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I. EXECUTIVE SUMMARY

Supporting Teen Families (STF) was a home visiting program designed to assist teen parents in developing assets to form safe, healthy families and avoid repeat pregnancies. STF emphasized serving an entire family unit: the pregnant/parenting teen mother, her baby, her parent(s) or other adult support person, and the father of the baby or the mother's boyfriend. Services were provided by a multidisciplinary team made up of three Family Care Coordinators, a Father's Outreach Specialist, two Parent Educators, and a part-time Nurse. All participants received case management services focused on goal setting, individualized instruction from the *Parents as Teachers* (PAT) parenting curriculum, and developmental screenings for the baby. These core services were provided through home visits supplemented by phone contact. In addition, participants may have also attended support/educational group sessions, requested additional nursing services, and accessed responsible fatherhood services. STF was based on "Healthy Start, Hawaii's Statewide Home Visitor Program" (Breakley, et al, 1991), which showed that a family-centered, multi-generational approach to home visiting services has a greater impact on the family as a whole with a greater chance for long-term goal completion, strengthening of the family and reduction of child abuse and neglect.

Although numerous studies exist demonstrating the effectiveness of home visitation programs, there is little research on the impact of engaging the other significant adults in a teen mother's life in such an intervention. The **Supporting Teen Families** (STF) program, incorporating an Adult Support Person (ASP) and Father of the Baby (FOB), attempted to advance the research relating to effective home visitation programs for teen parents by engaging independent evaluators to direct a five-year long quasi-experimental study using pre- and post-tests with program participants in three treatment groups. The hypothesis to be tested was that **teen mothers who participated in a home visitation program with an adult support person AND the father of the baby (TRIOS) would report significantly better outcomes at 12-month follow-up than those who participated in the program with only one partner (DUOS) or without the involvement of these support people (SOLOS)** in the following outcome areas:

1) **Building strong family relationships**;
2) **Learning strategies to become self-sufficient**;
3) **Learning strategies to stay safe and healthy**; and
4) **Demonstrating responsible family planning behaviors and attitudes**.

Methods

The evaluation relied on STF program records, client care plans and participant surveys as data sources. For instance, goal setting and achievement were key program strategies that were recorded in client care plans and measured by evaluators. A significant amount of data was also obtained from Core Instrument Surveys (baseline and follow-up) developed by the Adolescent Family Life program, modified to include STF objectives. Baseline surveys were given by STF staff during first meeting with participating mothers and fathers. Follow-up

surveys were administered over the phone by staff of UW-Milwaukee CUIR when a participating mother or father reached her/his one-year anniversary of enrolling in the program, or if a case was closed, whichever came first. Of the 426 teen mothers served by STF over the course of all five program years, 262 (70.6%) filled out baseline surveys and of those who took the baseline, 46 (17.6%) completed follow-up surveys. Of the 68 fathers served by STF, 49 (72%) filled out baseline surveys and of those, just 3 (6.12%) completed follow-up surveys.

Specific items from all these data sources were linked to the four program outcomes. Evaluators proposed to assess for statistically significant differences at followup between mothers in the different treatment conditions (TRIOS, FOB DUOS, ASP DUOS, SOLOS) on all four outcomes by the end of the five-year study. Throughout the program's deployment, evaluators continually warned that enrollment trends showed a distinct possibility that not enough TRIOS and DUOS were being served. Without enough individuals in these categories, the planned evaluation would not be able to be carried out. Similarly, the extremely low rate of followup survey completion throughout the project was a continual threat to the ability of evaluators to perform a meaningful analysis of the program's effects.

Year Five Results

In Year Five, STF served an unduplicated total of 124 teen mothers, 28 fathers of babies, 71 adult support persons, and 140 children. The majority of participants (69% of mothers, 79% of fathers) were African-American.

- 27 (22%) active teen mothers had both an ASP *and* FOB participating (TRIO);
- 66 (53%) of the active mothers had either an FOB or an ASP registered with them (FOB DUO or ASP DUO); and
- 31 (25%) of active teen mothers participated with just their children (SOLOS).

Year Five participants could have entered the program in any one of the preceding four program years, or have been new entries in Year Five. Therefore, the total possible length of time an individual served in Year Five could have spent in the program was 60 months. Out of this total possible number of months:

- Mothers active in Year Five spent an average of 9.8 months in the program (46% had tenures of 3 months or less and the most common number of months served was zero months), Fathers 12.5 months, Adult Support People 9.0 months, and Children 10.1 months;
- TRIOS active in Year Five spent an average of 14.0 months in the program (33% had tenures of 3 or less months and the most common number of months served was 0 months), FOB DUOS 16.5 months, ASP DUOS 6.8 months, and SOLOS 8.9 months; and
- SOLOS experienced the highest case closure rate of all the treatment groups and for all groups "no contact/not located" was the most frequent reason for case closure.

Cumulative Findings for Years One – Five

For all five program years, the total unduplicated numbers served were 426 teen mothers, 83 fathers of babies, 156 adult support persons, and 423 children. The majority (78% of mothers and 83% of fathers) were African-American. For all years:

- 42 (10%) active teen mothers had both an ASP *and* FOB participating (TRIO);
- 153 (36%) of the active mothers had either an FOB or an ASP registered with them (FOB DUO or ASP DUO); and
- 231 (54%) of active teen mothers participated with just their children (SOLOS).

The longest possible length of time an STF participant could have spent in the program was 60 months. Out of this total possible number of months:

- Mothers spent an average of 7.4 months in the program (43% had tenures of 3 months or less and the most common number of months served was two months), Fathers 8.6 months, Adult Support People 8.3 months, and Children 7.8 months;
- TRIOS spent an average of 12.4 months in the program (26% had tenures of 3 or less months and the most common number of months served was 0 months), FOB DUOS 11.5 months, ASP DUOS 6.7 months, and SOLOS 6.1 months; and
- SOLOS experienced the highest case closure rate of all the treatment groups and for all groups "no contact/not located" was the most frequent reason for case closure.

The total number of followup surveys completed for the five year project was 46 (18% of those who had completed baseline surveys) for participating mothers and 3 (6%) for participating fathers. When broken down into the TRIO-DUO-SOLO groups, there were not enough surveys in any one group to permit the planned comparative analysis of the evaluation hypothesis. Evaluators instead carried out nonparametric tests designed to determine whether or not there was any significant difference between baseline and followup surveys on all indicators for which such an analysis was possible. Selected results of this analysis are presented below.

1. Building strong family relationships
   - No mothers reported a decrease in the use of eight ***nurturing parental behaviors*** between baseline and followup, and in the pre-post analysis mothers showed statistically significant increases in their nurturing behavior scores. On a related followup measure, 28 (61%) of mothers said they learned about nurturing parental behaviors from the STF program.
   - The data show that the overwhelming majority of participating mothers have positive attitudes about parenting, with 100% stating in followup surveys that they "consider being a parent a good thing" and "enjoy spending time" with their children.
   - At follow-up, more mothers reported being in contact with the father of their child than at baseline (76% vs 62%) however a pre-post analysis failed to show that this difference was significant. On a related followup measure, 20 (44%) of mothers said their relationship with the father of their child improved because of the STF program.
   - In all situations studied, fathers were providing the same or increased support to the mothers at followup when compared with baseline. More expectant mothers reported

financial support (75% at followup vs. 67% at baseline) and the same was true of parenting mothers (83% at followup vs. 67% at baseline). Nonfinancial support from the fathers showed similar trends. Statistical analysis failed to show, however, that these differences were significant.
- More mothers reported positive relationships with their ASP in followup surveys when compared with baseline, but again the pre-post analysis failed to prove the differences were significant. On a related followup measure, 26 (57%) of mothers said their relationship with their ASP improved because of the STF program.
- In follow-up surveys, over 50% of mothers said STF helped them achieve a variety of relationship goals they had set for themselves.

2. Learning strategies to become self-sufficient
    - Participants entered the program already convinced of the importance of graduating from high school, with nearly 100% of mothers stating in their baseline survey that it is "very important" or "extremely important" to them to graduate from high school, vocational or trade school.
    - A relatively small percentage of mothers reported ever being enrolled in a job training program. Just 40 (17%) of mothers reported being enrolled in a job training program at baseline, and of those, 20 (50%) had completed the job training.
    - In follow-up surveys over 30% of mothers said STF helped them achieve a variety of self-sufficiency goals.

3. Learning strategies to stay safe and healthy
    - Mothers appeared to be slightly less likely to report completing certain health care activities for themselves (pap smear, pelvic exam) at followup when compared to baseline, however a pre-post analysis failed to show any significant change.
    - The great majority of mothers in the program do not use tobacco, alcohol or illegal drugs; fathers were more likely to report using all three substances. The effect of pregnancy as a mitigating factor on mothers' use of these substances is evident in that their rates of smoking and drinking alcohol are lower at baseline. The pre-post analysis showed there was a significant difference between baseline and followup in the likelihood that mothers would have smoked a cigarette or used alcohol in the three months prior.
    - The percentage of mothers and fathers reporting their current living situation as both safe and affordable was in the high eighty percent range even at baseline, and it climbed at followup. The pre-post difference was not, however, found to be significant.
    - Between one-third and one-half of participants reported having achieved goals they set for themselves in the area of staying safe and healthy.
    - In follow-up surveys 28 (61%) mothers said STF improved their access to health care and 21 (46%) said the program improved their baby's health care
    - In follow-up surveys 33 (75%) mothers said STF helped them understand their baby's developmental needs.
    - The pre-post analysis showed there was no significant difference between baseline and followup in the likelihood of an STD diagnosis, however one mother was newly diagnosed with HIV between baseline and followup.

4. Demonstrating responsible family planning
   - Teen mothers in the program have reported five repeat pregnancies
   - At baseline, 55 (25%) mothers said they want to have another baby sometime before marriage or already had another baby or don't know if they want to have another baby before marriage.
   - At follow-up, 40 (87%) mothers reported using effective family planning techniques or abstaining from sex. A pre-post analysis did not show that there was a difference in this measure between baseline and followup.

Discussion

STF easily met its stated goal of serving 200 teen mothers over the course of five years, however despite the best efforts of STF staff, difficulties recruiting enough fathers and adult support persons to create a significant number of TRIOS constrained the program's ability to show that mothers participating as TRIOS would have better outcomes than would mothers participating as DUOS or SOLOS. Just 42 TRIOS were recruited, which meant less than 10% of teen mothers participated in the program under the "ideal" treatment condition, with both the father of the baby and an adult support person registered. The number of TRIOS was reduced to a number that was too small to analyze by the high attrition rate between baseline and followup surveys.

Mothers' followup surveys showed that 10% of respondents were pregnant at followup. This number is significantly lower than the overall repeat teen pregnancy rate in Milwaukee (27% for women under 20) and was an indication that, at least while the teens are in STF, they were less likely to experience a repeat pregnancy than the general population. While not provable statistically, it was an indication that the program met the overall Office of Adolescent Pregnancy Prevention goal of delaying repeat pregnancies.

Recommendations

1. **Reduce the overall number of mothers served while increasing recruitment of FOBs and ASPS in a targeted fashion to raise the number of TRIOS enrolled in the program.**

   This is the single most important recommendation. There are indications within the data that the program model might indeed produce better results for mothers who enroll together with the father of their baby and/or an adult support person. Such a finding could be of great use to the field of home visitation and case management.

2. **The program should abandon the current in-house database and migrate all data to a purchased system with adequate technical support.**

   Although it looked promising when it began, the proprietary database created for STF ultimately proved to be unstable, unreliable and suffered from a severe lack of technical

support. If the program is to undergo further rigorous evaluation, it should purchase a proven successful database that has adequate technical support and that is web-based, to allow evaluators full access to the data.

3. **A larger percentage of the program budget needs to be allocated to the evaluation to allow evaluators to track participants more closely.**

   It is critical that STF staff and evaluators have the resources needed to continue to follow mothers for the entire 12-month period between baseline and followup. Additional resources would allow an evaluation staff person to stay in touch with mothers via Facebook, cell phone and even postcards. As has been pointed out by other OAPP-funded programs, personal connections need to be made in order to ensure that participants remain committed to completing the followup survey. More resources would also allow evaluators to offer better incentives for followup survey completion.

II. DETAILED DESCRIPTION OF THE DEMONSTRATION MODEL

IIA. <u>Description of the program/intervention</u>

IIA1. Grantee Organization

Rosalie Manor Community & Family Services, a community-based, private non-profit agency established in 1908 and sponsored by the Archdiocese of Milwaukee. Rosalie Manor is respected by the community as an innovative leader in its commitment to working for the prevention of child abuse, child neglect and teen pregnancy.

IIA2. Geographic Area Served by Program

Rosalie Manor is located in the urban heart of Milwaukee, Wisconsin. The agency’s Supporting Teen Families program serves more than 100 Milwaukee County families each year, most of whom reside in the central city and live at or below the poverty level.

IIA3. Intervention Setting of Program

Supporting Teen Families is a home-visiting program.

IIA4. Curricula and Other Educational Materials Used in Program

Supporting Teen Families uses a variety of curricula and other educational materials. The purpose and use of each of the following materials used in the program are more fully explained in Section II-A-8 of this report.

- *Parents As Teachers*
- *Ages and Stages Developmental Assessment Tool* (ASQ)
- *Ages and Stages: Social/Emotional Tool* (ASQ:SE)
- Child birth education classes (based on curriculum created by the STF nurse)
- *Families United to Prevent Teen Pregnancy (*a copyrighted curriculum self-published by Rosalie Manor, currently undergoing an independent evaluation to determine efficacy)

IIA5. Target Population of Program

The Supporting Teen Families program is designed to serve:

- Milwaukee County pregnant and parenting teen mothers under the age of 19;
- The babies of these pregnant and parenting teen mothers;
- The fathers of the babies;
- Adults in support of the teen mothers;
- Persons of any race or ethnicity, however the program is targeted for teen mothers of color; and
- Persons living at or below the poverty level.

IIA6. Theoretical Review/Rationale For Program

Rosalie Manor Community & Family Services (RM) has focused on reducing the incidence of child abuse and neglect for teen parents living in Milwaukee County for the past twenty years. One of the most valuable lessons learned through the agency's years of work with this population is the importance of serving a family unit, not just the teen mother.

Rosalie Manor consistently incorporates the following critical elements in the design and implementation of its home visitation programs:

- A focus on families in greater need of services including families with low-birth-weight and pre-term infants; children with chronic illness and disabilities; low-income, unmarried teenage mothers; parents with low IQs; and families with a history of substance abuse;
- Intervention beginning in pregnancy and continuing up to the fifth year of life;
- Flexibility and family specificity, so that the duration and frequency of visits and the kinds of services provided can be adjusted to a family's need and risk level;
- Active promotion of positive health-related behaviors and specific qualities of infant care-giving, instead of focusing solely on social support;
- A multi-faceted approach to address the full complement of family needs (as opposed to a focus on a single domain such as increasing birth weights or reducing child abuse);
- Measures to reduce family stress by improving its social and physical environments; and
- Use of nurses or well-trained paraprofessionals.

In addition to the above elements, RM views families as systems made up of individuals with overlapping and interacting needs and behaviors. The agency believes families are resilient, dynamic, and capable and should be viewed as having assets and strengths. It is up to service providers to recognize these strengths, assets and capabilities and to help the family to develop to their fullest potential possible, while intervening in a respectful and dignified manner that encourages family input and growth. RM sees itself as a partner with the families served, not as the "know it all" expert. RM does not do things "to" families, but rather "with" families to facilitate the growth and development of the family unit. RM believes families are best served in their home and in their community using a culturally competent systems approach in delivering these services. RM believes families need to be involved in designing and implementing their own case planning and in the review of such plans, and that they have the right to included in such activities with their families. These are the philosophical underpinnings for the home visiting program, Supporting Teen Families.

The program funded under this grant, Supporting Teen Families (STF), is based on the research of Deborah Daro, DSW and collateral works by several researchers at the National Committee for the Prevention of Child Abuse and elsewhere (Daro, 1988; Daro and Mitchell, 1989). The program also draws upon the experiences of "Healthy Start," Hawaii's Statewide Home Visitor program (Breakey et al, 1991), which emphasizes strengthening and empowering new parents in a culturally competent approach toward healthy family growth, and to decrease child abuse or neglect as a result.

IIA7. Description of Demonstration Model

Although numerous studies exist demonstrating the effectiveness of home visitation programs, there is little research on the impact of engaging the other significant adults in a teen mother's life in such an intervention. The **Supporting Teen Families** (STF) program, incorporating an Adult Support Person (ASP) and Father of the Baby (FOB), worked to advance the research relating to effective home visitation programs for teen parents by engaging independent evaluators to direct a five-year long quasi-experimental study using pre- and post-tests with program participants in three treatment groups. The hypothesis to be tested was that **teen mothers who participate in a home visitation program with an adult support person AND the father of the baby (TRIOS) will report significantly better outcomes at 12-month follow-up than those who participate in the program with only one partner (DUOS) or without the involvement of these support people (SOLOS)** in the following outcome areas:

5) **Building strong family relationships**;
6) **Learning strategies to become self-sufficient**;
7) **Learning strategies to stay safe and healthy**; and
8) **Demonstrating responsible family planning behaviors and attitudes**.

The three treatment groups in this demonstration model, were therefore defined as follows:

- "TRIOS" = teen mothers who participate with both an Adult Support Person (ASP) and the father of the baby (FOB) – the program ideal;
- "DUOS" = teen mothers who participate with ASP only OR with FOB only;
- "SOLOS" = teen mothers who participate alone.

The "index participant" in all three treatment groups was the teen mother, who was the first participant enrolled. When the teen mother's case closed, all other individuals tied to her record (children, FOBs and ASPs) were also closed. All teen mothers, no matter what treatment group they were in, received the same intervention, as described in section II.A.8 of this report. For a more detailed discussion of how teen mothers were assigned to the various treatment groups, see section V.C.1.c of this report.

Actual target numbers for the different treatment groups were never set, however, evaluators and staff consistently talked about the importance of maximizing the number of teen mothers in the TRIO group so that enough followup surveys could be collected to make meaningful comparisons between the treatment groups at the end of Year Five.

IIA8. Intervention Strategies Years One - Five

Supporting Teen Families was designed by Rosalie Manor to provide intensive, focused and family-centered services to pregnant and parenting teens under the age of 19 and their families across Milwaukee. The teen mother and her baby formed the nucleus of the program, but the involvement of other support people was believed to be critical to successful outcomes for mother and baby. For this reason, case management and parenting services were offered not only to the teen mother, but also to her parent/adult support person (ASP) and the father of the baby (FOB). This family-centered, multigenerational approach was designed to have a greater impact on the family as a whole, improving the chance for long-term goal attainment and strengthening of the family. The program had several goals: improving pregnancy and birth outcomes; improving family functioning; promoting child health, safety and development; and preventing child abuse and neglect.

The majority of STF participants were African-American, although any teen parent and her family residing in Milwaukee County was invited and encouraged to participate. In order to meet the needs of the Latino community, bilingual (Spanish/English) staff members were available. Services took place in a variety of places including the home, Rosalie Manor offices, schools, other community-based locations or any place that was convenient and comfortable for the participants.

In Y5 STF served (unduplicated):

- 124 teen mothers;
- 28 fathers of baby/boyfriend;
- 71 adult support people; and
- 140 babies/children.

The STF program enrollment five-year goal was 200 mothers. As of the end of Y5, STF served (unduplicated):

- 426 teen mothers;
- 83 fathers of baby/boyfriend;
- 156 adult support people; and
- 423 babies/children.

Participating teen mothers received case management home visits—planned to take place at least three times monthly—from an STF staff person called a Family Care Coordinator (FCC). These visits consisted of assistance with continuing education, housing, mental health and AODA issues, family planning, communication skills, basic needs services and community referrals all geared towards strengthening the family. In addition, the FCCs developed and implemented individualized care plans with the teen mother. This care plan was used on subsequent visits to ensure that goals were continuously developed and worked on over the course of the teen's participation in the program. Care plans were revised every 90 days as the needs of the family changed, ensuring the FCC was providing focused and individualized services to each family.

All enrolled ASPs also received visits from the same FCC who was visiting the teen mother. Occurring at least one time per month, the visits could be individual or in conjunction with the teen mother. The purpose of this component was to assist the parent in obtaining safe and appropriate housing, improving job placement skills, providing basic needs for the family and any other need identified by this person. Serving the ASP was seen as integral to the family's success, as the issues this person may have could directly affect the teen mother and her child. Working with a FCC allowed these issues to be addressed, thereby strengthening the family. A care plan was also developed for the ASP and reviewed during visits allowing services to be targeted to the changing needs for each family.

The FOB also received targeted case management services by a Father's Outreach Specialist responsible for working with up to 50 fathers at any given time. Each father was supposed to be seen twice a month. As with the teen mother and her parent, a care plan was developed and implemented identifying his needs that directly impact the stability of the family. Such needs could include employment, paternity establishment, child support, obtaining a driver's license and AODA and other mental health issues. The FCC and the Father's Outreach Specialist worked closely together to ensure that family needs were being addressed in a holistic and family centered manner.

Two Parent Educators provided parenting education services to STF participants using the *Parents As Teachers* curriculum. Each family that agreed to receive these services was seen a minimum of once a month and as often as weekly. This curriculum was age-paced and appropriate for the target population. The Parent Educator worked with the FCC to ensure that the parenting education was relevant to the family and that specific parenting needs within each family were addressed.

In addition to the *Parents As Teachers* curriculum education, the Parent Educators used the *Ages and Stages Developmental Assessment Tool* (ASQ) to screen the children for developmental challenges. If a developmental delay was suspected, the Parent Educator referred the family to early intervention services for the child to attempt to correct any identified deficiency. The *Ages and Stages: Social/Emotional Tool* (ASQ:SE) was also used to measure appropriate social emotional development of the children. As with the ASQ, the Parent Educator will identify social/emotional developmental delays and refer the family for services. In order to ensure typical development, these screenings were done every other month and were used as an instructional tool to teach families about appropriate child development. In addition to the ASQ tools, each teen mother served received a monthly, age-paced newsletter for up to one year. This newsletter was designed to reinforce the child development information she was learning through home visiting and group programming.

A nurse was available to work with each participating family and was integral to the success of this program. The nurse addressed health concerns, made appropriate referrals for medical services as needed, provided health screenings for the child, provided information to avoid repeat pregnancies and sexually transmitted infections and answered health-related triage questions for the families. Each family was visited by the nurse at least once but subsequent visits were available at the discretion of the FCC and the nurse. This component ensured that

good medical care was provided for each family by answering questions, providing information and linking each family to a primary medical provider.

In addition to the individualized services provided by the nurse, child birth education classes were held four times a year. Each class was six weeks long, for two hours a week. This proved to be a great recruitment strategy for the STF program as any pregnant person in Milwaukee County was invited to attend the classes.

Three groups were offered on a monthly basis to supplement the individual home visiting services. All groups were open-ended with no starting or ending dates. STF participants were invited and encouraged to attend, but this component was not required. Each group was facilitated by two STF staff members and held at the Sherman Park Family Resource Center, a collaboration between Rosalie Manor, Children’s Service Society of Wisconsin and Trinity Presbyterian Church. The first group was an *Adult Support Group*. This group was offered to parents of teen mothers or other identified support persons. Group facilitators prepared monthly topics based on the participants’ feedback. This group allowed adult supporters of teen parents to increase their own support network by meeting others who were in similar situations. Participants were encouraged to assist in group facilitation to foster leadership and ownership of the group. This practice ensured that adult support people were getting what they needed.

The second group, *Healthy Choices*, was offered to teen mothers and fathers of their babies or boyfriends. This support group was structured utilizing the *Families United to Prevent Teen Pregnancy* curriculum, which aims to increase the life skills of young adults. Through this group, participants worked to better understand setting and achieving goals, decision-making, adolescent development, developing healthy relationships and avoiding STDs. The purpose of this group was to decrease the chances of a repeat pregnancy while enhancing communication skills and other positive life skills. It was also an opportunity for open dialog between the two young parents.

The third monthly group, *Parent Education and Activities*, was open to all family members. The *Parents as Teachers* group-based curriculum was used because it incorporates positive parenting techniques as well as activities to encourage positive parent-child interactions. The group activities were easy to replicate in the home, and participants weree encouraged to do so as a family in order to learn about the developmental stages of the child. Because all family members were invited to attend, groups were designed to foster positive relationships between the father of the baby and the teen mom, and the father of the baby and the parent, as well as strengthen the bond between the three adults and the child.

The multidisciplinary team approach in combination with the home-based and group-based activities offered STF families a well-rounded approach to strengthening family functioning, improving relationships and parenting skills and developing the skills to be self-sufficient.

IIA9. Intensity of Intervention

Actual intensity of the intervention (duration and frequency) is discussed in Section V.D.1.c of this report. The target dosage for the program was:

- The program model did not specify the target length of time a teen mother would participate in the program, however, the model implied that ideally, participants would remain in the program long enough to complete goals in their care plans; since care plans are reviewed every 90 days, this could be seen as the minimum amount of time needed to observe improvement.
- The target number of FCC home visits per month for program participants was: 3 visits/month for the teen mother; 2 visits/month for the father of baby; and 1 visit/month for the adult support person.
- The target number of Parents as Teachers visits was 1 visit/month with the teen mother.
- The target number of Nurse visits was 1 visit/family/year.

IIA10. How AFL Care Services Supplement Existing Adolescent Health Services at Rosalie Manor

Rosalie Manor is a well-respected agency with a history of providing high quality services to families, and community collaborations play a large role in its success. The agency has many established connections with family-serving and prevention agencies across Milwaukee, and every effort was made to continue to partner with organizations that could further enhance STF. Emphasis was placed on building connections with schools, programs geared toward fathers specifically, the faith based community and community action teams. These extensive connections created numerous opportunities for the STF program to supplement existing community services. For example:

- Membership in various citywide coalitions, including the Child Abuse Prevention Network, the Teen Task Force and the Milwaukee Fatherhood Collaborative, allowed Rosalie Manor to increase the visibility of STF among agencies that then referred youth to the program. At the same time, such coalitions helped Rosalie Manor staff stay up-to-date on programming around the city that would be helpful to STF participants.
- The agency has a relationship with Wheaton Franciscan Health Care allowing the STF intake worker to meet with the medical staff to receive referrals from their OB/GYN offices. Referrals were received directly from the doctors and the potential participant was able to meet directly with a worker during her medical appointment. This proved a successful STF recruitment method.
- Rosalie Manor also has connections with several area schools. When the school social workers would learn one of their students was pregnant, they often called Rosalie Manor to provide case management services to that teen mother. The agency successfully informed the community of STF and the number of referrals received from community-based social service programs was significant.

IIA11. Description of Case Management and Follow-up Procedures

Coordinated case management services were a large part of the STF program design, which took a Life Domains approach to determine a coordinated case management service system for the family. This model emphasizes the value of evaluating key life domains in the individual and family system. These domains include work, education, relationship with support person, relationship with the father of the baby, mental health/ATODA, housing, safety, relaxation/socialization, physical health, legal issues, access to community resources, child development, relationship with the mother of the baby and parenting skills. The assets and needs identified were incorporated into the care plan created in conjunction with the family.

The teen mother was to receive case management home visits three times per month from the FCC. These visits consisted of assistance with continuing education, housing, mental health and AODA issues, family planning, communication skills, basic needs services and community referrals all geared towards strengthening the family. The parent(s) of the teen received case management home visits about once a month. These consisted of assistance locating and maintaining safe and stable housing, employment assistance, home management skills such as budgeting and maintaining a safe environment for the baby, basic needs services and health care. The premise for this portion of the program was that the teen mother and her baby are directly affected by the situations and issues of her parent or support person. In order to strengthen and stabilize the teen parent, it was imperative to work with the entire family as a unit. Both the teen mother and her parent(s) were invited to attend two separate groups each held once a month.

In the same vein, the FOBs are critical to the functioning of the family. Enrolled fathers worked with a Father's Outreach Specialist (FOS) on issues such as paternity establishment, employment, legal issues, mediation, housing and communication skills. Fathers received home visits approximately twice monthly and were invited to attend two different groups each held once monthly.

