:

U.S. Department of Health and Human Services
Administration for Children and Families
Office of Planning, Research, and Evaluation
370 L'Enfant Promenade, SW, 7th Floor, West
Washington, DC 20447
Voice: (202) 401-5760

Project Officers:
Nancye Campbell
Seth Chamberlain

Submitted by:

Mathematica Policy Research, Inc.
600 Maryland Ave., SW, Suite 550
Washington, DC 20024-2512
Telephone: (202) 484-9220
Facsimile: (202) 863-1763

Project Directors:
Alan Hershey
Barbara Devaney

EXECUTIVE SUMMARY

Building Strong Families (BSF) is a large-scale demonstration of marriage and relationship education programs for low-income, romantically involved, unmarried couples who are expecting or recently had a child together. It is also a rigorous evaluation of the programs' effectiveness. The entire project is sponsored by the Administration for Children and Families, U.S. Department of Health and Human Services. BSF was motivated by findings from the 20-city Fragile Families and Child Well-Being Study which showed that at the time of their child's birth, many unmarried couples have high hopes for marriage, but few couples succeed in that goal (Carlson, McLanahan, and England 2004). BSF aims to learn whether well-designed interventions can help interested unmarried parents strengthen their relationships and, if they choose to wed, achieve their aspirations for a healthy marriage.

The BSF evaluation relies on a rigorous longitudinal research design, with random assignment of eligible couples to either a program or control group. Data are collected at three points: baseline, 15 months after enrollment, and when each BSF child is three years old. The evaluation will examine the impact of BSF on the quality of couple relationships, the decision to marry, family outcomes, and children's well-being. The first impact findings are expected to be available in 2009, but much has already been learned about the implementation of the intervention program.

This executive summary highlights the key findings from an implementation analysis of BSF's seven program sites. The implementation analysis focuses on the programs' design, development, and operations during the first six to 14 months of the evaluation.[1] It also documents recruitment and enrollment practices, describes the characteristics of enrolled couples, provides data on program participation, and summarizes the experiences of participant couples in the program group. Information for the report draws on qualitative data from comprehensive site visits to each BSF location in the fall-winter of 2006, information from ongoing monitoring efforts, and structured data recorded in each

[1] Although sites had staggered startup dates from June 2005—June 2006, most of the information in this report was collected around the same time period (fall/winter 2006). Consequently, when the information was collected, some sites had more operational experience than others.

program's management information system. Although the evaluation is still going on and these findings are based on only one stage in the evolution of the BSF programs, they reveal the challenges and successes involved in operating programs for low-income unmarried couples, and also provide context for understanding later analyses of BSF impacts on couples and their children.

SITES WERE GUIDED BY A COMMON PROGRAM MODEL

To ensure a reasonable degree of consistency across sites, BSF programs were guided by a common set of eligibility criteria and a specific intervention model. Although participation in the program and study was entirely voluntary, eligibility criteria called for couples to have a biologically-related child under the age of three months, or to be expecting a child. In addition, couples had to be either unmarried but romantically involved, or married after the conception of the child that made them eligible for the program. Each member of the couple had to be at least 18 years old and speak a language in which BSF was offered, English or Spanish. Only couples who were not involved in domestic violence were eligible for BSF.

The BSF intervention model included three required components: group instruction in marriage and relationship skills, individual-level program support from "family coordinators," and referrals to additional family services as needed (summarized in Figure 1). Nevertheless, sites were also given the flexibility to develop a program that worked in their local and organizational context.

Figure 1. The Building Strong Families Program Model

Individual-Level Support from Family Coordinators	Core Component: Group Sessions in Marriage and Relationship Skills*	Assessment and Referral to Family Support Services
Encouragement for program participation	Communication	Education
Reinforcement of marriage and relationship skills	Conflict management	Employment
Ongoing emotional support	Affection, intimacy, trust, commitment	Parenting
Assessment and referral to support services	Considering marriage	Physical and mental health
	The transition to parenthood	Child care
	Parent-infant relationships	Legal issues
	Children by prior partners	Substance abuse
	Stress and postpartum depression	Domestic violence assistance
	Family finances	

*Sample of topics included in marriage and relationship skills curricula.

