

MotherWise: Implementation of a Healthy Marriage and Relationship Education Program for Pregnant and New Mothers



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**MotherWise: Implementation
of a Healthy Marriage and
Relationship Education
Program for Pregnant and
New Mothers**

Report

March 2019

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The STREAMS evaluation is directed by Rob Wood and Diane Paulsell. Brian Goesling is the principal investigator. Katie Bodenlos is the project manager. Our partner on STREAMS, Public Strategies, is led by Mary Myrick. We are especially grateful to Patricia Del Grosso for her invaluable feedback on the organization and structure of the report. We appreciate Amanda Bernhardt for arranging the editing of the report and Bridget Gutierrez for her diligent editing; Alfreda Holmes and Kimberly Ruffin for their efficient formatting; and Gwyneth Olson for her graphic design expertise.

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OVERVIEW

The Strengthening Relationship Education and Marriage Services (STREAMS) evaluation is a random assignment impact study and in-depth process study of five Healthy Marriage and Relationship Education (HMRE) grantees funded by ACF's Office of Family Assistance (OFA). To maximize its contributions to the evidence base and to inform future program and evaluation design, STREAMS is examining the full range of populations served by HMRE programs, including adult individuals, adult couples, and youth in high schools. Each STREAMS site functions as a separate study within the larger evaluation, with each addressing a distinct research question.

This process study report presents findings on the development and implementation of MotherWise, an HMRE program designed to serve low-income pregnant women and new mothers in Denver, Colorado. MotherWise includes three primary components: (1) a six-session relationship skills workshop that uses the *Within My Reach* curriculum and program-developed information on infant care and parenting; (2) individual case management; and (3) an optional couples workshop.

One of the developers of *Within My Reach*, a University of Denver research professor, led the design of MotherWise with an obstetrician at Denver Health. *Within My Reach* is a popular curriculum for individual adults who may or may not be in romantic relationships. The curriculum consists of 15 one-hour lessons designed to provide instruction in tools and skills to help adult individuals make informed and healthy decisions about their personal and romantic relationships. The University of Denver partnered with Denver Health, a large public hospital, to implement MotherWise. Denver Health is the primary healthcare provider for families with Medicaid-funded births in the Denver area.

The STREAMS impact evaluation is evaluating the effectiveness of MotherWise. Key outcomes of interest include participants' communication and conflict management skills, the quality of the co-parenting relationship with the baby's father, the number of romantic and sexual partners, incidents of intimate partner violence, unplanned pregnancies, child development outcomes, and mental health and well-being. The process study examines (1) preparations for program implementation; (2) procedures for hiring, training, and supervising frontline staff; (3) the extent to which *Within My Reach* was implemented with fidelity; and (4) participants' engagement with and responsiveness to the program.

This report is based on analysis of data from the following four sources, collected to document MotherWise's first year of operation (September 2016 – September 2017).

1. **Semi-structured interviews, focus groups, and observations.** We conducted a three-day site visit in October 2017 to collect qualitative data. We interviewed 14 MotherWise and partner staff. We observed one relationship skills workshop session and held two focus groups with 11 total participants who had attended workshop sessions.
2. **Staff survey.** All full-time program staff who recruited participants, facilitated *Within My Reach*, or reinforced it during case management sessions and three supervisors completed a web-based survey in April 2017. The survey asked about their work roles and experiences; feelings toward the program; and impressions of the quality of their supervision, training opportunities, and organizational climate.

3. **nFORM data.** nFORM was the client management system that OFA provided to MotherWise and other 2015 grantees. MotherWise staff entered workshop and case management attendance records in the system. After each relationship skills workshop session, MotherWise facilitators completed a short self-assessment about their ability to deliver that day’s planned content and engage participants. We analyzed nFORM data on 326 participants who enrolled between September 2016 and September 2017.
4. **STREAMS baseline survey.** Participants completed a baseline survey administered during their intake appointment. We analyzed survey responses from 326 participants who enrolled and completed the survey between September 2016 and September 2017.

Findings from this process study will provide context and help interpret impact evaluation findings. Key findings are:

- **Program leaders’ expertise informed MotherWise.** MotherWise program leaders applied their expertise as *Within My Reach* authors, research professors, and clinical psychologists to identify areas of *Within My Reach* to bolster and reinforce for the target population. One *Within My Reach* author was the program director. She supported facilitators and case managers in high-quality delivery of *Within My Reach* content. The other author led fidelity monitoring, and regularly reviewed audiotapes of relationship skills workshop sessions. Together with the program director, he met with the facilitators every other week to go over the audiotapes and discuss facilitation successes and challenges. nFORM data entered by facilitators suggested that the staff achieved high fidelity to the curriculum.
- **MotherWise engaged women by creating a safe and welcoming environment, delivering highly relevant content, and helping them apply it to their lives.** MotherWise staff sought to create a program environment that helped women feel safe and comfortable. They set up the program office to feel safe and comforting, and offered materials in English and Spanish so that women who spoke either language felt welcome. Case managers helped women process the *Within My Reach* lessons and apply them to their own circumstances. In these one-on-one meetings, women could continue a conversation they had begun in the workshop and discuss personal matters, such as a history of trauma or medical issues with their pregnancy. Additionally, MotherWise provided free transportation and child care to address two primary barriers to participation. Program engagement and participation were high, and feedback from focus groups and staff suggests that this was related to the availability of holistic and complementary services and a supportive program environment.
- **A cohesive team of well-qualified staff were committed to MotherWise and its mission.** MotherWise sought to hire staff who were flexible, willing to use their skills in multiple roles, and passionate about serving low-income women. Almost all of the frontline staff filled more than one role, including facilitation and case management. All were qualified for their roles, with experience providing case management and/or relationship skills education and relevant educational backgrounds. All of the staff were women, which was important for creating an environment in which the female participants felt comfortable, and many frontline staff spoke Spanish. All staff—even those who did not provide direct services—participated in *Within My Reach* training to ground themselves in the goals of the curriculum. The program director structured group meetings and team-building events to build group cohesion among the staff. Staff survey responses indicated high job satisfaction and turnover was minimal.

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I. INTRODUCTION

Since the passage of welfare reform in the mid-1990s, the federal government has supported programs and policies that promote the formation and maintenance of two-parent families and healthy marriage, based on research showing that children do better in families with married parents (Dion 2005). Beginning in the mid-2000s, the Office of Family Assistance (OFA) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) supported healthy marriage and relationship education (HMRE) programming serving a range of populations, including adult couples, adult individuals, and youth.¹ Most research in this area has focused on programs serving adult couples. HMRE programs that serve adult individuals have been much less extensively researched.

Similar to HMRE programs for couples, federally-funded HMRE programs designed to serve adult individuals typically use a standardized curriculum to deliver HMRE instruction through a series of workshops led by a trained facilitator. Program participants may or may not be in a romantic relationship when they attend the program and do not attend group sessions with a partner (Rhoades and Stanley 2011). Programs for adult individuals cover topics such as choosing a partner wisely, recognizing unhealthy relationships and leaving those relationships safely, improving communication skills and managing conflict effectively (Rhoades and Stanley 2009; Rhoades and Stanley 2011; Visvanathan et al. 2014). These programs also cover understanding how relationship choices can impact other aspects of one's life, such as employment or the well-being of one's children. HMRE programs for individuals may integrate the curriculum into a more comprehensive set of services including case management and supplemental group workshops to which participants can bring their partners. These programs aim to equip participants with the skills they need to enter and maintain a healthy relationship with the ultimate goal of helping them create a stable home environment for children.

Rigorous research on HMRE programs for individuals is limited. A small number of studies of HMRE curricula for individuals found high levels of satisfaction among participants and increased knowledge and skills when they complete the programs (Antle et al. 2013; Van Epp et al. 2008; Manning et al. 2008). However, these studies did not measure long-term changes in participant behavior or other outcomes. None of these studies used a random assignment research design.

In 2015, ACF's Office of Planning, Research, and Evaluation (OPRE) contracted with Mathematica Policy Research and its partner, Public Strategies, to conduct the Strengthening Relationship Education and Marriage Services (STREAMS) evaluation. The STREAMS study includes five random assignment evaluations of HMRE programs funded by OFA in 2015. The evaluations focus on understudied populations and program approaches not covered in OPRE's prior federal evaluations, such as HMRE programs for individual adults and for youth in high schools. To expand the available research evidence on HMRE programming designed to serve

¹ In 2005, Congress passed the Deficit Reduction Act (P.L. 109-171), which first authorized funding for HMRE programs. The funding, administered through OFA, supports grants for programs to offer one or more of eight "allowable activities," including relationship education for high school students. The funding was reauthorized in 2010, through the Claims Resolution Act (P.L. 111-291). Following passage of the Deficit Reduction Act, there have been three rounds of grants made to HMRE programs across the country (2006, 2011, and 2015).

adult individuals, the STREAMS evaluation team is collaborating with researchers from the University of Denver in Colorado to conduct a rigorous evaluation of its MotherWise program for low-income pregnant and postpartum women using a random assignment research design. Researchers at the University of Denver constructed MotherWise around *Within My Reach*, a popular HMRE curriculum for individual adults who may or may not be in a romantic relationship.

Study participants are recruited primarily from the clinic where they receive perinatal care. Program staff identify eligible women—those who are pregnant or have an infant less than three months old—from the electronic medical record system of Denver Health, a public hospital with the largest obstetrics department in Denver. They approach women in exam rooms before their doctor’s appointments, describe the MotherWise program and study to them, and schedule an intake appointment if they are interested. At the intake appointment, participants are randomly assigned to a program group that is offered MotherWise programming or a control group that is not. Box I.1 provides more information about the MotherWise impact study.

Box I.1. The STREAMS evaluation of MotherWise

The STREAMS evaluation of MotherWise has two components: (1) an impact study and (2) a process study.

The impact study examines the effectiveness of the MotherWise program using surveys of study participants that are administered at three time points: (1) during their intake appointment, (2) approximately a year later, and (3) approximately two and a half years later. The two follow-ups are administered either through a web survey or by telephone. Key outcomes include participants’ communication and conflict management skills, the quality of the co-parenting relationship with the baby’s father, the number of romantic and sexual partners, and incidents of intimate partner violence. The impact analysis will also examine potential effects on other outcomes, such as attitudes toward healthy relationships and father involvement.

The process study is the focus of this report, which is based on four sources of data collected during MotherWise’s first year of operation:

1. **Semi-structured interviews, focus groups, and observations.** We conducted a three-day site visit in October 2017 to collect qualitative data. We interviewed 14 MotherWise and partner staff, including MotherWise facilitators, case managers, recruiters, intake staff, program coordinators, supervisors, directors, staff from Denver Health, and a consultant. We observed one relationship skills workshop session and held two focus groups with 11 total participants who attended these workshop sessions.
2. **Staff survey.** All full-time program staff who recruited participants, facilitated *Within My Reach*, or reinforced it during case management sessions and three supervisors completed a web-based survey in April 2017. The survey asked about their work roles and experiences; feelings toward the program; and impressions of the quality of their supervision, training opportunities, and organizational climate.
3. **nFORM data.** nFORM was the client management system that OFA provided to MotherWise and other 2015 grantees. MotherWise staff entered workshop and case management attendance records in the system. After each *Within My Reach* workshop session, MotherWise facilitators completed a short self-assessment about their ability to deliver that day’s planned content and engage participants. We analyzed nFORM data on 326 participants who enrolled between September 2016 and September 2017.
4. **STREAMS baseline survey.** Participants completed a baseline survey that was administered during their intake appointment. We analyzed survey responses from 326 participants who enrolled and completed the survey between September 2016 and September 2017.

The process study examines how MotherWise was designed and implemented during its first year of operation. This information will support interpretation of the impact study findings and document program operations to support future replication if the programming is shown to be

effective. The process study also documents the program context, including similar services available in the community. In addition, the study examines (1) the preparations for program implementation; (2) the procedures for hiring, training, and supervising program facilitators, case managers, and recruiters; (3) the extent to which *Within My Reach* was implemented with fidelity; and (4) participants' engagement with and responsiveness to the program.