The FCC assigned to work with the teen mother and her parent(s) and the FOS met on a regular basis to ensure that the care plans were complete and family goal focused. Every 90 days, a case review conference was held with the case management staff, the family and anyone the family deems important. This meeting ensured that the family's goals and needs were being met as well as measure family progress, and to make revisions to the care plan as necessary.

IIA12. How STF Provides the Ten Core Services

(1) Pregnancy testing and maternity counseling: Rosalie Manor referred program participants to several different places to receive pregnancy testing and maternity counseling. The most popular and most desired place was to the participant's own primary care provider. If there was no primary care provider, the participant was referred to a local clinic or Planned Parenthood. In addition, the participant was linked to a medical home.
(2) Adoption counseling and referral services: Any program participant that was pregnant or suspects pregnancy who would like to explore the possibility of adoption was referred to Catholic Charities for adoption counseling services. Adoption was a choice that was strongly encouraged in the case of an unwanted pregnancy.
(3) Primary and preventive health services including prenatal and post natal care: Rosalie Manor staff worked closely with the primary care provider of the program participants when possible. The program RN ensured that prenatal and post natal care was being received as well as assessed family members to ensure that each participant had a medical home. If not, the RN and the FCC assisted the family in getting registered with a medical facility.
(4) Nutrition information and counseling: The RN provided nutrition information to each of the families individually and at the child birth education groups that were offered. The FCC referred families to the nurse for additional visits if a nutritional issue was identified or suspected. In addition, nutrition education programs were offered through the University of Wisconsin Extension system and participants were referred for group based education through that program.
(5) Referral for screening and treatment of STDs including HIV/AIDS: Rosalie Manor referred individuals in need of STD or HIV/AIDS screening and treatment to their primary care providers, 16th Street Community Health Center, Planned Parenthood, and the AIDS Resource Center of Wisconsin.
(6) Referral to appropriate pediatric care: As previously stated, the RN and the FCC ensured that all members of the family had a medical home. With this, the baby was registered with a primary care physician for ongoing "well baby" checks.
(7) Life skills and educational services relating to family life and problems associated with adolescent premarital sex: Teen mothers and the FOB were encouraged to attend a monthly group assisting them in life skills development called Healthy Choices. Through this group, participants learned about adolescent development and anatomy, how to make positive choices especially around the topics of self-discipline and responsibility in human sexuality, sexually transmitted infections, and the positive aspects of abstinence. In addition, participants had the opportunity to build their own peer support network, and have a forum for an open dialog with each other, which is especially important between the teen mother and father. Because the group based components were not as well attended as expected, these topics were also discussed individually with each program participant by the Family Care Coordinators, the Father's Outreach Specialist and the RN.
(8) Appropriate educational and vocational services: Participants were encouraged and supported to continue or re-enroll in school and explore all possible educational opportunities. Collaboration with the schools and other educational resources was

provided. In addition, the Healthy Choices group included a component of vocational and educational discussion.

(9) Mental health services and referral to mental health and other physical health services: The family care coordinators and the father's outreach specialists had the ability to screen for mental health/AODA concerns in families. If these issues arose or were a concern of the participant, the family was referred to a mental health or AODA professional. The referral was based on the insurance coverage, or lack thereof, of each program participant. If the family did not have insurance coverage, staff referred the family to a mental health or AODA clinic that accepted uninsured clients such as IMPACT or other county funded AODA services.

(10) Counseling and referral for family planning: The RN and the family care coordinators offerred information to work with program participants regarding family planning. In addition, referrals were made to Planned Parenthood or the participant's medical provider.

IIA13. How STF Involved Fathers, Parents, Guardians & Family Members

STF was based on the premise that teen families are more successful when the extended family and father of the baby are involved. For this reason, services were provided to the extended family of the teen. Please see section IIA8 for a description of how fathers of the babies, parents, guardians and family members were involved in the STF program.

Parental consent was obtained for all teens under the age of 18 who chose to participate in the program. When a participant chose to enroll in STF, the parent or legal guardian was asked to be present at the first home visit. At that time, the parent was invited to participate in the program as well. No services were conducted until the parental consent was signed.

IIA14. How STF Incorporated the Developmental Assets Model

The various STF program activities addressed developmental assets as follows:

Table II.A.1: Developmental Assets Addressed by the Program

Developmental Asset	Program Activity					
	Case Management	FUPTP	PAT	Nurse	Groups	Referrals
Goal Setting	X	X			X	X
Decision Making	X	X			X	X
Developing Healthy Relationships	X	X		X	X	X
Family Support	X		X	X	X	X
Positive Family Communication	X	X	X	X	X	X
Adult role models	X	X			X	X
School engagement	X	X	X		X	X
Resistance Skills	X	X			X	X
Peaceful conflict resolution	X	X			X	X
Personal power	X	X			X	X
Self-esteem	X	X			X	X
Positive view of personal future	X	X			X	X

Source: Program Staff

II.B. Program Logic Model

<table>
<tr><th>Resources</th><th>Activities</th><th>Outputs (Process Objectives)</th><th colspan="2">Short-term Outcomes</th><th>Intermediate Outcomes (Program Objectives)</th><th>Long Term Outcome (Program Goal)</th></tr>
<tr><td rowspan="18">• Pregnant or parenting teen mothers
• Fathers of babies born to participating teen mothers
• Adult support person of participating teen mothers
• Children born to participating mothers
• Family Care Coordinators (staff)
• Program Nurse (staff)
• Fathers Outreach Specialist (staff)
• Independent Evaluator
• Funding
• Rosalie Manor administrative staff oversight
• Rosalie Manor board oversight</td><td rowspan="18">• Recruitment of participating teen mothers
• Recruitment of fathers of babies born to participating teen mothers
• Recruitment of adult support person of participating teen mothers
• Home visits
• Case management
• Parent education services
• Childbirth education classes
• Adult support group
• Healthy Choices support group
• Parent Education and Activities support group</td><td rowspan="18">• # of participants
• # TRIOS, DUOS & SOLOS
• # of staff; # families/frontline staff
• Demographic info on participants
• # months in program/client
• # case closures & reasons
• # client contacts/ month
• # Support group sessions
• # Health-related services
• # Referrals for program-related services</td><td>1.1</td><td>Program participants will report using safe, positive, nurturing parenting behaviors with their child.</td><td rowspan="3">Family relationships will be strengthened</td><td rowspan="18">Teen parents will develop assets to form safe, healthy families and avoid repeat teen pregnancies.</td></tr>
<tr><td>1.2</td><td>Teen mothers will maintain a healthy relationship with the father of their child (if appropriate in consideration of safety factors).</td></tr>
<tr><td>1.3</td><td>Teen mothers will maintain a healthy relationship with at least one parent/adult support person.</td></tr>
<tr><td>2.1</td><td>Participants will set and achieve important personal development goals</td><td rowspan="4">Families will learn strategies to become self-sufficient</td></tr>
<tr><td>2.2</td><td>Participants will improve their educational situation</td></tr>
<tr><td>2.3</td><td>Participants will build a network of community resources</td></tr>
<tr><td>2.4</td><td>Participants will be more employable</td></tr>
<tr><td>3.1</td><td>Participants will access health care resources appropriately</td><td rowspan="5">Families will learn strategies to stay safe & healthy</td></tr>
<tr><td>3.2</td><td>Participants will access ATODA/mental health resources appropriately</td></tr>
<tr><td>3.3</td><td>Participants will access early intervention resources as appropriate for children developing atypically</td></tr>
<tr><td>3.4</td><td>Participants will have a safe and healthy home environment</td></tr>
<tr><td>3.5</td><td>Participants will remain STD & HIV free</td></tr>
<tr><td>4.1</td><td>Teen mothers will not have a repeat teen pregnancy out of wedlock.</td><td rowspan="6">Teen mothers and the fathers of their babies will demonstrate responsible family planning</td></tr>
<tr><td>4.2</td><td>Fathers of the babies of teen mothers will not father another child out of wedlock.</td></tr>
<tr><td>4.3</td><td>Teen mothers and the fathers of their babies will have access to family planning.</td></tr>
<tr><td>4.4</td><td>Teen mothers & the fathers of their babies will practice responsible family planning behaviors.</td></tr>
<tr><td>4.5</td><td>Teen mothers will have access to pregnancy testing and/or maternity counseling.</td></tr>
<tr><td>4.6</td><td>Teen mothers will have access to adoption counseling.</td></tr>
</table>

IIC. Program Implementation Challenges &Solutions

Throughout implementation, STF struggled with several issues that directly impacted the evaluation. The first was record-keeping. This was to be remedied by the construction of a new in-house database, however, the database was not fully functional until midway through program Year Two, and then at the end of Year Three, evaluators realized there were substantial amounts of missing and incorrect data caused by record-keeping and data entry errors. Staff and evaluators spent quite a bit of time in Program Year Four working to improve data entry accuracy, an improvement which is reflected in much more complete data being available for this final report.

Participant retention was an ongoing program concern. Close to half (43%) of participating mothers left the program (case closed) within three months. The most common number of months a mother was served was just two months. This was problematic, since the care plans were only set to be reviewed every ninety days. If a mother did not stay in the program at least three months, then it can be assumed she did not have a chance to formally review her progress toward her goals. The short length of time in program also caused problems with the evaluation, since follow up surveys were to be done at 12 months. The small number of mothers that stayed in the program for an entire year resulted in an extremely small number of follow-up surveys, which in turn made it nearly impossible to draw any statistically significant conclusions about the efficacy of this project. The project evaluators and staff discussed this situation at length but were not able to come up with any solid solutions other than the provision of excellent program services and the maintenance of contact via the FCCs for as long as possible.

A third challenge that the program faced, and which had a significant impact on the program evaluation, was the recruitment and retention of TRIOS (teen mom, father of the baby and adult support person) into the project. During program Years Three and Four special emphasis was placed on recruiting TRIOS; however, the number of TRIOS never increased substantially. As a result, the number of TRIOS available for followup analysis at 12 months was not large enough to provide statistical significance.

Another challenge was the program's attempt to recruit a comparison group in program Years Two and Three. The program's recruitment staff used random assignment to divide program participants into treatment and comparison groups; unfortunately, a power analysis and subsequent discussions with evaluation staff at the end of Year Three revealed that the program, as designed, would never have enough power to prove the hypothesis. It was therefore suggested to OAPP and RTI staff that the randomized control group format of the evaluation be redesigned as a quasi-experimental study analyzing the differences between trios, duos and solos who are participating in the program. This suggestion was accepted at the December 2008 conference and was carried out in Years Four and Five.

IID. Significant Project Changes Since Proposal & Impact

Significant programmatic changes since the proposal was written include:

- Redirecting the program focus to emphasize demonstrating the effectiveness of the model;
- Refining the program model to categorize those in treatment into four sub-groups for study purposes, and recruit a statistically significant comparison group;
- Reducing the duties of the Family Care Coordinators in an effort to improve the delivery of case management services;
- Adding two Parent Educators to improve delivery of the parenting education curriculum;
- Eliminating the Job and Housing Coach position due to underutilization; and
- Transferring record-keeping to a new, in-house database to track client statistics and contacts (took several years to completely migrate the data).

Evaluation changes since the proposal was written include:

- Completing the design and implementation of a new, web-based database (in addition to the in-house database referred to above) to facilitate tracking of client responses to the baseline and follow-up core instrument surveys between Rosalie Manor and the University of Wisconsin-Milwaukee, the follow-up survey administrator;
- Refining the evaluation protocols with technical assistance from RTI and OAPP; and

In addition, in response to feedback from RTI and national OAPP staff, the evaluation attempted in program Years Two and Three to recruit a comparison group, however the number recruited was extremely low. The difficulty was attributed in part to the following factors:

- The lengthy process of securing IRB approval of baseline core instruments;
- The staff intake worker position being vacant for 4 months;
- The highly mobile nature of the population served;
- The desire of Rosalie Manor staff to serve all teen mothers in need of service—very difficult (if not impossible) to relegate a teen mother to a "comparison group" that will be receiving no services if there is any chance of engaging her as an active participant.

For the most part, these changes had a positive impact on the program while maintaining the integrity of the project as originally proposed.

IIE. Unique Program Features & Accomplishments

IIE1. Unique Program Features

The Supporting Teen Families program involved several innovative features, including:

- A multigenerational approach to home visiting by incorporating the teen mother, her parent/adult support person, and the father of the baby/boyfriend;
- Prenatal and postnatal care services;
- Parents as Teachers curriculum as a parent education component;
- An intake specialist for hospital and school recruitment;
- Group programming for all family members; and
- Home visiting nursing services.

In essence, this program offered a wrap-around approach in serving family members who supported the teen parent and her child(ren). This approach to families was unique in the Milwaukee community and helped to strengthen parent-child bonds, reduce isolation and provide families with support and training needed to ensure their continued healthy growth and development.

IIE2. Accomplishments

The STF program, at the time this grant began, had already been in existence in prior years. Therefore, in Year One, the program was able to hit the ground running, carrying over a good number of staff people and participants who began work on day one. The evaluation team, too, was carried over from prior years and therefore had a good handle on what was required. In Year One, accomplishments included:

- Services provided to 128 teen mothers, 26 teen fathers, 31 adult support people and 104 infants;
- Program staff worked on the creation of new program forms, the creation of new client database (with database consultant) and saw three repeat pregnancies; and
- Evaluators assisted in the revision of the program logic model, revision of baseline and followup survey instruments and securing IRB approval.

In Year Two:

- Services were provided to 178 teen mothers, 26 teen fathers, 30 adult support people and 130 infants;
- Program staff worked to redirect the program focus to emphasize demonstrating the effectiveness of the program model, provided evidence of improved health outcomes for participants and saw two repeat pregnancies; and
- Evaluators refined the evaluation protocols with technical assistance from RTI and OAPP, increased communication with front-line STF staff and completed a web-based database to allow better tracking of followup survey completion.

In Year Three:

- Services were provided to 152 teen mothers, 37 teen fathers, 39 adult support people and 154 infants;
- Program staff finished transferring written record-keeping to the in-house database, provided preliminary evidence of positive goal achievement for participants and saw no repeat pregnancies; and
- Evaluators completed a power analysis for the program, reinstated lapsed IRB approval for the project and for the first time had access to an in-house database with important (yet at that point in time, incomplete) information on participants such as length of time in program and dosage.

In Year Four:

- Services were provided to 128 teen mothers, 38 teen fathers, 81 adult support people and 131 infants;
- Program staff transferred written record-keeping to an in-house database, provided preliminary evidence of positive goal achievement for participants and saw no repeat pregnancies; and
- Evaluators revised the evaluation hypothesis and narrowed objectives to focus on a post-test comparison of the mothers' data for all three treatment groups.

In Year Five:

- Services were provided to 124 teen mothers, 28 teen fathers, 71 adult support people and 140 infants;
- Program staff continued to provide home visitation services to enrolled families and saw no repeat pregnancies; and
- Evaluators performed the final analyses of all data.

III. FINANCIAL SUSTAINABILITY PLAN & ACTIVITIES THAT SUPPORT CONTINUATION OF SERVICES

RMCFS has a positive reputation in the community for not only meeting the needs of Milwaukee families, but in grant management and fiscal responsibility. As such, the agency has a history of successfully attracting and sustaining funds from various sources including federal, state and private foundations that enable the implementation of programs that are truly needed and utilized in the community.

In 2010, several RMCFS grant proposals to federal agencies that would have generated substantial support for the Supporting Teen Families program were unsuccessful. Therefore, the agency is in the midst of an aggressive strategic plan that will sustain not only this program, but also the agency as a whole. The Executive Director, Director of Development, Board of Directors and a committee comprised of staff and consultants are meeting with potential donors and collaborators, researching national foundations that would support Rosalie Manor's mission, and researching new funding opportunities. Until that time, the Board of Directors has approved the use of a portion of the agency's reserve funds to continue this important and unique work, including Supporting Teen Families.

IV. GRANTS MANAGEMENT, PROGRAM OR EVALUATION ISSUES NOT OTHERWISE ADDRESSED IN THE REPORT

All important grant management, program and evaluation issues are addressed in the current report. Rosalie Manor staff and the independent evaluators continually adapted to the substantial changes in evaluation and program implementation requirements that were suggested by OAPP and RTI throughout the grant cycle. Comments, technical assistance, webinars and conferences were extremely helpful in the continual refinement of the STF model were instrumental in the production of this final evaluation product.

V. EVALUATION

VA. Research Objectives & Hypotheses

1. Teen mothers who participate in a home-visitation program with an adult support person AND the father of the baby (TRIOS) will report significantly better outcomes at 12-month follow-up than those who participate in the program with only one partner (DUOS), or without the involvement of these support people (SOLOS) in the following outcome objectives:

Outcome objectives:

1a) Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report ***strong family relationships*** at 12-month follow-up than will those participating as DUOS or SOLOS;

1b) Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report ***learning strategies to become self-sufficient*** at 12-month follow-up than will those participating as DUOS or SOLOS;

1c) Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report ***learning strategies to stay safe and healthy*** at 12-month follow-up than will those participating as DUOS or SOLOS; and

1d) Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report ***responsible family planning behaviors & attitudes*** at 12-month follow-up than will those participating as DUOS or SOLOS.

VB. Process Evaluation

VB1. Status of Process Evaluation

Process evaluation measures were in place from the beginning of Year One, but were significantly upgraded in Year Three. Evaluators met several times with both front line and administrative program staff to refine the program design, train staff to implement the design, and monitor compliance with established process evaluation protocols. In Year Three, the evaluation team continued to emphasize the need to implement the program as intended, preferentially involving a teen mother participating with the Father of her Baby (FOB) and an Adult Support Person (ASP). Acknowledging, however, the fragile nature of the lives of the at-risk teen mothers targeted by STF, evaluators recognized that recruiting all three individuals would not always be possible. As a result, the following participant categories were agreed upon:

- "TRIOS" = teen mothers who participate with both an Adult Support Person (ASP) and the father of the baby (FOB) – the program ideal;
- "DUOS" = teen mothers who participate with ASP only OR with FOB only;
- "SOLOS" = teen mothers who participate alone.

VB2. Process Evaluation Measures

The process evaluation assessed the following objectives to reveal the extent to which the program model is being implemented according to plan.

Implementation Process Objectives

1) # of at-risk teen mothers enrolled in STF as measured by the in-house database
2) # of FOBs enrolled in STF as measured by the in-house database
3) # of ASPs enrolled in STF as measured by the in-house database
4) # of children enrolled in STF as measured by the in-house database
5) # of TRIOS, DUOS and SOLOS enrolled in STF as measured by the in-house database
6) # of participants completing evaluation surveys (baseline & followup) as measured by the in-house database and evaluation records
7) Demographic information on all participants as recorded in the in-house database

Dosage Process Objectives

1) # of months participants spend in STF as measured by the in-house database
2) # and % of case closures and case closure reasons as measured by the in-house database
3) # of contacts received by participating mothers, FOBs and ASPS as measured by the in-house database
4) # of support group sessions offered and attendance per session as measured by the in-house database
5) # of health-related services offered by program nurse as measured by the in-house database
    a. # and % of participating babies who have at least one physical developmental screening completed as measured by the in-house database
    b. # and % of babies who score below cutoff in one or more areas of the physical developmental screening who are referred to "Birth to Three" as measured by the in-house database
    c. # and % of participating babies who have at least one social/emotional developmental screening completed as measured by the in-house database
    d. # and % of babies who score below cutoff on the social/emotional developmental screening who are referred to an appropriate resource as measured by the in-house database
    e. # and % of mothers and babies with medical homes as measured by the in-house database
    f. # and % of mothers who receive nutritional information and counseling
6) # of referrals made for program-related service as measured by the in-house database
    a. Referrals for STD counseling
    b. Referrals for family planning and adoption counseling
    c. Other referrals
7) # of referrals to Bureau of Milwaukee Child Welfare as measured by the in-house database

The STF In-House Database ("Family Service Tracker") was the main source of data for the process evaluation. Created specifically for Rosalie Manor and the STF program, the In-house Database digitally stored all the contact, care plan and referral information gathered on paper forms by STF staff. STF staff input their own data into the Access database within 48 hours of client contact. The STF Program Supervisor closely monitored each staff member to ensure thorough and timely data entry. This increased supervision assured the accuracy of the data entered into the system. The database contained data on the following program components:

- **Care Plans** to document and track participant progress toward goals. Each participant (mother, baby, father, and adult support person) had a care plan. Care plans were developed for each program participant during his/her first meeting with the FCC. Care plans were to be subsequently updated by the FCC at a minimum of every 90 days, unless something changed on the care plan prior to the next 90-day deadline.
- **Monthly Statistics** to document contacts and activities with program staff that were updated on a monthly basis.
- **Referral Log** to track referrals for various services, including: community resources; education; employment; family planning; housing; and mental health/ATODA. Referral logs were maintained for each program participant and were to be updated by the FCC after each meeting with the client and/or whenever a referral was given.
- **Ages & Stages Questionnaire and Ages & Stages: Social/Emotional Questionnaire[1],** tools that documented the physical and social/emotional progress of children enrolled in the program. Ages & Stages is an evidence-based, nationally normed system used to screen infants and young children for developmental delays during the crucial first 5 years of life. STF staff attempted to administer the survey with the family present at appropriate intervals (4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months of age).
- **Nursing Statistics** tracking each client contact made by program nurse

VB3. Measurement of Dosage

The evaluation plan called for 100% of mothers and fathers participating in STF in program years One through Four to be enrolled in the evaluation. Enrollment in the evaluation occurred when an STF mother or father filled out the baseline survey. The 100% participation goal was not met, as seen in the table below, however more than half of program participants did enroll in the evaluation. Of the 371 teen mothers served by STF over the course of four years, 262 (70.62%) filled out baseline surveys. Of the 74 fathers served by STF over the same period, 49 (66.22%) filled out baseline surveys.

Table V.B.1: STF program participants vs. evaluation participants

	Program Participants (Years One – Four)		**Evaluation Participants**	
	#	**%**	**#**	**%**
Mothers	371	100	262	70.62
Fathers	74	100	49	66.22

Source: STF in-house & web databases, 2005-2009

[1] For more information on Ages & Stages, see www.brookespublishing.com/store/books/bricker-asq/

VB4. Modifications to Program/Evaluation Due to Process Evaluation Findings

As originally conceived, STF intended to recruit teen mothers into the program (treatment group) and then locate a matched (nonrandomized) comparison group for the evaluation. The comparison group would not receive the STF treatment. Both groups would complete pre- and post-tests, and the results would be compared using a quasi-experimental study design.

However, OAPP-sponsored conferences and teleconferences for all national Care grant recipients held in program Years Two, Three and Four continually revised expectations for the evaluation, emphasizing the use of fully experimental designs with randomized control groups. These changed expectations lead STF staff and evaluator to make significant and ongoing changes in both the program and the evaluation after the program commenced.

The first major modification, made in the third quarter of Year Two, was guided by the fact that although numerous studies exist demonstrating the effectiveness of home visitation programs, there is little research on the impact of engaging the other significant adults in a teen mother's life in such an intervention. The intention of the redesigned STF program, incorporating an Adult Support Person (ASP) and Father of the Baby (FOB), and utilizing a randomized control trial protocol, was to advance the research relating to effective home visitation programs for teen parents. To that end, beginning in the third quarter of Year Two and throughout Year Three, the evaluation attempted to implement an experimental study design using pre-and post-tests with program participants and a matched (randomized) comparison group.

However, a power analysis carried out in Year Three, combined with ongoing difficulties recruiting enough individuals into the comparison group, led evaluators to suggest another redesign at the end of Year Three. The redesign went back to a quasi-experimental design and eliminated the randomized comparison group. Instead, STF program participants would be divided into "SOLOS," "DUOS" and "TRIOS." Each group represents a slightly different treatment condition, with the TRIOS being the optimal desired treatment condition. All participants would take the same pre- and post-tests. The evaluation would then compare post-test results between the three groups. This redesign was discussed in December 2008 with OAPP and RTI staff and accepted by all present. The new design was then the guiding paradigm for the program and evaluation staff for all of Year Four.

VC. Outcome Evaluation Research Design

The evaluation design evolved at the end of Year Three from an experimental design using a comparison group to a quasi-experimental design comparing differences in outcome achievement between three treatment groups. The study hypothesis was:

Teen mothers who participate in a home-visitation program with an adult support person AND the father of the baby (TRIOS) will report significantly better outcomes at 12-month follow-up than those who participate in the program with only one partner (DUOS), or without the involvement of these support people (SOLOS) in the following outcome objectives:

Outcome objectives:

1a) Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report ***strong family relationships*** at 12-month follow-up than will those participating as DUOS or SOLOS;

1b) Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report ***learning strategies to become self-sufficient*** at 12-month follow-up than will those participating as DUOS or SOLOS;

1c) Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report ***learning strategies to stay safe and healthy*** at 12-month follow-up than will those participating as DUOS or SOLOS; and

1d) Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report ***responsible family planning behaviors & attitudes*** at 12-month follow-up than will those participating as DUOS or SOLOS.

Table V.C.1: A diagram of the research design

Treatment Group	Baseline Measure	Treatment	Followup Measure
TRIOS	O	X	O
DUOS	O	X	O
SOLOS	O	X	O

VC1. Comparison Strategy

VC1a. *Persons Evaluated & Appropriateness of Quasi-experimental Design*

The STF evaluation participants were all teen mothers participating in STF who signed a consent form to participate in the evaluation (in the case of girls under age 18, parental consent forms were required).

The evaluation was a quasi-experimental design comparing differences in outcome achievement between three treatment conditions:

- "TRIOS" = teen mothers who participated with both an Adult Support Person (ASP) and the father of the baby (FOB) – the program ideal;
- "DUOS" = teen mothers who participated with ASP only OR with FOB only;
- "SOLOS" = teen mothers who participated alone.

The quasi-experimental design was agreed upon at the end of Year Three after a power analysis showed that for power = 80.1%, the required sample size would be 388 in ***both*** treatment and comparison groups. Given that STF was only set up to serve a total of 200 teen mothers throughout the five years of the program, it became evident that STF could not sustain a randomized control group study design. Therefore, at the end of Year Three, STF evaluators proposed a simpler, quasi-experimental study design, which was accepted by OAPP and RTI.

VC1b. *Recruitment & Composition of Comparison Group*

In Year Two, the evaluators worked with STF program staff to move the program toward a randomized recruitment strategy. In the new strategy, the primary program participant remained the teen mother (and her child), the first participant recruited. Beginning in August 2007 (the last quarter of Year Two) and continuing throughout Year Three, Rosalie Manor's intake worker began randomly assigning mothers into the treatment and comparison groups. Every third mother to sign up was referred to the comparison group, ensuring a two-to-one ratio of treatment to comparison mothers. Family Care Coordinators (FCCs) serving mothers referred to the treatment group attempted to engage an ASP and FOB (in concert with the Father's Outreach Specialist/FOS). Their aim was to create as many TRIOS as possible in the treatment group. FCCs serving comparison group mothers were to work only with the mothers (SOLOS) and not engage ASPs or FOBs.

Four problems with this experimental design became evident in Year Three:

- Very low numbers of TRIOS were being created in the treatment group (only 15 TRIOS were active in Year Three, or 10% of total participants); and
- The large numbers of SOLOS in the treatment group (91 active in Year Three, or 60% of total participants) were receiving essentially the same program as the entire comparison group;
- It is possible that many of the comparison group mothers are de facto TRIOS by virtue of pre-existing strong relationships with the FOB and an ASP, making the comparison group and the treatment group more similar than different; and
- Extremely low numbers of matched baseline and follow-up surveys (36 in treatment and 2 in comparison).

In shifting to a quasi-experimental design in Year Four, evaluators folded the comparison group mothers into the overall program to be better able to evaluate the differences between TRIOS, DUOS and SOLOS.

VC1c. *Threats to Validity*

External validity

The population of teen mothers studied was not randomly drawn from the overall population of teen girls in Milwaukee, or even of teen mothers. Participants entered the program in several ways, including:

- Recruited by Rosalie Manor staff;
- Referred by teachers, doctors or other professionals; and
- Referred by girls already in the program.