Group Sessions in Marriage and Relationship Skills. The central component of BSF programs is group-based education in the skills shown through empirical research to be associated with a healthy marriage. This core element of the BSF program is intended to be intensive, comprehensive, and long-term, to help promote internalization of the skills and information. The curricula that guide the group sessions cover topics common to many relationship and marriage education programs, such as communication and conflict management skills; ways to build fondness, affection, and emotional intimacy; managing how parenthood can affect couple relationships and marriage; enhancing parent-infant relationships, especially the influence of fathers, and recognizing the signs of relationship meltdown. BSF curricula also address specific topics that research suggests are of particular importance in the healthy development of unmarried-parent relationships in low-income families, including the development of mutual trust and commitment, consideration of marriage, management of complex family relationships that may include children from prior relationships, and working together as a financial team.

For the group sessions, each site was free to select any curriculum that met the requirements of the BSF program.[2] Each of the sites selected one of three research-based curricula adapted specifically for the BSF target population: *Loving Couples, Loving Children (LCLC),* developed by Drs. John and Julie Gottman; *Love's Cradle (LC),* developed by Mary Ortwein and Dr. Bernard Guerney; and the *Becoming Parents Program for Low-Income, Low-Literacy Couples (BPP)*, developed by Dr. Pamela Jordan. Prior to adaptation, these curricula had shown positive impacts on couples' relationships in samples of mostly married, middle-income, typically white couples. The adaptations for BSF included adding new topics to address issues specific to low-income unmarried couples as described above, as well as changes to the reading level and cultural sensitivity represented in curriculum materials, reducing the amount of lecture, and increasing group discussions and hands-on activities.

Each curriculum is about 30-42 hours in length, and was provided in weekly segments that take from one and a half months to six months, depending on format. Five BSF sites implemented the LCLC curriculum, which is typically provided in weekly two-hour modules over 5-6 months (42 total hours). The recommended group size for LCLC sessions is 4-6 couples (8-12 individuals). One site implemented the adapted 30-hour BPP curriculum, and offered two formats: 3-hour weekly sessions for 10 weeks, or 5-hour weekly sessions for 6 weeks. Group size typically ranged from 10-15 couples. The final BSF site implemented LC, which was most often provided in 2-hour weekly modules for 5-6 months and aimed to include 6-8 couples per group.

[2] To ensure there would be a reasonable degree of consistency across programs for the evaluation and still provide local sites with some flexibility and choice, curriculum criteria were established in the BSF Program Model Guidelines (Hershey et al. 2004). Guidance was included on the desired intensity and duration, instructional format, and specific topics to be covered. Sites were encouraged to select a curriculum with a strong research base.

Individual Support Through Family Coordinators. To help couples address the often complex challenges in their lives, the program model called for each BSF family to be assigned a staff member who would meet individually with the couple. These family coordinators (FCs) were expected to identify families' needs, provide linkages to support services, encourage BSF program participation and completion, and reinforce marriage and relationship skills learned during group sessions. Each BSF site was free to define the frequency, duration, and mode of FC meetings with couples.

Connection to Family Support Services. Personal and family challenges can impede the progress of unmarried couples as they work to form and sustain stable and healthy relationships and marriages. Most communities have existing resources targeting low-income families, but parents may not be aware of or know how to access these services. For these reasons, the third component of the BSF model is linkages to family support services. The model called on sites to ensure that FCs had at their disposal information about services available in the community, such as employment and education programs, mental health and substance abuse treatment, and child care and housing resources, and to train them to assess family members and provide referrals to appropriate services.

THE BSF SITES

The aim of the BSF project is to assess the effectiveness of well-implemented programs. To be part of the evaluation, sites had to complete a pilot phase and demonstrate their ability to: (1) effectively implement the BSF program consistent with the model guidelines; (2) recruit a sufficient number of couples to meet sample size targets; and (3) comply with evaluation requirements such as consent procedures and baseline form administration. Seven sites, briefly described below, participated in the pilot period and were selected for inclusion in the evaluation.

- ***Atlanta, Georgia: Georgia Building Strong Families.*** The Health Policy Center at Georgia State University (GSU) and the Latin American Association, a nonprofit community-based organization, serve BSF couples in Atlanta. GSU leads the site, conducts all outreach and recruitment, and serves English-speaking couples. The Latin American Association serves Spanish-speaking couples.