MotherWise

MotherWise was designed for pregnant women and new mothers. The perinatal period—the time just before and after a child's birth—can be a high stress period in a mother's life. As she adjusts to rapid changes in her family life, a mother can feel isolated and uncertain in her ability to parent. Low-income women may be particularly stressed as they also struggle to afford the cost of their pregnancy and infant care. In addition, this period is a time of heightened risk for the mother's relationship with the father of her child (Flanagan et al. 2015). Research suggests that low-income women are at a high risk for experiencing intimate partner violence (Rennison and Planty 2003). Despite these stresses and risks, however, this time can be a period of excitement, hope, and motivation for women to make changes in their lives and create a healthy, supportive environment for their new baby (McLanahan and Beck 2010).

MotherWise aimed to empower women to make informed decisions about relationships and other life choices. It sought to teach women how to recognize the signs of unhealthy or dangerous dynamics in their relationships and how to safely remove themselves and their children from them. By bringing women together, it aimed to give women coping skills and help them develop their social networks. Finally, MotherWise taught women skills and techniques to communicate better; adjust to changes in their lives; connect with and care for their newborns; and develop strong, healthy relationships. In achieving these aims, MotherWise could contribute to the well-being of women and their children, including their physical safety. The program developers saw MotherWise as an important complement to women's perinatal health care, which focused on the physical health of the mother and the baby.

The MotherWise program had three primary program components:

- 1. *Within My Reach* workshop.** The primary MotherWise workshop integrated *Within My Reach* content and information on infant care and parenting. A pair of trained facilitators delivered the content to perinatal women. The workshop met for four hours a week over six weeks. Each session included an hour for lunch. MotherWise provided separate English- and Spanish-language workshops.
- 2. Case management.** Each MotherWise participant received individual support from a case manager. Women met with their case managers about four times over the course of the six-week program. Each meeting lasted about an hour. Case managers worked with women on how to apply the *Within My Reach* content in their lives and referred women to community resources, such as organizations that provided affordable baby items and services for victims of domestic violence.
- 3. Supplemental couples' workshop.** Women and their partners could attend a supplemental couples' workshop to reinforce important HMRE concepts and communication skills. MotherWise provided couples' workshops about once every few months. A pair of trained facilitators also delivered the couples' workshops.

In addition to the main program components, the women received participation supports including child care, meals, transportation, and financial incentives.

MotherWise was developed by the authors of *Within My Reach* and an obstetrician at Denver Health. Through 15 hour-long lessons (Table I.1), *Within My Reach* was designed to provide tools and skills to adult individuals so that they could make informed and healthy decisions about their personal and romantic relationships (PREP Inc. 2018). Using the curriculum as a foundation, the MotherWise creators developed a comprehensive program by adding case management and participation supports. All services were delivered in a warm and inviting program office space.

The University of Denver and Denver Health

The University of Denver, a four-year, private research university educating about 12,000 undergraduate and graduate students, served as the grantee and fiscal agent for MotherWise. The *Within My Reach* authors were research professors in the university's Psychology Department. PREP Inc., the distributor of *Within My Reach*, was affiliated with the university. Just over half of the frontline staff, including the facilitators and case managers as well as one program coordinator, were university employees. The university also provided information technology services, such as Internet access and computers.

In addition to developing MotherWise, *Within My Reach* authors played leading roles in the program's implementation. As the **fidelity consultant**, the lead author monitored fidelity to the curriculum in the *Within My Reach* workshop and provided support and guidance to the workshop facilitators. The second author served as **program director**, with oversight of all program operations and staff. Before MotherWise, neither the University of Denver Psychology Department nor the *Within My Reach* authors had developed or implemented this kind of community program.

To implement MotherWise in the community, the University of Denver partnered with Denver Health. Denver Health is the primary provider for Medicaid-funded births in the Denver, Colorado area. A majority of all births at Denver Health are paid for by Medicaid. Denver Health was the program's primary recruitment source and an employer of about half of the program staff. It provided resources such as access to health records and meeting spaces for the program during the early stages of implementation. A Denver Health pediatrician developed parenting and infant care content for the program.

Table I.1. Lessons in *Within My Reach*

Lesson number	Lesson title	Description
Unit 1: The Characteristics of Healthy Relationships		
1	The state of relationships today	Participants discuss their relationship views and experiences in the context of nationwide trends and statistics in relationships and marriage and make a vision statement for what they would like their lives to be in the future.
2	Healthy relationships	This lesson covers the characteristics of healthy relationships. It introduces the concept of safety and includes information about domestic violence.
3	Sliding versus deciding	Participants learn about making active, mutual choices (deciding) instead of passively or impulsively making relationship decisions (sliding).
4	Smart love	This lesson is about making healthy relationship decisions and how the brain chemistry of falling in love can cause one's judgment to be compromised.
5	Knowing yourself first	Participants learn about their own personalities and discuss their family backgrounds in order to understand what they bring to relationships and which of their own attitudes and behaviors they'd like to change.
Unit 2: Communication and Relationship Skills		
6	Making your own decisions	This lesson covers the role that partners' expectations for the relationship and each other play in relationships, how different expectations can cause conflict, and how partners can discuss their expectations.
7	Dangerous patterns in relationships	This lesson describes destructive patterns in communication and conflict that are common in dangerous relationships. It also includes a lecture on domestic violence, including why people stay in abusive relationships and how to leave.
8	Where conflict begins	This lesson talks about the underlying issues that drive conflict in a relationship and how to recognize and talk about those issues.
9	Smart communication	Participants learn two techniques (XYZ statements and the time-out), which they can use to combat communication danger signs.
10	Speaker-listener technique	The speaker-listener technique is an essential skill taught in <i>Within My Reach</i> . It provides a set of rules for expressing a concern without making accusations, demonstrating active listening, and being respectful of one another.
Unit 3: Common Relationship Challenges		
11	Infidelity	Participants discuss what it means to be faithful in a relationship, what behaviors they are willing to tolerate, and how to recover from infidelity.
12	Commitment	This lesson teaches the difference between dedication and staying together because of external constraints, what it means to make sacrifices, and why commitment is important for children.
13	Stepfamilies and the significance of fathers	This lesson provides strategies to help make blended families succeed and teaches about the importance of fathers in the lives of their children.
14	Making tough decisions	Participants talk about stresses and tough times in relationships and how to know when to stay together or break up, and how to survive a breakup.
15	Reaching into your future	Participants revisit the vision statement they made in the first lesson, discuss the barriers that stand in the way of achieving their goals, and articulate concrete steps they can take.

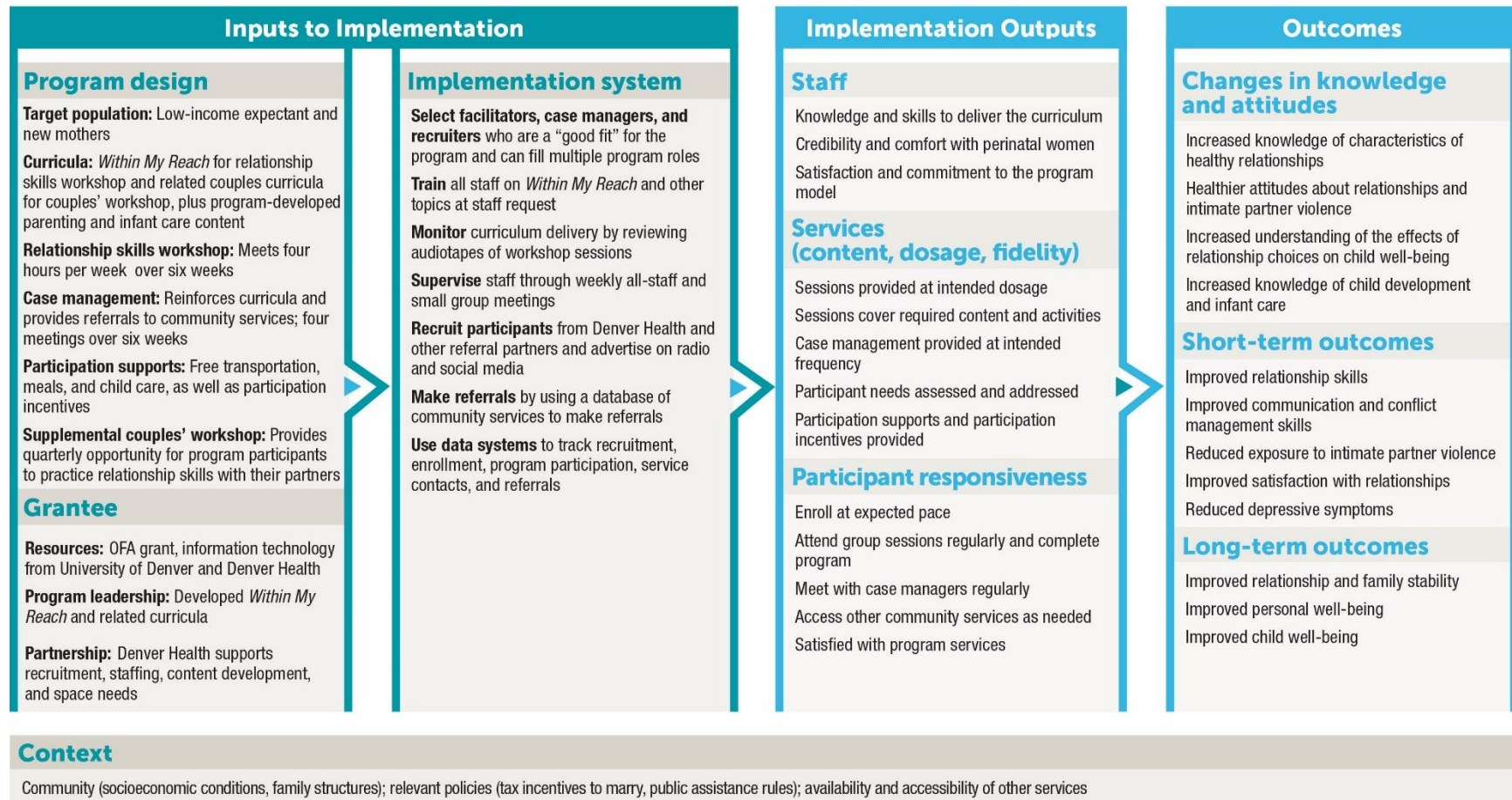
Source: Program documents and Pearson and colleagues (2015).

The obstetrician who contributed to the development of MotherWise planned to be the liaison between MotherWise and the hospital system. However, she left her position at Denver Health early in the program's implementation, so another obstetrician stepped in to be the **Denver Health liaison**.

Road map to the report

This process study report presents findings on MotherWise in its first year of operation, from September 2016 to September 2017. The report is informed by and follows the structure of an implementation framework (see Figure I.1). Chapter II describes the context for implementation. Chapter III describes the program design. Chapter IV discusses the systems that MotherWise used to recruit program participants. Chapter V discusses the implementation system and implementation outputs related to program staff. Chapter VI presents implementation outputs related to services. Chapter VII summarizes the main findings about MotherWise's first year of operation. The outcomes shown in the implementation framework are the focus of the impact study of MotherWise, which continued to enroll sample members throughout 2018.

Figure I.1. Implementation framework for MotherWise in Denver, Colorado



II. UNDERSTANDING THE CONTEXT FOR IMPLEMENTING MOTHERWISE

Where a program operates and whom it serves affects how it is implemented and how effective it is. For example, characteristics of a program’s target population or local policies that are in effect may drive decisions about how to tailor services. Community characteristics, such as an above average rate of intimate partner violence, can establish the need for a program. Similar services that are available to the community may make it harder to distinguish the effects of an HMRE program of interest in an impact study if the women in the control group are accessing those community services. This chapter describes the context for MotherWise in Denver, Colorado, as well as similar services available in the community.

Denver had a large pool of low-income new and expectant mothers for MotherWise to serve

Figure II.1. Denver City and County, Colorado



Population	663,303
Demographic makeup	53.4% (white) 9.4% (black) 30.8% (Hispanic)
Median income	\$56,258 \$61,210 (white) \$35,359 (black) \$40,183 (Hispanic)

Source: U.S. Census Bureau, American Community Survey 2012–2016 5-Year Estimates.