Still, the population studied was similar to the general population. When the racial makeup of program participants is compared to that of the student population of Milwaukee Public Schools, it can be seen that Whites and Hispanics are slightly underrepresented in the program and African Americans are overrepresented.

Table V.C.2: Race of STF teen mothers versus Milwaukee Public Schools population

	STF Teen Mothers All Years	**Students in Milwaukee Public Schools 09-10**
	%	**%**
American Indian	0.70	0.8
Asian	0.94	4.8
Black	77.70	56.6
Hispanic or Latino	14.32	22.6
White	5.23	11.9
Other	6.10	3.2
TOTAL	**100.00**	**99.9**

Source: STF in-house database, 2005-2010 & MPS website

Not only were the program participants not randomly selected from the overall population, entry into the program was voluntary, as was length of participation. Girls could leave the program at any time. These factors could be seen as compromising the external validity of the evaluation, by examining a sample that may not be representative of the overall population of teenage girls in Milwaukee.

Internal Validity

Mothers participating in the program, and in the evaluation, were divided into three different treatment groups (TRIOS, DUOS, SOLOS). Assignment into the different treatment groups was not random. Rather, a mother became a member of one of the treatment groups when and if the father of her baby and/or an adult support person could also be recruited into the program. This is best illustrated by an imaginary example.

Example: A teen mother hears about STF from a friend. She calls the program and speaks to the recruiter. What she hears sounds interesting and she agrees to meet with an FCC. At the meeting, she decides she wants to participate in the program. At this point, the FCC

discusses the evaluation with the teen mother and asks her to sign the informed consent form (if the teen is under age 18, a parental consent form must first be obtained). Once consent is obtained, the FCC administers to the teen mother a series of application forms including the baseline survey that corresponds to the teen's current status (pregnant or already parenting). Upon completion of these forms, the teen is considered a program and evaluation participant. It is possible for a teen to decline to participate in the evaluation but remain a program participant.

At program entry, the great majority of the teen mothers were SOLOS, that is, the father of their baby (FOB) did not register for the program at the same time as the teen mother. Neither did an adult support person (ASP). It was the job of the FCC to explain to the participating teen mother that, unlike other similar programs, STF tries to work not only with her but also with the FOB and with an ASP. From this point forward, the FCCs had the responsibility of working diligently to recruit the FOB and an ASP into the program for each participating teen mother.

It is important to note several facets related to the recruitment of FOBs and ASPs that affected the program's internal validity. Most of the following issues came from STF staff reports of their direct experience with the target population.

- Often, during the FCC's home visit with a participating teen mother, an adult support person or the father of the baby (not formally signed up for the program) was present; in such cases, that individual often heard what was discussed between the teen and the FCC. The FCCs understood that no one was to actively participate in these sessions without having become a registered program participant, however, it was sometimes impossible to hold the home visitation sessions in complete privacy.
- There was much reluctance on the part of FOBs and ASPs to become formal program participants. FCCs noted that FOBs who were over age 18 were particularly reluctant to sign paperwork and formally enter the program due to issues surrounding their age versus the age of the girl who was bearing the child. FCCs reported that ASPs often stated they were too busy to get into a program and preferred to stay in the background.

When an FCC was successful in getting an FOB or ASP to agree to be a registered program participant, the FOB or ASP filled out required paperwork (including a baseline survey for the FOB). Their information was entered into the in-house database and their record was immediately linked to the teen mother with whom they were affiliated, thus changing a SOLO participant into a DUO or a TRIO. Another example will help illustrate this process.

Example. A teen mother becomes a registered program participant. At time of program entry, she has neither an FOB nor an ASP registering with her. At this point, she is designated as being a member of the SOLO treatment group. Three months go by, and the FCC is able to convince the girl's mother to formally enroll in the program as an ASP. At this point, *the database changes the teen mother's designation* to being a member of the DUO treatment group. Five more months go by, and the FCC is able to convince the FOB to formally register for the program. At this point, *the database changes the teen mother's designation* to being a member of the TRIO treatment group.

Thus the method by which a participating teen mother became a member of one of the three treatment groups was not clean, not random, and not even exclusive. It is important to note the following facts about how a participating teen mother finally was assigned to one of the treatment groups.

- Nearly all teen mothers began the program as members of the SOLO treatment group and then moved into the DUO or TRIO treatment group several weeks, months or even years after program entry.
- The database was set up so that, once a teen mother was "escalated" from the SOLO treatment group into the DUO treatment group, she could never be moved back into the SOLO treatment group. Similarly, when a teen mother moved into the TRIO treatment group, she could never be moved back into the DUO or the SOLO treatment group. If the FOB or ASP quit, that action had no effect on the treatment group status of the teen mother.
- No requirement was placed on the length of time an FOB or ASP had to be registered in the program in order for their participation to change the treatment group designation of the teen mother. Theoretically, an FOB or ASP could be in the program one week and that would move the teen mother out of the SOLO category for the remainder of her time in the program.

All of the above circumstances are certainly threats to the internal validity of the evaluation.

VC1d. *Other Factors that could Explain Program Effects*

In our society, there are many influences on the lifecourse of a pregnant/parenting adolescent female. This project attempted to look at the influence of the father of the baby and also of an adult support person on this teen mother.

Other possible factors that could explain program effects and for which evaluators are unable to control include church, other relatives, friends, and other similar programs in which the teen mother might be enrolled.

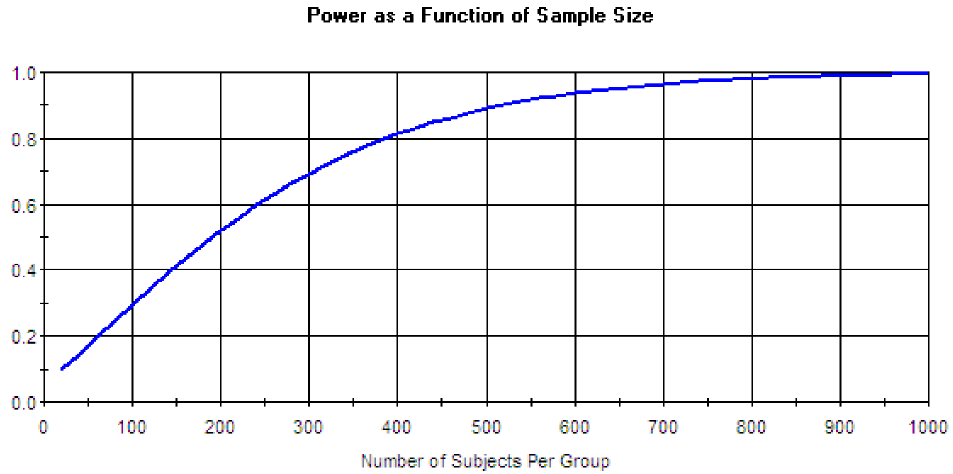
VC2. Sampling Strategy

VC2a. *Power Analysis*

For the power analysis, a test of proportions was performed as follows.

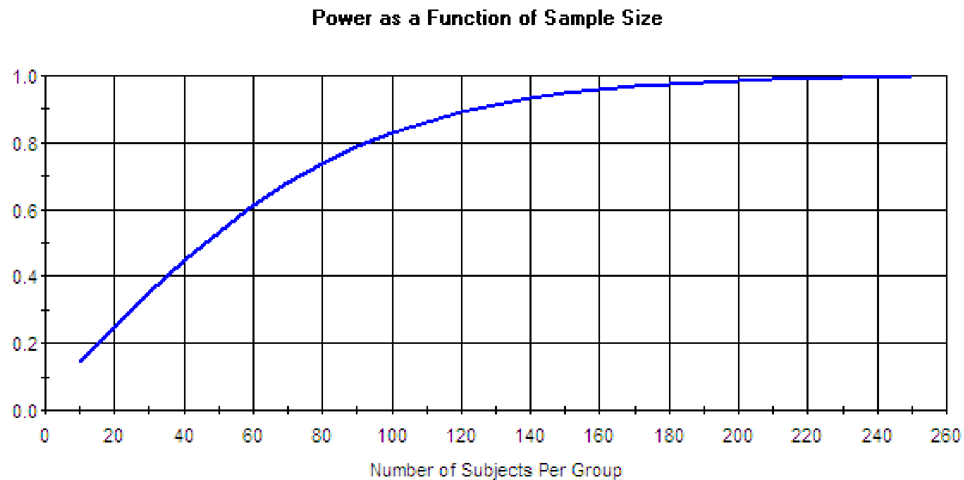
1. To test the null hypothesis that the proportion positive is identical in the two populations:
    - The criterion for significance (alpha) was set at 0.050.
    - The test was 2-tailed, which means that an effect in either direction would be interpreted.
    - Assumed that the difference in proportions was 0.10 (specifically, 0.50 versus 0.40); i.e., the program effect would be small.

For power = 80.1%, required sample size is 388 in ***both*** treatment and comparison groups.



2. To test the null hypothesis that the proportion positive is identical in the two populations:
   - The criterion for significance (alpha) was set at 0.050.
   - The test was 2-tailed, which means that an effect in either direction would be interpreted.
   - Assumed that the difference in proportions was 0.20 (specifically, 0.50 versus 0.30); i.e., the program effect would be medium.

   For power = 80.0%, required sample size is 93 in ***both*** treatment and comparison groups.



VC2b. *Client Recruitment & Retention*

The bilingual (Spanish-English) STF Intake Specialist had primary responsibility for recruiting participants. Recruitment occurred through referrals from:

- Self (teen mothers inquiries);
- Program participants, their friends and relatives;
- Professionals such as doctors or teachers;
- W2 (Wisconsin Works welfare program) staff;
- Bureau of Milwaukee Child Welfare (BMCW);
- Court system;
- Other prenatal care coordination programs; and
- Outreach by STF staff intake worker at area schools, hospitals/clinics and organizations that serve youth.

VC3. Instrumentation

VC3a. *Data Collection Instruments*

Evaluators planned to use baseline and follow-up surveys to assess for statistically significant differences between the different treatment conditions on four outcome objectives. The instrument used was the Core Instrument Survey developed in 2005 by the Adolescent Family Life program and subsequently modified to include objectives of interest to the STF program. The following versions were used for all program years:

- **Expectant Mothers Baseline (EMB)** – administered by STF staff to participating mothers who are pregnant at intake.
- **Parenting Mothers Baseline (PMB)** – administered by STF staff to participating mothers who are parenting at intake.
- **Expectant Fathers Baseline (EFB)** – administered by STF staff to fathers of the baby of a participating mother who is pregnant at intake
- **Parenting Fathers Baseline (PFB)** – administered by STF staff to fathers of the baby of a participating mother who is parenting at intake
- **Mothers 12-month follow-up (MOMFUP)** – administered by CUIR evaluators to an STF participating mother upon reaching her one-year anniversary of enrolling in the program, or upon case closure, whichever came first.
- **Fathers 12-month follow-up (DADFUP)** – administered CUIR evaluators to an STF participating father upon reaching his one-year anniversary of enrolling in the program or upon case closure, whichever came first.

VC3b. *Outcome Measures Map onto Research Objectives/Hypothesis & Assess Actual Behavior Change & Use of Scales*

Research Objective	Survey Instrument & Question #	Behavior Change Assessed	Scale or Single
Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report **strong family relationships** at 12-month followup than will those participating as DUOS or SOLOS	*PMB q23 q24; MOMFUP q21 q22, PFB q14_a-h*	More nurturing parental behaviors	Scale
	PMB q33, 34, 35, 36; MOMFUP q31, 32, 33, 34	Better parenting attitudes	Scale
	EMB q13, PMB q23a, MOMFUP q21c	More likely to be in contact w FOB	Single
	EMB q16 q17, PMB q28 q29, EFB q16 q17, PFB q18 q19, MOMFUP q26 q27, DADFUP q22 q23	Better relationship w FOB	Scale
	EMB q21 q21a, PMB q37 q37a, EFB q20, PFB q24, MOMFUP q35 q35a, DADFUP q28	Better relationship w ASP	Single
	MOMFUP q21a 22a 35b q38, DADFUP q31	Attribute strong family relationships to program	Single
	MOMFUP q38b_1, q38c_1, q38d_1, q38e_1	Attribute achievement of relationship goals to program	Scale
Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report **learning strategies to become self-sufficient** at 12-month follow-up than will those participating as DUOS or SOLOS	*EMB q26, PMB q42, EFB q8, PFB q8, MOMFUP q40, DADFUP q8*	More likely to highly rate importance of education	single
	EMB q9 & 9a, PMB q8 & 8a, MOMFUP q6, q6a	More likely to be in or complete job training	single
	MOMFUP q38f_1, q38g_1, q38m_1, q38n_1	Attribute achievement of self-sufficiency goals to program	scale
	MOMFUP q5a q9a q7a q38, DADFUP q9 q12 q15 q31	Attribute learning self-sufficiency strategies to program	Scale
Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report **learning strategies to stay safe and healthy** at 12-month follow-up than will those participating as DUOS or SOLOS	*EMB q31_c-f, PMB q48c-f, MOMFUP q46c-f*	More likely to complete health care activities for self	Scale
	PMB q17a, MOMFUP q15a	More likely to complete health care activities for child	Scale
	EMB q31a-b-c, PMB q49-b-c, EFB q27a-b-c, PFB q31a-b-c, MOMFUP q47, DADFUP q38	More likely to exhibit healthy behaviors	Single
	EMB q4a q4b, PMB q3a q3b, EFB q3a q3b, PFB q3a q3b, MOMFUP q2a q2b, DADFUP q 3a q3b	More likely to have safe & healthy housing	single
	EMB q31_h q31_i, PMB q48h q48_i, EFB q26_ 1 q26_2, PFB q30_1 q30_2, MOMFUP q46g1 q46g2, DADFUP q36b_1 q36b_2	Less likely to be diagnosed with STD or HIV	single

	MOMFUP q 15b q21b q38 q46h , DADFUP q18a q31 q37	Attribute learning strategies to stay safe & healthy to program	Scale
Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report **responsible family planning behaviors & attitudes** at 12-month follow-up than will those participating as DUOS or SOLOS	*MOMFUP q 29 q43 q44 EMB q19 q29, PMB q31 q46, EFB q24, PFB q28, DADFUP q33*	More likely to report using responsible family planning	single

VC3c. *Reliability and Validity of Data Collection Instruments*

The instruments used were the Core Instrument Surveys developed in 2005 by the Adolescent Family Life program and subsequently modified by the evaluators to include objectives of interest to the STF program. The instruments were not validated prior to their use nor was their reliability tested.

VC4. Data Collection Process & Schedule

VC4a. *Timing Aligned with Program Activities*

Baseline surveys were administered during the first meeting STF staff had with participating mothers and fathers. This timing facilitated initial relationship building between program staff and participants while at the same time functioning as confirmation that the participant had officially enrolled in the program. (Individuals were not to be considered enrolled until they had completed the baseline survey; in reality, over 100 mothers were enrolled in the program without taking the baseline survey; see page 46 for details).

Follow-up surveys were administered when an STF participating mother or father reached his/her one-year anniversary of enrolling in the program, or if their case was closed, whichever came first. The 12-month period was an arbitrary one set for evaluation purposes and did not correspond to any specific program activity. Participants progressed through the program according to their individual care plans, not according to any pre-set program dates.

VC4b. *Data Collection Schedule Achievability*

The data collection schedule was set at project inception through discussions amongst program staff and evaluators. The schedule proved to be achievable (exceptions are described in section VC6 of this report).

VC4c. *Data Collection Similar for Intervention and Comparison Groups*

While there was no comparison group, there were three different treatment groups in the study; data collection was identical for all treatment groups.

VC4d. *Data Collection Quality Assurance*

The validity and reliability of the data collection process was assured by:

1. Hiring qualified staff into STF who were trained social workers/paraprofessionals.
2. Providing training to STF staff to help them correctly collect data and administer surveys.
3. Outsourcing the phone survey (post-tests) to the University of Wisconsin-Milwaukee CUIR, which employs a small group of female student interviewers trained in survey administration by CUIR. UWM's CUIR frequently surveys this type of population, ensuring sensitivity in follow up survey implementation.
4. CUIR staff used a computerized system to guide them through the questions in the same way with each respondent, thus insuring the consistency of the data.

VC4e. *Data Collection Challenges*

The program experienced several data collection challenges, mainly in the early years of the program, which were mitigated or eliminated by the end of Year Four.

- Migration of program records of all STF participants to the in-house database was completed by the end of program Year Three, making possible much more accurate analysis of program participants' basic information such as ages, length of time in program, closure rates and reasons, etc.
- Consistency and accuracy of the data in the RM in-house database improved dramatically.
- Coordination between RM & UWM of the web-based database which tracks evaluation participants and follow-up surveys improved in Year Four through staff training and more frequent meetings with the evaluation team.
- The system through which completed baseline surveys were forwarded to UWM was improved by better delineation of the roles of all persons involved.

A few data collection challenges were never fully resolved, including:

- Over half of FOBs registered for the program did not complete baseline surveys.
- Evaluators had extreme difficulty finding FOBs to complete the 12-month followup survey; only three FOB followup surveys were completed over the life of the program.
- Ensuring that queries of the "Family Service Tracker" database produced accurate information on a timely basis was next to impossible; the difficulty of retrieving data accurately had financial ramifications for Rosalie Manor and made the program evaluation more difficult than was necessary.

VC5. Management Information Systems

Year Three was the first full program year in which the Rosalie Manor "Family Service Tracker" database (also called the "in-house database") was operational. This new, confidential Access database, created specifically for Rosalie Manor and the STF program, digitally stores all the contact, care plan and referral information gathered on paper forms by STF staff. Paper-based data from Year One of the program was migrated into the database in Year Three.

STF staff input their own data into the Access database within 48 hours of client contact. The STF Program Supervisor closely monitored each staff member to ensure thorough and timely data entry. This increased supervision improved the accuracy of the data entered into the system in the latter years of the program.

In program Year Two, UW-Milwaukee developed a new, web-based database to facilitate the tracking of client responses to the STF baseline and follow-up core instrument surveys. Throughout the program, this database was kept completely up-to-date with data on all program participants who had completed baseline surveys for STF Y1 - 4. This database made it possible for evaluators to cross-check surveys with participant data, see the number of follow-up surveys being done in real time, and obtain a wide variety of useful data that was previously very cumbersome to get.

Confidentiality of the data at Rosalie Manor was ensured by the fact that only professional case managers could access paper files on clientele. These case managers turned their paperwork over to a program manager, who then reviewed the information for accuracy. Paper records will be kept in a secure container in the basement of Rosalie Manor for seven years after case closure. Safety and confidentiality of data in the database was ensured by the fact that program staff had limited access to make changes in the database—only for the clients on their caseload. The program manager monitored staff entry and made comparisons between case files and the database to ensure accuracy and thoroughness of data entry.

The baseline Core Instrument Surveys were administered by STF staff, who were trained to administer the tool. Subjects had the choice of self-administering or having the caseworker verbally administer the survey. The data obtained was entered into the UWM Database by CUIR staff, and then analyzed by the Planning Council. Confidentiality of the data at UWM was assured in several ways.

1. The only identifier that went with the data in the database was a case ID number. The case ID number was created by Rosalie Manor's case tracking system, and was not a social security number.
2. These data were reported in aggregate form only.
3. The data file comprising case ID and identifying information was stored on a secure, password-protected CUIR server.
4. CUIR staff entered responses from the surveys into the database, keyed by case ID number.

5. The database into which survey data were entered was separate from the demographic database.
6. These records were purged as follow-up surveys were completed.
7. Survey data were stored on a separate CUIR CATI server.

Additionally, through the UW-Milwaukee IRB review process, all program administrators and evaluators associated with the STF program participated in an online tutorial related to confidentiality issues.

VC6. Follow-Up Assessment & Longitudinal Tracking

Independent evaluators at UW-Milwaukee CUIR administered the Follow-up Core Instrument Surveys. Whenever an STF mother or father reached 12 months post-intake, or a case was closed (whichever came first), CUIR interviewers called that individual and administered the follow-up survey. CUIR staff entered the data into SPSS at UWM and ran reports from it for evaluators at the Planning Council to use in evaluating the program's progress.

VC7. Data Analysis Procedures

VC7a. *Statistical Methods Used & Appropriateness*

The evaluators had planned to use a variety of statistical methods appropriate for the research design, including ANOVAs, T-Tests and Cronbach's Alpha. In the end, the statistical methods had to be revised because the sample sizes were too small to support the original plan. T-Tests were used to do a pre-post comparison of the only indicator for which a scale could be constructed (nurturing parental attitudes). For all other indicators, the McNemar test was used to show whether or not there were differences between baseline and followup measurements.

The McNemar test, a nonparametric "repeated measures" test, was more appropriate for the data than other parametric tests for several reasons, including:

- Better for small sample sizes;
- Better when the variables are skewed or nonnormal; and
- More appropriate for dichotomous data.

VC7b. *Description of Baseline Comparability of Treatment Groups*

Demographics

Demographic Characteristics	Mothers who Completed Baseline & Follow-Up Interview (N=46)		Mothers who did not Complete Interviews (N=380)	
	N	%	N	%
Race/Ethnicity*				
African American	32	69.57%	299	78.68%
White	3	6.52%	23	6.05%
Hispanic / Latino	9	19.57%	52	13.68%
American Indian	1	2.17%	2	0.53%
Asian	1	2.17%	3	0.79%
Native Hawaiian / Pacific Islander	0	0.00%	1	0.26%
Age at Intake				
14 years and under	0	0.0%	17	4.47%
15-17 years	26	56.52%	187	49.21%
18-19 years	16	34.78%	165	43.42%
20 Years and older	4	8.70%	11	2.89%
Age statistics (in years)	Mean=17.35 Median=17.00	Mode=17.00 Range=15-20	Mean=17.22 Median=17.00	Mode=18.00 Range=9-24
Family Status at Intake				
Pregnant	21	45.65%	196	51.58%
First Time Parent	40	86.96%	321	84.47%

Notes:

A comparison of demographic characteristics suggests that the mothers who completed the baseline and follow-up interviews were reasonably similar to the mothers who did not complete both interviews. The two groups were very similar in mean and median age, with slight differences in proportions in each age grouping. The groups were also similar with respect to their status as first-time parents. However, there were small trends towards differences between the two groups with respect to race/ethnicity and pregnancy status. Specifically:

- A slightly higher proportion of mothers who completed both interviews described themselves as Hispanic/Latina (20%) as compared to mothers who did not complete the interviews (14%). In addition, a slightly lower proportion of mothers who completed the interviews identified themselves as African American (70%) as compared to mothers who did not complete the interviews (79%).

- A slightly lower proportion of mothers who completed both interviews were pregnant at the time of program intake (46%) as compared with mothers who did not complete the interviews (52%).

Program-Related Characteristics

Program Characteristics	Mothers who Completed Baseline & Follow-Up Interview (N=46)		Mothers who did not Complete Interviews (N=380)	
	N	%	N	%
Year of Entry / Re-Entry				
Year 1	8	17.39%	104	27.37%
Year 2	17	39.96%	96	25.26%
Year 3	10	21.74%	56	14.74%
Year 4	9	19.57%	55	14.47%
Year 5*	2	4.35%	69	18.16%
Treatment Type				
SOLO	28	60.87%	203	53.42%
FOB DUO	4	8.70%	37	9.74%
ASP DUO	12	26.09%	100	26.32%
TRIO	2	4.35%	40	10.53%
Months in Program**				
0 months	0	0.00%	44	11.58%
1-3 months	14	30.43%	126	33.16%
4-6 months	11	23.91%	69	18.16%
7-9 months	6	13.04%	55	14.47%
10-12 months	3	6.52%	24	6.32%
More than 12 months	12	26.09%	62	16.32%
Months in program statistics	Mean=8.67 Median=5.50	Mode=2.00 Range=1-41	Mean=7.25 Median=4.00	Mode=1.00 Range=0-54
Case Closure				
Successful completion	1	2.22%	0	0.00%
No contact / not located	37	82.22%	251	74.04%
Client requested	2	4.44%	27	7.96%
Refused service	3	6.52%	26	7.67%
Other	2	4.44%	35	10.32%

* Note: Those mothers who entered the program in Year 5 were eligible for a follow-up interview only if they left the program prior to grant end (since their 12 month follow-up date fell after the close of the grant).

** Note: Months in program as of the close of the grant. One of the mothers who completed both interviews was still in the program at grant end; 44 mothers who did not complete both interviews were still in the program at grant end.

*** Note: Case closure reason was missing for one of the mothers who completed both interviews; therefore N=45. Case closure reason was missing for 41 of the mothers who did not complete both interviews; therefore N=339. "Other" reasons for case closure included moved out of service area, referred to other program, case opened by child welfare, etc.

Notes:

A comparison of program-related characteristics suggests that the mothers who completed the baseline and follow-up interviews differed to some extent on the year of program entry/re-entry, the treatment type, the number of months in the program, and the case closure reason. Specifically:

- Very few of the mothers who completed both interviews entered the program in Year 1 or in Year 5. It is possible that follow-up procedures were still being refined for mothers who entered in the first year of the grant. In Year 5, mothers were only eligible for a follow-up interview if they left the program prior to the end of the grant (given that Year 5 mothers who continued in the program had 12 month follow-up dates that fell after the close of the grant).
- A somewhat higher proportion of mothers who completed both interviews were categorized as SOLOS (61%) as compared to mothers who did not complete the interviews (53%). Very few of the mothers who completed both interviews were categorized as TRIOS (4%), while approximately 11% of the mothers who did not complete the interviews were TRIOS.
- Mothers who completed both interviews tended to have stayed longer in the program (mean = 8.67 months) than mothers who did not complete the interviews (mean = 7.25 months). For example, 26% of those who completed both interviews participated for 12 months or longer (as compared to 16% of mothers who did not complete both interviews).
- The vast majority of both groups of mothers' cases were closed because the program had lost contact with them and/or they could not be located. However, a somewhat higher proportion of mothers who completed both interviews were closed due to "no contact / not located" (82%) as compared with mothers who did not complete the interviews (74%).

Overall, the mothers who completed the baseline and follow-up interviews were reasonably similar demographically to the mothers who did not complete both interviews. However, it was notable that a somewhat larger proportion of the mothers who completed the interviews were categorized as SOLOS. In general, there were only a small number of TRIOS in the population served by the program. However, there was a particularly small proportion of TRIOS among the group of mothers who completed both interviews. Finally, mothers who completed both interviews tended to have remained in the program longer than mothers who did not complete the interviews.

Given the small number of mothers who completed both interviews and the large number of women who did not, caution is suggested in interpreting the comparisons between these groups. However, it is possible that the mothers who completed both interviews were a somewhat unique subset of the larger population served with respect to program-related characteristics.

VC7c. *Proposed Methods for Handling Attrition Bias*

As discussed in Section VC7b, the mothers who completed the baseline and follow-up interviews were reasonably similar to the mothers who did not complete both interviews. Therefore, no corrections were needed in analyzing the data.

VC7d. *Proposed Methods for Handling Missing Data*

Listwise deletion was used for missing data when analyzing the baseline-followup data. If any answer was missing in either data set (baseline or followup) for a particular item, the entire case was deleted for that item.

VC8. Design Limitations

VC8a. *Specific Limitations of Overall Design*

There were limitations inherent in the quasi-experimental design being used. These included:

- Difficulty of identifying spurious and intervening variables; and
- Impossibility of definitively establishing cause-and-effect relationships, although trends could have been inferred, given large enough groups of subjects; unfortunately the number of participants in certain program groupings was never large enough to allow for this type of analysis.

A key part of the evaluation design rested on the ability to compare participants' baseline answers to certain questions with their answers to the same questions 12 months later. Again, if large enough pre- and post-test groups had completed the surveys, evaluators would have been able to identify trends that could have been attributable to the program intervention.

VC8b. *Description of Threats to Validity*

Internal and external validity was discussed in Section VC1c of this report.