- ***Baltimore, Maryland: Baltimore Building Strong Families.*** The Center for Fathers, Families, and Workforce Development (CFWD; now known as the Center for Urban Families) is a community-based organization for low-income families in Baltimore. CFWD expanded from primarily providing employment and responsible fatherhood services to offering a workshop-based co-parenting program to low-income parents, which inspired them to offer BSF.

- ***Baton Rouge, Louisiana: Family Road Building Strong Families.*** Family Road of Greater Baton Rouge, a non-profit organization, focuses on the needs of low-income expectant and new parents. Through community partnerships, parents can access childbirth education, fatherhood programs, parenting classes, money management, counseling, and home visiting for at-risk mothers and children on-site.

With existing services for new mothers and fathers, BSF's couples-based program was a natural addition.

- ***Florida: Healthy Families Plus.*** Healthy Families Florida, a home visiting program to prevent child abuse for at-risk parents run by The Ounce of Prevention Fund of Florida, integrated BSF services with Healthy Families, an intensive home-visiting program to prevent child abuse and neglect. Two counties, Broward (Fort Lauderdale) and Orange (Orlando), offer the integrated program.

- ***Indiana: Healthy Couples, Healthy Families Program.*** Like Florida, Indiana embedded BSF in its existing Healthy Families home visiting service. Three counties (from seven separate locations) offer the combined program.[3] A non-state agency with the largest Healthy Families caseload in the state, SCAN, Inc. coordinates the program.

- ***Oklahoma: Family Expectations.*** Family Expectations grew out of the Oklahoma Marriage Initiative, which is managed by Public Strategies, Inc. under contract from Oklahoma Department of Human Services. The site offers BSF to low-income unmarried couples, and similar services to low-income married couples as part of another demonstration.

- ***Texas: Building Strong Families Texas.*** Former Healthy Families programs in two Texas locations, Houston and San Angelo, transformed their home visiting services by offering BSF only to unmarried couples meeting BSF eligibility criteria.

SITES IMPLEMENTED BSF IN VARIED ORGANIZATIONAL FRAMEWORKS

The BSF sites have demonstrated that the program model can be implemented in a variety of organizational contexts. The sites took three different implementation approaches. Baton Rouge and Baltimore added BSF as a new program with its own staff under their existing multi-program umbrellas. Florida, Indiana, and Texas used existing staff infrastructure to integrate BSF into their Healthy Families home visiting services. Atlanta and Oklahoma City developed BSF operations from the ground up by hiring new staff and establishing new infrastructure for service delivery.

Sites adopted these implementation approaches because they offered specific advantages within the existing environment, such as an infrastructure on which to build, or a center-based facility with which low-income families were already familiar. Each site, however, had to confront challenges inherent in their chosen approach. For example, when integrating BSF into Healthy Families, sites faced the challenge of reconciling a long-established service delivery approach and procedures with the new goals and operational demands of BSF. Sites that did not build on a pre-existing staff infrastructure required more

[3] During the pilot period, Indiana operated BSF in four counties. Due to low enrollment, full implementation occurred in three counties.

time and effort to create certain BSF components such as the family coordinator, but were free of constraints associated with pre-existing procedures and sometimes competing goals. Unlike other sites, the two that developed from the ground up had to identify and forge relationships with local family support services to be able to link couples. All sites, regardless of organizational setting, had to hire at least some new staff or retain contract staff to lead the group sessions. Importantly, all sites had to learn how to recruit and work with couples—a new concept in the delivery of social services for low-income parents.

RECRUITMENT OUTCOMES SHOW THAT BSF SUCCEEDED IN GAINING THE INTEREST OF COUPLES, NOT JUST INDIVIDUAL PARENTS

Prior to BSF, it was not known whether voluntary marriage education programs could attract large numbers of low-income, culturally diverse unmarried couples. As of March 31, 2007, BSF sites had enrolled 2,684 couples (5,368 individual parents). Monthly enrollment varied across sites, from 20 to 43 couples on average. Data from the most recent six months of enrollment during which all sites had reached "steady state" (October 1, 2006 to March 31, 2007), indicate that the seven BSF sites together were enrolling an average of about 210 couples per month.