Denver is the capital and largest city in Colorado, with more than 660,000 residents. In 2016, the population was about 53 percent white and 10 percent black. Almost 31 percent of the population identified as Hispanic (American Community Survey 2016). Economic conditions in Denver were similar to national averages: the median annual income was just over \$56,000 and about 3 percent of the population received cash assistance. About 30 percent of households headed by a single mother lived below the federal poverty level, which was just over \$20,000 for a single parent with two children. According to state health records, about 40 percent of births in Denver in 2016 were paid for by Medicaid, a federal health insurance program for low-income and disabled individuals and families—a rate comparable to the national average (Martin et al. 2018).

MotherWise expected that program participants would face significant, interrelated challenges related to poverty and domestic violence. In its grant application, The University of Denver reported that Medicaid paid for more than 8 in 10 births at Denver Health, the program’s primary recruitment source. The program’s grant application also cited research showing that about half of unmarried pregnant women nationally faced physical violence in their relationships. The grant application suggested that the incidence of intimate partner violence would be higher for the MotherWise target population because, on average, the women would be of lower income than the national sample used in the program director’s research.

Enrollees were poor and at risk but hopeful about their relationships

Most women interested in participating in MotherWise were Hispanic and economically disadvantaged (Table II.1). About one-fifth of the women spoke Spanish at home. Average income and educational attainment fell well below the local averages. A little more than one-third of the women who enrolled had worked in the month prior to enrolling, partly because the program recruited women who were pregnant or who just had a baby and were not likely to be working. Of the women who worked, average reported earnings were about \$468 in the month prior to enrollment. This works out to \$5,621 over a full year—well below the federal poverty level for a family of two and about one-tenth of the Denver median income. More than three-quarters of the women accessed some government benefits, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) or Temporary Assistance for Needy Families (TANF).

Despite precarious economic circumstances, most of the 326 women who enrolled in the study between September 2016 and September 2017 were looking forward to the birth of their child. The average age of study enrollees was 27. More than one-third of the women were first-time mothers. Almost all of the women (94 percent) were recruited during pregnancy. Almost 80 percent of mothers were in a romantic relationship with the father of their child, including 30 percent who were married. At enrollment, women in relationships rated their relationship happiness as about an 8 out of 10, or almost completely happy (not shown).

Baseline data suggested that the women who enrolled in the study would benefit from the *Within My Reach* content. One key goal of the curriculum is to help women recognize when they are in a dangerous relationship and remove themselves safely from it. More than 40 percent of women indicated that a romantic partner had abused them physically or emotionally in the year prior to enrollment.

Few options existed in the community for expectant and new mothers to learn relationship skills

MotherWise was the only HMRE program in Denver designed specifically for pregnant women and new mothers. At least two organizations other than MotherWise provided services related to relationship skills for which MotherWise participants may have been eligible. However, none were options for all the women MotherWise served and the likelihood that control group members received other HMRE services was low.² Denver Health offered the Nurse Family Partnership as part of its community health services. The Nurse Family Partnership was an evidence-based home visiting program aimed at preparing first-time mothers for parenthood and connecting them to community resources. Unlike MotherWise, Nurse Family Partnership eligibility was limited to low-income women who were no more than 28 weeks pregnant with their first child. Denver Health’s Nurse Family Partnership program referred

² The Center for Relationship Education, another OFA grantee, provided services in the Denver area, but women who enrolled in the MotherWise study would not have been able to enroll in Center for Relationship Education services, because individuals are not allowed to enroll in more than one program funded through federal HMRE grants. Similarly, women who received services at the Center for Relationship Education would have been prevented from enrolling in the MotherWise study. The nFORM system used by all HMRE grantees prevented program participants from enrolling in another federally funded HMRE program.

women who did not meet its eligibility criteria to MotherWise. Mi Casa, which also referred its participants to MotherWise, provided employment readiness services for low-income individuals using the *Winning the Workplace Challenge* curriculum. This curriculum was also developed by PREP Inc. and provided similar communication skills content. This content was tailored for a workplace context. *Winning the Workplace Challenge* had no information related to romantic relationships. According to an agency fact sheet, Mi Casa served fewer than 60 women per year with *Winning the Workplace Challenge*. In addition to receiving referrals from Nurse Family Partnership and Mi Casa, MotherWise staff referred women to both programs.

Table II.1. Select characteristics of women enrolled in MotherWise study

	Percent
Race/ethnicity	
Hispanic	61
Black, non-Hispanic	12
White, non-Hispanic	19
Other	8
Primarily Spanish speaker	20
Highest education level	
Less than high school	27
High school diploma or equivalent	36
Some college, no degree	19
College degree (two-year, four-year, or greater)	17
Worked in past month	39
Receipt of government benefits	
Receipt of any government benefits	77
SNAP	58
TANF	22
WIC	53
Pregnant at study enrollment	94
Number of children	
None (first-time mother-to-be)	35
One	22
Two or three	31
Four or more	12
Relationship status	
Married to baby's father	30
Unmarried but in a relationship with the baby's father	49
In a romantic relationship with another partner	2
Not in a romantic relationship	18
Physical and emotional abuse	
Any physical or emotional abuse by a romantic partner in the past year	42
Physical violence by a romantic partner in the past year	20
<i>N</i>	326

Source: STREAMS baseline survey and nFORM.

Note: Percentages may not sum to 100 due to rounding. TANF = Temporary Assistance for Needy Families. WIC = Special Supplemental Nutrition Program for Women, Infants, and Children. SNAP = Supplemental Nutrition Assistance Program.

III. MOTHERWISE: A RELATIONSHIP SKILLS PROGRAM FOR EXPECTANT AND NEW MOTHERS

The University of Denver received its HMRE grant from OFA in October 2015 to develop and implement MotherWise. All OFA grantees engaged in a nine-month planning period before beginning implementation. MotherWise began enrolling women in the program in July 2016. Random assignment in the STREAMS evaluation began in September 2016, after a pilot period to refine the program implementation plan. This chapter describes how researchers built on *Within My Reach* to develop a program tailored to the needs of low-income expectant and new mothers and how they planned for implementing MotherWise in the community.

MotherWise: Expanding, reinforcing, and supplementing *Within My Reach*

The MotherWise group relationship skills workshop used *Within My Reach*, a 15-hour relationships skills curriculum tailored to adult individuals that was distributed by PREP Inc. While similar curricula for couples distributed by PREP, Inc. helped partners communicate and plan for their future together, *Within My Reach* emphasized an individual's goals and needs and how relationships could contribute to them. As described by the curriculum developers, *Within My Reach* lessons covered three units: (1) the characteristics of healthy relationships (Lessons 1 to 5), (2) communication and relationship skills (Lessons 6 to 10), and (3) common relationship challenges and how to resolve them (Lessons 11 to 15).

The MotherWise *Within My Reach* workshop provided 18 hours of content and was delivered over six weekly sessions (Table III.1). The bulk of each session covered lessons from *Within My Reach*, which were delivered in the order in which the curriculum developers intended. MotherWise built on the written curriculum in two ways. First, facilitators included a short review of the previous lessons into the beginning of each session. Second, the program enhanced *Within My Reach* with additional interactive activities, particularly in later lessons that as written were heavy on lecture and discussion. For example, the program developers added "commitment scenarios" to Session 5. Participants read different scenarios on an index card and identified different constraints that kept women in unhealthy relationships. In Session 6, women filled out a family tree to help understand stepfamilies and blended families.

A pediatrician at Denver Health developed seven modules on parenting and infant care for the *Within My Reach* workshop. Each module covered an issue related to parenting, infant care, or self-care during the early months of parenthood. The modules were designed to be covered in any order and could be shifted around if facilitators needed extra time for the *Within My Reach* content. The parenting and infant care modules served two purposes. First, they provided important and relevant information to expectant mothers. Second, according to the MotherWise program director, the material provided cover for women who were in an unsafe relationship and did not want to disclose to her partner that she was in an HMRE program that included topics such as recognizing relationship danger signs and how to break up. The parenting and infant care handouts allowed these women to show their partners that they were taking a parenting class as part of their perinatal care.

On average, each workshop was broken into about 15 hours of *Within My Reach* and about 3 hours of parenting and infant care content. Each session also included an hour for a shared meal.

Table III.1. Overview of the six MotherWise *Within My Reach* workshop sessions

Session	<i>Within My Reach</i> content	Parenting and infant care content
1	<ul style="list-style-type: none"> • The state of relationships today • Healthy relationships: What they are and what they aren't • Sliding versus deciding 	<ul style="list-style-type: none"> • Creating a healthy relationship with your baby • Sleep
2	<ul style="list-style-type: none"> • Sliding versus deciding (continued) • Smart love • Knowing yourself first 	<ul style="list-style-type: none"> • Understanding your baby's needs and cues • Feeding your newborn baby
3	<ul style="list-style-type: none"> • Knowing yourself first (continued) • Making your own decisions • Danger patterns in relationships 	<ul style="list-style-type: none"> • Being a safe caregiver • Stress and your baby
4	<ul style="list-style-type: none"> • Where conflict begins • Smart communication • The speaker-listener technique 	<ul style="list-style-type: none"> • Playing with your baby
5	<ul style="list-style-type: none"> • The speaker-listener technique (continued) • Infidelity, distrust, and forgiveness • Two types of commitment: Why it matters to adults and children 	
6	<ul style="list-style-type: none"> • Two types of commitment: Why it matters to adults and children (continued) • Stepfamilies and the significance of fathers • Making the tough decisions • Reaching into your future 	

Source: Program documents.

MotherWise reinforced the skills learned in the workshops through case management. Case management was primarily designed to help women apply the concepts from *Within My Reach* to their own lives. For example, after Session 2 on the principles of smart love (Box III.1), a case manager might prompt a participant to talk about how she would apply the principles to her life, such as what qualities she might look for in a future partner (someone who shared the same values instead of someone who needed to change) or what behaviors she could no longer tolerate from a partner (such as intimate partner violence). Case managers also helped women set personal goals and provided referrals to community agencies as needed. According to case managers, common referrals included agencies that provided free or low-cost baby items, food banks, and short-term emergency assistance. Case managers maintained a shared database of community organizations for such referrals. According to a survey of program staff, case managers maintained caseloads of about 10 women each, who received case management for the duration of the six-week *Within My Reach* workshop.

Each woman was expected to attend at least four case management meetings before the end of the six-week core workshop. According to the implementation plan, each woman would have her first case management meeting before the first class. Each woman completed a needs assessment in her first meeting. The assessment asked for information about her relationship history, past trauma, strengths and skills, parenting history, and pregnancy. After the assessment, she set goals to work on in the remaining case management meetings. Each woman had her final case management meeting near the end of the six weeks. In this meeting, each woman took stock

of the progress she had made in the program and discussed how she would continue to use what she had learned. Typically, case managers also checked in with each woman after her baby was born, even if the birth happened after the program was completed. Though program participants reported that they felt like they could reach out to their case manager at any time, they did not usually get more case management services than the four case management meetings over the six-week program.

Box III.1. Reinforcing the curriculum: The seven principles of smart love

1. Seek a good match
2. Pay attention to values
3. Choose a real partner, not a makeover project
4. Don't try to change yourself to be somebody else
5. Expect good communication and don't run from conflict
6. Don't play games, pressure, or manipulate someone
7. Have a bottom line

Source: Pearson and colleagues (2015).
 management, and the couples' workshop were offered in both English and Spanish. There were no major differences between the English- and Spanish-language *Within My Reach* workshops or case management. The English-language couples' workshop used *PREP 8.0*, while the Spanish-language couples' workshop used *Within Our Reach* because *PREP 8.0* was not available in Spanish. Both of these curricula were distributed by PREP Inc. and used the same tools as *Within My Reach* but tailored for different target populations.³

MotherWise supplemented *Within My Reach* content with an optional couples relationship skills workshop for women who were in committed relationships and had completed at least the first three sessions of the *Within My Reach* workshop. MotherWise offered the couples' workshops about once for every three *Within My Reach* workshops. In the early months of program implementation, couples' workshops were offered for seven hours on a Saturday. After hearing from women that weekend sessions were inconvenient, MotherWise added a four-hour couples' workshop session on a weekday evening, in February 2017. The evening and Saturday workshops were held during the same week and designed to stand alone, but MotherWise encouraged couples to attend both if they could for extra communication skills practice.