VC9. How the Evaluation Fits in with the Program

Interim evaluation results helped shape program direction and staffing patterns at Rosalie Manor throughout the program period. Additionally, interim results helped alert the local and regional community of the challenges and opportunities facing teen parents and their family members. STF used the results of interim evaluation reports and also information from the OAPP evaluation conferences for Care grantees in several ways. For example, evaluators attended more staff meetings to maintain open communication lines in both directions between staff and evaluators. On a quarterly basis, evaluators presented updates

showing information such as participating numbers of solos, duos and trios; average number of months participants spend in the program; and number of mothers in the treatment and control groups. Staff then analyzed the results and brainstormed ways to increase recruitment in target categories, retention strategies, challenges faced by STF workers, ways to overcome these challenges, and much more.

Rosalie Manor also used the evaluation findings to alert the community of the needs of teen parents. First and foremost, the board of directors reviewed the evaluation findings (as did the STF staff). Evaluation results also provided data for use in need statements in requests for funding written by RM. The agency also shared these results with peer agencies and legislators.

VD. Results

VD1. Process Evaluation Results

In the following demographic charts and tables, data is presented for all mothers, FOBs, and ASPs determined to be "active" during program Year Five (10/1/09 – 9/30/10) and all children linked to "active" mothers.

"Active mother" = a mother who received services during the program year

In this section, the program years will be abbreviated as Y1, Y2, Y3, Y4, and Y5.

VD1a. *# of participants enrolled in STF and in evaluation*

The STF program enrollment five-year goal was 200 mothers. As of the end of Y5, STF served (unduplicated):

- 426 teen mothers;
- 83 fathers of baby/boyfriend;
- 156 adult support people; and
- 423 babies/children.

In Y5 STF served (unduplicated):

- 124 teen mothers;
- 28 fathers of baby/boyfriend;
- 71 adult support people; and
- 140 babies/children.

Table V.D.1: STF participants by year of program entry

	Year One		**Year Two**		**Year Three**		**Year Four**		**Year Five**		**Total All Years**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Teen Mothers	112	26.29	113	26.53	66	15.49	64	15.02	71	16.67	426	100.00
Fathers of Babies (FOBs)	15	18.07	18	21.69	21	25.30	17	20.48	12	14.46	83	100.00
Adult Support Persons (ASPs)	15	9.62	29	18.59	18	11.54	56	35.90	38	24.36	156	100.00
Children	104	24.59	94	22.22	75	17.73	63	14.89	87	20.57	423	100.00
TOTAL	**246**	**22.61**	**254**	**23.35**	**180**	**16.54**	**200**	**18.38**	**208**	**19.12**	**1,088**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.2: Numbers of teen mothers enrolled in each treatment condition

	Teen Mothers Served in Year 5		Teen Mothers All Years	
	#	%	#	%
TRIOS	27	21.77	42	9.86
FOB DUOS	12	9.68	41	9.62
ASP DUOS	54	43.55	112	26.29
SOLOS	31	25.00	231	54.23
TOTAL	**124**	**100.00**	**426**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.3: Participants completing surveys

2005-2010	**Completed Baseline Surveys**			**Completed Follow-up Surveys**		
				(Only offered to those taking the baseline)		
	n	**#**	**%**	**n**	**#**	**%**
Expectant Teen Mothers	191	148	77.49	148	20	13.51
Parenting Teen Mothers	128	114	89.06	114	26	22.81
TOTAL TEEN MOTHERS	371	262	70.62	262	46	17.56
Teen Fathers	68	49	72.06	49	3	6.12

Source: STF in-house & web databases, 2005-2010

VD1b. *Demographic data on all participants*

The following charts report data on all STF participants in Years One through Five, even though program participants in Year Five were not included in the evaluation.

TEEN MOTHERS

Table V.D.4: Age of teen mothers at program entry

	Teen Mothers Served in Year 5		Teen Mothers All Years	
	#	%	#	%
Age 9	0	0.00	1	0.23
Age 13	2	1.61	5	1.17
Age 14	4	3.23	11	2.58
Age 15	12	9.68	39	9.15
Age 16	20	16.13	74	17.37
Age 17	25	20.16	100	23.47
Age 18	34	27.42	105	24.65
Age 19	13	10.48	76	17.84
Age 20 and older**	14	11.29	15	3.52
TOTAL	**124**	**100.00**	**426**	**100.00**

*** Mothers older than age 18 who had been served by STF's predecessor program were grandfathered into the program in Year One*
Source: STF in-house database, 2005-2010

Table V.D.5: Age of teen mothers as of 3/30/2010

	Teen Mothers Served in Year 5		Teen Mothers All Years	
	#	%	#	%
Age 11	0	0.00	1	0.23
Age 13	1	0.81	1	0.23
Age 14	2	1.61	2	0.47
Age 15	7	5.65	8	1.88
Age 16	15	12.10	21	4.93
Age 17	27	21.77	38	8.92
Age 18	24	19.35	51	11.97
Age 19	21	16.94	73	17.14
Age 20	15	12.10	79	18.54
Age 21	6	4.84	73	17.14
Age 22	2	1.61	45	10.56
Age 23	2	1.61	28	6.57
Age 24	2	1.61	6	1.41
TOTAL	**124**	**100.00**	**426**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.6: Race of teen mothers

	Teen Mothers Served in Year 5		Teen Mothers All Years	
	#	%	#	%
American Indian	2	1.61	3	0.70
Asian	1	0.81	4	0.94
Black	86	69.35	331	77.70
Hispanic or Latino	20	16.13	61	14.32
Native Hawaiian or Other Pacific Islander	0	0.00	1	0.23
White	15	12.10	26	6.10
TOTAL	**124**	**100.00**	**426**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.7: Marital status of teen mothers at entry

	Teen Mothers Served in Year 5		Teen Mothers All Years	
	#	%	#	%
Single	123	99.19	422	99.06
Married	1	0.81	4	0.94
TOTAL	**124**	**100.00**	**426**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.8: Parenting status at program entry

	Teen Mothers Served in Year 5		Teen Mothers All Years	
	#	%	#	%
First-time parent	103	83.06	361	84.74
Already parenting	21	16.94	65	15.26
TOTAL	**124**	**100.00**	**426**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.9: Pregnancy status at program entry

	Teen Mothers Served in Year 5		Teen Mothers All Years	
	#	%	#	%
Pregnant	68	54.84	217	50.94
Parenting	56	45.16	209	49.06
TOTAL	**124**	**100.00**	**426**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.10: Number of months till due date at program entry

	Expectant Mothers – All Years (N =148)	
	#	%
< 1 month	8	5.4
1 month	18	12.2
2 months	23	15.5
3 months	24	16.2
4 months	16	10.8
5 months	20	13.5
6 months	18	12.2
7 months	8	5.4
8 months	4	2.7
missing	9	6.1
TOTAL	**148**	**100.0**

Source: STF baseline surveys, 2005-2010

Table V.D.11: Living arrangements of teen mothers at entry

	Teen Mothers Served in Year 5		**Teen Mothers All Years**	
	#	**%**	**#**	**%**
Alone	2	1.61	12	2.82
W/ teen's mother	70	56.45	206	48.36
W/ teen's Father	6	4.84	16	3.76
W/ both teen's mother & father	10	8.06	42	9.86
W/ other relative	16	12.90	78	18.31
W/ FOB/boyfriend	11	8.87	39	9.15
W/ spouse	0	0.00	4	0.94
W/ friends	2	1.61	8	1.88
W/ other	6	4.84	17	3.99
Homeless	1	0.81	4	0.94
TOTAL	**124**	**100.00**	**426**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.12: Mother's education status at entry

	Teen Mothers Served in Year 5		**Teen Mothers All Years**	
	#	**%**	**#**	**%**
High school grad + some college	5	4.03	18	4.23
High school graduates	16	12.90	72	16.90
Currently enrolled high school	82	66.13	259	60.80
Currently enrolled middle school	2	1.61	5	1.17
High school dropouts	19	15.32	72	16.90
Middle school dropout	0	0.00	0	0.00
TOTAL	**124**	**100.00**	**426**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.13: Mothers last grade completed at entry

	Teen Mothers Served in Year 5		**Teen Mothers All Years**	
	#	**%**	**#**	**%**
8th grade or below	19	15.32	52	12.21
9th grade	29	23.39	87	20.42
10th grade	28	22.58	83	19.48
11th grade	27	21.77	114	26.76
12th grade	19	15.32	83	19.48
Some college	2	1.61	7	1.64
TOTAL	**124**	**100.00**	**426**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.14: Mothers employment status at entry

	Teen Mothers Served in Year 5		**Teen Mothers All Years**	
	#	**%**	**#**	**%**
Employed	7	5.65	47	11.03
Unemployed	117	94.35	379	88.97
TOTAL	**124**	**100.00**	**426**	**100.00**

Source: STF in-house database, 2005-2010

FATHERS OF BABIES

Table V.D.15: Age of FOBs at program entry

	FOBs Served in Year 5		FOBs All Years	
	#	%	#	%
Age 14	1	3.57	1	1.20
Age 15	0	0.00	2	2.41
Age 16	1	3.57	6	7.23
Age 17	2	7.14	6	7.23
Age 18	4	14.29	11	13.25
Age 19	7	25.00	16	19.28
Age 20	1	3.57	12	14.46
Age 21	1	3.57	7	8.43
Age 22	3	10.71	6	7.23
Age 23	4	14.29	9	10.84
Age 24	0	0.00	0	0.00
Age 25	0	0.00	1	1.20
Age 26	0	0.00	1	1.20
Age 28	2	7.14	3	3.61
Age 39	1	3.57	1	1.20
Age 52	1	3.57	1	1.20
TOTAL	**28**	**100.00**	**83**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.16: Age of FOBs on 3/30/10

	FOBs Served in Year 5		FOBs All Years	
	#	%	#	%
Age 16	1	3.57	1	1.20
Age 17	1	3.57	2	2.41
Age 18	4	14.29	6	7.23
Age 19	3	10.71	7	8.43
Age 20	4	14.29	11	13.25
Age 21	3	10.71	12	14.46
Age 22	3	10.71	11	13.25
Age 23	4	14.29	10	12.05
Age 24	1	3.57	8	9.64
Age 25	0	0.00	7	8.43
Age 26	0	0.00	0	0.00
Age 27	0	0.00	0	0.00
Age 28	2	7.14	4	4.82
Age 30	0	0.00	2	2.41
Age 40	1	3.57	1	1.20
Age 53	1	3.57	1	1.20
TOTAL	**28**	**100.00**	**83**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.17: Race of FOBs

	FOBs Served in Year 5		FOBs All Years	
	#	%	#	%
Black	22	78.57	69	83.13
Hispanic or Latino	3	10.71	8	9.64
White	3	10.71	6	7.23
TOTAL	**28**	**100.00**	**83**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.18: FOBs education status at entry

	FOBs Served in Year 5		FOBs All Years	
	#	%	#	%
High school grad + some college	3	10.71	4	4.82
High school graduates	10	35.71	30	36.14
Currently enrolled high school	5	17.86	21	25.30
Currently enrolled middle school	0	0.00	0	0.00
High school dropouts	10	35.71	27	32.53
Enroll/dropout/grad status unknown	0	0.00	1	1.20
TOTAL	**28**	**100.00**	**83**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.19: FOBs last grade completed at entry

	FOBs Served in Year 5		FOBs All Years	
	#	%	%	%
8th grade or below	0	0.00	1	1.20
9th grade	3	10.71	8	9.64
10th grade	6	21.43	19	22.89
11th grade	6	21.43	20	24.10
12th grade	10	35.71	30	36.14
Some college	3	10.71	4	4.82
Unknown	0	0.00	1	1.20
TOTAL	**28**	**100.00**	**83**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.20: FOBs employment status at entry

	FOBs Served in Year 5		FOBs All Years	
	#	%	%	%
Employed	5	17.86	23	27.71
Unemployed	23	82.14	60	72.29
TOTAL	**28**	**100.00**	**83**	**100.00**

Source: STF in-house database, 2005-2010

OTHER CLIENTS SERVED

Adult Support People

Table V.D.21: Age of ASPs at program entry

	ASPs Served in Year 5		ASPs All Years	
	#	%	#	%
Age under 20	1	1.41	3	1.92
Age 20 - 29	1	1.41	7	4.49
Age 30 - 39	33	46.48	65	41.67
Age 40 - 49	19	26.76	50	32.05
Age 50 - 59	13	18.31	22	14.10
Age 60 - 69	3	4.23	6	3.85
Age 70 - 79	1	1.41	2	1.28
Age 80 - 89	0	0.00	0	0.00
Age 90 and over	0	0.00	1	0.64
TOTAL	**71**	**100.00**	**156**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.22: Age of ASPs on 3/30/10

	ASPs Served in Year 5		ASPs All Years	
	#	%	#	%
Age under 20	1	1.41	2	1.28
Age 20 - 29	1	1.41	6	3.85
Age 30 - 39	28	39.44	56	35.90
Age 40 - 49	21	29.58	53	33.97
Age 50 - 59	16	22.54	29	18.59
Age 60 - 69	3	4.23	5	3.21
Age 70 - 79	1	1.41	3	1.92
Age 80 - 89	0	0.00	1	.64
Age 90 and over	0	0.00	1	.64
TOTAL	**71**	**100.00**	**156**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.23: Race of ASPs

	ASPs Served in Year 4		ASPs All Years	
	#	%	%	%
American Indian	0	0.00	1	.64
Asian	0	0.00	1	.64
Black	45	63.38	105	67.31
Hispanic or Latino	17	23.94	31	19.87
White	9	12.68	18	11.54
TOTAL	**71**	**100.00**	**156**	**100.00**

Source: STF in-house database, 2005-2010

Children

Table V.D.24: Age of children at program entry

	Children Served in Year 5		Children All Years	
	#	%	#	%
In utero	35	26.92	123	30.22
Age 0 - 5 months	34	26.15	132	32.43
Age 6 - 11 months	15	11.54	43	10.57
Age 12 - 17 months	9	6.92	34	8.35
Age 18 - 23 months	9	6.92	19	4.67
Age 2	11	8.46	28	6.88
Age 3	10	7.69	18	4.42
Age 4	3	2.31	6	1.47
Age 5	1	0.77	1	0.25
Age 6	2	1.54	2	0.49
Age 7	1	0.77	1	0.25
TOTAL	**130**	**100.00**	**407**	**100.00**

Notes: An additional 10 children were served in Year 4 who were not yet conceived when their mothers entered the program. An additional 16 children were served in All Years who were not yet conceived when their mothers entered the program.
Source: STF in-house database, 2005-2010

Table V.D.25: Age of children on 3/30/10

	Children Served in Year 5		Children All Years	
	#	%	#	%
In utero	13	9.29	13	3.07
Age 0 - 5 months	26	18.57	26	6.15
Age 6 - 11 months	24	17.14	29	6.86
Age 12 - 17 months	11	7.86	28	6.62
Age 18 - 23 months	17	12.14	26	6.15
Age 2	21	15.00	84	19.86
Age 3	11	7.86	102	24.11
Age 4	12	8.57	67	15.84
Age 5	2	1.43	29	6.86
Age 6	1	0.71	13	3.07
Age 7	1	0.71	4	0.95
Age 8	1	0.71	2	0.47
TOTAL	**140**	**100.00**	**423**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.26: Race of children

	Children Served in Year 5		Children All Years	
	#	%	#	%
Asian	0	0.00	3	0.71
Black	99	70.71	324	76.60
Hispanic or Latino	24	17.14	67	15.84
Native Hawaiian/ Other Pacific Islander	1	0.71	1	0.24
White	16	11.43	28	6.62
TOTAL	**140**	**100.00**	**423**	**100.00**

Source: STF in-house database, 2005-2010

VD1c. *Dosage*

- *Number of months participants spend in STF according to the in-house database*

Because the STF program allowed mothers to stay in the program as long as they felt they needed to stay, often mothers remained in the program across program years. Therefore, mothers active in Y5 included not only mothers who joined the program during Y5, but also mothers who joined the program in the prior four years.

Table V.D.27: Year of program entry for mothers served in Y5

	Teen Mothers Served in Year 5	
	#	%
Carried over Year 1 moms	3	2.42
Carried over Year 2 moms	5	4.03
Carried over Year 3 moms	17	13.71
Carried over Year 4 moms	28	22.58
New Year 5 moms	71	57.26
TOTAL	**124**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.28: Length of time in program for all participants served in Y5

	Teen Mothers N=124 Closed during year = 82		**FOBs N=28 Closed during year = 13**		**ASPs N=71 Closed during year = 51**		**Children N=140 Closed during year = 84**	
	#	%	#	%	#	%	#	%
0 – 3 months	57	45.97	7	25.00	29	40.85	61	43.57
4 – 6 months	18	14.52	3	10.71	14	19.72	15	10.71
7 – 9 months	9	7.26	4	14.29	8	11.27	11	7.86
10 – 12 months	4	3.23	1	3.57	3	4.23	7	5.00
13 – 18 months	9	7.26	6	21.43	7	9.86	13	9.29
19 – 24 months	10	8.06	4	14.29	4	5.63	16	11.43
25 – 30 months	5	4.03	0	0.00	0	0.00	6	4.29
31 – 36 months	5	4.03	2	7.14	0	0.00	4	2.86
37 – 42 months	5	4.03	1	3.57	5	7.04	5	3.57
43 – 48 months	1	0.81	0	0.00	1	1.41	1	0.71
49 – 54 months	1	0.81	0	0.00	0	0.00	1	0.71
TOTAL	**124**	**100.00**	**28**	**100.00**	**71**	**100.00**	**140**	**100.00**
Mean - Average months in program	9.81 months		12.50 months		8.96 months		10.17 months	
Mode – most common number of months served	0 months		3 months		1 month		0 months	

Source: STF in-house database, 2005-2010

Table V.D.29: Length of time in program for all participants served in Y5 and open at year end

	Teen Mothers N=42		FOBs N=15		ASPs N=20		Children N=56	
	#	%	#	%	#	%	#	%
0 – 3 months	22	52.38	3	20.00	6	30.00	28	50.00
4 – 6 months	4	9.52	0	0.00	3	15.00	5	8.93
7 – 9 months	2	4.76	3	20.00	1	5.00	3	5.36
10 – 12 months	2	4.76	1	6.67	2	10.00	4	7.14
13 – 18 months	2	4.76	3	20.00	2	10.00	2	3.57
19 – 24 months	5	11.90	3	20.00	3	15.00	8	14.29
25 – 30 months	1	2.38	0	0.00	0	0.00	4	7.14
31 – 36 months	4	9.52	1	6.67	0	0.00	2	3.57
37 – 42 months	0	0.00	1	6.67	2	10.00	0	0.00
43 – 48 months	0	0.00	0	0.00	1	5.00	0	0.00
49 – 54 months	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	**42**	**100.00**	**15**	**100.00**	**20**	**100.00**	**56**	**100.00**
Mean - Average months in program	8.60 months		14.93 months		13.55 months		8.55 months	
Mode – most common number of months served	0 months		2 AND 9 months		1 AND 2 months		0 months	

Source: STF in-house database, 2005-2010

Table V.D.30: Length of time in program for all participants served in Y5 and closed before year end

	Teen Mothers N=82		FOBs N=13		ASPs N=51		Children N=84	
	#	%	#	%	#	%	#	%
0 – 3 months	35	42.68	4	30.77	23	45.10	33	39.29
4 – 6 months	14	17.07	3	23.08	11	21.57	10	11.90
7 – 9 months	7	8.54	1	7.69	7	13.73	8	9.52
10 – 12 months	2	2.44	0	0.00	1	1.96	3	3.57
13 – 18 months	7	8.54	3	23.08	5	9.80	11	13.10
19 – 24 months	5	6.10	1	7.69	1	1.96	8	9.52
25 – 30 months	4	4.88	0	0.00	0	0.00	2	2.38
31 – 36 months	1	1.22	1	7.69	0	0.00	2	2.38
37 – 42 months	5	6.10	0	0.00	3	5.88	5	5.95
43 – 48 months	1	1.22	0	0.00	0	0.00	1	1.19
49 – 54 months	1	1.22	0	0.00	0	0.00	1	1.19
TOTAL	**82**	**100.00**	**13**	**100.00**	**51**	**100.00**	**84**	**100.00**
Mean - Average months in program	10.44 months		9.69 months		7.16 months		11.25 months	
Mode – most common number of months served	1 months		1, 3, 4, AND 14 months		1 month		2 months	

Source: STF in-house database, 2005-2010

Table V.D.31: TRIOS v DUOS v SOLOS length of time in program for all participants served in Year 5

	Teen Mothers TRIOS (N=27)		**Teen Mothers FOB DUOS (N=12)**		**Teen Mothers ASP DUOS (N=54)**		**Teen Mothers SOLOS (N=31)**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
0 – 3 months	9	33.33	4	33.33	28	51.85	16	51.61
4 – 6 months	2	7.41	0	0.00	10	18.52	6	19.35
7 – 9 months	1	3.70	1	8.33	6	11.11	1	3.23
10 – 12 months	1	3.70	1	8.33	2	3.70	0	0.00
13 – 18 months	5	18.52	0	0.00	2	3.70	2	6.45
19 – 24 months	4	14.81	1	8.33	3	5.56	2	6.45
25 – 30 months	1	3.70	2	16.67	0	0.00	2	6.45
31 – 36 months	2	7.41	3	25.00	0	0.00	0	0.00
37 – 42 months	1	3.70	0	0.00	3	5.56	1	3.23
43 – 48 months	1	3.70	0	0.00	0	0.00	0	0.00
49 – 54 months	0	0.00	0	0.00	0	0.00	1	3.23
TOTAL	**27**	**100.00**	**12**	**100.00**	**54**	**100.00**	**31**	**100.00**
Mean - Average months in program	14.00 months		16.50 months		6.76 months		8.90 months	
Mode – most common number of months served	0 months		0 months		1 month		2 months	

Source: STF in-house database, 2005-2010

Table V.D.32: Length of time in program for all participants served Years 1 - 5

	Teen Mothers N=426 Cases Closed in Years 1 through 5 **= 384**		**FOBs N=83** Cases Closed in Years 1 through 5 **= 55**		**ASPs N=156** Cases Closed in Years 1 through 5 **= 136**		**Children N=423** Cases Closed in Years 1 through 5 **= 367**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
0 – 3 months	184	43.19	27	32.53	61	39.10	172	40.66
4 – 6 months	80	18.78	17	20.48	29	18.59	77	18.20
7 – 9 months	61	14.32	16	19.28	22	14.10	62	14.66
10 – 12 months	27	6.34	4	4.82	9	5.77	33	7.80
13 – 18 months	31	7.28	9	10.84	17	10.90	28	6.62
19 – 24 months	18	4.23	6	7.23	7	4.49	27	6.38
25 – 30 months	9	2.11	0	0.00	3	1.92	8	1.89
31 – 36 months	7	1.64	3	3.61	2	1.28	7	1.65
37 – 42 months	7	1.64	1	1.20	5	3.21	7	1.65
43 – 48 months	1	0.23	0	0.00	1	.64	1	0.25
49 – 54 months	1	0.23	0	0.00	0	0.00	1	0.25
TOTAL	**426**	**100.00**	**83**	**100.00**	**156**	**100.00**	**423**	**100.00**
Mean - Average months in program	7.40 months		8.60 months		8.29 months		7.82 months	
Mode – most common number of months served	2 months		2 months		1 month		2 months	

Source: STF in-house database, 2005-2010

Table V.D.33: TRIOS v DUOS v SOLOS length of time in program for all participants served Years 1 - 5

	Teen Mothers TRIOS (N=42)		**Teen Mothers FOB DUOS (N=41)**		**Teen Mothers ASP DUOS (N=112)**		**Teen Mothers SOLOS (N=231)**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
0 – 3 months	11	26.19	11	26.83	56	50.00	106	45.89
4 – 6 months	5	11.90	7	17.07	19	16.96	49	21.21
7 – 9 months	7	16.67	8	19.51	14	12.50	32	13.85
10 – 12 months	1	2.38	4	9.76	6	5.36	16	6.93
13 – 18 months	8	19.05	1	2.44	6	5.36	16	6.93
19 – 24 months	4	9.52	2	4.88	6	5.36	6	2.60
25 – 30 months	1	2.38	4	9.76	1	0.89	0	0.00
31 – 36 months	3	7.14	3	7.32	1	0.89	3	1.30
37 – 42 months	1	2.38	1	2.44	3	2.68	2	0.87
43 – 48 months	1	2.38	0	0.00	0	0.00	1	0.43
TOTAL	**42**	**100.00**	**41**	**100.00**	**112**	**100.00**	**231**	**100.00**
Mean - Average months in program	12.40 months		11.49 months		6.67 months		6.13 months	
Mode – most common number of months served	0 months		2 months		1 month		2 months	

Source: STF in-house database, 2005-2010

- *Case closure rate and reasons for closings according to the in-house database*

Table V.D.34: Case closure rate and reasons for closure for Year 5 participants

	Teen Mothers N=124		**FOBs N=28**		**ASPs N=71**		**Children N=140**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Cases Closed in Year 5	82	66.13	13	46.43	51	71.83	84	60.00
CLOSURE REASONS								
No Contact/Not Located	55	67.07	6	46.15	32	62.75	63	75.00
Mother of baby closed	0	0.00	0	0.00	0	0.00	0	0.00
Moved out of service area	3	3.66	1	7.69	2	3.92	3	3.57
Refused service	7	8.54	0	0.00	3	5.88	3	3.57
Client requested closure	8	9.76	1	7.69	6	11.76	9	10.71
Case opened by BMCW	4	4.88	1	7.69	2	3.92	3	3.57
RM referred client to another program	2	2.44	1	7.69	0	0.00	2	2.38
Successful Program Completion	1	1.22	0	0.00	0	0.00	1	1.19
Moved No Forwarding Address	1	1.22	0	0.00	1	1.96	0	0.00
Miscarriage/Death of Child	1	1.22	0	0.00	1	1.96	0	0.00
Other/Unknown	0	0.00	3	23.08	4	7.84		
TOTAL	**81**	**100.00**	**13**	**100.00**	**51**	**100.00**	**84**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.35: TRIOS v DUOS v SOLOS case closure rate and reasons for closure for Year 5 participants

	Teen Mothers TRIOS N=27		**Teen Mothers FOB DUOS N=12**		**Teen Mothers ASP DUOS N=54**		**Teen Mothers SOLOS N=31**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Cases Closed in Year 5	12	44.44	5	41.67	39	72.22	26	83.87
CLOSURE REASONS								
No Contact/Not Located	8	66.67	4	80.00	26	66.67	17	65.38
Moved out of service area	1	8.33	0	0.00	1	2.56	1	3.85
Refused service	0	0.00	0	0.00	3	7.69	4	15.38
Client requested closure	1	8.33	1	20.00	6	15.38	0	0.00
Case opened by BMCW	1	8.33	0	0.00	1	2.56	2	7.69
Moved No Forwarding Address	0	0.00	0	0.00	1	2.56	0	0.00
Miscarriage/Death of Child	0	0.00	0	0.00	1	2.56	0	0.00
RM Referred to Other Program	1	8.33	0	0.00	0	0.00	1	3.85
Successful Program Completion	0	0.00	0	0.00	0	0.00	1	3.85
TOTAL	**12**	**100.00**	**5**	**100.00**	**39**	**100.00**	**26**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.36: Case closure rates and reasons for closure for all participants served Years 1 - 5

	Teen Mothers N=426		FOBs N=83		ASPs N=156		Children N=423	
	#	%	#	%	#	%	#	%
Cases Closed in Years 1 through 5	384	90.14	68	81.93	136	87.18	367	86.75
CLOSURE REASONS								
No Contact/Not Located	288	75.00	42	61.76	87	63.97	289	78.75
Refused Service	29	7.55	1	1.47	14	10.29	22	5.99
Client Requested	29	7.55	4	5.88	14	10.29	24	6.54
Moved Out of Service Area	12	3.13	2	2.94	3	2.21	9	2.45
RM referred to other program	8	2.08	5	7.35	1	.74	7	1.91
Case opened by BMCW	10	2.60	3	4.41	4	2.94	11	3.00
Served By Other HV Program	2	0.52	1	1.47	0	0.00	3	0.82
Miscarriage/Death of Child	2	0.52	1	1.47	1	.74	0	0.00
Mother of Baby Closed	1	0.26	0	0.00	1	.74	1	0.27
Moved No Forwarding Address	1	0.26	0	0.00	1	.74	0	0.00
Refused Service Initial Contact	1	0.26	0	0.00	0	0.00	0	0.00
Successful Program Completion	1	0.26	0	0.00	0	0.00	1	0.27
Other/Unknown	0	0.00	9	13.24	10	7.35	0	0.00
TOTAL	**384**	**100.00**	**68**	**100.00**	**136**	**100.00**	**367**	**100.00**

Source: STF in-house database, 2005-2010

Table V.D.37: TRIOS v DUOS v SOLOS Case closure rate and reasons for closure for all participants served Years 1 - 5

	Teen Mothers TRIOS (N=42)		Teen Mothers FOB DUOS (N=41)		Teen Mothers ASP DUOS (N=112)		Teen Mothers SOLOS (N=231)	
	#	%	#	%	#	%	#	%
Cases Closed in Years 1 through 5	27	64.29	34	82.93	97	86.61	226	97.84
CLOSURE REASONS								
Case opened by BMCW	2	7.41	1	2.94	2	2.06	5	2.21
Client Requested	2	7.41	2	5.88	12	12.37	13	5.75
Miscarriage/Death of Child	0	0.00	1	2.94	1	1.03	0	0.00
Mother of Baby Closed	0	0.00	0	0.00	1	1.03	0	0.00
Moved No Forwarding Address	0	0.00	0	0.00	1	1.03	0	0.00
Moved Out of Service Area	1	3.70	1	2.94	2	2.06	8	3.54
No Contact/Not Located	21	77.78	23	67.65	64	65.98	180	79.65
Refused Service	0	0.00	1	2.94	14	14.43	14	6.19
Refused Service Initial Contact	0	0.00	0	0.00	0	0.00	1	0.44
RM referred to other program	1	3.70	4	11.76	0	0.00	3	1.33
Served By Other HV Program	0	0.00	1	2.94	0	0.00	1	0.44
Successful Program Completion	0	0.00	0	0.00	0	0.00	1	0.44
TOTAL	**27**	**100.00**	**34**	**100.00**	**97**	**100.00**	**226**	**100.00**

Source: STF in-house database, 2005-2010

- *Number of program contacts received by STF participants according to the in-house database*

Table V.D.38: Number of client contacts Y5

Client Contacts	Teen Mothers N=124		FOBs N=28		ASPs N=71	
	#	# contacts per Mother	#	# contacts per Father	#	# contacts per ASP
Total Face to Face Visits	1,154	9.31	317	11.32	231	3.25
Total Parents as Teachers Home Visits	60	0.48	0	-	1	0.01
Total Attempted Visits	218	1.76	32	1.14	0	-
Total Phone Calls	841	6.78	97	3.46	15	0.21
Total Client System Contacts	82	0.66	22	0.79	1	0.01
Total Referrals	202	1.63	47	1.68	26	36.62
Total Letters	68	0.55	0	-	3	0.04
Total Contacts	**2,625**	21.17	**515**	18.39	**277**	3.90

Source: STF in-house database, 2005-2010

- *Number of support group sessions offered and attendance per session*

Rosalie Manor offered a variety of support group sessions throughout the five program years. Many sessions reported zero attendees in the database, and staff confirmed that many groups simply had no attendance at all. For that reason, different formats were tried throughout the program's duration.