ENROLLMENT WAS THE PRODUCT OF COMPLEX FACTORS RELATED TO RECRUITMENT PRACTICES, SITE CONTEXT, AND MANAGEMENT CONTROL

Many factors affected success in recruitment. Recruiting practices undoubtedly played a role, but they very likely interacted with other factors such as size of the community in which recruitment occurs, length of the site's experience, organizational capacity and staffing changes, and continued access to a steady source of potentially eligible couples. The enrollment pace was quite variable across and within sites, reflecting temporary disruptions often due to staff turnover which affected the site's resources for and focus on recruitment. Enrollment increased when programs secured more overall program resources and devoted greater resources to recruitment, or identified new recruitment sources or strategies to identify eligible couples. Long experience did not necessarily lead to pre-eminence in recruitment; sites that started earliest were sometimes outstripped in enrollment success by later start-up sites. Breakthroughs in recruitment methods–which were specific to sites–seem more instrumental in achieving high enrollment than simply the accumulation of experience.

WHO ENROLLS IN BSF?

BSF is a new kind of voluntary program, and little was known about the couples it would attract. Although couples must meet eligibility criteria related to marital and relationship status and age of their child, it was unclear beyond that who would be interested in the program. Using data collected at intake from mothers and fathers, we can construct a portrait of the demographic characteristics, economic well-being, personal attitudes, and feelings about their relationship, for the 2,684 couples enrolled from the start of the evaluation through March 31, 2007.

Individuals who enrolled in BSF were young, often had children from prior relationships, and represent the diverse populations served by the site organizations. Over half the recruited sample members were African American; about one-quarter were of Hispanic origin, and about 14 percent were non-Hispanic white. Study participants were typically in their mid-twenties, and had two children, on average (one of which was the BSF child). Although having children by other partners was common, the BSF child was the couple's first child together for nearly half of the sample.

Most enrollees had a high school education, and current work experience, but individual earnings were often low. Slightly more than 66 percent of both men and women had at least a high school degree. More than three-quarters of men were working at baseline, but only about one-quarter of women were employed (a finding most likely related to the eligibility requirement that women be pregnant or within three months of delivering a child). More than three-quarters of women and 93 percent of men reported some earnings in the year prior to enrollment. Earnings were low for most, with half of men and two-thirds of women reporting earnings below $15,000 in the year prior to enrollment. More than 80 percent of women in the sample received some sort of public assistance for themselves or their children, such as Medicaid, SCHIP, or WIC, but few (10 percent) were receiving Temporary Assistance to Needy Families (TANF).

Most couples were cohabiting at intake and had high hopes for marrying each other. More than 70 percent of the enrolled couples were unmarried cohabiters. The average couple reported knowing each other for more than three years and most believed their chances of marrying one another were high. Most respondents reported believing that marriage is ideal for children, but also saw single parenthood as adequate. A measure of relationship quality suggested that, on average, relationships were good.

Outside social support was high, attendance at religious services modest, and the prevalence of serious mental illness low at baseline. The vast majority of respondents indicated they had sources of social support, such as people who could provide emergency child care or loan them $100. The average frequency of attendance at religious services during the prior 12 months was reported by both men and women to be a few times a year. A measure of distress found that only a few men or women (less than 10 percent) had clinical characteristics associated with serious mental health problems.

The Maternal Health Care System Was a Frequent Source of Potentially Eligible Couples

BSF programs had to enroll unmarried couples during the short "window" of pregnancy and up to three months after the birth of their baby. This narrow window challenged sites to identify avenues through which their own staff or staff of other organizations could come into contact with the target population and implement an efficient outreach and intake process. Although many recruitment sources were identified, the maternal health care system was the most common, since it is a frequent destination for expectant couples and new parents. The majority of sites recruited from prenatal clinics and birthing hospitals, and most used multiple sources within this system. In addition to

hospitals and clinics, some sites also recruited through a range of social service providers, including the Women, Infants, and Children (WIC) program, Head Start, Catholic Charities, Medicaid, Temporary Assistance to Needy Families (TANF), and local community based organizations.