MotherWise cultivated a safe environment to support women and encourage participation

According to program staff, creating a safe and welcoming program environment was an important component of MotherWise. Many of the women in the program were already feeling vulnerable because of the stress in their lives. In addition, the intimate subject matter of the workshops made it more important that they felt comfortable opening up with the program staff and the other women in their cohort. Initially, MotherWise provided services at Denver Health,

³ *PREP 8.0* is the eighth version of PREP, Inc.'s master curriculum for couples in committed relationships. It includes lessons on communication and conflict management, expectations and commitment, problem solving, and maintaining and strengthening the couple bond. PREP, Inc.'s other curricula, including *Within My Reach* and *Within Our Reach*, are derived from its content and tailored for specific populations. *Within Our Reach* is designed for low-income couples.

but the facilities did not meet the program's needs. Program space was divided among multiple floors, space for intake and case management was cramped, and access was restricted to Denver Health patients, which became problematic when MotherWise began recruiting outside of the hospital system in early 2017. In consultation with the STREAMS technical assistance team, MotherWise identified the need for its own program space outside of the hospital.

In January 2017, MotherWise moved into the Rose Adom Center, a newly opened facility for victims of domestic violence near downtown Denver and less than a mile from Denver Health. The Rose Adom Center housed a number of organizations that provided services and advocacy for victims of domestic violence and their children. It was a secure building requiring keycard access to get into the program office and child care center. In addition to getting its own program office, MotherWise took several actions to make the program inviting for women and to encourage participation:

- **Shared meals.** Each workshop session included a group meal that allowed time for the women to socialize, build bonds with each other, and see their children in the child care center.
- **Free on-site child care.** The Rose Adom Center had a child care center, which MotherWise staffed with trained caregivers. Women were also encouraged to bring their children to workshops and case management meetings if, for example, they needed to nurse or did not want to use the child care provided.
- **Transportation to and from the center.** MotherWise provided a car service to take women to the program office for workshop sessions and case management meetings and to return them home. Many of the women did not have cars of their own and the bus system was difficult to use, particularly if they had to transfer lines or bring infants, strollers, and other baby gear with them.
- **Pictures to familiarize women with the building.** The Rose Adom Center was an unfamiliar place for the women, who were initially more comfortable attending class at Denver Health, according to program staff. MotherWise prepared the women by giving them pictures of the street and building, so they knew what to expect and would not get lost.
- **Branding.** MotherWise created a fun and inviting owl logo, which emphasized the program's focus on the mother and baby. The logo and colors were used in the MotherWise offices and on all program and promotional materials (Figure III.1). MotherWise produced all materials, including its website, in English and Spanish. The program name was the same in English and Spanish to help give the program an identity.
- **Incentives.** MotherWise provided a set of incentives to the women for meeting program milestones, including attendance of *Within My Reach* workshop sessions and case management meetings and completion of the *Within My Reach* workshop (by attending five of the six sessions).

Figure III.1. The MotherWise owl logo



IV. RECRUITING AND ENROLLING PARTICIPANTS

Developing effective outreach strategies for reaching a target population is essential for implementing programs as intended. Previous research on HMRE programs has documented the challenge of recruiting people into voluntary programs and emphasized the need for sustained effort (for example, Gaubert et al. 2012; Dion et al. 2008; Zaveri and Baumgartner 2016). HMRE programs must generate a steady stream of eligible and interested potential participants to fill planned workshop series and deliver the curriculum with fidelity. Many HMRE curricula, including *Within My Reach*, include group discussions and activities. Programs must maintain adequate enrollment to ensure these group activities function as intended. Moreover, strong recruitment and enrollment indicates that there is a need for the program in the community and improves the chance that the evaluation will be able to detect program impacts.

Recruitment in the context of a rigorous impact study increases both the challenge and the importance of steady successful recruitment. Because study enrollees are randomly placed in program and control groups, the program needs to enroll almost twice as many people as it will ultimately serve. This chapter describes the strategies MotherWise used to recruit women into the program and the enrollment trends over time.

Denver Health was the primary recruitment source for MotherWise

Denver Health served as the primary recruitment source for the program. In 2015, the latest year for which statistics are publicly available, Denver Health reported serving one-third of the city's population, including delivering over 3,400 babies (Denver Health 2016). Part of its mission was to serve special populations, including low-income and uninsured people and pregnant teens. Denver Health included a main hospital campus in downtown Denver and a large network of community health centers in outlying neighborhoods.

Initially, MotherWise planned to recruit all participants through the Denver Health hospital system. MotherWise recruited from three Denver Health locations: the main hospital campus and two community health centers that offered prenatal care. The two community health centers were located on opposite ends of the city. A team of three MotherWise recruiters employed by Denver Health rotated through each location every week. Between these three recruitment locations, MotherWise was able to reach nearly all of the eligible pregnant women in the Denver Health system. In addition, the Denver Health liaison, who was an obstetrician, led efforts to promote the program among hospital staff. She encouraged obstetricians, nurses, midwives, residents, and behavioral health professionals to mention MotherWise to their patients and provide contact information to recruiters if patients seemed interested.

The MotherWise recruiting team used data to guide its recruitment strategy. Recruiters identified eligible women from daily appointment schedules in Denver Health's medical records system and visited them in exam rooms as they waited for their doctors. Recruiters described the program and study and scheduled intake appointments for women who were interested. They created a database using the Research Electronic Data Capture (REDCap) system to track recruiting contacts. For each woman with a prenatal appointment, recruiters created a record with contact information and interactions, as well as a rating of the woman's interest in MotherWise and her concerns about participating. Recruiters regularly reviewed the REDCap database and

made follow-up calls or visits to women who said during an initial recruitment effort that they might be interested in participating in the program and study. Information in the database helped the recruiters tailor their pitches to women who were on the fence and coordinate their recruitment efforts. It also helped them schedule intake appointments at the program office for women who wanted to enroll. Once an intake appointment was scheduled, the person conducting the intake immediately had access to the woman's interests, contact history, and how to reach her.

Recruitment was slow at the outset of STREAMS, when Denver Health was the only recruitment source. Data showed that the recruitment team was not signing up enough women coming into the Denver Health system for prenatal care to meet the enrollment targets for the study. To meet the targets, according to the program director, MotherWise would have to enroll around one-sixth of the women giving birth annually through the system. One-tenth was a more reasonable target in her judgment. Recruiters often had only a short window of time to recruit women while they were in the exam room waiting for their doctors. The Denver Health liaison reported that MotherWise recruiters faced some initial resistance from hospital staff who weren't clear on what the recruiters were doing in the women's health clinic. The recruiters explained that it took time for them to build relationships with the hospital staff so that they understood the program and felt comfortable with the recruiters visiting their patients.

Slow enrollment led MotherWise to add referral partners and expand its target population

After a slow start to enrollment in fall 2016, the MotherWise team met with the STREAMS technical assistance team to develop new recruitment strategies to increase enrollment. With input from the team, MotherWise developed a new recruitment plan. First, MotherWise expanded its target population to include women who had a baby younger than 3 months old. Allowing new mothers to enroll opened up opportunities to partner with more community organizations and expand direct recruitment activities.

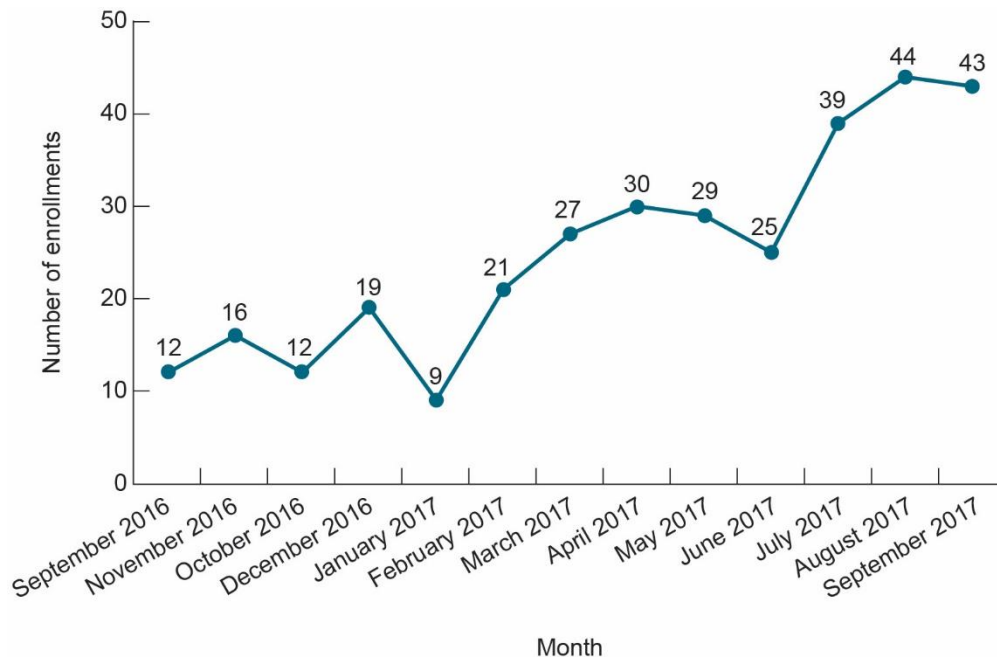
To build referral partnerships, MotherWise staff gave presentations to community organizations that served similar populations and hosted outreach events. For example, in July 2017, MotherWise partnered with a local restaurant to host a pancake breakfast at the Rose Amond Center for community organizations and followed up afterward to learn about the potential for partnering. MotherWise reached out to a wide range of organizations, including those with roots in Hispanic communities. The Denver Health liaison also met with the obstetrics staff and residents at St. Joseph's Hospital, a large hospital serving over 10,000 patients in the Kaiser Permanente network, to build support for MotherWise and to generate referrals.

To expand direct recruitment outside of Denver Health, MotherWise ran advertisements on Spanish-language radio stations and increased its use of social media. MotherWise also participated in community events, such as the Colorado Baby and Kids Expo in February 2017. The expo billed itself as a family fun and entertainment fair, with toys and entertainment for parents and young children.

After a slow start, enrollment steadily increased through 2017

Between September 2016 and September 2017, MotherWise enrolled 326 women into the STREAMS evaluation, an average of 27 women per month.⁴ Through the beginning of 2017, MotherWise recruited women slowly but steadily into the study. Enrollment began to climb around the time that MotherWise expanded its target population to include new mothers and began recruiting outside of Denver Health (Figure IV.1). In interviews, recruiters also reported that after the first few months of study enrollment, they started to feel more comfortable with their responsibilities and began seeing more success at Denver Health. By summer 2017, MotherWise was exceeding its target enrollment of 40 women per month for the study. Moreover, MotherWise sustained this enrollment success. During the six-month period from October 2017 through March 2018, the program averaged 46 mothers enrolled in the study per month (not shown). Enrollment is scheduled to continue through the end of 2018.

Figure IV.1. Enrollment into the STREAMS MotherWise study by month



Source: nFORM.