Table V.D.39: Individual attendance at Group Sessions (unduplicated)

	Healthy Choices (Families United to Prevent Teen Pregnancy)	**Parents As Teachers**	**Grandparent's Support Group**
Year One	10	10	3
Year Two	2	7	1
Year Three	10	8	4
Year Four	11	2	8
Year Five	11	0	0
TOTAL	44	27	16

Source: STF in-house database, 2005-2010

- *Number of health-related services offered by the program nurse*

The program nurse position was offered "Baby and Me" group classes throughout the program's duration. Unduplicated attendance is in the following table.

Table V.D.40: Individual attendance at "Baby and Me" (unduplicated)

Program Year	Mothers Attending
Year One	14
Year Two	25
Year Three	17
Year Four	10
Year Five	13
Total	**79**

Source: STF in-house database, 2005-2010

a. # and % of participating babies who have at least one physical developmental screening completed according to the in-house database.

Due to problems with the in-house database, this information is only available for program Years Four and Five. In Year Four, 39 (29.0%) of babies received at least one developmental screening. In Year Five, 28 (20.0%) of babies received at least one developmental screening.

Table V.D.41: Program children receiving at least one physical screening

Program Year	# Screenings
Year One	0
Year Two	2
Year Three	Unavailable
Year Four	39
Year Five	28
Total	**69**

Source: 2005-2010 program records

b. # and % of babies scoring below cutoff in one or more areas of the physical developmental screening who are referred to "Birth to Three" according to the in-house database.

Due to problems with the in-house database, this information is only available for program Years Four and Five. No babies participating in the program in those years scored below the cutoff in one or more areas of the physical developmental screening according to the in-house database.

Table V.D.42: Program children referred to physical development resource

Program Year	# Referrals
Year One	0
Year Two	0
Year Three	Unavailable
Year Four	0
Year Five	0
Total	**0**

Source: 2005-2010 program records

c. # and % of participating babies who have at least one social/emotional developmental screening completed according to the in-house database.

Staff were not trained to implement these screenings until the end of Y1. Only two such screenings were administered in Y2 and neither child scored below the cutoff. Data is unavailable for Y3.

Table V.D.43: Program children receiving at least one social/emotional screening

Program Year	# Screenings
Year One	0
Year Two	2
Year Three	Unavailable
Year Four	22
Year Five	28
Total	**52**

Source: 2005-2010 program records

d. # and % of babies who score below cutoff on the social/emotional screening in one or more areas who are referred to an appropriate resource according to the in-house database.

Table V.D.44: Program children referred to social/emotional development resource

Program Year	# Referrals
Year One	0
Year Two	0
Year Three	Unavailable
Year Four	0
Year Five	2
Total	**2**

Source: 2005-2010 program records

e. # and % of mothers and babies with medical homes according to the in-house database.

Over the course of the five year program, the program nurse consistently estimated that between 95%-100% of participating teen mothers had a "medical home."

f. # and % of mothers who receive nutritional information and counseling according to the in-house database.

The program nurse reported delivering nutritional information and counseling to significant numbers of participants. Due to problems with the database, no information is available for Y3.

Table V.D.44: Program participants who received nutritional information & counseling

Program Year	# Referrals
Year One	54
Year Two	62
Year Three	Unknown
Year Four	70
Year Five	18
Total	**204**

Source: 2005-2010 program records

- *Number of referrals made for program-related services*

a. # of referrals for STD counseling according to the in-house database.

Table V.D.45: Program referrals for STD counseling

Program Year	# Referrals
Year One	0
Year Two	1
Year Three	0
Year Four	0
Year Five	0
Total	**1**

Source: 2005-2010 program records

b. # of referrals for family planning and adoption counseling according to the in-house database.

Table V.D.46: Program referrals for family planning

Program Year	# Referrals
Year One	6
Year Two	1
Year Three	4
Year Four	0
Year Five	0
Total	**11**

Source: 2005-2010 program records

c. # of other program-related referrals according to the in-house database.

Table V.D.47: Program referrals

Referral Type:	Mothers	FOBs	ASPs	Total
Education	8	0	1	9
Employment	68	28	2	98
AODA	0	0	0	0
Housing	22	6	1	29
All other referrals	104	13	22	139
TOTAL	**202**	**47**	**26**	**275**

Source: 2005-2010 program records

- **# of referrals to Bureau of Milwaukee Child Welfare as measured by the in-house database**

Table V.D.48: Program referrals to Bureau of Milwaukee Child Welfare

Program Year	# Referrals
Year One	2
Year Two	3
Year Three	2
Year Four	3
Year Five	0
Total	**10**

VD2. Findings Related to Evaluation Questions/Hypotheses and SMART Objectives

Hypothesis:

Teen mothers who participate in a home-visitation program with an adult support person AND the father of the baby (TRIOS) will report significantly better outcomes at 12-month follow-up than those who participate in the program with only one partner (DUOS), or without the involvement of these support people (SOLOS) in the following outcome objectives:

VD2a. Outcome 1: *Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report* ***strong family relationships*** *at 12-month follow-up than will those participating as DUOS or SOLOS*

Indicator a.1. At follow-up, participating TRIO mothers will rate themselves significantly higher on nurturing parental behaviors than will DUO or SOLO mothers.

Results Summary: An examination of the data showed that no mother reported a decrease in her use of the eight nurturing behaviors studied between baseline and followup. A pre-post analysis (t-test) was conducted on all cases for which there were sufficient numbers of matched baseline and followup surveys, finding that the mothers showed statistically significant increases in their nurturing behaviors scores at followup as compared to baseline. There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support the planned comparative analysis of nurturing parenting behaviors among those groups. Descriptive statistics and t-test results for this indicator are included below and on the following pages.

- Average days/week mothers used nurturing parenting behaviors. At followup, the behaviors with the highest average days/week were putting the child to bed, hugging/showing physical attention and playing games, each used at least six days/week. The behavior with the lowest average days/week was telling stories.

Table V.D.49: Average days/week mothers used nurturing parenting behaviors – all parenting mothers' baselines

	Parenting Mothers Baselines N=110		
	# reporting behavior 0 – 7 x wk	days/wk reported (mode)	ave # days/wk
Play games (peek-a-boo)	98	7	4.54
Sing songs	97	7	4.59
Read stories	95	7	3.60
Tell stories	96	0	3.09
Play with toys ie blocks	93	0	3.44
Visit relatives	101	7	3.87
Hug or show physical attention	102	7	6.45
Put child to bed	102	7	6.56
AVERAGE	**NA**	**NA**	**4.52**

Source: STF Baseline Surveys, 2005-2010 (PMB q23)

Table V.D.50: Comparison of average days per week mothers used nurturing parenting behaviors – matched parenting mothers' baselines v followups

	Parenting Mothers Baselines N = 26			Mothers Followups N = 26		
	# reporting behavior 0 – 7 x wk	days/wk reported (mode)	ave # days/ wk	# reporting behavior 0 – 7 x wk	days/wk reported (mode)	ave # days / wk
Play games (peek-a-boo)	24	7	4.00	26	7	6.38
Sing songs, etc	24	7	4.79	26	7	5.31
Read stories	23	0	3.30	25	7	4.20
Tell stories	23	0	2.65	25	7	3.40
Play with toys ie blocks	23	0	3.00	26	7	5.88
Visit relatives	25	7	4.12	26	7	4.08
Hug or show physical attention	24	7	6.63	25	7	6.92
Put child to bed	25	7	6.80	25	7	6.96
AVERAGE	**NA**	**NA**	**4.41**	**NA**	**NA**	**5.39**

Source: Matched STF Baseline & Followup Surveys, 2005-2010 (PMB q23; Momfup q21)

Pre-Post Analysis

A paired samples t-test was run to compare mothers' use of nurturing parental behaviors at baseline and followup. The t-tests were conducted for days per week mothers reported using each of the indicated nurturing behaviors (play games, sing songs, etc). The mothers showed statistically significant increases in their nurturing behaviors scores for playing games and playing with toys at followup as compared to baseline. The table below lists the results of the test.

Table V.D.51: Adjusted means for baseline and followup for mothers' nurturing behaviors

	At Baseline	At Followup	*t* Value	*p* Value
Play games (peek-a-boo)	4.20	6.52	-3.836	.001*
Sing songs, etc	4.96	5.52	-.900	.377
Read stories	3.76	4.56	-1.270	.216
Tell stories	3.16	3.76	-.802	.431
Play with toys ie blocks	3.48	5.96	-3.021	.006*
Visit relatives	4.12	4.12	.000	1.000
Hug or show physical attention	6.72	7.00	-1.045	.306
Put child to bed	6.80	7.04	-1.445	.161

Source: Matched STF Baseline & Followup Surveys, 2005-2010 (PMB q23; Momfup q21)
The p value refers to the level of statistical significance of the McNemar test. P-values of less than 0.05 are considered statistically significant and are marked with an asterisk (*).

- Number/percent of mothers using nurturing parenting behaviors at least once/week. At followup, the behavior used by the largest percent of mothers was playing games, reported by 26 (100%) of the mothers. The behaviors playing with toys, hugging or showing physical attention, and putting the child to bed were each reported by over 90% of mothers. The behavior reported by the smallest percentage of mothers was telling stories, used by 17 (65%) of the mothers.

Table V.D.52: Number/percent of mothers using nurturing parenting behaviors at least once/week – all parenting mothers' baselines

	Parenting Mothers Baseline N = 110	
	# reporting behavior at least 1 x wk	**% reporting behavior at least 1 x wk**
Play games (peek-a-boo)	88	80.00
Sing songs, etc	84	76.36
Read stories	76	69.09
Tell stories	64	58.18
Play with toys ie blocks	57	51.82
Visit relatives	90	81.82
Hug or show physical attention	101	91.82
Put child to bed	102	92.73
AVERAGE	**82.75**	**75.23**

Source: STF Baseline Surveys, 2005-2010 (PMB q23)

Table V.D.53: Comparison number/percent of mothers using nurturing parenting behaviors at least once/week – matched parenting mothers' baselines v followups

	Parenting Mothers Baseline N = 26		**Mothers Followups N = 26**	
	# reporting behavior at least 1 x wk	**% reporting behavior at least 1 x wk**	**# reporting behavior at least 1 x wk**	**% reporting behavior at least 1 x wk**
Play games (peek-a-boo)	21	80.8	26	100
Sing songs, etc	21	80.8	23	88.5
Read stories	15	57.7	22	84.6
Tell stories	14	53.8	17	65.4
Play with toys ie blocks	12	46.2	24	92.3
Visit relatives	24	92.3	23	88.5
Hug or show physical attention	24	92.3	25	96.2
Put child to bed	25	96.2	25	96.2
AVERAGE	**19.5**	**75.0**	**23.1**	**89.0**

Source: Matched STF Baseline & Followup Surveys, 2005-2010 (PMB q23; Momfup q21)

<u>Pre-Post Analysis</u>

A paired samples t-test was run to compare mothers' use of nurturing parental behaviors at baseline and followup. Mothers were given a score of "1" for every behavior they reported using at least once per week. There were a total of eight possible nurturing behaviors, therefore the range of possible scores was between "0" and "8." The mothers showed highly statistically significant increases in their nurturing behaviors scores at followup as compared to baseline. The table below lists the results of the test.

Table V.D.54: Pre-post adjusted means and paired T-tests for mothers' nurturing behaviors

	At Baseline	At Followup	*t* Value	*p* Value
Mothers nurturing behaviors score	3.46	7.12	-5.917	.000*

Source: Matched STF Baseline & Followup Surveys, 2005-2010 (PMB q23; Momfup q21)
The p value refers to the level of statistical significance of the McNemar test. P-values of less than 0.05 are considered statistically significant and are marked with an asterisk (*).

- Average days/week fathers used nurturing parenting behaviors as reported by mothers. At followup, the behaviors with the highest average days/week were playing with toys, hugging/showing physical attention and playing games, each used at least five days/week. The behaviors with the lowest average days/week were telling stories and reading stories, used less than two days/week. The sample size of mothers in contact with the fathers of their babies in the parenting baseline survey was too small to allow for a pre-post analysis of this indicator. Descriptive statistics can be found in the tables below.

Table V.D.55: Average days/week fathers using nurturing parenting behaviors as reported by mothers* – all parenting mothers' baselines

	Parenting Mothers Baselines N = 72		
	# reporting behavior 0 - 7/wk	**days/wk reported (mode)**	**ave # days/ wk**
Play games (peek-a-boo)	62	0	3.26
Sing songs etc	63	0	2.73
Read stories	61	0	1.98
Tell stories	60	0	1.82
Play with toys ie blocks	61	0	2.18
Visit relatives	66	0	3.08
Hug or show physical attention	63	7	4.44
Put child to bed	65	7	3.85
AVERAGE	**NA**	**NA**	**2.92**

**Only for mothers who are in contact with the FOB*
Source: STF Baseline surveys, 2005-2010 (PMB q24)

Table V.D.56: Comparison ave days/week fathers used nurturing parenting behaviors as reported by mothers* – matched parenting mothers' baselines v followups

	Parenting Mothers Baselines N = 12			Mothers Followups N = 12		
	# reporting behavior 0 - 7/wk	**days/wk reported (mode)**	**ave # days/ wk**	**# reporting behavior 0 - 7/wk**	**days/wk reported (mode)**	**ave # days/ wk**
Play games	11	0	4.55	10	7	5.00
Sing songs etc	12	0	2.17	9	0 -2 -7	2.89
Read stories	11	0	1.27	9	0	1.56
Tell stories	11	0	1.27	9	4	1.56
Play with toys	11	0	4.55	9	7	5.56
Visit relatives	12	7	2.83	9	7	3.09
Hug or show physical attention	11	7	5.27	11	7	5.27
Put child to bed	12	7	2.17	11	2	2.36
AVERAGE	**NA**	**NA**	**3.01**	**NA**	**NA**	**3.41**

**only for mothers who are in contact with the FOB*
Source: Matched STF Baseline & Follow Up Surveys, 2005-2010 (PMB q24, momfup q22)

- Number/percent of fathers using nurturing parenting behaviors at least once/week as reported by mothers. At followup, the behavior the largest percent of fathers used was hugging or showing physical attention—reported by 10 (83%) of mothers. Three-quarters of mothers reported the fathers as engaged in playing games, playing with toys, visiting relatives, and putting the child to bed at followup. The sample size was too small to perform a comparative analysis of change between baseline and followup for this indicator. Full descriptive statistics are included in the tables below.

Table V.D.57: Number/percent of fathers using nurturing parenting behaviors at least once/week as reported by mothers** – all parenting mothers' baselines

	Parenting Mothers Baselines N = 72	
	# reporting behavior at least 1 x wk*	% reporting behavior at least 1 x wk
Play games (peek-a-boo)	41	56.94
Sing songs etc	40	55.56
Read stories	29	40.28
Tell stories	25	34.72
Play with toys ie blocks	26	36.11
Visit relatives	47	65.28
Hug or show physical attention	50	69.44
Put child to bed	52	72.22
AVERAGE	**38.75**	**53.82**

*** Only for mothers who are in contact with the FOB*
Source: STF Baseline Surveys, 2005-2010 (PMB q24)

Table V.D.58: Comparison of number/percent of fathers using nurturing parenting behaviors at least once/week as reported by mothers** – matched parenting mothers' baselines v followups

	Parenting Mothers Baseline N = 12		Mothers Followups N = 12	
	# reporting behavior at least 1 x wk*	% reporting behavior at least 1 x wk	# reporting behavior at least 1 x wk	% reporting behavior at least 1 x wk
Play games (peek-a-boo)	7	58.33	9	75.00
Sing songs etc	9	75.00	7	58.33
Read stories	6	50.00	6	50.00
Tell stories	5	41.57	5	41.67
Play with toys ie blocks	4	33.33	9	75.00
Visit relatives	10	83.33	9	75.00
Hug or show physical attention	10	83.33	10	83.33
Put child to bed	11	91.67	9	75.00
AVERAGE	**7.75**	**64.58**	**8.00**	**66.67**

*** Only for mothers who are in contact with the FOB*
Source: matched STF Baseline & Followup Surveys, 2005-2010 (PMB q24, momfup q22)

- The nurturing parenting behavior fathers self-reported as using the most frequently at baseline was hugging or showing physical attention, used an average of over five days/week. The behaviors used the least frequently were reading and telling stories, used less than three days/week. There were insufficient followups to perform a pre-post analysis of this data.
- On the other hand, about three-quarters of fathers reported reading stories and telling stories at least once/week, the largest percentage of all the behaviors. There were insufficient followups to perform a pre-post statistical analysis of this data.

Table V.D.59: Frequency of fathers’ use of nurturing parenting behaviors – all parenting fathers’ baselines

	Parenting Fathers Baselines Y 1 - 4		
	# reporting the behavior 0 - 7/wk	days/week reported – mode*	ave # days/wk
Play games (peek-a-boo)	16	DK/NA	4.38
Sing songs, etc.	15	DK/NA	3.47
Read stories	13	DK/Na	2.62
Tell stories	14	DK/NA	2.86
Play with toys ie blocks	14	DK/NA	3.79
Visit relatives	14	DK/NA	3.57
Hug or show physical attention	15	DK/NA	5.67
Put child to bed	16	DK/NA	4.88
AVERAGE	**NA**	**NA**	**3.90**

** “DK/NA” in this column indicates father answered either “don’t know” or “not applicable” to this question*
Source: STF Baseline Surveys, 2005-2009 (PFB q14_a-h)

Table V.D.60: Percentage of fathers using nurturing parenting behaviors – all parenting fathers’ baselines

	Parenting Fathers Baseline		
	# of responses	# reporting the behavior at least 1 x wk*	% reporting the behavior at least 1 x wk
Play games (peek-a-boo)	25	16	64.00
Sing songs, etc.	25	16	64.00
Read stories	25	18	72.00
Tell stories	25	19	76.00
Play with toys ie blocks	25	17	68.00
Visit relatives	25	15	60.00
Hug or show physical attention	25	15	60.00
Put child to bed	25	17	68.00
AVERAGE	**25.00**	**16.63**	**66.50**

** Omits those who report using the behavior “0 times” and also those answering “Don’t Know/Not Applicable”*
Source: STF Baseline Surveys, 2005-2009 (PFB q14_a-h)

Indicator a.2 At follow-up, participating TRIO mothers will rate themselves significantly higher on a parenting attitudes scale than will DUO or SOLO mothers.

Results Summary: An examination of the data show that the overwhelming majority of the mothers have positive attitudes about parenting, with 100% stating in followup surveys that they "consider being a parent a good thing" and "enjoy spending time" with their children. There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support the planned comparative analysis of parenting attitudes among those groups. Therefore, a pre-post analysis (McNemar) was conducted separately on the four items using matched baseline and followup surveys. None of the four parental attitudes items changed significantly from baseline to follow-up.

Table V.D.61: Number and percent of mothers who report positive parenting attitudes – all parenting mothers' baselines

	Parenting Mothers Baseline		
	valid n	**#**	**%**
Feel trapped by parental responsibilities (R)	112	58	67.4
Consider being parent good thing	113	105	92.1
Taking care of my child(ren) is much more work than pleasure (R)	113	41	36.0
Enjoy spending time with my child	113	113	100.0

Source: STF Baseline Surveys, 2005-2010 (PMB q33, 34, 35, 36)

Table V.D.62: Comparison of number and percent of mothers who report positive parenting attitudes - matched parenting mothers baselines v follow-ups

	Parenting Mothers Baselines N = 26		**Mothers Followups N = 26**	
	#	**%**	**#**	**%**
Feel trapped by parental responsibilities (R)	14	53.9	9	34.6
Consider being parent good thing	24	92.3	26	100
Taking care of my child(ren) is much more work than pleasure (R)	7	26.9	12	46.2
Enjoy spending time with my child	26	100	26	100

Source: Matched STF parenting mothers baseline & follow up surveys, 2005-2010 (PMB q33, 34, 35, 36; MFUP q31, 32, 33, 34)

Pre-Post Analysis

The McNemar test was run to compare mothers' attitudes toward parenting at baseline with followup on four measures. None of the four parental attitudes items changed significantly from baseline to follow-up. The table below shows the results of the tests.

Table V.D.63: Results of McNemar test of parental attitudes items

Parenting Attitude	*p* Value
Feel trapped by parental responsibilities (R)	.344
Consider being parent good thing	Could not be computed since one of the variables is a constant
Taking care of my child(ren) is much more work than pleasure (R)	.180
Enjoy spending time with my child	Could not be computed since one of the variables is a constant

Source: Matched STF parenting mothers baseline & follow up surveys, 2005-2010 (PMB q33, 34, 35, 36; MFUP q31, 32, 33, 34)
The p value refers to the level of statistical significance of the McNemar test. P-values of less than 0.05 are considered statistically significant and are marked with an asterisk (*).

Indicator a.3 At follow-up, participating TRIO mothers will be significantly more likely to report being in contact with the father of their child (if appropriate in consideration of safety factors) than will DUO or SOLO mothers.

Results Summary: At followup, more mothers reported being in contact with the father of their child than at baseline (76% vs 62%), however a pre-post analysis (McNemar) failed to show that this difference was significant. There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support the planned comparative analysis of mothers' contact with the father of their baby for these three groups.

Table V.D.64: Number and percent of mothers who report being in contact with the FOB – all mothers' baselines

	Mothers Baselines		
	n	#	%
Expectant Mothers*	87	72	82.8
Parenting Mothers	108	72	66.7
Total	195	144	73.38

** fewer responses than expected because item was not on Y1 baseline survey*
Source: STF Baseline Surveys, 2005-2010 (EMB q13, PMB q23a)

Table V.D.65: Number and percent of mothers who report being in contact with the FOB – matched mothers' baselines and followups

	Baseline			Follow-up		
	n	#	%	n	#	%
Expectant Mothers*	11	9	81.8	20	16	80.0
Parenting Mothers	26	14	53.8	26	19	73.1
Total	37	23	62.2	46	35	76.1

** fewer responses than expected because item was not on Y1 baseline survey*
Source: Matched STF Baseline& follow up surveys, 2005-2010 (EMB q13, PMB q23a, MOMFUP q21c)

Table V.D.66: Reasons Mothers give for not being in contact with the FOB at program entry

	Baseline				Follow-up	
	Expectant Mothers N=28		Parenting Mothers N=36		Mothers N = 11	
	#	%	#	%	#	%
Don't know who FOB is	1	3.6	8	22.2	0	0
We don't get along	0	0	2	5.6	2	18.2
He is a bad influence	2	7.1	1	2.8	2	18.2
He is in jail	0	0	5	13.9	0	0
He is out of town	1	3.6	4	11.1	3	27.3
He denies responsibility	3	10.7	7	19.4	3	27.3
Other/don't know/NA	21	75.0	7	19.5	1	9.1

Source: STF Baseline & follow up surveys, 2005-2010 (EMB q13a, PMB q23b, MOMFUP 21d)

Pre-Post Analysis

The McNemar test was run to compare the likelihood of mothers reporting being in contact with the father of their child (if appropriate in consideration of safety factors) at baseline with followup. The analysis showed there was no significant difference in the likelihood that mothers would be in touch with the father of their baby between baseline and follow-up. The table below shows the results of the test.

Table V.D.67: Results of McNemar test of likelihood of mothers being in contact with the FOB

	***p* Value**
Mothers in contact with FOB	.125

Source: Matched STF Baseline& follow up surveys, 2005-2010 (EMB q13, PMB q23a, MOMFUP q21c)

The p value refers to the level of statistical significance of the McNemar test. P-values of less than 0.05 are considered statistically significant and are marked with an asterisk (*).

Indicator a.4 At follow-up, participating TRIO mothers will rate themselves significantly higher on fathers' supportive behaviors than will DUO or SOLO mothers.

Results Summary: In all situations studied, fathers were providing the same or increased support to the mothers at followup when compared with baseline. More expectant mothers reported financial support (75% at followup vs. 67% at baseline) and the same was true of parenting mothers (83% at followup vs. 75% at baseline). Expectant mothers were also more likely to report receiving nonfinancial support from the fathers at followup (88% at followup vs 56% at baseline), and parenting mothers held steady (83% at both followup and baseline). Unfortunately, it was not possible to prove these changes were significant, since a pre-post analysis (McNemar) conducted on the two items using matched baseline and followup surveys found no significant difference in the likelihood that mothers would report receiving support (either monetary or nonmonetary) from the father of their baby. There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support a comparative analysis of fathers' supportive behaviors.