Some sites supplemented such targeted referral sources with broad outreach methods. These sites believed broad outreach was important because it informed the community about BSF, could help the site meet its recruitment targets, and gave evidence of the organization's commitment to the community. Typical outreach strategies included public service announcements, street outreach, mass mailings, and community events and presentations. Some BSF participants learned of the program through word of mouth.

Recruitment Success Seemed Most Likely when First Contact was In Person and Both Parents Were Approached Together

BSF sites were required to enroll couples rather than individual parents, but to ensure confidentiality of their responses, each member of the couples had to complete intake forms separately. Sites developed strategies for efficiently recruiting couples, identified staff who were able to quickly build rapport, and learned to present BSF in an appealing manner to couples.

Initiating contact in-person at locations frequented by potentially eligible parents came to be a common strategy. Although a minority of sites conducted telephone outreach by calling couples who were likely to be eligible, most sites relied heavily on a direct in-person approach. Outreach staff often stationed themselves at locations frequented by potentially eligible parents, such as clinics and hospitals that serve low-income parents. Passive approaches, such as expecting couples to call in as a result of posters or flyers distributed to the general public, were not relied on as a major source of recruitment.

The most expeditious enrollment method was to conduct outreach and intake in one step with both members of the couple present. Because eligible couples could be "lost" before there was an opportunity to conduct intake with one partner and then the other in a later encounter, sites increasingly strove to conduct intake with both parents simultaneously. When joint enrollment was not possible, sites aimed to streamline outreach and intake to a single encounter with each parent. Generally the fewer contacts needed to complete intake with both parents, the more likely it was that an eligible couple would be enrolled.

To convey that BSF is for couples, some sites believed that recruitment staff should be male-female teams. Two sites used a mixed-gender team approach. Atlanta had four male and two female staff members who were stationed at the hospital clinic where most recruiting occurred, and they spontaneously formed two-person outreach teams when a pregnant woman and her partner appeared. They believed rapport with couples developed more easily, because each member of the couple had someone of their own gender to whom they could relate. Baton Rouge recruited male and female outreach workers. As a team, they jointly made presentations about the program to groups of expectant mothers, and

conducted intake, pairing the male worker with the male member of the couple when present. Other sites deployed individual staff, male or female, usually in keeping with existing procedures or organizational constraints.

During recruitment, outreach staff emphasized services to enhance couple relationships and marriage and expressed enthusiasm for BSF. Especially in the beginning, many sites expected that the potential benefits for children would be an important motivator for couples to enroll in BSF. This was true in many cases. However, in experimenting with recruitment messages, a few sites reported that some couples seemed even more motivated by messages that focus on the potential benefits to the couple themselves. Some parents explained that although they were aware of many services intended to benefit their child, BSF was the only program they had encountered that was intended to focus on the parents' relationship, and they valued this unique feature.

Domestic violence screening was an important element during intake and also later, as couples participated in BSF. Identifying couples experiencing domestic violence was a major concern for BSF sites, as they recognized the possibility that if a couple was experiencing domestic violence, participating in group-based marriage and relationship skills education could aggravate the situation and increase risk. In consultation with local or state-level domestic violence coalitions or national experts, sites developed protocols and screening procedures. Couples who did not pass the screening at intake were excluded from BSF and were connected with alternative services to ensure safety. Couples who passed the screening and entered the program continued to be monitored for signs of domestic violence during the full period of their program participation.

ALL SITES SUCCESSFULLY IMPLEMENTED THE CORE MARRIAGE AND RELATIONSHIP SKILLS COMPONENT

According to the BSF model, group sessions on marriage and relationship skills for couples—rather than individual parents—were to be the centerpiece of the intervention. The organizations sponsoring BSF were breaking new ground, since large-scale, group-based help with relationships for low-income couples was not common before BSF. Sites therefore had to learn what kinds of individuals made the best group facilitators, identify what program formats would work for the schedules of most low-income couples, and determine what programmatic features would be necessary to encourage long-term attendance and completion.

Group sessions were generally led by at least one lead facilitator and a co-facilitator, usually a male and female. Sites uniformly believed that mixed gender teams were important to convey the sense that the program is intended for both men and women, and to give all participants someone of their own gender with whom to relate.