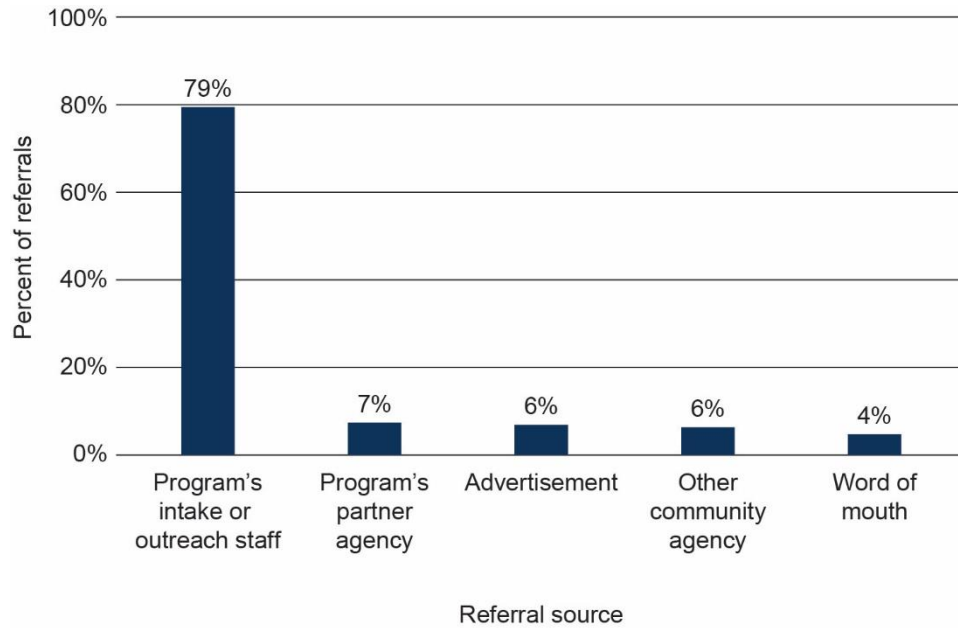
Note: Enrollment numbers include members of the treatment and control groups.

Denver Health was the primary source of MotherWise participants during the first year of enrollment. Nearly 80 percent of the women enrolled in the study were recruited by MotherWise recruiters before a prenatal appointment at Denver Health. Another 7 percent were referred from someone at Denver Health or another partner, such as the Nurse Family Partnership (Figure IV.2). Nevertheless, efforts to diversify recruitment for MotherWise were evident in the enrollment data: more than 6 percent of the women enrolling in MotherWise heard about the program from an advertisement; about 6 percent heard about it from a community agency; and

⁴ As described in Chapter I, the experimental design of the STREAMS evaluation meant that about half of the women who enrolled were assigned to receive MotherWise services.

more than 4 percent heard about it from a friend, relative, or someone who had participated in MotherWise.

Figure IV.2. Referral sources for women in the MotherWise study



Source: nFORM.

Note: N = 326. Categories sum to more than 100 percent because respondents could indicate more than one referral source.

V. SUPPORTING MOTHERWISE IMPLEMENTATION

In its most recent HMRE funding opportunity announcement, OFA emphasized the importance of using a curriculum with evidence of effectiveness and implementing it with fidelity. OFA urged grantees to strive to adhere to the curriculum's guidelines for delivering content. To implement a curriculum with fidelity, grantees must have systems in place to support implementation. For example, organizational leaders should ensure that strong systems for hiring, training, and supervising staff are in place (Fixsen et al. 2005). Assessing implementation fidelity is important for the impact study. To accurately assess whether a program model has effects on the outcomes of interest, researchers must determine whether it was implemented as intended.

This chapter describes MotherWise's system for supporting implementation, including its organizational structure and hiring processes, as well as how the organization set expectations for high fidelity implementation, trained facilitators, and monitored fidelity. In the final section, we discuss staff satisfaction with these systems.

MotherWise assembled an integrated team of University of Denver and Denver Health employees

MotherWise was overseen and operated by a team of University of Denver and Denver Health staff (Figure IV.1). The program director, a *Within My Reach* author and a research professor at the university, was primarily responsible for big picture decision making, sustainability planning, and staff supervision. Two program coordinators were in charge of program operations. One was employed by Denver Health; the other was employed by the university. Although their day-to-day responsibilities overlapped, the university's program coordinator focused more on developing community partnerships and external relationships, while the Denver Health program coordinator was in charge of data quality and logistics. An obstetrician at Denver Health served as the primary liaison between MotherWise and the hospital system, supervised the recruiters, and helped coordinate recruitment activities with the program director. A fidelity consultant, who was the lead *Within My Reach* author and a research professor at the university, monitored fidelity by listening to audio recordings of group sessions and providing feedback and support to facilitators during biweekly meetings.

Frontline staff filled one or more of three major roles: (1) facilitation, (2) case management, or (3) recruitment. One-third (three of nine) of the frontline staff filled multiple roles, including two facilitator/case managers and one recruiter/facilitator. These three staff plus the other two recruiters and a lead case manager were full-time staff. The remaining three staff were part-time contractors, including two couples' workshop facilitators and one *Within My Reach* workshop facilitator. All of the frontline staff, except for one couples' workshop facilitator, were women. Six of the frontline staff spoke Spanish: one facilitator/case manager, one recruiter/facilitator, two recruiters, and both couples' workshop facilitators.

- **Facilitator/case manager (two staff).** The facilitator/case managers had a caseload consisting of the women in the workshop series they co-facilitated. Combining facilitation and case management into a single position underlined the role that case managers played in reinforcing the curriculum during one-on-one meetings. The two facilitator/case managers

noted that facilitating and providing case management to the same women made it easier for them to establish a rapport with them in the *Within My Reach* workshop and use case management meetings to work through issues that women brought up in workshop sessions, such as past trauma or perinatal mood disorders. One facilitator/case manager facilitated English-language workshops and provided case management to English-speaking participants. The other facilitated both English- and Spanish-language workshops but provided case management to all of the Spanish speakers (the women in her English-language classes received case management from the lead case manager and her co-facilitator). In addition to facilitating the *Within My Reach* workshop, both facilitator/case managers co-facilitated the couples' workshop sessions. Both were full-time staff employed by the University of Denver.

- **Lead case manager (one staff).** The lead case manager handled a caseload of English-speaking program participants, developed case management materials (such as a needs assessment form), and provided informal guidance and oversight to the facilitator/case managers. She did not facilitate workshops. She was a full-time staff person employed by Denver Health.
- ***Within My Reach* workshop facilitator (one staff).** This staff person facilitated English-language classes only and was a part-time contractor. She was a doctoral student in the University of Denver Psychology Department.
- **Recruiter/facilitator (one staff).** This staff person was hired as a recruiter and became a facilitator when the need arose for another Spanish-speaking facilitator. She facilitated Spanish-language *Within My Reach* workshop sessions. She did not provide case management. She was a full-time staff person employed by Denver Health.
- **Recruiters (two staff).** MotherWise had two full-time recruiters. They were full-time staff employed by Denver Health.
- **Couples' workshop facilitators (two staff).** Two part-time consultants, a man and a woman, co-facilitated the couples' workshop. One was a family therapist in private practice. The other was a curriculum author and trainer at PREP, Inc., the distributor for *Within My Reach* and the curricula used for the couple workshops, *Within Our Reach* (for the Spanish-language couples' workshop) and PREP 8.0 (for the English-language couple workshop)

All of the full-time frontline staff as well as the program coordinators and one couples' workshop facilitator handled intake appointments.

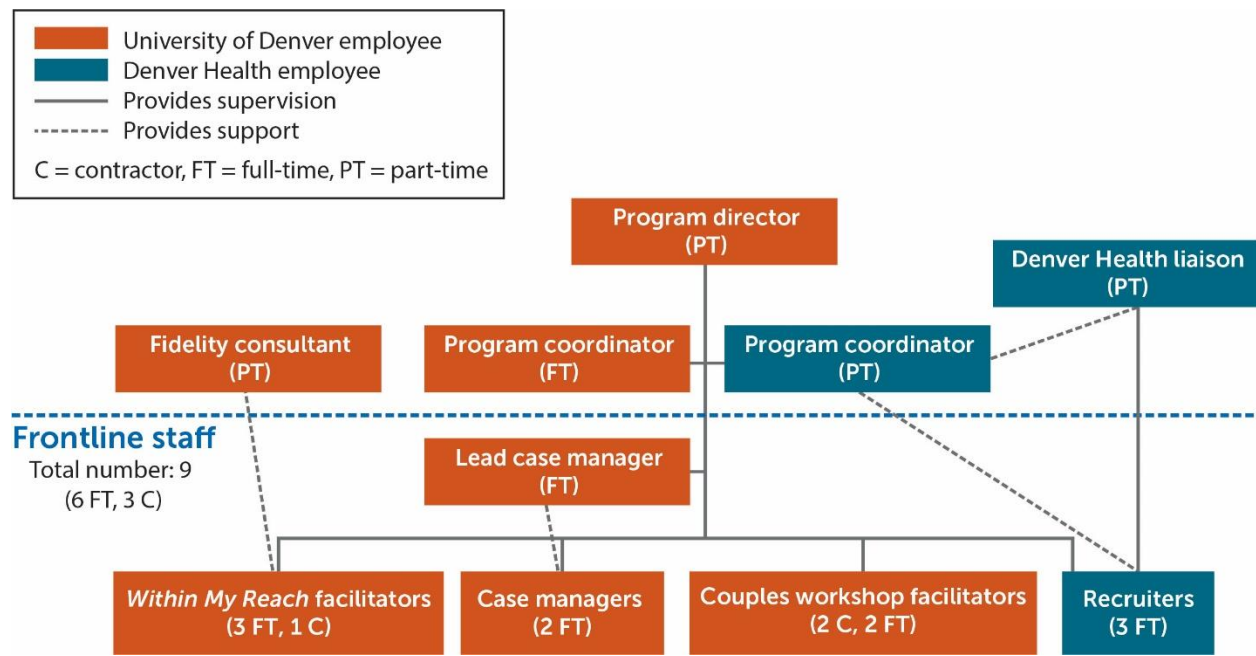
The program director emphasized hiring staff who were a good fit for MotherWise. One indicator of fit was a passion for working with low-income women and families. The program director also found that flexibility and openness to change were important qualities for MotherWise staff. As a new program, MotherWise underwent a number of changes in its first year of operation, such as changes in recruitment strategy and location. Yet, it experienced almost no turnover in its first year of operations.⁵ MotherWise prioritized self-care among staff

⁵ One facilitator left the program before MotherWise began enrolling women into the study.

with monthly team-building events and frequent check-ins to make sure that staff were not getting burned out.

All MotherWise staff not employed by Denver Health were hired through the University of Denver Human Resources Department. The program director had to work within the requirements of the department for posting positions, submitting applications, and processing new hires. In total, the program director hired five new staff for MotherWise across Denver Health and University of Denver: one program coordinator, the lead case manager, and three facilitators/case-managers. The Denver Health employees involved in MotherWise already worked in the hospital system when the OFA HMRE grant was awarded and were hired from their prior positions at the Denver Health to work on MotherWise.

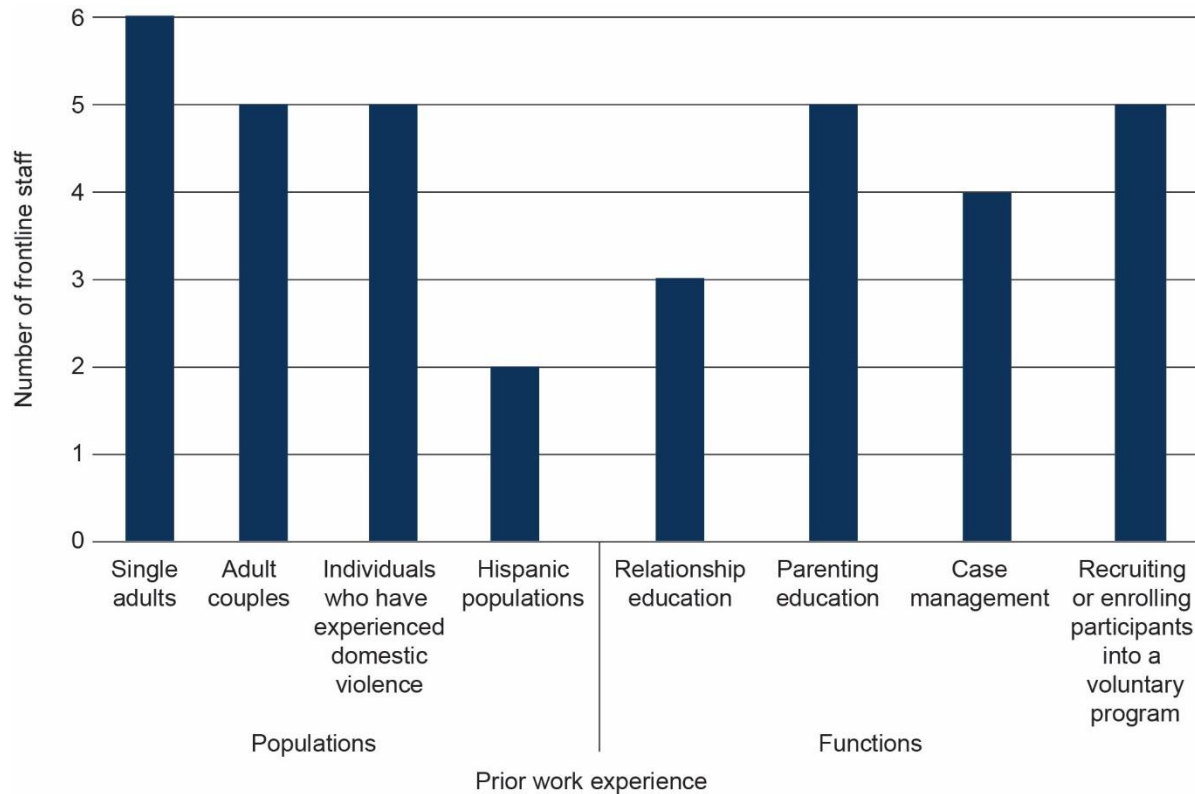
Figure V.1. MotherWise organizational chart



Source: Program documents.