Table V.D.68: Number & percent of mothers and fathers reporting that FOB gives mother money/financial help – all baselines

	Baseline Surveys		
	n	**#**	**%**
Expectant Mothers*	**126	77	61.1
Parenting Mothers*	**103	52	50.5
Expectant Fathers	24	14	58.3
Parenting Fathers	25	22	88.0

** Only includes mothers who said they were in contact with the fathers of their babies*
*** Fewer responses than expected because item was not on Y1 survey*
Source: STF baseline surveys, 2005-2010 (EMB q16, PMB q28, EFB q16, PFB q18)

Table V.D.69: Comparison of number & percent of mothers reporting that FOB gives mother money/financial help – matched mothers' baselines and followups

	Baseline Surveys			Follow-Up Surveys		
	n	**#**	**%**	**n**	**#**	**%**
Expectant Mothers*	**9	6	66.7	16	12	75.0
Parenting Mothers*	**12	9	75.0	12	10	83.3
TOTAL	21	15	71.4	28	22	78.6

** Only includes mothers who said they were in contact with the fathers of their babies*
*** Fewer responses than expected because item was not on Y1 survey*
Source: Matched STFmothers baseline & followup surveys, 2005-2010 (EMB q16, PMB q28, MOMFUP q26)

Table V.D.70: Number & percent of mothers and fathers reporting that FOB gives mother nonmonetary help – all baselines

	Baseline Surveys		
	n	**#**	**%**
Expectant Mothers*	**125	73	58.4
Parenting Mothers*	**104	58	55.8
Expectant Fathers	24	22	91.7
Parenting Fathers	25	23	92.0

** Only includes mothers who said they were in contact with the fathers of their babies*
*** Fewer responses than expected because item was not on Y1 survey*
Source: Matched STF baseline and followup surveys 2007-2010 (EMB q17, PMB q29, EFB q17, PFB q19)

Table V.D.71: Comparison of number & percent of mothers reporting that the FOB gives non-monetary help – matched mothers' baselines and followups

	Baseline Surveys			Follow-Up Surveys		
	n	**#**	**%**	**n**	**#**	**%**
Expectant Mothers*	**9	5	55.6	16	14	87.5
Parenting Mothers*	**12	10	83.3	12	10	83.3
TOTAL	21	15	71.4	28	24	85.7

* Only includes mothers who said they were in contact with the fathers of their babies
*** Fewer responses than expected because item was not on Y1 survey*
Source: Matched STF baseline & followup surveys 2007-2010 (EMB q17, PMB q29, MOMFUP q27)

Pre-Post Analysis

The McNemar test was run to analyze whether mothers rated themselves significantly differently on fathers' supportive behaviors at baseline compared with followup. The analysis showed there was no significant difference in the likelihood that mothers would report receiving support (either monetary or nonmonetary) from the father of their baby between baseline and follow-up. The table below shows the results of the test.

Table V.D.72: Results of McNemar test of likelihood of mothers reporting they receive help from the FOB

	p Value
Fathers give monetary help	1.000
Fathers give nonmonetary help	1.000

Source: Matched STFmothers baseline and followup surveys, 2005-2010 (EMB q16 & 17, PMB q28 & 29, MOMFUP q26 & 27)
The p value refers to the level of statistical significance of the McNemar test. P-values of less than 0.05 are considered statistically significant and are marked with an asterisk (*).

Indicator a.5 At follow-up, participating TRIO mothers will rate themselves significantly higher on their relationship with ASP than will DUO or SOLO mothers.

Results Summary: Mothers were more likely to report talking with their adult support person at followup (39% at followup vs. 33% at baseline). They were also more likely to report receiving help from that support person at followup (89% at followup vs. 76% at baseline). However, a pre-post analysis (McNemar) failed to show these differences were significant. There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support a comparative analysis of mothers' relationship with their adult support person for these groups.

Table V.D.73: Number and percent of mothers/fathers who talk with ASP "usually" or "almost always" – all baselines

	Baseline Surveys		
	n	#	%
Expectant Mothers	148	53	35.8
Parenting Mothers	113	45	39.8
Expectant Fathers	24	5	20.8
Parenting Fathers	25	8	32.0

Source: STF baseline surveys, 2005-2010 (EMB q21, PMB q37, EFB q20, PFB q24)

Table V.D.74: Number and percent of mothers who talk with ASP "usually" or "almost always" – matched baseline v followup

	Baseline Surveys			Follow-Up Surveys		
	n	#	%	n	#	%
Expectant Mothers	20	8	40.0	20	7	35.0
Parenting Mothers	26	7	26.9	26	11	42.3
TOTAL	46	15	32.6	46	18	39.1

Source: Matched STF baseline & followup surveys, 2005-2010 (EMB q21, PMB q37 MOMFUP q35)

Table V.D.75: Number and percent of mothers reporting that their ASP helps out with the pregnancy/baby – all baselines

	Baseline Surveys		
	n	#	%
Expectant Mothers	96*	80	83.3
Parenting Mothers	86*	71	82.6
Total	182	151	83.0

** fewer responses than expected because item was not on Y1 survey*
Source: STF baseline Surveys, 2005-2010 (EMB q21a, PMB q37a)

Table V.D.76: Number and percent of mothers reporting that their ASP helps out with the pregnancy/baby – matched baselines v followups

	Baseline Surveys			Follow-Up Surveys		
	n	**#**	**%**	**n**	**#**	**%**
Expectant Mothers	11*	9	81.8	20	20	100
Parenting Mothers	22*	16	72.7	26	21	80.8
TOTAL	33	25	75.8	46	41	89.1

** fewer responses than expected because item was not on Y1 survey*
Source: Matched STF baseline and followup surveys, 2005-2010 (EMB q21a, PMB q37a, MOMFUP q35a)

Pre-Post Analysis
The McNemar test was run to analyze whether mothers rated themselves significantly differently on their relationship with ASP at baseline compared with followup. The analysis showed there was no significant difference in how the mothers rated the relationship with their ASP between baseline and follow-up. The table below shows the results of the test.

Table V.D.77: Results of McNemar test of likelihood of mothers rating of their relationship with ASP

	***p* Value**
Talk with ASP "usually" or "almost always"	.607
ASP helps out with pregnancy/baby	.289

Source: Matched STF baseline & followup surveys, 2005-2010 (EMB q21 & 21a, PMB q37 & 37a, MOMFUP q35 & 35a)
The p value refers to the level of statistical significance of the McNemar test. P-values of less than 0.05 are considered statistically significant and are marked with an asterisk (*).

Indicator a.6 At follow-up, participating TRIO mothers will be significantly more likely to attribute strong family relationships to the program than will DUO or SOLO mothers.

Results Summary: There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support the planned comparative analysis of strong family relationships. Descriptive statistics for these followup survey items are found in the tables below.

Table V.D.78: Number and percent of mothers who attribute strong family relationships to the program at followup

	Follow-Up Surveys N = 46	
	#	**%**
Learned about nurturing parental behaviors	28	60.9
Relationship with FOB improved because of program	20	43.5
Relationship with ASP improved because of program	26	56.5

Source: STF Follow-up Surveys, 2007-2010 (MOMFUP q21a, 22a, 35b)

Table V.D.79: Mothers/FOBs who say STF helped them achieve relationship goals

Category of Goal	Mothers			Fathers of Babies		
	valid n*	#	%	valid n*	#	%
Relationship with other parent of baby	27	15	55.6	2	1	50
Relationship with ASP	31	22	71.0	2	1	50
Parenting	35	24	68.6	2	1	50
Child development	37	28	75.7	2	1	50

** For each category, only asked of participants who said they achieved a goal in that category*
Source: STF Follow-up Surveys, 2006-2010 (MOMFUP q38b_1, q38c_1, q38d_1, q38e_1; DADFUP q31)

VD2b. *Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report* ***learning strategies to become self-sufficient*** *at 12-month follow-up than will those participating as DUOS or SOLOS*

Indicator b.1 At follow-up, participating TRIO mothers will rate themselves significantly higher on importance of education than will DUO or SOLO mothers.

Results Summary: Participants enter the program already convinced of the importance of graduating from high school. No pre-post analysis or intergroup analyses were conducted on this indicator as there was either no difference pre-post (in the case of the mothers), or there were insufficient followup surveys (in the case of the fathers).

Table V.D.80: Mothers who say it is "very important" or "extremely important" to them to graduate from high school, vocational or trade school* - all baselines

	Baseline Surveys		
	n	#	%
Expectant Mothers	122	120	98.36
Parenting Mothers	90	88	97.78

* Only includes participants who have not yet graduated from high school
Source: STF baseline surveys, 2005-2010 (EMB q26, PMB q42)

Table V.D.81: Mothers who say it is "very important" or "extremely important" to them to graduate from high school, vocational or trade school* - matched baselines and followups

	Baseline Surveys			Follow-Up Surveys		
	n	#	%	n	#	%
Expectant Mothers	19	19	100	10	10	100
Parenting Mothers	21	21	100	9	9	100

* Only includes participants who have not yet graduated from high school
Source: Matched STF baseline and follow up surveys, 2005-2010 (EMB q26, PMB q42, MOMFUP q40)

Table V.D.82: Fathers who say it is "very important" or "extremely important" to them to graduate from high school, vocational or trade school*

	Baseline Surveys			Follow-Up Surveys		
	n	#	%	n	#	%
Expectant Fathers	16	15	93.75	1	1	100
Parenting Fathers	17	13	76.65			

* Only includes participants who have not yet graduated from high school
Source: STF baseline and follow up surveys, 2005-2010 (EFB q8, PFB q8, DADFUP q8)

Indicator b.2 At follow-up, participating TRIO mothers will be significantly more likely to report having been in or completed job training than will DUO or SOLO mothers.

Results Summary: A relatively small percentage of mothers reported ever being enrolled in a job training program. For all mothers at baseline, just 40 (16.5%) had been enrolled, and of those, 20 (50%) had completed the job training. In discussions with staff, the topic of job training for the mothers was often discussed, and it was mentioned that job training, while needed by most participants, usually takes a back seat to other, more immediate concerns such as learning to take care of a new baby and trying to stay in school. There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support the planned comparative analysis of completion of job training. Additionally, no pre-post analysis was conducted on this indicator as the number of mothers in job training was extremely small. Descriptive statistics are found in the tables below.

Table V.D.83: Mothers' Job Training Status – all baselines

	Baselines				
	Been in Job Training			Completed Job Training*	
	n	#	%	#	%
Expectant M Baseline	137	21	15.3	8	38.1
Parenting M Baseline	105	19	18.1	12	63.2
Total	242	40	16.5	20	50.0

** Only for those ever in training*
Source: STF Baseline Surveys, 2005-2010 (EMB q9 & 9a, PMB q8 & 8a)

Table V.D.84: Mothers' Job Training Status – matched baselines v followups

	Baselines					Follow-Ups				
	Been in Job Training			Completed Job Training*		Been in Job Training			Completed Job Training*	
	n	#	%	#	%	n	#	%	#	%
Expectant M Baseline	20	4	20.0	2	50.0	20	4	20.0	2	50.0
Parenting M Baseline	26	1	3.8	1	100	26	2	7.7	1	50.0
Total	46	5	10.9	3	60.0	46	6	13.0	3	50.0

** Only for those ever in training*
Source: STF Baseline Surveys, 2005-2010 (EMB q9 & 9a, PMB q8 & 8a, MOMFUP q6, q6a)

Indicator b.3 At follow-up, participating TRIO mothers will be significantly more likely to attribute learning self-sufficiency strategies to the program than will DUO or SOLO mothers.

Results Summary: Participating mothers and fathers worked with their caseworkers to set goals for themselves. For those who chose to set goals related to self-sufficiency, rates of goal completion varied. Just under one-third of mothers who set education, work and community resource goals completed them, while nearly two-thirds of mothers who set legal goals completed those goals. There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support the planned comparative analysis of self-sufficiency strategies. Descriptive statistics for these followup survey items are found in the tables below.

Table V.D.85: Numbers and percents of mothers/FOBs who say STF helped them achieve self-sufficiency goals – followup surveys

	Mothers			Fathers of Babies		
Category of Goal	**valid n***	**#**	**%**	**valid n***	**#**	**%**
Education	36	11	30.6	2	0	0
Work	13	4	30.8	2	1	50
Community resource	22	15	32.6	1	1	100
Legal	8	5	62.5	0	0	NA

** For each category, only asked of participants who said they achieved a goal in that category*
Source: STF Follow-up Surveys, 2006-2009 (MFUP q38f_1, q38g_1, 38m_1, 38n_1; FFUP q31)

VD2c. *Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report* ***learning strategies to stay safe and healthy*** *at 12-month follow-up than will those participating as DUOS or SOLOS*

Indicator c.1 At follow-up, participating TRIO mothers will rate themselves significantly higher on completion of health care activities for themselves than will DUO or SOLO mothers.

Results Summary: Mothers appeared to be slightly less likely to report completing certain health care activities (pap smear, pelvic exam) at followup when compared to baseline. However, a pre-post analysis (McNemar) conducted on all cases for which such analysis made sense showed there was no significant difference in the likelihood that the mothers would have received either a pap smear or a pelvic exam in the 12 months prior to the baseline and follow-up. There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support a comparative analysis of completion of health care activities.

Table V.D.86: Number and percent of mothers who reported receiving care in last 12 months – all baselines

	Expectant mothers baselines		Parenting mothers baselines	
N =	**148**		**114**	
	#	**%**	**#**	**%**
Pap Smear	113	76.4	77	67.5
Pelvic Exam	98	66.2	61	53.5
Prenatal Care	110	74.3	60	52.6
Post-Pregnancy Care	32	21.6	33	28.9

Source: STF baseline surveys, 2005-2010 (EMB q31_c-f, PMB q48c-f)

Table V.D.87: Number and percent of mothers who reported receiving care in last 12 months – matched baselines and followups

	Mothers baselines		Mothers followups	
N =	**46**		**46**	
	#	**%**	**#**	**%**
Pap Smear	34	73.9	31	67.4
Pelvic Exam	29	63.0	27	58.7
Prenatal Care	32	69.6	23	50.0
Post-Pregnancy Care	12	26.1	19	41.3

Source: Matched STF baseline surveys, 2005-2010 (EMB q31_c-f, PMB q48c-f, MOMFUP q46c-f)

Pre-Post Analysis

The McNemar test was run to analyze whether mothers rated themselves significantly differently on completion of certain health care activities at baseline compared with followup. The pre-post analysis was not done for prenatal care nor for post-pregnancy care, because neither were services any one mother would

necessarily need to receive at both survey points in time. The analysis showed there was no significant difference in the likelihood that the mothers would have received either a pap smear or a pelvic exam in the 12 months prior to the baseline and follow-up. The table below shows the results of the test.

Table V.D.88: Results of McNemar test of completion of health care activities

	***p* Value**
Pap smear	.388
Pelvic exam	.607

Source: Matched STF baseline surveys, 2005-2010 (EMB q31_c-f, PMB q48c-f, MOMFUP q46c-f)
The p value refers to the level of statistical significance of the McNemar test. P-values of less than 0.05 are considered statistically significant and are marked with an asterisk (*).

Indicator c.2 At follow-up, participating TRIO mothers will achieve a significantly higher rating on completion of health care activities for their child than will DUO or SOLO mothers.

Results Summary: The number of matched baseline and followup surveys available for this indicator was too small to allow any meaningful analysis. Additionally, there were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support a comparative analysis of the child's health care activities. Descriptive statistics for these followup survey items are found in the tables below.

Table V.D.89: Number and percent of mothers reporting children's vaccinations are up-to-date – all parenting mothers baselines and all followups

	Parenting mothers baselines		**Mothers follow-ups**	
N =	**51***		**41***	
	#	**%**	**#**	**%**
D-T-P	38	74.5	24	58.5
Polio	34	66.7	21	51.2
H-I-B	31	60.1	21	51.2
Hepatitis	44	86.3	31	75.6
AVERAGE		**71.9**		**59.1**

**Mothers with children 3 months or older*
Source: STF Surveys, 2005-2010 (PMB q17a, MOMFUP q15a)

Table V.D.90: Number and percent of mothers reporting all four children's vaccinations are up-to-date – matched parenting mothers baselines and followups

	Parenting mothers baselines		**Mothers follow-ups**	
N =	**8***		**8***	
	#	**%**	**#**	**%**
Mothers answering "yes" to all four vaccination questions	6	75.0	3	37.5

**Mothers with children 3 months or older*
Source: matched STF baseline and followup surveys, 2005-2010 (PMB q17a, MOMFUP q15a)

Indicator c.3 At follow-up, participating TRIO mothers will achieve a significantly higher rating on a series of healthy behaviors than will DUO or SOLO mothers.

Results Summary: The great majority of mothers in the program do not use tobacco, alcohol or illegal drugs. Fathers were much more likely to report using all three substances. There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support a comparative analysis of healthy behaviors. The effect of pregnancy as a mitigating factor on mothers' use of these substances is evident in that their rates of smoking and of drinking alcohol are lower at baseline. A pre-post analysis (McNemar) was conducted and showed there was a significant difference between baseline and follow-up in the likelihood that the mothers would have smoked a cigarette or used alcohol in the 3 months prior. Further examination of the data showed that:

- Mothers were significantly ***more*** likely to report using tobacco in last 3 months at followup when compared with baseline
- Mothers were significantly ***more*** likely to report using alcohol in last 3 months at followup when compared with baseline

Table V.D.91: Number and percent of participants who report NOT using tobacco, alcohol or other illegal drugs in past 3 months – all baselines and followups

	Tobacco			Alcohol			Illegal Drugs		
	n	#	%	n	#	%	n	#	%
Expectant Mothers Baseline	145	121	83.4	144	141	97.9	144	141	97.9
Parenting Mothers Baseline	109	86	78.9	107	91	85.0	107	100	93.5
Expectant Fathers Baseline	23	9	39.1	23	10	43.5	23	18	78.3
Parenting Fathers Baseline	25	11	44.0	25	11	44.0	25	15	60.0
Mothers follow-up	46	32	69.6	46	38	82.6	46	46	100.0
Fathers follow-up	3	1	33.3	3	2	66.7	3	3	100.0

Source: STF baseline & followup surveys, 2005-2009 (EMB q31a-b-c, PMB q49-b-c, EFB q27a-b-c, PFB q31a-b-c, MOMFUP q47a-b-c, DADFUP q38)

Table V.D.92: Number and percent of mothers who report NOT using tobacco, alcohol or other illegal drugs in past 3 months – matched baselines and followups

		Mothers baselines			Mothers follow-ups		
		N	#	%	N	#	%
Expectant Mothers	**Tobacco**	20	17	85.0	20	13	65.0
	Alcohol	20	20	100.0	20	16	80.0
	Illegal Drugs	20	19	95.0	20	20	100.0
Parenting Mothers	**Tobacco**	26	21	80.8	26	19	73.1
	Alcohol	26	24	92.3	26	22	84.6
	Illegal Drugs	26	24	92.3	26	26	100.0

Source: matched STF baseline & followup surveys, 2005-2009 (EMB q31a-b-c, PMB q49-b-c, MOMFUP q47a-b-c)

Pre-Post Analysis

The McNemar test was run to analyze whether mothers exhibited different levels of certain healthy behaviors at baseline compared with followup. The analysis showed there was a significant difference between baseline and follow-up in the likelihood that the mothers would have smoked a cigarette or used alcohol in the 3 months prior. The table below shows the results of the test.

Table V.D.93: Results of McNemar test of healthy behaviors

	***p* Value**
Tobacco	.016*
Alcohol	.039*
Illegal Drugs	Could not be calculated since one of the variables is a constant

Source: matched STF baseline & followup surveys, 2005-2009 (EMB q31a-b-c, PMB q49-b-c, MOMFUP q47a-b-c)

The p value refers to the level of statistical significance of the McNemar test. P-values of less than 0.05 are considered statistically significant and are marked with an asterisk (*).

Indicator c.4 At follow-up, participating TRIO mothers will achieve a significantly higher rating on safe and healthy housing than will DUO or SOLO mothers.

Results Summary: The percentage of mothers and fathers reporting their current living situation is both safe and affordable for them is quite high–in the high eighty percent range even at baseline, and it climbs at followup. The pre-post difference is not significant, as determined by an analysis (McNemar) of baselines vs. followups. There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support the planned comparative analysis of mothers' housing among these three groups.

Table V.D.94: Number and percent of participants who say their current living arrangement is safe & healthy for them for the next 6 months – all baselines & followups

	Baseline Surveys			**Follow-Up Surveys**		
	n	**#**	**%**	**n**	**#**	**%**
Expectant Mothers	146	129	88.4	20	18	90.0
Parenting Mothers	108	102	94.4	26	26	100.0
Expectant Fathers	24	20	83.3	3	3	100.0
Parenting Fathers	25	23	92.0			

Source: STF surveys, 2005-2010 (EMB q4a, PMB q3a, EFB q3a, PFB q3a, MOMFUP q2a, DADFUP q 3a)

Table V.D.95: Number and percent of mothers who say their current living arrangement is safe & healthy for them for the next 6 months – matched baselines and followups

	Baseline Surveys			**Follow-Up Surveys**		
	n	**#**	**%**	**n**	**#**	**%**
Expectant Mothers	20	17	85.0	20	18	90.0
Parenting Mothers	26	24	92.3	26	26	100.0
Total	46	41	89.1	46	44	95.7

Source: Matched STF baseline and followup surveys, 2005-2010 (EMB q4a, PMB q3a, MOMFUP q2a)

Table V.D.96: Number and percent of participants who say their current living arrangement is affordable for them for the next 6 months – all baselines & followups

	Baseline Surveys			Follow-Up Surveys		
	n	#	%	n	#	%
Expectant Mothers	143	121	84.6	20	18	90.0
Parenting Mothers	108	92	85.2	26	22	84.6
Expectant Fathers	20	17	85.0	3	3	100.0
Parenting Fathers	25	23	92.0			

Source: STF surveys, 2005-2010 (EMB q4a, PMB q3b, EFB q3b, PFB q3b, MOMFUP q2b, DADFUP q 3b)

Table V.D.97: Number and percent of mothers who say their current living arrangement is affordable for them for the next 6 months – matched baselines and followups

	Baseline Surveys			Follow-Up Surveys		
	n	#	%	n	#	%
Expectant Mothers	20	19	95.0	20	18	90.0
Parenting Mothers	26	24	92.3	26	22	84.6
Total	46	43	93.5	46	40	87.0

Source: Matched STF baseline and followup surveys, 2005-2010 (EMB q4b, PMB q3b, MOMFUP q2b)

Pre-Post Analysis

The McNemar test was run to analyze whether mothers exhibited different levels of certain healthy behaviors at baseline compared with followup. The analysis showed there was no significant difference between baseline and follow-up in the likelihood that the mothers would say their current housing was safe/healthy or affordable. The table below shows the results of the test.

Table V.D.98: Results of McNemar test of housing measures

	***p* Value**
Safe & healthy home	.625
Affordable home	.687

Source: Matched STF baseline and followup surveys, 2005-2010 (EMB q4a & b, PMB q3a & b, MOMFUP q2a & b)

The p value refers to the level of statistical significance of the McNemar test. P-values of less than 0.05 are considered statistically significant and are marked with an asterisk (*).

Indicator c.5 At follow-up, participating TRIO mothers will be significantly less likely to have been diagnosed with an STD in the previous 12 months than DUO or SOLO mothers.

Results Summary: There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support a comparative analysis of STD diagnosis. However, a pre-post analysis (t-test) was conducted on all cases for which there were sufficient numbers of matched baseline and followup surveys. The analysis showed there was no significant difference between baseline and follow-up in the likelihood of an STD diagnosis. However one mother was newly diagnosed with HIV between baseline and followup.

Table V.D.99: Number/percent of mothers and FOBs diagnosed with an STD in previous 12 months – all baselines & followups

	Baseline Surveys			Follow-Up Surveys		
	n	**#**	**%**	**n**	**#**	**%**
Expectant Mothers	131	28	21.4	20	2	10.0
Parenting Mothers	106	14	13.2	26	4	15.4
Expectant Fathers	23	2	8.7	3	1	33.3
Parenting Fathers	13	2	15.4			

Source: STF surveys, 2005-2010 (EMB q31_h, PMB q48h, EFB q26_ 1, PFB q30_1, MOMFUP q46g1, DADFUP q36b_1)

Table V.D.100: Number/percent of mothers and FOBs diagnosed with an STD in previous 12 months – matched baselines and followups

	Baseline Surveys			Follow-Up Surveys		
	n	**#**	**%**	**n**	**#**	**%**
Expectant Mothers	20	5	25.0	20	2	10.0
Parenting Mothers	26	2	7.7	26	4	15.4
Total	46	7	15.2	46	6	13.0

Source: Matched STF baseline & followup surveys, 2005-2010 (EMB q31_h, PMB q48h, MOMFUP q46g1)

Table V.D.101: Number/percent of mothers and FOBs who are HIV positive – all baselines and followups

	Baseline Surveys			Follow-Up Surveys		
	n	**#**	**%**	**n**	**#**	**%**
Expectant Mothers	127	5	3.9	20	1	5.0
Parenting Mothers	103	3	2.9	26	1	3.8
Expectant Fathers	23	2	8.7	3	0	0
Parenting Fathers	13	1	7.7			

Source: STF surveys, 2005-2010 (EMB q31_i, PMB q48i, EFB q26_2, PFB q30_2, MOMFUP q46g2, DADFUP q36b_2)

Table V.D.102: Number/percent of mothers who are HIV positive – matched baselines and followups

	Baseline Surveys			Follow-Up Surveys		
	n	**#**	**%**	**n**	**#**	**%**
Expectant Mothers	20	0	0.0	20	1	5.0
Parenting Mothers	26	1	3.8	26	1	3.8
Total	46	1	2.2	46	2	4.3

Source: Matched STF baseline & followup surveys, 2005-2010 (EMB q31_i, PMB q48i, MOMFUP q46g2)

Pre-Post Analysis

The McNemar test was run to analyze whether there was a difference in the likelihood that mothers would have been diagnosed with an STD at baseline compared with followup. The analysis showed there was no significant difference between baseline and follow-up in the likelihood of an STD diagnosis. The table below shows the results of the test.

Table V.D.103: Results of McNemar test of STD diagnosis

	***p* Value**
Diagnosed with an STD	1.000

Source: Matched STF baseline & followup surveys, 2005-2010 (EMB q31_h, PMB q48h, MOMFUP q46g1)
The p value refers to the level of statistical significance of the McNemar test. P-values of less than 0.05 are considered statistically significant and are marked with an asterisk (*).

Indicator c.6 At follow-up, participating TRIO mothers will be significantly more likely to attribute learning strategies to stay safe and healthy to the program than will DUO or SOLO mothers.

Results Summary: Between one-third and one-half of participants reported having achieved goals they set for themselves in the area of staying safe and healthy. What is more interesting is that over half of mothers (28 or 61%) said the STF program helped improve their access to health care and three-quarters (33 or 75%) said the program helped them understand their child's developmental needs. There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support a comparative analysis of this indicator. Descriptive statistics for these followup survey items are found in the tables below.

Table V.D.104: Number and percent of Mothers/FOBs who say STF helped them achieve Safety & Health goals at followup

Category of Goal	Mothers			Fathers of Babies		
	valid n*	#	%	valid n*	#	%
Safety	37	17	45.9	2	1	50
Housing	26	13	50.0	0	0	NA
Physical health/Medical	27	10	37.0	0	0	NA
Mental health/ATODA	10	4	40.0	0	0	NA
Relaxation – socialization	25	12	48.0	1	1	100
AVERAGE			44.2			38.5

** For each category, only asked of participants who said they achieved a goal in that category*
Source: STF Follow-up Surveys, 2006-2010 (MOMFUP q38h_1 q38i_1 q38j_1 q38k_1 q38l_1, DADFUP q31)

Table V.D.105: Mothers who say the program improved their access to health care

	#	%
Mothers Follow-up valid n = 46	28	60.9
Fathers Follow-up valid n = 3	2	66.7

Source: STF Follow-up Surveys, 2005-2010 (MOMFUPq46h , DADFUP q37)

Table V.D.106: Mothers who say the program improved their baby's health care

	#	%
Mothers Follow-up valid n = 46	21	45.7

Source: STF Follow-up Surveys, 2007-2010 (MOMFUPq15b)

Table V.D.107: Mothers and FOBs who say the program helped them understand their child's developmental needs

	#	%
Mothers Follow-up valid n = 46	33	75.0
Fathers Follow-up valid n = 3	2	66.7

Source: STF Follow-up Surveys, 2005-2010 (MOMFUP q21b , DADFUP q18a)

VD2d. *Teen mothers who participate in a home-visitation program as TRIOS will be significantly more likely to report* ***responsible family planning behaviors & attitudes*** *at 12-month follow-up than will those participating as DUOS or SOLOS*

Indicator d.1 At follow-up, participating TRIO mothers will achieve a significantly higher rating on responsible family planning activities than will DUO or SOLO mothers.