Lead facilitators usually had a bachelor's or master's degree in psychology, counseling, family therapy, education, public health or a similar discipline. Although sites differed in their preferences for background and experience, most required that the lead facilitator have at least a bachelor's degree. In about half the locations, the lead facilitators

had master's degrees. Co-facilitators and "coaches" (staff who provide individual assistance to couples as they practice communication skills during group sessions) were often someone from the community, a family coordinator, or other individual with perhaps less education and experience but who had the ability to relate well to the couples being served. Although a few locations used some existing staff, most sites hired new staff or used contract staff to fill lead facilitator and co-facilitator positions.

Sites frequently sought group facilitators with experience working with low-income children and families or facilitating groups, though not necessarily couples' groups. Some sites looked for personal experience with marriage or parenting. Several particularly valued individuals who were married, because they could draw on that experience during group facilitation. When a group facilitator pair was married to each other, they could also function as role models.

All group facilitators and co-facilitators attended intensive curriculum training; many also received expert supervision for an extended period. Curriculum training required 3-5 full days, with substantial opportunity for hands-on practice facilitating groups and teaching the material. In most cases, training was provided by the curriculum developers, especially during the first year or so of operations. Eventually, other persons who were certified by the developer provided training as sites expanded or replaced staff. Following training, each curriculum developer offered subsequent technical assistance or supervision, although the extent of this supervision varied significantly by curriculum.

Sites made arrangements to prevent potential barriers to group attendance. Most of the organizations sponsoring BSF already had long experience working with low-income families (though not usually couples) and were aware of issues that could impede their participation in the group sessions. They aimed to identify locations for group sessions that were already known to the low-income community or that were easily accessible and family-friendly. They offered bus tokens or gas vouchers, or used a program van to pick up participants. Some sites offered on-site child care during group sessions, while others reimbursed couples for this care. All sites held sessions outside of standard business hours, and ensured that both facilitators and space were available evenings and weekends.

ACHIEVING HIGH LEVELS OF ONGOING PARTICIPATION PRESENTED CHALLENGES

Once groups began, sites found that not everyone who enrolled and agreed to attend actually carried through on their stated intentions. Across all sites, 61 percent of enrolled couples attended at least one group session. Although a range of reasons were given for nonparticipation, staff at many sites thought the most common explanation was changes in the work schedules of participants. The work schedules of these low-income couples often appeared to be unstable, complicating both the initial scheduling and ongoing attendance at group sessions. Although all sites offered group sessions during evenings and weekends when couples were more likely to be available, participants frequently obtained new employment (especially mothers, who often went back to work after recovering from childbirth), lost jobs and gained jobs with a schedule that conflicted with that of the group sessions, or had work with hours that varied from week to week. Other reasons for

nonattendance included family illness or a lack of time. Although site staff recognized that some absences would be unavoidable, they nevertheless found a range of strategies to get couples started and encourage as much attendance as possible.

Actively encouraging couples to initiate attendance became an important priority. While sites learned that not all couples would attend group sessions, they also noticed that couples who attended once tended to return for more sessions. To encourage *initial* group participation and avoid loss of interest, sites tried to engage couples in some form of BSF activity between enrollment and the first group session. For example, some held orientation sessions to demonstrate what the group sessions would be like, or arranged "meet and greet" events to which all enrolled couples were invited. In some sites, family coordinators or group facilitators met with couples prior to the first scheduled group session either in the couple's home or the program office. One location invited couples already participating in BSF to the initial session of other groups to provide firsthand testimony of their experiences in the program.

BSF sites were energetic and creative in encouraging ongoing group attendance throughout the curriculum cycle. They made reminder calls about upcoming group sessions, contacted couples to follow up on absences, and in some cases covered missed curriculum material in make-up sessions. Ongoing social activities (such as "date nights" or holiday events) were hosted to foster a sense of friendship and belonging; and celebrations were held to honor engagements and weddings, as well as attendance milestones or completion. Sites also learned that offering group sessions in a comfortable setting encouraged ongoing attendance, especially for pregnant women who often needed to elevate their feet at the end of a long day. Despite these measures, couples often became unable to attend their regularly scheduled group due to changes in their personal schedules. To address this issue, flexibility became important, and led some sites to allow couples to transfer between groups.