Program staff were highly qualified for their positions. The program coordinators had previous managerial experience in the corporate world and in research administration. All three recruiters had experience recruiting study participants in the Denver Health system or working with Denver Health patients. The lead case manager was a licensed clinical social worker, and the facilitators and case managers had backgrounds in psychology and social work. According to a survey of frontline staff, all had worked with adults before becoming MotherWise employees and most had relevant experience such as providing case management, relationship education, or assistance to victims of domestic violence (Figure V.2). All frontline staff had at least a four-year college degree. Four of the six full-time frontline staff had a graduate or professional degree.

Figure V.2. Prior work experience of MotherWise frontline staff



Source: STREAMS staff survey.

Note: N = 6. This includes all full-time frontline staff providing facilitation, case management, and recruitment.

The program director was engaged in all aspects of MotherWise and encouraged frontline staff to solve problems and set goals

Through weekly team meetings, the program director stayed actively involved with all MotherWise program components. Every Monday, the program director led an all-staff meeting. Typically, the all-staff meeting agenda included celebrating accomplishments, setting recruitment and participation goals, sharing information and announcing upcoming events, and reviewing what to do with participants with challenging needs, such as homelessness.

After the all-staff meeting, the program director held team meetings with the case managers and recruiters. Meetings with case managers focused on troubleshooting difficult cases and situations. Meetings with recruiters included discussing successes and challenges and previewing upcoming recruitment opportunities. She also met with program coordinators to review administrative issues. Every Thursday, the program director met with the recruiters at Denver Health to check in on recruitment progress. The program director and fidelity consultant met with the facilitators every other week to discuss fidelity and *Within My Reach* workshop facilitation. In total, the program director had between two and three meetings per week with the facilitator, case manager, and recruitment teams. The program director did not have supervision meetings with the couples’ workshop facilitators.

In all of the team meetings, the program director encouraged staff to take initiative and bring suggestions to her for how to improve the program. For example, MotherWise added an evening session of the *Within My Reach* workshop after recruiters found that many women at Denver Health were interested in MotherWise but unable to attend a daytime workshop. Facilitator/case managers identified staff training opportunities to improve service delivery, such as a seminar on trauma informed care.

The program director encouraged teams to meet without her. The case managers met once a week to strategize about specific participants, difficult situations, and referral resources and to identify concerns and suggestions to bring to the program director. The lead case manager led this meeting. The recruiters also met weekly without the program director to give each other quick updates on their recruitment progress and schedule. The Denver Health liaison and a program coordinator led this meeting.

One-on-one meetings between individual staff members and the program director were limited to performance reviews, although staff reported that they felt like they could always approach her if they needed to discuss something. Every six months, the program director asked staff to complete a self-assessment survey about progress toward their personal professional goals. In individual meetings, the program director and staff member reviewed the self-assessments, discussed how the staff member thought she did and what she wanted to achieve in the coming year, and identified ways that the program could support the staff member in achieving her goals. Both the University of Denver and Denver Health employees had separate annual review processes as part of their employment within the respective institutions, as well.

A *Within My Reach* developer monitored fidelity, provided feedback, and worked closely with facilitators to make adjustments when necessary

MotherWise leaders expected staff to deliver *Within My Reach* according to the instructions in the curriculum manual. The program director and fidelity consultant, both authors of *Within My Reach*, emphasized the importance of offering each lesson in sequence. The healthy relationship models and communication strategies—covered in the first two units—were essential to recognizing and addressing relationship challenges, which were covered in the final unit. According to the fidelity consultant, fidelity was a balancing act that included providing all of the content in the correct order and at the appropriate depth while engaging participants, relating to them, and avoiding getting sidetracked or editorializing.

The fidelity consultant reviewed about five hours of audiotape of *Within My Reach* workshop sessions every two weeks to identify topics to discuss during biweekly check-in meetings with the program director and facilitators. The facilitators recorded all of the English-language workshop sessions. The fidelity consultant usually picked tapes to review at random, but it was also common for facilitators to flag tapes for him in order to get feedback to help them improve. Facilitators also brought up issues related to reinforcing the curriculum in case management sessions, though these sessions were not taped or observed. The curriculum developer did not listen to Spanish-language sessions, but the facilitators providing *Within My Reach* in Spanish attended meetings and discussed issues that came up in their classes with him. The fidelity consultant did not observe classes in person because he felt that a male presence

would disrupt the safe space created in the workshop environment. The program director also did not observe workshop sessions.

According to the fidelity consultant, checking on adherence was a secondary goal of his review. He had confidence that the facilitators would stay on schedule and not deviate from the curriculum manual or materials. He attributed this confidence to the effort that MotherWise put into hiring strong candidates and the attention the program paid to creating a cohesive team, with members who would feel like they were “letting other people down” if they were not following the curriculum. In addition, at the time of the site visit, the curriculum developer had over a year’s worth of observations on which to base the trust he put in the facilitators. During his reviews, he did not rate or code facilitators’ fidelity. Instead, he listened for how the facilitators explained content and responded to comments and questions from participants.

Another focus of the biweekly facilitator meetings was to hear from the facilitators about how they felt the curriculum connected with the participants. The curriculum developer encouraged facilitators to suggest changes and improvements and worked with them to create and approve adaptations. Some changes were small, such as adding a short review of material to the beginning of each session; others were more substantive. For example, facilitators of the Spanish-language *Within My Reach* raised concerns about how the curriculum portrayed cohabiting partners having a less committed relationship than married partners. According to these facilitators, Hispanic couples that moved in together were signaling to their community a commitment equal to marriage. As a result of this feedback, the program director and fidelity consultant let the facilitators change the presentation of this content in the MotherWise workshop and made plans to update the next version of the curriculum.

MotherWise staff felt supported by the program director and were prepared to do their jobs well

Facilitators and case managers strongly agreed that the program director and fidelity consultant’s efforts to monitor and support fidelity were successful. On the frontline staff survey, all staff reported that the program director and curriculum developer supported the use of *Within My Reach* by minimizing barriers and obstacles to implementation, creating clear goals around curriculum use, creating systems to track fidelity, and encouraging staff to express concerns. All but one staff member felt that they received positive feedback and recognition for using *Within My Reach*. On average, frontline staff agreed that their supervisor provided mentoring, emotional support, and technical support.

According to the staff survey, all MotherWise frontline staff felt that they were adequately trained to provide *Within My Reach*. At the beginning of implementation, all MotherWise staff participated in a three-day training on *Within My Reach*, including recruiters and program coordinators who were not directly involved in providing services to participants. The program director, the curriculum developer, and another trainer from PREP Inc. conducted the training. The program director felt that having all staff attend was valuable to familiarize them with the curriculum content and themes that MotherWise endorsed. She reported that attending the training helped staff buy into the program and convey the core values of the program to others. It also made the program more flexible, because all staff were equipped to step in and facilitate a workshop session in an emergency.

Aside from the training on *Within My Reach*, staff reported receiving a number of other trainings. All staff participated in two trainings on domestic violence. One was provided by a service provider for victims of domestic violence. The other, provided by a victims' advocacy organization, focused on housing issues for domestic abuse survivors. Staff also participated in a seminar on motivational interviewing and a general overview of trauma-informed care provided by Denver Health. After the general overview training, the case managers received a specialized training on trauma-informed care, provided by a licensed clinical social worker. Facilitators received training on facilitation skills from OFA's technical assistance contractor.⁶ That training, led by a *Within My Reach* master trainer, helped facilitator/case managers develop strategies for teaching the curriculum content effectively.

Staff interest and initiative drove the topics of most trainings. For example, the lead case manager reported attending a conference about domestic violence prevention and treatment so that she could be more informed about the needs of domestic violence victims and support the other case managers.

All of the staff who received training reported on the staff survey that it was "helpful" or "very helpful." Staff survey responses also indicated that all frontline staff felt prepared to work with participants as a result of the training they received. As of late 2017, MotherWise had not provided refresher training on the curriculum, facilitation, or case management strategies, in part because there had been no staff turnover. One staff member became a facilitator after the initial training. She attended the initial curriculum training, but all of her other skill-building had come from observation and on-the-job training.

Staff satisfaction with the MotherWise program was high

Program staff strongly believed in MotherWise's overarching mission to empower women to improve their own and their child's well-being. They felt good contributing to a program environment that helped connect women to a community of new mothers like themselves. "A lot of the time, [participants have] been stripped of what they have and we just want to give them back not only their power but their dignity," one facilitator said. "I know we all carry them with us." For one case manager, the program benefit she saw the most was the women feeling more in control: "They know themselves better, [they find] a support system, a place to start." Though many staff believed that the most important benefit of MotherWise was the supportive social network that women built, they also felt very positive about *Within My Reach*. In particular, program staff appreciated the emphasis on specific communication techniques. One facilitator explained:

Many of these women are navigating so many different outside relationships ... and working [in] full-time jobs on top of everything else that they're doing.... And to hear them actually putting those skills to work and seeing some benefits, it's really exciting to see one tool that they can take away and apply in every relationship successfully. And they do it; they actually do it.

⁶ Public Strategies, the firm that held the OFA technical assistance contract, is a subcontractor to Mathematica on the STREAMS evaluation.

Responses to the staff survey echoed the sentiments they provided in interviews. Overall, frontline staff reported high satisfaction with the organizational climate. All staff “agreed” or “strongly agreed” on the survey that (1) the program’s mission and vision were clear, (2) the program was committed to a safe and satisfactory work environment, (3) MotherWise had a positive public image, and (4) they had autonomy for decision making. The only measure of organizational climate on which staff felt that there was room for improvement was compensation.

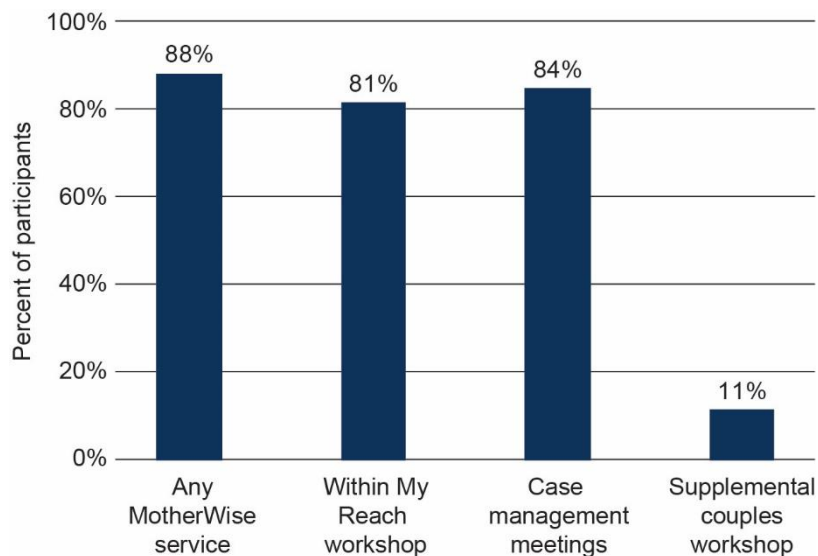
VI. DELIVERING CONTENT AND ENGAGING EXPECTANT AND NEW MOTHERS IN MOTHERWISE

In addition to developing systems for supporting implementation, MotherWise had to deliver the expected dosage of services and engage new and expectant mothers in order to achieve the intended outcomes. If women do not receive the intended content (either through lack of engagement or participation), then the impact study is unlikely to detect the intended effects. This chapter presents findings on the amount of programming and the programming content offered to the women who enrolled, disruptions experienced during *Within My Reach* workshop sessions, and attendance and exposure to each of the curriculum content areas. This chapter also discusses levels of participant engagement in programming, based on facilitator reports and focus groups.