Results Summary: Over all five program years, five mothers (10%) reported a pregnancy at followup, which would be considered a repeat pregnancy. One-quarter (55 out of 222, or 25%) of mothers who took the baseline survey said they want to have another baby sometime before marriage or already had another baby or don't know. This percent increases when looking only at mothers with matched baselines and followups—15 or 32% of these mothers seem to be open to a repeat pregnancy before marriage at baseline, and that number does not change at followup. When asked about birth control, three-quarters of mothers (36 or 78%) report using either effective family planning techniques or abstaining from sex at baseline. This percentage increases at followup to 40 or 87% of mothers. There were an insufficient number of followup surveys in each treatment group (TRIO-DUO-SOLO) to support the planned comparative analysis of responsible family planning activities. However, a pre-post analysis (McNemar) was conducted on all cases for which there were sufficient numbers of matched baseline and followup surveys. The analysis showed there was no significant difference between baseline and follow-up in the likelihood of mothers' reporting responsible family planning.

Table V.D.108: Participating Mothers who report they are pregnant at follow-up

	Mothers Follow-up * n = 48	
	#	**%**
Yes	5	10.4
No	42	87.5
Don't know	1	2.1

** Does not include mothers who were pregnant at intake and who exited the program prior to birth of index child*
Source: STF follow-up surveys, 2006-2010 (MOMFUP q43)

Table V.D.109: Number and percent of mothers who say they want to have another baby sometime before marriage or already had another baby or don't know* - all baselines

	Baseline Surveys		
	n	**#**	**%**
Expectant Mothers	117	26	22.2
Parenting Mothers	105	29	27.6
Total	222	55	24.8

** Only includes mothers not already married*
Source: STF surveys, 2005-2010 (EMB q19, PMB q31, MOMFUP q29)

Table V.D.110: Number and percent of mothers who say they want to have another baby sometime before marriage or already had another baby or don't know* - matched baselines and followups

	Baseline Surveys			Follow-Up Surveys		
	n	#	%	n	#	%
Expectant Mothers	20	6	30.0	20	7	35.0
Parenting Mothers	26	9	34.6	26	8	30.7
Total	46	15	32.6	46	15	32.6

** Only includes mothers not already married*
Source: Matched STF baseline & followup surveys, 2005-2010 (EMB q19, PMB q31, MOMFUP q29)

Table V.D.111: Number and percent of participants reporting using effective family planning techniques or abstaining from sex – all baselines and followups

	Baseline Surveys			Follow-Up Surveys		
	n	#	%	n	#	%
Expectant Mothers	125	92	73.60	20	16	80.0
Parenting Mothers	104	95	91.35	26	24	92.3
Expectant Fathers	23	19	82.61	3	3	100
Parenting Fathers	25	19	76.00			

Source: STF surveys, 2005-2010 (EMB q29, PMB q46, EFB q24, PFB q28, MOMFUP q44, DADFUP q33)

Table V.D.112: Number and percent of participants reporting using effective family planning techniques or abstaining from sex – matched baselines and followups

	Baseline Surveys			Follow-Up Surveys		
	n	#	%	n	#	%
Expectant Mothers	20	12	60.0	20	16	80.0
Parenting Mothers	26	24	92.3	26	24	92.3
Total	46	36	78.3	46	40	87.0

Source: Matched STF baseline and followup surveys, 2005-2010 (EMB q29, PMB q46, MOMFUP q44)

Pre-Post Analysis

The McNemar test was run to analyze whether there was a difference in the likelihood that mothers would report responsible use of family planning at baseline compared with followup. The analysis showed there was no significant difference between baseline and follow-up in the likelihood of responsible family planning. The table below shows the results of the test.

Table V.D.113: Results of McNemar test family planning items

	***p* Value**
Want to have another baby before marriage	1.00
Using effective family planning techniques or abstaining from sex	.227

Source: Matched STF baseline & followup surveys, 2005-2010 (EMB q19 & 29, PMB q31 & 46, MOMFUP q29 & 44)
The p value refers to the level of statistical significance of the McNemar test. P-values of less than 0.05 are considered statistically significant and are marked with an asterisk (*).

VD3. Missing Data

Please see section VC7d of this report.

VD4. Attrition Analysis

Please see section VC7b of this report.

V.E. Discussion

VE1. Interpretation of the results for each evaluation questions, including process component

Implementation Process Indicators

1. **# of at-risk teen mothers enrolled**
2. **# of FOBs enrolled**
3. **# of ASPs enrolled**
4. **# of children enrolled**
5. **# of TRIOS, DUOS and SOLOS enrolled**

Year Five Results

In Year Five, STF served an unduplicated total of 124 teen mothers, 28 fathers of babies, 71 adult support persons, and 140 children. The majority of participants (69% of mothers, 79% of fathers) were African-American.

- 27 (22%) active teen mothers had both an ASP *and* FOB participating (TRIO);
- 66 (53%) of the active mothers had either an FOB or an ASP registered with them (FOB DUO or ASP DUO); and
- 31 (25%) of active teen mothers participated with just their children (SOLOS).

Cumulative Results for Years One – Five

Despite the best efforts of STF staff, the program struggled with recruiting enough fathers and adult support persons to create a significant number of TRIOS:

- 42 (10%) active teen mothers had both an ASP *and* FOB participating (TRIO);
- 153 (36%) of the active mothers had either an FOB or an ASP registered with them (FOB DUO or ASP DUO); and
- 231 (54%) of active teen mothers participated with just their children (SOLOS).

Evaluators and staff held meetings throughout program implementation to discuss the problem of TRIO recruitment and determine solutions. STF staff had many suggestions to improve the situation but it is unclear how many of the suggestions were implemented. The primary barrier to the formation of TRIOS was the recruitment of the fathers of the babies. In the end, 42 TRIOS were served through all five program years. That meant less than 10% of teen mothers participated in the program under the "ideal" treatment condition, with both the father of the baby and an adult support person registered.

6. **# of participants completing evaluation surveys (baseline & followup)**

Baseline surveys were given by STF staff during first meeting with participating mothers and fathers. Follow-up surveys were administered over the phone by staff of UW-Milwaukee CUIR when a participating mother or father reached her/his one-year anniversary of enrolling in the program, or if a case was closed, whichever came first. Of the 426 teen mothers served by STF over the course of all five program years, 262 (70.6%) filled out baseline surveys and of those who took the baseline, 46 (17.6%) completed follow-up surveys. Of the 68 fathers served by STF, 49 (72%) filled out baseline surveys and of those, just 3 (6.12%) completed follow-up surveys.

Dosage Process Indicators

1. Length of time in program

Year Five Results

Year Five participants could have entered the program in any one of the preceding four program years, or have been new entries in Year Five. Therefore, the total possible length of time an individual served in Year Five could have spent in the program was 60 months. Out of this total possible number of months:

- Mothers active in Year Five spent an average of 9.8 months in the program (46% had tenures of 3 months or less and the most common number of months served was zero months), Fathers 12.5 months, Adult Support People 9.0 months, and Children 10.1 months; and
- TRIOS active in Year Five spent an average of 14.0 months in the program (33% had tenures of 3 or less months and the most common number of months served was 0 months), FOB DUOS 16.5 months, ASP DUOS 6.8 months, and SOLOS 8.9 months.

Cumulative Results for Years One – Five

The longest possible length of time an STF participant could have spent in the program was 60 months. Out of this total possible number of months:

- Mothers spent an average of 7.4 months in the program (43% had tenures of 3 months or less and the most common number of months served was two months), Fathers 8.6 months, Adult Support People 8.3 months, and Children 7.8 months; and
- TRIOS spent an average of 12.4 months in the program (26% had tenures of 3 or less months and the most common number of months served was 0 months), FOB DUOS 11.5 months, ASP DUOS 6.7 months, and SOLOS 6.1 months.

2. Case closure rates and reasons

Year Five Results

The data for participants served in Year Five show the following case closure rates (“no contact/not located” was by far the most common reason an individual case is closed):

- TRIOS = 44%
- FOB DUOS = 42%
- ASP DUOS = 72%
- SOLOS = 84%

Cumulative Results for Years One – Five

The data for STF participants for all years show the following case closure rates (“no contact/not located” was by far the most common reason an individual case is closed):

- TRIOS = 64%
- FOB DUOS = 83%
- ASP DUOS = 87%
- SOLOS = 98%

3. Number of client contacts made

Data on this measure were difficult to obtain for Years One – Four, and for Year Five, data was obtained but it was unclear whether the data were completely reliable. Given these constraints, it can be reported that participating mothers received the highest number of client contacts at 21 per mother; FOBs received the second-highest number of client contacts at 18 per father; and ASPs received the lowest number of contacts at 4 per ASP.

4. Support group sessions

Support group sessions were offered throughout the five years of the program, however attendance was voluntary and many sessions reported zero attendees.

5. Number of health-related services offered by the program nurse

Services offered by the program nurse, which included "Baby and Me" classes and physical/social/emotional screenings, were generally well-attended. All children scoring below cutoff on the screenings were referred to an appropriate resource. Throughout all five program years, it was reported by the nurse that between 95%-100% of participating mothers had a medical home.

6. Number of referrals made for program-related services

Across all five program years, referrals as measured by the in-house database were not common. Despite the high rates of STDs in the population served (18% of mothers surveyed at baseline said they had been diagnosed with an STD within the past 12 months) program records show only one referral for STD counseling in all five years. There were just eleven referrals recorded for family planning. More referrals were recorded for education, employment and housing but the numbers were still low, and dropped off considerably in the final two years of the program. It is probable that this function of the database was not fully or consistently utilized by program staff, resulting in undercounts.

On a positive note, referrals to the Bureau of Milwaukee Child Welfare, which would be made in the case of abuse or neglect of a child, were very infrequent. Only ten such referrals were made over the course of the program and, to the best of the staff's knowledge, none were substantiated.

Outcome Evaluation Questions

The total number of followup surveys completed for the five year project was 46 (18% of those who had completed baseline surveys) for participating mothers and 3 (6%) for participating fathers. When broken down into the TRIO-DUO-SOLO groups, there were not enough surveys in any one group to permit the planned comparative analysis of the evaluation hypothesis. Evaluators instead carried out nonparametric tests designed to determine whether or not there was any significant difference between baseline and followup surveys on all indicators for which such an analysis was possible. An overview of the results of this analysis are presented below.

1. Are teen mothers who participate in the program as TRIOS significantly more likely to report strong family relationships at 12-month followup than are those participating as DUOS or SOLOS?

- No mothers reported a decrease in the use of eight ***nurturing parental behaviors*** between baseline and followup, and in the pre-post analysis mothers showed statistically significant increases in their nurturing behavior scores. On a related followup measure, 28 (61%) of mothers said they learned about nurturing parental behaviors from the STF program. Evaluators noted that a very large number of individuals, both mothers and fathers, answered "Don't Know/Not Applicable" to these items. The answers "Don't Know" and "Not Applicable" were coded the same in the survey, so it was impossible to know how many parents felt they didn't know the answer to this question, versus the number who felt the behavior was "not applicable." In future versions of this survey, it is recommended these two answer options be coded separately. Also, further study of why individuals answered "don't know" or "not applicable" could reveal more about these behaviors and teen parents' understanding of when and how to use them. It should also be noted that all these nurturing behaviors may not be age-appropriate. For example, it may not be age-appropriate to "play with toys such as blocks" with a one-month old baby. This may explain the high number of "don't know/not applicable" answers at baseline, when many of the program participants had extremely young babies, and why the percent of parents using these behaviors increased between baseline and followup.
- The data show that the overwhelming majority of participating mothers have ***positive attitudes about parenting***, with 100% stating in followup surveys that they "consider being a parent a good thing" and "enjoy spending time" with their children.
- At follow-up, more mothers reported being in ***contact with the father of their child*** than at baseline (76% vs 62%) however a pre-post analysis failed to show that this difference was significant. On a related followup measure, 20 (44%) of mothers said their relationship with the father of their child improved because of the STF program.
- In all situations studied, ***fathers*** were providing the same or increased ***support to the mothers*** at followup when compared with baseline. More expectant mothers reported financial support (75% at followup vs. 67% at baseline) and the same was true of parenting mothers (83% at followup vs. 67% at baseline). Nonfinancial support from the fathers showed similar trends. Statistical analysis failed to show, however, that these differences were significant.

- More mothers reported ***positive relationships with their adult support person (ASP)*** in followup surveys when compared with baseline, but again the pre-post analysis failed to prove the differences were significant. On a related followup measure, 26 (57%) of mothers said their relationship with their ASP improved because of the STF program.
- In follow-up surveys, over 50% of mothers said STF helped them achieve a variety of ***relationship goals*** they had set for themselves.

2. Are teen mothers who participate in the program as TRIOS significantly more likely to report learning strategies to become self-sufficient at 12-month followup than are those participating as DUOS or SOLOS?

- Participants entered the program already convinced of the importance of graduating from high school, with nearly 100% of mothers stating in their baseline survey that it is "very important" or "extremely important" to them to graduate from high school, vocational or trade school.
- A relatively small percentage of mothers reported ever being enrolled in a job training program. Just 40 (17%) of mothers reported being enrolled in a job training program at baseline, and of those, 20 (50%) had completed the job training.
- In follow-up surveys over 30% of mothers said STF helped them achieve a variety of self-sufficiency goals.

3. Are teen mothers who participate as TRIOS significantly more likely to report learning strategies to stay safe & healthy at 12-month followup than are those participating as DUOS or SOLOS?

- Mothers appeared to be slightly less likely to report completing certain health care activities for themselves (pap smear, pelvic exam) at followup when compared to baseline, however a pre-post analysis failed to show any significant change.
- The great majority of mothers in the program do not use tobacco, alcohol or illegal drugs; fathers were more likely to report using all three substances. The effect of pregnancy as a mitigating factor on mothers' use of these substances is evident in that their rates of smoking and drinking alcohol are lower at baseline. The pre-post analysis showed there was a significant difference between baseline and followup in the likelihood that mothers would have smoked a cigarette or used alcohol in the three months prior.
- The percentage of mothers and fathers reporting their current living situation as both safe and affordable was in the high eighty percent range even at baseline, and it climbed at followup. The pre-post difference was not, however, found to be significant.
- Between one-third and one-half of participants reported having achieved goals they set for themselves in the area of staying safe and healthy.
- In follow-up surveys 28 (61%) mothers said STF improved their access to health care and 21 (46%) said the program improved their baby's health care
- In follow-up surveys 33 (75%) mothers said STF helped them understand their baby's developmental needs.

- The pre-post analysis showed there was no significant difference between baseline and followup in the likelihood of an STD diagnosis, however one mother was newly diagnosed with HIV between baseline and followup.

4. ***Are teen mothers who participate as TRIOS significantly more likely to demonstrate responsible family planning behaviors and attitudes healthy at 12-month followup than are those participating as DUOS or SOLOS??***

- Teen mothers in the program have reported five repeat pregnancies
- At baseline, 55 (25%) mothers said they want to have another baby sometime before marriage or already had another baby or don't know if they want to have another baby before marriage.
- At follow-up, 40 (87%) mothers reported using effective family planning techniques or abstaining from sex. A pre-post analysis did not show that there was a difference in this measure between baseline and followup.

VE2. Issues that affected the outcome evaluation and how they were addressed

1. Alignment of hypothesis and objectives. In Year Four, evaluators revised the overall hypothesis and all of the objectives so that they are aligned. Also, instead of attempting to analyze data on both mothers and fathers, the objectives were narrowed to focus on a post-test comparison of the three treatment groups.

2. Baseline and Follow-up Survey Data. Problems with the baseline survey data that came to light in the process of preparing the Year Two evaluation report were completely eliminated. Of concern for the last two program years was the low rate of completion of follow-up surveys, particularly for fathers.

3. STF In-House Database "Family Service Tracker." Developed in 2006 by Rosalie Manor to track client statistics and contacts, this database became operational in January 2007 but complete migration of the data from paper records was not completed until the middle of 2008 (Year Three). In the process of gathering data for the Year Three report, evaluators discovered there was still some missing data, particularly open and close dates for Year One participants. During Year Four, this missing data was nearly completely filled in by accessing paper records and inputting the data into the database, allowing evaluators to get a true picture of length of time in program for the first time. Even in Year Five, problems remained in accessing the data within the database, and the creation of queries that produced reliable data was extremely difficult.

4. Randomized Comparison Group In consultation with OAPP and RTI, in Year Two the STF evaluators and staff worked together to come up with a method of randomizing the selection of a comparison group for the evaluation. The intake worker did a good job of randomly assigning participants to the comparison group, but by the end of Year Three, there was still a very small number of cases in the comparison group. The situation was discussed with OAPP and RTI at the December 2008 conference and it was agreed a power analysis was not indicated given these small numbers. As a result, the evaluators revised the evaluation

design from an experimental, randomized control group study to a quasi-experimental design comparing different treatment conditions as described elsewhere in this report.

VE3. Problems encountered during the implementation/evaluation process and proposed solutions

Other than the problems noted above, most of the problems encountered during the implementation/evaluation process were taken care of and the evaluators encountered few obstacles to successful completion of the evaluation in Year Five.

VE4. A statement of the extent to which the program reached or is approaching its objectives

The program does a good job of serving a large number of pregnant and parenting teens in Milwaukee, and there are many indications in the data that the program's approach is successful with this difficult-to-serve populations. However the overall lack of TRIOs, coupled with extremely low completion rate of follow-up surveys, hampered the ability of the evaluation to produce statistically significant results.

VE5. Implications of Findings

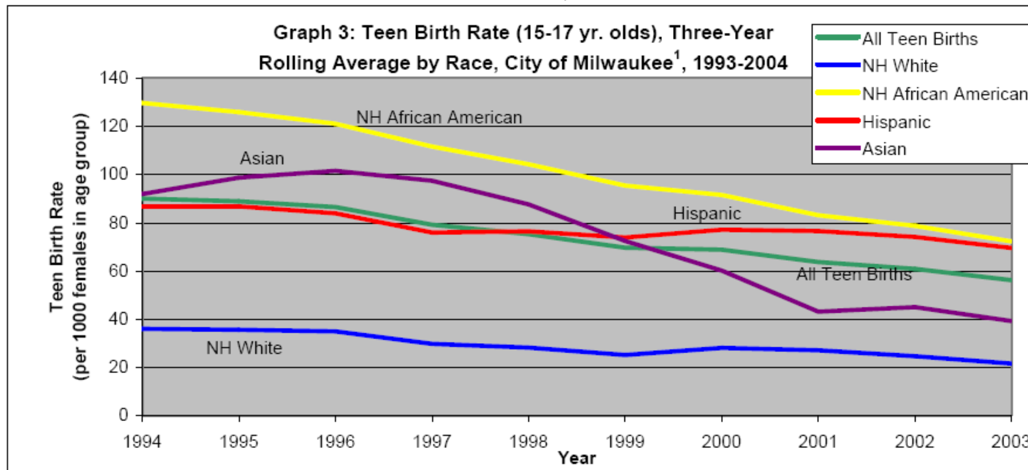
While it was ultimately not possible to draw concrete conclusions as to the efficacy of the STF program in achieving its goals, there are some tantalizing hints that the program is having some success. In particular, the 10% rate of repeat pregnancies at 12-month followup, low when compared with Milwaukee's overall repeat pregnancy rate of 27% for girls under 20 years of age (as seen in table V.E.1 and chart V.E.1 below), could indicate the program is having its intended effect. Further study is warranted.

Table V.E.1: Teen Birth Rate & Repeat Teen Birth Rate8 by Race/Ethnicity, City of Milwaukee, 1996-2004

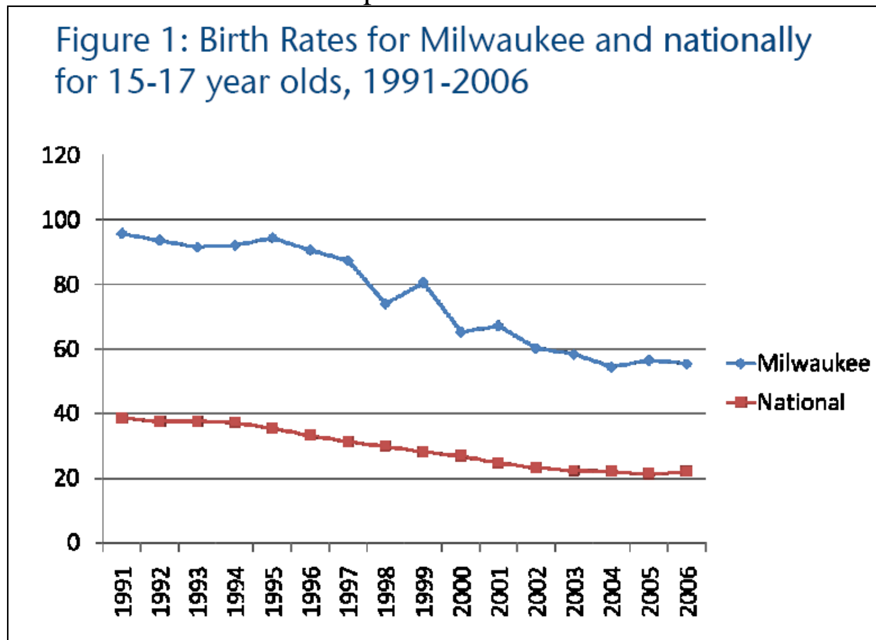
Race	15-17 year olds teen birth rate 1996-2004 (no. in 2004)	15-19 year olds teen birth rate 1996-2004 (no. in 2004)	15-19 year olds repeat teen birth rate 1996-2004 (no. in 2004)	Percent of teen births <20 yrs. old that are repeat 1996-2004
NH White	26.9 (64)	37.0 (226)	6.9 (40)	19%
NH African American	91.3 (465)	130.3 (1158)	38.7 (314)	30%
Hispanic	74.0 (148)	108.5 (380)	26.8 (91)	25%
NH Asian/PI				
- Hmong and Laotian	68.2 (17)	89.0 (54)	32.4 (15)	36%
- All other Asian/PI	46.4 (2)	67.7 (16)	20.2 (4)	30%
NH American Indian	74.6 (8)	99.6 (20)	21.5 (3)	22%
TOTAL	67.9 (704)	89.6 (1840)	24.5 (467)	27%

** Teen Birth Rate = number of births in given age group/1,000 females in given age group*
Source: JUST THE FACTS: Teen Risky Sexual Behavior in Milwaukee

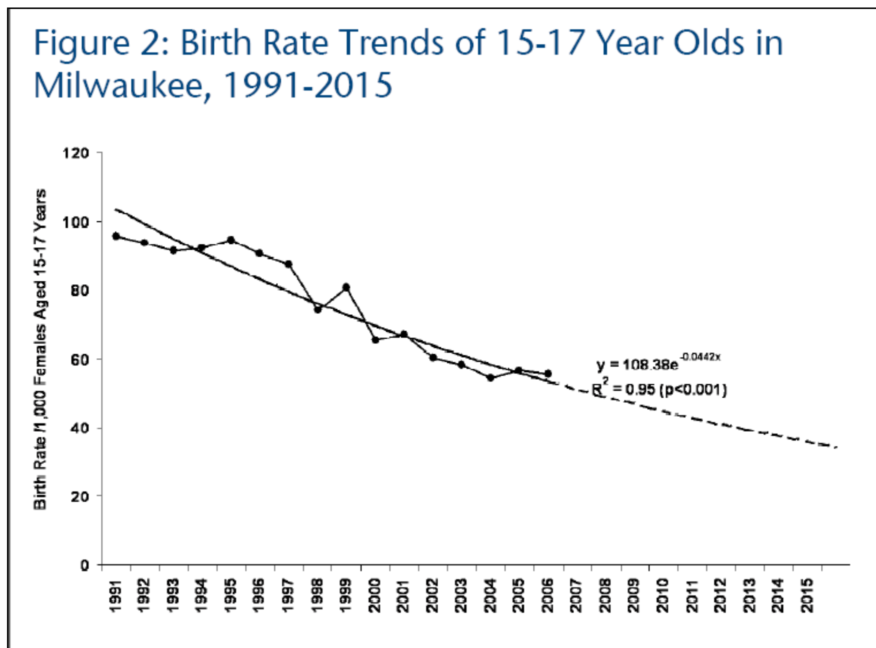
Chart V.E.1: Milwaukee: Teen Birth Rate by Race



More recent information (Figures 1 & 2, next page) shows this general downward trend in teen births in Milwaukee is part of a similar national trend.



Source: "Setting a Goal to Reduce Teen Births in Milwaukee by 2015," UW-Milwaukee Center for Urban Population Health, Poster by T. Salm Ward, et al, http://www.cuph.org/projects/teen-birth/



Source: “Setting a Goal to Reduce Teen Births in Milwaukee by 2015,” UW-Milwaukee Center for Urban Population Health, Poster by T. Salm Ward, et al, http://www.cuph.org/projects/teen-birth/

Actual data on teen pregnancy rates is always several years behind, but an update recently released by the Milwaukee Health Department reported a 2007 birth rate of 50.03 per 1,000 teens aged 15-17 years, a 10% drop from 2006’s birth rate of 55.439. Difficult to prove, but the Rosalie Manor STF program could be a part of helping cause this downward trend.

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VF. Recommendations

1. **Reduce the overall number of mothers served while increasing recruitment of FOBs and ASPS in a targeted fashion to raise the number of TRIOS enrolled in the program.**

   This is the single most important recommendation. There are indications within the data that the program model might indeed produce better results for mothers who enroll together with the father of their baby and/or an adult support person. Confirmation of such a finding could be of great use to the field of home visitation and case management.

2. **The program should abandon the current in-house database and migrate all data to a purchased system with adequate technical support.**

   Although it looked promising when it began, the proprietary database created for STF ultimately proved to be unstable, unreliable and suffered from a severe lack of technical support. If the program is to undergo further rigorous evaluation, it should purchase a proven successful database that has adequate technical support and that is web-based, to allow evaluators full access to the data.

3. **A larger percentage of the program budget needs to be allocated to the evaluation to allow evaluators to track participants more closely.**

   It is critical that STF staff and evaluators have the resources needed to continue to follow mothers for the entire 12-month period between baseline and followup. Additional resources would allow an evaluation staff person to stay in touch with mothers via Facebook, cell phone and even postcards. As has been pointed out by other OAPP-funded programs, personal connections need to be made in order to ensure that participants remain committed to completing the followup survey. More resources would also allow evaluators to offer better incentives for followup survey completion.

VG. Professional Presentations or Publications from the AFL Demonstration Project

The evaluators explored options for presenting evaluation and program highlights in a variety of settings, but have not yet published or presented anything on the STF program evaluation.

A. Sharing with the local community.
- The evaluators are interested in sharing evaluation highlights with the STF participants and also with the local community involved in the issues being studied. They would like to present this information at a community initiative addressing the dilemma of adult men fathering children with teen mothers (event does not exist; would need to be designed).

B. Sharing results statewide.
- Wisconsin has convened a joint legislative committee on Strengthening Families, with a five-year timeline. The evaluators hope to share the results of the STF research with this statewide committee in order to help illustrate the challenges in serving such a fragile, at-risk population.
- The evaluators are exploring the possibility of doing a presentation at the Wisconsin Public Health Association annual meeting.
- The evaluators would like to do a poster presentation for at least one appropriate conference in Wisconsin once the Year Five results are available.

VI. APPENDICES

VI.A. Enclosure A: Numbers and Types of Program Participants

Program Statistics

Special Note: Please count EVERY participant involved in your AFL program regardless of how long or the level of involvement in your program's activities. To the best of your ability, please provide unduplicated numbers of clients seen this year. The numbers of participants in the table for ethnicity should be the same as the numbers of participants in the table for race, for females and males respectively. ***Please include in the category "adolescent parents" who entered the project at the age of 18 or younger but are now over 18 due to being enrolled in the project for a follow-up period.