Almost all BSF sites offered some sort of incentive for participation. In most cases, these incentives were in the form of gift certificates or baby items. The emphasis that sites placed on incentives varied substantially across sites. Some viewed incentives as a primary tool for encouraging attendance and actively promoted them, while other sites provided incentives only intermittently as an unexpected reward for participating.

ALTHOUGH NOT ALL COUPLES ATTENDED GROUP SESSIONS, THOSE WHO DID GOT A SUBSTANTIAL "DOSE"

A basic measure of participation in BSF is the percentage of couples that attended one or more sessions of the core marriage and relationship skills groups. Across all sites, 61 percent of the early program sample attended BSF group sessions one or more times (Table 1). Rates of initial attendance varied widely across program sites, from 40 to 80 percent. Although lower than hoped, the rate at which couples ever attend BSF group sessions is

similar to that reported by evaluators of standard marriage education interventions with middle-class couples.[4]

Averaged across sites, couples who initiated attendance participated in about 21 hours of group sessions. This is about half the total number of hours offered at most sites. The overall average obscures substantial variation across sites, which ranged from 13 to 29 hours. There is no basis for judging at this point what dosage is sufficient to achieve impacts on couples and children, but the average of 21 hours exceeds the dosage maximum in other marriage education programs, including those that have demonstrated positive impacts on couple relationships and marriage albeit with more advantaged populations (Markman et al. 1993; Guerney et al. 1981; Russell et al. 1984). Of course, the average BSF dosage of 21 hours was only received by those couples who initiated attendance, so the average dosage across the entire program group including those who never attended is lower.

Table 1. Participation in BSF Program Activities

	Percentage of Program Group Initiating Group Attendance	Average Number of Total Hours Attended Group Sessions, Among Initiators	Percentage of Program Group Ever Contacted by Staff Outside of Group	Average Number of Monthly Contacts Per Program Group Couple	Percentage of Program Group Couples Who Received a Referral to Support Services
Total	61	21	N/A	N/A	N/A
Atlanta					
GSU	79	22	82	2	3
LAA	70	29	96	1	26
Baltimore	61	19	100	2	27
Baton Rouge	64	22	98	2	25
Florida					
Broward County	65	13	84	4	62
Orange County	61	16	91	5	75
Indiana					
Allen County	50	26	100	8	64
Lake County	50	19	91	4	76
Marion County	40	28	100	4	87
Oklahoma	80	24	100	4	61
Texas					
Houston	43	20	100	4	56
San Angelo	57	25	100	5	40

N/A: Variation in data structure across sites prevents the calculation of a total across sites.

[4] A report on the experimental evaluation of the Prevention and Relationship Enhancement Program (PREP) indicated that 50 percent of the couples who were assigned to receive the intervention did not participate at all (Markman et al. 1993), compared to 39 percent in BSF. Other researchers have anecdotally reported similar rates of no-shows.

IMPLEMENTATION OF THE FAMILY COORDINATOR COMPONENT VARIED

Given latitude in implementing the Family Coordinator (FC) component, sites took different paths. They adopted different approaches to FC staffing, the intensity of FC contacts, and the content covered in meetings between FCs and couples. Nevertheless, the rate at which site staff had at least some contact with couples outside groups was generally high (Table 1), with some variation in the frequency of contact reflecting the sites' approaches to family coordinator role.

Contacts with family coordinators at Healthy Families sites were structured, frequent, and in-person, though not always focused on the couple. Three of the seven BSF sites used Healthy Families home visitors to fulfill the FC role. These home visiting programs already had policies and infrastructure in place to support frequent home visits, which were typically held on a weekly basis in the beginning, but gradually decreased in frequency over time. The average number of monthly contacts made by FCs in these sites ranged from 4 to 8. The main role of the HF home visitor was to provide information about parenting and child development during the visits. The BSF FC role was added to these existing responsibilities of the home visitors, so most FC contacts were through home visits. The proportion of each home visit that was focused on the couple relationship (compared to parenting material) varied significantly by site, location, home visitor, and family. In many cases, the couple-focus was limited to reminders to the parents of upcoming group sessions, though some home visitors worked to help couples review relationship skills learned in groups. Some home visits addressed only Healthy Families protocols and did not include any BSF-related information or support for couple relationships. Many home visits in the Healthy Families sites were conducted only with mothers, who were more likely to be available during the regular workday hours of Healthy Families home visitors.