Initial engagement in core MotherWise components was high

Of the women who enrolled in MotherWise between September 2016 and September 2017, 88 percent engaged in at least one program activity within four months of enrollment (Figure VI.1). Most participants engaged in core program components—at least one *Within My Reach* workshop session (81 percent) and at least one case management meeting (84 percent). About one in 10 women brought their partner to a supplemental couples’ workshop. According to interviews, engagement in the couples’ workshops was lower than staff anticipated.

Figure VI.1. Initial engagement in program services



Source: nFORM.

Note: N = 192. This includes all participants who enrolled between September 2016 and September 2017 and who had four months in which to participate in services. Engagement figures are as of January 2018.

Program staff aimed to engage participants as soon as possible after enrollment. MotherWise launched a new English-language *Within My Reach* workshop every three weeks and a Spanish-language workshop every six weeks, which is about how long it took the program to enroll a large enough cohort of Spanish-speaking women. MotherWise case managers attempted to schedule every participant for her first case management meeting before her first *Within My*

Reach workshop session. MotherWise scheduled couples’ workshops less frequently, about once per quarter. They were offered only to women who had completed the first three *Within My Reach* workshop sessions on recognizing unhealthy relationships and communication skills. These were considered foundational sessions, while the couples’ workshop was aimed at strengthening healthy relationships. MotherWise did not want the couples’ workshop to have the unintended consequence of leading a woman to stay in a dangerous relationship. Because couples’ workshops were only offered every three months, some women would have to wait two or more months to attend a workshop.

Facilitators offered the intended amount of *Within My Reach* content in the intended order

Each *Within My Reach* workshop series included 18 hours of content, including the full *Within My Reach* curriculum plus additional content on infant care and parents. Based on data entered into nFORM (the management information system provided to MotherWise by ACF), facilitators offered women the intended number of hours of *Within My Reach* workshop content. Across all participants enrolled for at least four months, women participated in the *Within My Reach* workshop for more than 11 hours on average (Table VI.1). Nearly two-thirds of participants completed at least five of six possible workshop sessions within four months of enrollment, which was the program’s definition for workshop completion. Of the participants who attended at least one program service, more than three-quarters completed the *Within My Reach* workshop within four months.

Table VI.1. Participation in MotherWise *Within My Reach* workshops

Participants	Workshop hours		Workshop sessions completed (%)			
	Total offered	Average received	None	1 or 2	3 or 4	5 or 6
All	18	11.6	19	11	7	64
Attended at least one program service	18	13.2	0	14	8	78

Source: nFORM.

Note: N = 192. This includes all participants who enrolled between September 2016 and September 2017 and who had four months in which to participate in services. Participation figures are as of January 2018. Figures may sum to more than 100 due to rounding.

The developers of *Within My Reach* and MotherWise intended for all 15 curriculum lessons to be delivered in order. In interviews, facilitators discussed adhering to the intended order and content of the curriculum. Data in nFORM aligned with facilitators’ interview responses. Across the 31 workshop series provided during the analysis period, facilitators omitted only 2 of 465 intended lessons. Further, facilitators indicated that 85 percent of lessons were covered during the intended workshop session. A typical workshop session is described in Box VI.1.

Facilitators reported that they followed the curriculum closely. Facilitators completed short surveys after each *Within My Reach* workshop session. In the surveys, they reported how much of the curriculum materials they used and the degree to which they followed the instructor’s manual. These reports indicated that facilitators used “most” or “all” of the curriculum materials and followed “most” or “all” of the curriculum as written in the instructor’s manual more than 99

percent of the time. Sometimes, facilitators provided the content intended for a session but had to make changes because they ran out of time or because of the way participants reacted. nFORM data indicated that facilitators changed planned content in less than 14 percent of sessions. Nearly all of the changes that facilitators reported had been discussed with and approved by the fidelity consultant, such as adding a recap to the beginning of each session or changing the portrayal of cohabitating couples in Spanish-language workshop sessions. (Both of these adaptations were discussed in Chapter V.)

Box VI.1. A typical MotherWise *Within My Reach* workshop session

MotherWise staff greet women at a bank of elevators when they arrive to the Rose Anodom Center and escort them to the child care room or directly into the MotherWise office space. Some women prefer to keep infants with them during the workshop. The Rose Anodom Center has three floors: the lobby is on the first floor, the program is on the second floor, and the child care center is on the top floor. The second and third floors are keycard access only.

All workshop sessions are held in a large, bright conference room with windows on one wall. Participants are greeted warmly by the staff—including the facilitators, program coordinators, and the person at the front desk—as they enter the space. Snacks and drinks are available in the room at arrival. The conference room also has a small closet that participants can use to store their *Within My Reach* workbook, which they leave at the program office while they are enrolled in the *Within My Reach* workshop. (They can bring it home after they complete the workshop or they can leave it with the program if they feel that their partner would become angry to learn that they are taking a relationship class.) Women sit around a U-shaped table to facilitate conversation. Facilitators sit in the middle so that every participant can see them.

The workshop session begins with a review of the previous session, with key points written on an easel. Then, a short presentation introduces new content. Facilitators use a slide presentation prepared by the curriculum distributor and have their manuals in class with them. Workshops are dynamic and include a mix of presentations, small group work, and discussions. The two facilitators take turns presenting different pieces of curriculum content and facilitating group discussion. Typically, while one facilitator delivers content, the other prepares materials for an activity or circulates the room to address individual participant issues. While participants are working on small group or individual activities, both facilitators circulate the room and talk with participants about the activity.

Women are able to come and go freely from the conference room if they need to use the restroom or take an emotional break. Facilitators are careful to minimize disruptions. The facilitator who is not presenting will address latecomers individually and fill them in on what the workshop session has covered so far. During our observations, women filtered into the workshop session through the first 15 minutes, which was about how long it took facilitators to greet everyone and review the previous session's content.

One hour of the workshop session is set aside for a group meal. This is a time of informal sharing and community-building. Women can also use this time to see their children in the child care center. After the workshop session, participants can check in with their case managers individually (in most cases, these are the same staff who facilitated the workshop session). Staff escort women to retrieve their children from child care and back to the elevators to depart via a car service.

Reported disruptions during workshop sessions were rare

Even with the most skilled facilitators, workshop sessions do not always flow as imagined in the curriculum manual. MotherWise facilitators reported that about 12 percent of *Within My Reach* workshop sessions were disrupted in some way, an average of less than one session per workshop series. These disruptions included participants showing up late, getting engaged in off topic conversations, or bringing their children to a workshop session. The types of disruptions reported aligned with the workshop observations and issues that program staff discussed in interviews:

- **Late arrivals.** Several program staff noted that transportation was a major barrier for women, despite the fact that MotherWise provided a car service to help participants attend workshop sessions. Transportation issues could prevent someone from getting to a workshop session on time if a bus was late or if they could not get a ride in time.
- **Classroom management.** According to the curriculum developer, facilitator supervision meetings frequently included conversations about how to guide conversations, redirect off-topic comments, and teach curriculum content in nondirective ways.
- **Participants with children.** As a policy, MotherWise encouraged women to bring infants to workshop sessions if they were too young for child care or needed to nurse.

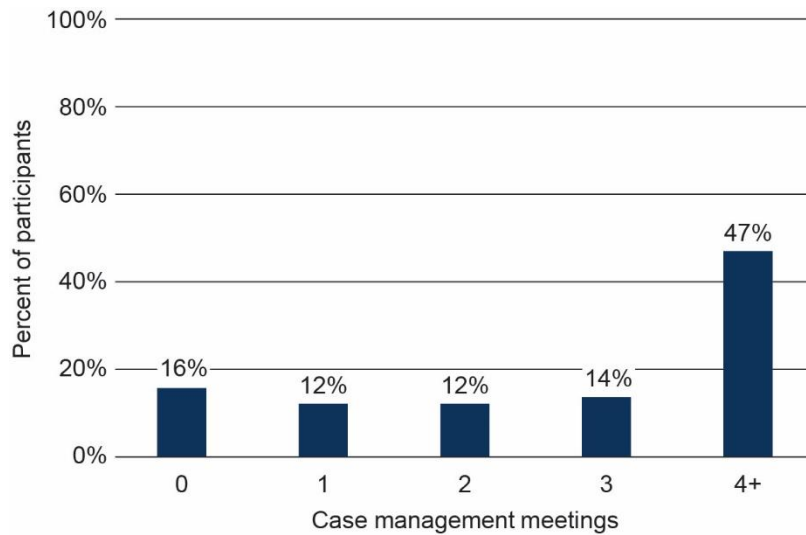
MotherWise provided case management according to its service delivery plan

In addition to the *Within My Reach* workshop, case management was the other primary way that MotherWise staff engaged participants. According to the implementation plan, participants would meet with a case manager shortly after enrolling and continue to have contact—including at least three more in-person meetings—throughout the six-week duration of the program. As described in Chapter V, case managers also usually facilitated the group workshops that the women on their caseloads were attending.

MotherWise was successful in achieving its intentions for case management. Of 192 participants who enrolled between September 2016 and September 2017 and were randomly selected to receive the program, 162 (84 percent) had at least one case management meeting within four months of enrolling. Including women who enrolled but did not engage in program services, participants met with their case manager an average of three times over the length of the program—just short of the four meetings that MotherWise expected. Nearly half of the women had at least four case management meetings (Figure VI.2). A quarter of the women had more than four case management meetings, suggesting that case managers went above and beyond their responsibilities to help participants address their needs. Most case management meetings came during the first two months after enrollment, which is when participants would have received most, if not all, of their program services.

Case management contacts lasted about 44 minutes long, on average, which met the program's expectations. MotherWise encouraged participants to bring their partners to in-person case management meetings, but partner attendance was rare. It was more common for participants to bring their children to in-person case management meetings, which happened about 14 percent of the time.

Figure VI.2 Number of meetings with a MotherWise case manager



Source: nFORM.

Note: N = 192. This includes all participants who enrolled between September 2016 and September 2017 and who had four months in which to participate in services. Participation figures are as of January 2018. Figures may sum to more than 100 due to rounding.

Case managers helped women process past trauma and identified ways to support them

In focus groups, participants reported that they liked that they could discuss anything in case management meetings. Having the same staff person facilitate their workshop session and provide case management made it easy for the women to discuss personal issues. One focus group participant said:

I love the fact that you could talk to [the case manager] even about your own health issues and then the next time you see them in class, they were just like, oh, are you feeling okay? They're always there to assure you that somebody's here and listening: I wasn't just in the room listening to you. I actually took it into consideration and I'm now asking you.

Case managers thought that the benefits of MotherWise became clear when they helped the women apply *Within My Reach* lessons to their own lives. One case manager, for example, asked participants to tell her what they had learned in a recent workshop lesson and retaught content if it didn't seem like they had a full understanding, and extended *Within My Reach* content by helping them role-play using communication techniques in different situations.