Statistics for Participants Served in Year 5

Evaluator's Note: The following chart uses the midpoint of the project year, 3/30/10, as the reference date for determining participants' ages. All Hispanics are assumed to be "white"

Count of Pregnant and Parenting Adolescent Women in Year 5 of the AFL Project:

Ethnicity	14 years and under	15-17 years	18-19 years	20 Years and Older	Total
Hispanic or Latino	0	11	8	1	20
Not Hispanic or Latino	3	38	37	26	104
Unknown/unreported	0	0	0	0	0
Total	3	49	45	27	124

Race	14 years and under	15-17 years	18-19 years	20 Years and Older	Total
American Indian or Alaska Native	0	0	1	1	2
Asian	0	1	0	0	1
Black or African American	2	29	32	23	86
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
White	1	19	12	3	35
More than one race	0	0	0	0	0
Unknown/unreported	0	0	0	0	0
Total	3	49	45	27	124

Count of Adolescent Fathers and Male Partners Served in Year 5 of the AFL Project

Ethnicity	14 years and under	15-17 years	18-19 years	20 Years and Older	Total
Hispanic or Latino	0	1	0	2	3
Not Hispanic or Latino	0	1	7	17	25
Unknown/unreported	0	0	0	0	0
Total	0	2	7	19	28

Race	14 years and under	15-17 years	18-19 years	20 Years and Older	Total
American Indian or Alaska Native	0	0	0	0	0
Asian	0	0	0	0	0
Black or African American	0	1	5	16	22
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
White	0	1	2	3	6
More than one race	0	0	0	0	0
Unknown/unreported	0	0	0	0	0
Total	0	2	7	19	28

Count of Other Clients Served in Year 5:

	Infants and Children	Siblings	Parents/ Grandparents	Other Care Services Recipients (describe below)	Total
Total	140*	?	71**	?	211

** Program does not differentiate between "index" child and siblings also enrolled*

*** By design, program enrolls significant numbers of "adult support persons" but does not distinguish between those who are parents of the enrolled teen mother, grandparents, other related adults, or other friend; anecdotally it is known that most ASPs are in fact the parents or grandparents of the enrolled teen mother*

Statistics for Participants Served in All Project Years

Evaluator's Note: The following chart uses the dates of participants' entry into the program, as the reference dates for determining age. All Hispanics are assumed to be "white"

Count of Pregnant and Parenting Adolescent Women in All Years of the AFL Project:

Ethnicity	14 years and under	15-17 years	18-19 years	20 Years and Older	Total
Hispanic or Latino	5	42	13	1	61
Not Hispanic or Latino	12	171	168	14	365
Unknown/unreported	0	0	0	0	0
Total	17	213	181	15	426

Race	14 years and under	15-17 years	18-19 years	20 Years and Older	Total
American Indian or Alaska Native	0	2	1	0	3
Asian	0	2	2	0	4
Black or African American	11	152	156	12	331
Native Hawaiian or Other Pacific Islander	0	1	0	0	1
White	6	56	22	3	87
More than one race	0	0	0	0	0
Unknown/unreported	0	0	0	0	0
Total	17	213	181	15	426

Count of Adolescent Fathers and Male Partners in All Years of the AFL Project

Ethnicity	14 years and under	15-17 years	18-19 years	20 Years and Older	Total
Hispanic or Latino	1	1	1	5	8
Not Hispanic or Latino	0	13	26	36	75
Unknown/unreported	0	0	0	0	0
Total	1	14	27	41	83

Race	14 years and under	15-17 years	18-19 years	20 Years and Older	Total
American Indian or Alaska Native	0	0	0	0	0
Asian	0	0	0	0	0
Black or African American	0	12	24	33	69
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
White	1	2	3	8	14
More than one race	0	0	0	0	0
Unknown/unreported	0	0	0	0	0
Total	1	14	27	41	83

Count of Other Clients Served in All Project Years:

	Infants and Children	Siblings	Parents/ Grandparents	Other Care Services Recipients (describe below)	Total
Total	423*	?	156**	?	579

** Program does not differentiate between "index" child and siblings also enrolled*

*** By design, program enrolls significant numbers of "adult support persons" but does not distinguish between those who are parents of the enrolled teen mother, grandparents, other related adults, or other friend; anecdotally it is known that most ASPs are in fact the parents or grandparents of the enrolled teen mother*

VI.B. Enclosure B: Data Supporting the AFL Care Performance Measures

Performance Measures for AFL Care Projects

All grantees should complete Performance Measures 1-3 using the AFL Care Core Follow-Up Instrument. A separate Enclosure B should be completed for clients at 12 and 24 month follow-up data points. **Please only report on clients in the intervention group for the performance measures. If there are 2 intervention groups, report on all clients in intervention groups based on follow-up data point.**

CARE LONG TERM MEASURE # 1: Reduce the incidence of clients in AFL Care demonstration projects who do not have a repeat pregnancy.

Number of respondents who answered "yes" to Care Core Follow-up Question 43: "Are you pregnant now?" * __5___

Number of respondents completing Follow-Up Question 43. __48__

** This is how the question is asked in the version of the Care Core Follow-up Instrument being used by STF. The instrument is the same for teens who entered the program pregnant or parenting. It is administered at time client's case closes or at 12 months of program participation, whichever comes first. Data reported here is for all clients in program years one – four, inclusive.*

CARE LONG TERM MEASURE #2: Increase infant immunization among clients in AFL Care demonstration projects.

Number of respondents with infants aged 3 months or older who answered "yes" to all 4 vaccinations listed in Care Core Follow-up Question 15a "Please tell me if your child has had any of the following vaccinations/shots:"* __17___

Number of respondents with infants aged 3 months or older completing Follow-up Question 15a. _41___

** This is how the question is asked in the version of the Care Core Follow-up Instrument being used by STF. The instrument is the same for teens who entered the program pregnant or parenting. It is administered at time client's case closes or at 12 months of program participation, whichever comes first. Data reported here is for all clients in program years one – five.*

CARE LONG TERM MEASURE #3: Increase the educational attainment of clients in AFL Care demonstration projects.

Number of respondents who answered "in school or GED program" or "graduated from high school or completed GED" to Care Core Follow-up Question 4: "What is your current school status?" _38___

Number of respondents to Follow-up Question 4. _51___

This Enclosure B is for data collected at 12 months __X___ or 24 months _______

VI.C. Enclosure C: Data Regarding the AFL Efficiency Measures

Efficiency Measure for AFL Care Projects

All projects reporting for years 2-5 should complete the efficiency measure. Please review the instructions carefully prior to completing the efficiency measure.

EFFICIENCY MEASURE: Sustain the cost to encounter ratio in Title XX Care Demonstration Projects.

Numerator

Program costs: Financial Status Report Line 10D: (Net outlays) minus Evaluation costs allotted in the budget $632,087.48

Denominator

Individual Client Service Hours delivered this year	4,090.78
Group/Family Client Service Hours delivered this year	38
Total Client Service Hours delivered this year	4,128.78

COST PER HOUR = $153.09

VI.D. Enclosure D: Process Evaluation

Process Evaluation Data Collection Form

A. INTERVENTION SETTING AND POPULATION

The following questions are about your AFL demonstration project and target population characteristics. If your demonstration project evaluation involves a treatment group and a comparison group, these questions are about your treatment group.

A1. How many treatment groups does your project have?

Mark one response
☒1 One
☐2 More than one→**Please complete a separate Enclosure D for each treatment group***

A2. Which of the following best describes where your AFL project activities are primarily delivered?

Mark one response
☐1 Faith-based organization(s)
☐2 Health clinic(s)
☐3 Hospital(s)
☐4 Other community-based organization(s)
(a. Describe: ______________________________)
☒5 Participants' homes
☐6 School(s)
☐7 Other (a. Describe: ______________________________)

A3. How are adolescents selected to participate in your project?

Mark all that apply
☒1 Self-referral
☒2 Referral by school
☒3 Referral by doctor/clinic
☐4 Other (a. Describe: ______________________________)

A4. Please indicate what percentages of adolescents selected to participate in your project **at intake** are:

4.58 1 % pregnant, in the first trimester
20.61 % pregnant, in the second trimester
27.86 % pregnant, in the third trimester
0 4 % parenting, with an infant under 3 months – data not collected
0 5 % parenting, with an infant from 3 to 6 months – data not collected
0 6 % parenting, with a child 6 months or older – data not collected
43.51 6 % parenting
3.44 6 % status unknown

(Percentages should total 100%.)

A5. Does your project also serve any of the following?

Mark all that apply

- ☒1 Adolescent fathers
- ☒2 Parents of pregnant or parenting adolescents
- ☐3 Other family members of pregnant or parenting adolescents
  (a. Describe: ______________________________)
- ☐4 This project only serves pregnant and/or parenting adolescent girls

A6. Which of the following best describes your project's approach towards pregnant and/or parenting adolescents?

Mark one response

- ☒1 Generally available to all adolescents in need of services in a school, community, or clinic → If your project is generally available to all adolescents in need of services, **skip to Section B**
- ☐2 Targeted at specific adolescents

A7. Which adolescents are targeted?

Mark all that apply

- ☐1 Adolescents who have dropped out or are at risk for dropping out of school
- ☐2 Homeless adolescents
- ☐3 Immigrant adolescents
- ☐4 Other (a. Describe: ______________________________)

B. PROJECT CONTENT AND DELIVERY

The following questions are about your AFL demonstration project components and activities. If your demonstration project evaluation involves a treatment group and a comparison group, these questions are about your treatment group. Unless directed otherwise, think about all of the project activities that benefit adolescents in the treatment group in your AFL demonstration project.

B1. Which of the following would you identify as the **primary** goal(s) of your AFL demonstration project?

Mark all that apply

- ☐1 Improve immunization compliance
- ☒2 Improve parenting skills
- ☐3 Improve performance in school (i.e., grades)
- ☒4 Improve social support systems for adolescent parents
- ☐5 Prevent sexually transmitted infections (STIs)
- ☒6 Prevent repeat pregnancy
- ☐7 Prevent school dropout
- ☒8 Other (a. Describe: Learn strategies to become self-sufficient; learn strategies to stay safe & healthy)

B2. Does your project implement any of the following activities to recruit adolescents?

Mark all that apply

- ☒1 Implement activities at times convenient for adolescents
- ☒2 Invite adolescents to attend the project
- ☒3 Partner with prenatal care clinic(s)
- ☒4 Pass out flyers about the project
- ☐5 Provide infant or child care during project activities
- ☐6 Provide food for participants during activities
- ☒7 Provide other incentives (e.g., gift certificates)
- ☒8 Provide a telephone number adolescents could call
- ☐9 Other (a. Describe:)

B3. Which of the following best describes your project activities?

Mark one response

- ☒1 Project activities are one-on-one with staff and participants →If your project activities are one-on-one with staff and participants, **skip to item B5**
- ☐2 Project activities occur with groups of participants
- ☐3 This project includes both group and one-on-one activities

B4. What is the average number of participants and staff per group in the project?

a. _____ participants per b. _____ staff

B5. Are messages about sexual behavior tailored in any of the following ways?

Mark all that apply

- ☒1 Yes—To the age of the adolescents
- ☒2 Yes—To the sexual experience of the adolescents
- ☒3 Yes—To the gender of the adolescents
- ☒4 Yes—To the culture of the adolescents
- ☐5 Yes—Other (a. Describe: ____)
- ☐98 No—Standardized messages are provided to all adolescents

B6. Which of the following family planning-related activities **to reduce repeat pregnancy** does your project employ?

Mark all that apply

- ☐1 Counseling about contraceptive options
- ☒2 Information about how different family planning options work
- ☐3 Provision of condoms
- ☐4 Role play discussing family planning with partners
- ☐5 Other (a. Describe: ____)
- ☐98 None of the above

B7. **To improve compliance with recommended infant immunization schedules,** does your project do any of the following?

Mark all that apply

- ☐1 Conduct community-wide education campaigns (e.g., mail, radio, newspaper, TV, posters)
- ☒2 Conduct home visits including education, assessment of need, referral, and/or provision of vaccinations
- ☒3 Educate participants to address health concerns regarding vaccinations
- ☒4 Educate participants to address other barriers to vaccinations
- ☒5 Educate participants about vaccination services available
- ☐6 Provide vaccination records to participants or their families
- ☐7 Reduce out-of-pocket costs for vaccinations
- ☒8 Refer participants to the Women, Infants, and Children (WIC) program
- ☒9 Remind participants about immunization schedule
- ☐10 Other (a. Describe: ______________________________)
- ☐98 None of the above

B8. **To improve educational attainment,** does your project provide any of the following?

Mark all that apply

- ☐1 Behavioral modeling
- ☐2 Cognitive-behavioral methods
- ☐3 Community service activities
- ☐4 Counseling
- ☐5 Mentoring
- ☐6 Self-control instruction
- ☐7 Social competency development
- ☐8 Tutoring
- ☒9 Other (a. Describe: Referrals to school or educational activities)
- ☐98 None of the above

B9. Does your AFL demonstration project provide home visiting services for pregnant and/or parenting adolescents?

- ☒1 Yes
- ☐0 No → If your AFL demonstration project does **not** provide home visiting services for pregnant and/or parenting adolescents, **skip to item B12 on page 17**

Remember, if your demonstration project evaluation involves a treatment group and a comparison group, the following questions refer to your treatment group.

B10. Which of the following best describes the individuals who conduct home visits?

Mark all that apply

- ☐1 Nurses
- ☒2 Social workers
- ☐3 Trained community members
- ☐4 Trained peer educators
- ☒5 Other (a. Describe: Paraprofessionals)

B11. How frequently are home visits conducted?

Mark one response

☐5 Weekly or more often
☒4 Every 2 weeks
☐3 Monthly
☐2 Once every 2 or 3 months
☐1 Less frequently (a. Specify: ____)

B12. Does your AFL demonstration project provide mentoring for adolescents?

☐1 Yes
☒0 No → If your AFL demonstration project does **not** provide mentoring for adolescents, **skip to item B19 on page 18**

B13 Are mentoring activities one-on-one?

Mark one response

☐1 Yes
☐0 No (a. Describe: ____)

B14. Where do mentors and mentees **typically** meet?

Mark all that apply

☐1 In person at a school
☐2 In person at a community center or other community location
☐3 In person at the mentee's home
☐4 By telephone
☐5 Other (a. Describe: ____)

B15. Which of the following best describes when training for mentors occurs?

Mark one response

☐0 There is no specific training for mentors
☐1 Before the mentor and mentee are matched
☐2 After the mentor and mentee are matched
☐3 Both before and after the mentor and mentee are matched

B16. Which of the following best describes mentors' employment status?

Mark one response

☐1 Mentors are paid staff
☐2 Mentors are volunteers
☐3 Other (a. Describe: ____)

B17. Which of the following best describes the way mentors are assigned to mentees?

Mark one response

☐1 Mentors are assigned to mentees based on specific criteria (such as gender, race, mutual interests, etc.)
☐2 Mentors are matched to mentees based on availability
☐3 Other (a. Describe: ____)

B18. Which of the following are true for your project?

Mark all that apply

☐1 Mentor-mentee relationship is monitored by an AFL project staff person
☐2 Mentoring is provided by adult mentors
☐3 Mentoring is provided by peer mentors
☐4 Prospective mentors are screened (e.g., a background check or an interview)
☐5 The mentoring component seeks support from the parent or guardian of the mentee
☐6 There are clear expectations for frequency of mentor/mentee contact
☐7 There are clear expectations for the length of the mentor/mentee relationship
☐8 There are structured activities for mentors and mentees

B19. Does your AFL demonstration project provide case management services for pregnant and/or parenting adolescents?

☒1 Yes
☐0 No → If your AFL demonstration project does **not** provide case management services for pregnant and/or parenting adolescents, **skip to item B23 on page 19**

Remember, if your demonstration project evaluation involves a treatment group and a comparison group, the following questions refer to your treatment group.

B20. What is the average caseload of a case manager at your demonstration project?

Mark one response

☐1 Less than 10 participants (Specify : _____ participants)
☐2 10 to 19 participants
☒3 20 to 29 participants
☐4 30 to 39 participants
☐5 40 participants or more (Specify : _____ participants)

B21. How often do case managers meet with adolescents?

Mark one response

☐ 7 Daily
☐ 6 Several times a week
☐ 5 Once a week
☒ 4 Once every two weeks
☐ 3 Once a month
☐ 2 Less than once a month (a. Specify: ________________________________)
☐ 1 One time only

B22. Which of the following are provided **as part of the case management** component of your demonstration project?

Mark all that apply

☒ 1 Advocacy for adolescents who encounter barriers to services
☐ 2 Coordination with adolescents' classroom teachers
☒ 3 Coordination with adolescents' health care providers
☒ 4 Crisis intervention
☒ 5 Health assessment
☒ 6 Home visits
☒ 7 Individual counseling
☒ 8 Nutritional assessment
☒ 9 Psychosocial assessment
☒ 10 Parenting skills training
☒ 11 Referrals to other services
☐ 12 Service planning
☐ 13 Tutoring
☒ 14 Vocational or educational assessment
☒ 15 Other (a. Describe: Relationship assessment

B23. Does your AFL demonstration project conduct activities at school during school hours?

☐ 1 Yes
☒ 0 No → If your AFL demonstration project does **not** conduct activities at school during school hours, skip **to item B26 on page 20**

Remember, if your demonstration project evaluation involves a treatment group and a comparison group, the following questions refer to your treatment group.

B24. How often do adolescents participate in school-based activities?

Mark one response

☐7 Daily
☐6 Several times a week
☐5 Once a week
☐4 Once every two weeks
☐3 Once a month
☐2 Less than once a month (a. Specify: ____________________)
☐1 One time only

B25. Which of these activities does your project conduct as part of the **school-based** component? School-based activities are activities that are conducted at school during school hours.

Mark all that apply

☐1 Case management at school
☐2 Child care at school
☐3 Coordination of services with adolescents' teachers
☐4 Education or vocational planning at school
☐5 Group instruction for adolescents at school
☐6 In-service education with school faculty and staff about project services
☐7 Mental health counseling at school
☐8 Mentoring at school
☐9 Nutritional counseling at school
☐10 One-on-one instruction at school
☐11 Parenting skills instruction/curriculum at school
☐12 Prenatal care at the school
☐13 Supervised parenting skills practice at the school
☐14 Tracking absent days
☐15 Tutoring
☐16 Well-baby care at the school
☐17 Other (a. Describe:)

B26. Is your project based on specific behavioral theory or theories?

☐1 Yes (a. Which one[s]? ____________________)
☒0 No

B27. Does your project use any evidence-based curricula, programs, or strategies? (Evidence-based curricula, programs, or strategies have been proven to be effective through evaluation.)

☐1 Yes → (a. Which one[s]? Parents As Teachers, Ages & Stages)
☐0 No → If your project does **not** use any evidence-based curricula, programs, or strategies **skip to item B29**
☐97 Not sure → If you are **not sure** whether your project uses any evidence-based curricula, programs, or strategies, **skip to item B29**

B28. We'd like to learn more about your evidence-based curriculum, program, or strategy. Can you provide a Web site, article(s), publisher, or other source of information we could use to read more about the curriculum and evidence of its effectiveness?

Parents As Teachers
http://www.childtrends.org/lifecourse/programs/ParentsasTeachers.htm

Ages & Stages http://www.agesandstages.com/

B29. We want to learn about what makes your project a demonstration project or an innovation. Does your project:

Mark all that apply
☐1 Adapt or make changes to an evidence-based curriculum
☐2 Deliver an existing project to a previously underserved population
☐3 Add or change one or more project components to modify an existing project
☐4 Employ a new approach
☒5 Do something else innovative
☐98 None of the above→ If none of the above applies to your project, **skip to item B31 on page 22**

B30. Please explain your answer to Question **B29.**

This project is innovative in that it is testing whether it is more effective to serve a teen mother (and her baby) alone, or to also involve the father of her baby and an adult support person at the same time, in a holistic, family-centered approach.

B31. Please indicate whether you provide the following services directly at your organization or by referral to a partner or other agency.

Mark one response for each item:	**Only provided directly**	**Only provided by referral**	**Both provided directly and by referral**	**Service not provided**
a. Adoption counseling	☐1	☒2	☐3	☐98
b. Counseling for family planning	☐1	☒2	☐3	☐98
c. Education about the responsibilities of sexuality and parenting	☐1	☐2	☒3	☐98
d. Educational and vocational services	☐1	☒2	☐3	☐98
e. Educational materials to support the role of parents as providers of sex education	☐1	☐2	☐3	☒98
f. Educational resources about self-discipline and responsibility in human sexuality are provided to:				
1. Parents	☐1	☐2	☐3	☒98
2. Schools	☐1	☐2	☐3	☒98
3. Health providers	☐1	☐2	☐3	☒98
4. Youth agencies	☐1	☐2	☐3	☒98
g. Information about adoption	☐1	☒2	☐3	☐98
h. Maternity counseling	☐1	☐2	☐3	☒98
i. Mental health services	☐1	☒2	☐3	☐98
j. Nutrition information and counseling	☐1	☐2	☒3	☐98
k. Pediatric care	☐1	☒2	☐3	☐98
l. Postnatal care	☐1	☐2	☒3	☐98
m. Pregnancy testing	☐1	☒2	☐3	☐98
n. Prenatal care	☐1	☐2	☒3	☐98
o. Provision of family planning services	☐1	☐2	☒3	☐98
p. Screening and treatment of STIs	☐1	☒2	☐3	☐98

C. INTERVENTION EXPOSURE

The following questions are about participant exposure to your project and the amount of time participants receive project activities. If your demonstration project evaluation involves a treatment group and a comparison group, these questions are about your treatment group.

C1. **On average,** how many hours does each participant receive project activities?

Mark one response
- ☐ 1 6 hours or less (a. Specify: ________ hours)
- ☐ 2 7–13 hours
- ☐ 3 14–20 hours
- ☒ 4 21–30 hours
- ☐ 5 31–50 hours
- ☐ 6 51–75 hours
- ☐ 7 76–100 hours
- ☐ 8 More than 100 hours (a. Specify: ________ hours)

C2. How often do participants receive project activities?

Mark one response
- ☐ 7 Daily
- ☐ 6 Several times a week
- ☐ 5 Once a week
- ☒ 4 Once every two weeks
- ☐ 3 Once a month
- ☐ 2 Less than once a month (a. Specify: ____)
- ☐ 1 One time only

C3. Over what period of time does each participant receive project activities?

Mark one response
- ☐ 1 Less than 6 months
- ☒ 2 6 to 12 months
- ☐ 3 13 to 18 months
- ☐ 4 19 to 24 months
- ☐ 5 More than 24 months (a. Specify: _________ months)

C4. Generally, what proportion of participants enrolled in the project completes the intervention in its entirety? ***Evaluator note: Question not applicable in context of this program – clients continue to set goals, achieve goals, and set new goals as long as they wish to remain in the program*

Mark one response
- ☐ 4 All
- ☐ 3 Many
- ☐ 2 About half
- ☐ 1 Some
- ☐ 0 None

D. ORGANIZATIONAL CONTEXT

D1. For how many years has this project been in place? If this project was in place prior to the current AFL funding, please be sure to count those years. If this project has been adapted from a past project within your organization but still has similar goals, please be sure to count those years.

10 year(s)

D2. Which of the following best describes how permanent this project is within your organization?

Mark one response

- ☐ 1 Not at all permanent
- ☐ 2 Somewhat permanent
- ☒ 3 Permanent

D3. Which of the following is true for your AFL demonstration project?

Mark all that apply

- ☒ 1 The project's goals and objectives have been put into writing
- ☒ 2 Plans and procedures used for implementing this project have been put into writing
- ☒ 3 A schedule (e.g., timetable, plan of action) used for implementing project activities has been put into writing
- ☒ 4 Strategies for implementing this project have been adapted to fit local circumstances
- ☒ 5 Formalized job descriptions have been written for staff involved with this project
- ☒ 6 Permanent staff have been assigned to implement this project
- ☒ 7 An administrative-level individual within your organization has been actively involved in advocating for this project's continuation
- ☒ 8 Staff in your organization other than those actually implementing this project actively contribute to the project's operations

D4. Have you involved any of the following external stakeholders in your AFL demonstration project?

Mark all that apply

- ☒ 1 Community organizations
- ☒ 2 Faith community
- ☐ 3 Local government (e.g., town or city government)
- ☒ 4 Private, non-profit social service provider (e.g., family services, drug treatment center)
- ☒ 5 School district(s)
- ☐ 6 Other (a. Describe: ____)

E. PROJECT STAFF

E1. How many different individuals at your organization are paid (either part-time or full-time) to **work on** the AFL demonstration project?

11 staff persons

E2. What is the total number of full-time equivalent paid staff (FTEs) who **work on** your AFL demonstration project? For example, if two paid staff each work at 50% time on AFL demonstration project activities, they would equal 1 FTE.

8.0 FTEs

E3. How many volunteers **work on** the AFL demonstration project?

3 volunteers

The next questions ask about individuals who deliver AFL demonstration project activities to participants.

E4. Please indicate how many individuals in each of the following age ranges **deliver** project activities?

0 (1) Younger than 18 years old
3 (2) 19–25 years old
4 (3) 26–35 years old
3 (4) 36–45 years old
1 (5) 46–55 years old
0 (6) 56–65 years old
0 (7) Older than 65 years old

E5. Are the individuals delivering AFL project activities. . .

Mark one response

☐ 1 All female
☒ 2 Mostly female
☐ 3 Evenly split male and female
☐ 4 Mostly male
☐ 5 All male

E6. Please indicate how many individuals who completed each of the following levels of education deliver AFL project activities?

_____1 Some high school
_____2 High school diploma or GED
3 3 Some college, but no degree
_____4 2-year college degree
5 5 Bachelor's degree
_____6 Master's degree or higher

E7. Which of the following best describes the educational background or experience (prior to working on the AFL demonstration project) of the individuals delivering project activities to AFL demonstration project participants?

Mark all that apply

☐1 Adolescent medicine
☐2 Adolescent reproductive health
☒3 Case management
☐4 Counseling
☐5 Education (e.g., school teacher)
☐6 Health education
☒7 Nursing
☒8 Nutrition
☐9 Public health
☐10 Pediatric medicine
☐11 Sex education or HIV education
☒12 Social work
☐13 Other (a. Describe: ______________________________)

E8. On average, how long have individuals delivering project activities worked with pregnant and parenting adolescents, not including their time with this AFL demonstration project?

Mark one response

☐1 Not at all – the average individual delivering project activities has never worked with pregnant or parenting adolescents beyond their work on this AFL demonstration project
☐2 Less than 6 months
☐3 6 months or more but less than 1 year
☐4 1 to 3 years
☒5 4 to 6 years
☐6 7 or more years (a. How many? _____ years)

E9. Are there individuals delivering project activities who are Hispanic or Latino?

☒1 Yes
☐0 No

E10. Mark the box or boxes below that describe the race of individuals delivering project activities.

Mark all that apply

☒ 1 White
☒ 2 Black or African American
☒ 3 Asian
☐ 4 Native Hawaiian or Other Pacific Islander
☐ 5 American Indian or Alaska Native
☐ 6 Other (a. Describe: ____)

E11. What proportion of individuals delivering project activities receive training to do this (other than training provided by OAPP)?

Mark one response

☒ 4 All
☐ 3 Many
☐ 2 About half
☐ 1 Some
☐ 0 None → If **none** of the individuals delivering project activities receive training, **skip to item E13**

E12 Of those who receive training, how much training do they receive (other than training provided by OAPP)?

Mark one response

☐ 1 7 hours or less (a. How many? ________ hours)
☐ 2 8 to 15 hours
☒ 3 16 to 23 hours
☐ 4 24 to 31 hours
☐ 5 32 to 39 hours
☐ 5 40 to 47 hours
☐ 6 48 hours or more (a. How many? ________ hours)

E13. On average, how long have individuals delivering project activities served in their current roles?

Mark one response

☐ 1 1 year or less
☒ 2 2 years
☒ 3 3 years
☐ 4 4 years
☐ 5 5 years or more (a. How many? ________ years)