Contacts with family coordinators at non-Healthy Families sites were generally less frequent but tended to be more focused on couple content. Other sites often combined the FC role with other BSF roles, such as outreach workers or group co-facilitators, in order to create staffing efficiencies. Although some conducted limited home visits, these were not usually on a regular or frequent schedule. Most contact was made by phone with a lesser amount in-person at the program site or another location. Regardless of contact mode, some sites felt the frequency of contact between FCs and couples should be determined by each couple's level of need rather than a fixed schedule, to avoid overburdening families for whom contact outside of group sessions was not needed. Others believed that regular contact was important, and scheduled frequent contacts by telephone, through office visits, and in other ways (such as before or after group sessions).

The content and duration of contacts with FCs varied across sites. FCs at most sites used contacts to encourage group participation and to determine whether the couples were experiencing any barriers to attendance. More than half of the BSF locations also made concerted efforts to have their FCs reinforce marriage and relationship skills (though some only recently began to do so). To do this effectively, sites arranged special training for FC staff by the developer of their group curriculum. Two sites used FC meetings as systematic opportunities to follow up on needs, assessments and referrals, and the family's stated goals.

ASSESSMENTS AND REFERRALS TO SUPPORT SERVICES

The third component of the BSF model called for referrals to be made, as needed, to services available in the community. These services were intended to help couples address issues such as unemployment, housing instability, and substance abuse. Both the emphasis on and approach to assessments and referral varied from site to site.

Needs assessments were comprehensive and structured at some sites, and less formal at other sites. Family coordinators conducted most assessments, although in some cases group facilitators or intake staff were also involved. Most Healthy Families sites conducted a comprehensive assessment of the mother's needs prior to enrollment, in keeping with these sites' standard practice. Some Healthy Families locations also assessed the father's needs. Other sites conducted assessments with couples during an initial home or office visit. These initial assessments often produced a plan and priorities for addressing a couple's needs and identifying short- and long-term goals. The needs assessment and resulting plan guided staff in providing referrals for services. Program staff suggested resources to the couple and provided contact information, sometimes including the name of a specific contact person.

About half of all program group couples, across all sites, received a recorded referral to family support services. The extent of referrals is likely greater than the data suggest, as staff often informally mentioned services or provided brochures to couples.[5]

THE AVERAGE COST PER PROGRAM GROUP COUPLE IS ESTIMATED AT $11,100

During the planning phase, sites developed budgets for a full implementation of all BSF model components. From these budgets, we estimate an average per-couple cost of about $11,100 (ranging from approximately $8,840 to $14,170 across sites). The average anticipated costs differ across implementation approaches. Costs averaged across the three sites that modified an existing home-visiting program are about $12,100. For the two sites that added BSF to the services of a multi-program agency, the average budgeted cost per couple was approximately $10,100. The budgeted costs across the remaining two sites, which established a new entity with BSF as its sole service, averaged roughly $10,000 per couple. These costs include staff labor, materials and supports for participants, and costs related to the evaluation.

PARTICIPATING COUPLES VALUED THEIR EXPERIENCE

Program participants view the BSF program as a positive experience. Focus groups with a random sample of program group participants explored their expectations of BSF, reactions to the group sessions, reasons for attending or missing sessions, and perceptions of

[5] Because sites varied in coding practices, estimates of referrals are imprecise. Results on the extent of referrals likely understate the frequency that couples were linked with services, since staff did not always record informally provided referrals in the BSF management information system.

the program's benefits. Overall, couples described their relationships prior to enrollment as burdened by problems with communication and trust, and difficulties managing conflict and anger. After hearing about BSF, couples hoped that participating in the program would strengthen their relationship, improve communication, and bring them closer. Many described initial concerns and hesitation about participating, but these concerns disappeared after experiencing a few group sessions. Couples cited group discussions, hands-on exercises, and other couples as the most useful elements of group. Participants talked about how the program helped them learn to handle conflict and control their anger, which benefited their relationship as a couple and even in their relationships with children and others in their lives.