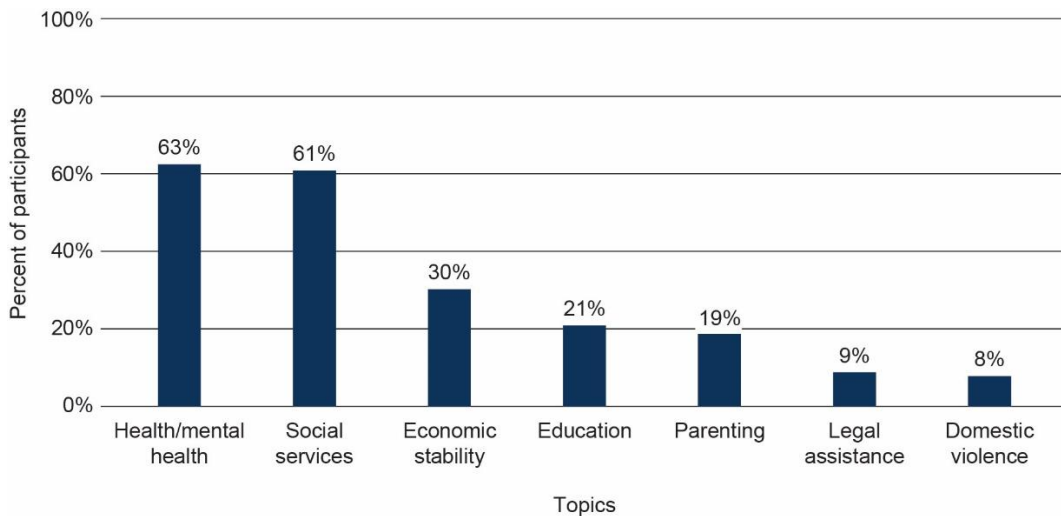
According to nFORM data, three-quarters of case management meetings discussed HMRE topics. This figure aligned with MotherWise's case management plan, because the first case management meeting was supposed to take place before the workshop began and the last three came over the course of the *Within My Reach* workshop. The facilitator/case managers used a guide to prompt exploration of different topics in a case management meeting. One facilitator/case manager explained what she would talk about in a case management meeting after a workshop session on domestic violence:

Knowing they have a history, the very first thing we talk about is ... your experience in the past. Tell me how you're feeling. Tell me what it's brought up.... Or they may have shared in the classroom about their experience, so then we talk about that. What made you feel safe enough to share that? What worries do you have now that you've put that out to the whole group? ... What would you like me to have done? Was that fair? Did you need me to intervene? Should I have done something different? And now, what can I do to help support you?

Prompts about curriculum topics brought up a wide range of issues for discussion (Figure VI.3). Facilitator/case managers welcomed these discussions. One facilitator/case manager explained:

Some [topics] are more personal pieces around that trauma history and really helping them see how some of that is affecting some of their present.... We're not doing the counseling, but starting to have that dialogue and openness and exploration to see where more support may lie that they need. Is it more working with a domestic violence provider...? [Helping] with the parent-child interaction piece? [Are they] feeling a disconnect to their baby? We deal with a lot of postpartum [depression] and helping them recognize when they're in the midst of it.

Figure VI.3. Topics discussed with case managers



Source: nFORM.

Notes: N = 192. This includes all participants who enrolled between September 2016 and September 2017 and who had four months in which to participate in services. Participation figures are as of January 2018.

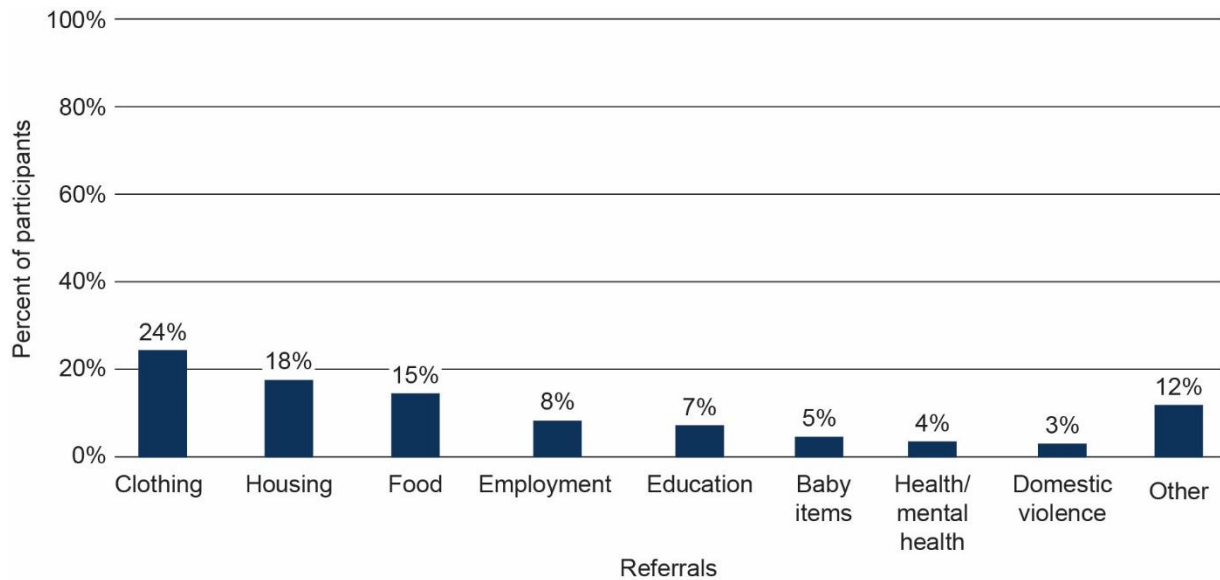
Percentages are for the proportion of participants who discussed a topic at least once in case management meetings.

According to case managers' reports in nFORM, a majority of participants discussed health or mental health services, including pregnancy, and talked about social services with their case manager. Other common topics included economic stability, their own or their child's education, parenting skills, legal services, and domestic violence (Figure VI.3). Women also discussed a number of aspects related to their partner and co-parenting (such as family counseling and child

support) and their child (such as accessing baby items, child welfare, and other children’s services), though these tended to be less common topics.

To help participants obtain services not provided by MotherWise, case managers made referrals to other community organizations (Figure VI.4). A typical participant received between two and three referrals. Based on comments made during focus groups with program participants, it appeared that some women needed a lot of support. “When I was pregnant, I had just moved here from Illinois,” said one woman. “[My case manager] helped me with a lot ... even baby stuff and [she] gave me so many resources where I could [find] help, and also her point of view, [about] bills and stuff, like she entered me into some programs.” The most common referrals participants received were for basic assistance, including clothing, housing, and food. Women also requested help finding employment or education, such as preschool for their child or English as a Second Language classes for themselves, and help finding affordable baby supplies, such as cribs and car seats.

Figure VI.4. Percentage of participants who received at least one referral, by type



Source: nFORM.

Notes: N = 192. This includes all participants who enrolled between September 2016 and September 2017 and who had four months in which to participate in services. Participation figures are as of January 2018. Percentages are for the proportion of participants who received a referral at least once from a case manager.

Couples’ workshops were lightly attended, but women reported finding them beneficial

About one in 10 participants attended a couples’ workshop (Figure VI.1). Participants and their partners could attend up to 11 hours of couples’ workshops across two sessions—one held on a weekday evening and the other on the weekend during the day. However, most participants chose to come to one or the other. Only 3 percent of participants attended both couples’ workshop sessions.

There were several reasons for the low level of attendance at couples' workshops. Though three-quarters of women reported being in a steady relationship when they enrolled in the STREAMS study, not all of those women necessarily had a partner who was interested in attending a couples' workshop. In addition, MotherWise required women to complete at least three sessions of the *Within My Reach* workshop to participate in the couples' workshop, so they had exposure to communication skills and content about domestic violence and dangerous relationships. MotherWise staff wanted women to be able to determine if their relationship was safe before inviting their partner to the couples' workshop. Table VI.1 shows that just over 70 percent of participants attended at least half of the *Within My Reach* workshop sessions. Because couples' workshops were offered infrequently—about once per quarter—couples might lose interest if months passed between hearing about the workshop and one being scheduled. Initially, the couples' workshops were held for seven hours on Saturdays, which was difficult for many participants to attend. To provide additional options, MotherWise began offering four-hour couples' workshop sessions on weekday evenings.

In focus groups, the participants who attended the couples' workshops reported feeling positively about them. They wished these workshops were longer, so they had more time to practice communication skills with their partners. One participant felt that it made her relationship with her husband better. "For the males to have the tools like we have the tools ... it helps to make a healthier relationship," she said, "especially if our relationship wasn't going so well at the moment." Focus group participants felt that the couples' workshop enhanced what they learned in the *Within My Reach* workshop and that communication with their partners improved once they both learned and practiced the communication skills. One participant said:

I enjoyed the workshop. Because I would talk about the class to my partner when I would get home and because he came ... he got to learn the tools for himself and see how really helpful they are.... He even reminds me of those tools because when we're having a discussion and I tend to interrupt ... he'll be like, speaker-listener, speaker-listener!

Women who attended couples' workshops with their partners appeared to be more involved in MotherWise than women who did not attend the couples' workshops. Compared to all women who enrolled in the program, couples' workshop participants received about four more hours of *Within My Reach* workshop content (roughly one more session) and about an hour and a half more of case management meeting time (roughly two meetings). The proportion of *Within My Reach* workshop participants who completed the *Within My Reach* workshop was higher by one-third, on average: nearly 9 in 10 women who came to a couples' workshop completed the *Within My Reach* workshop by attending at least five sessions.

Participation supports, incentives, and a supportive environment promoted attendance and engagement

According to facilitator reports, participants were engaged in "most" or "all" of the content in almost all of the workshop sessions. In focus groups, participants echoed the facilitators' impressions, rating their satisfaction extremely high. In particular, participants liked learning practical communication skills, such as taking a time-out when they felt themselves starting to get angry.

MotherWise staff provided supports and incentives to encourage women to attend program services. More than two-thirds of participants took advantage of a free car service to get to and from workshops and case management meetings. Almost one-third of participants used free child care from the program. All participants received financial incentives, which included a gift card for completing intake and enrolling in the study. In focus groups, participants reported that the incentives after each *Within My Reach* workshop and the gift card for completing the program were motivating. According to one focus group participant, between child care, transportation, gift cards, and meals, there was “really ... no reason not to come.”

In addition to the supports and incentives, the supportive environment that program staff created made participants want to come to workshop sessions and case management meetings. According to focus group participants, the facilitators and case managers showed genuine concern for the women. For example, when one woman temporarily stopped attending the workshop, she received text messages from her case manager asking if she was all right, which eventually convinced her to start attending again. Several women said that they felt “safe” and “comfortable” in the workshop. “[The facilitator] has this like mother-grandmotherly feel that I love. I just want to take her home with me,” said one participant. This atmosphere allowed them to openly discuss topics that embarrassed them, such as when one had a fight with her partner. One of the ways facilitators made participants comfortable was by telling personal stories that showed their lives weren’t always perfect: “They made examples of themselves for us,” one woman said. “They also participated in the role plays with us and ... [showed us] how they would like to be treated [by their partners].”

Women in MotherWise built close bonds that kept them coming back to the program, and their new community helped them feel empowered

Focus group participants reported that when they heard about MotherWise, they jumped at the chance to be around a group of new moms who were going through the same thing that they were. One woman said her doctor referred her to the program because she was suffering at the time from postpartum depression and it “might be helpful... to be around people.” Another was a first-time mom who said she was “was scared and had so many questions.” It was reassuring for her that one of the women in her group was “a lady that had six kids” who provided her “advice and reassurance.” For women who might have felt isolated by their pregnancies, being around other women was empowering:

Honestly, I think the whole bottom-line thing [we learned] in class [is that] it sets a huge boundary for us women to understand there are things that we won’t take in life. And prior to this class, you don’t really understand that concept. You’re just kind of like, you know, I’m in this boat and how do I get out?

Ultimately, according to the focus group participants, it was hard to stay away from the program when they finished. Participants had few suggestions to improve the program, wishing only that it was longer than six weeks. MotherWise staff did not stop serving women once they finished the *Within My Reach* workshop, however. One woman’s case manager “texted me after [her baby’s birth] just to see ... how I’m doing, and see if I need to talk.” It surprised her. “Who does that? And so that means a lot, ‘cause ... she just didn’t come teach a class and say okay, these are done, bye.” Another woman who had completed the program said she was still in touch

with her case manager “like three weeks before [the focus group], and she was helping me with some information on some stuff and just like, you want to come in?”

Because of the women’s interest, MotherWise started to host “family reunions.” Program graduates could bring their newborns and partners to a group dinner with the program staff to socialize and get pictures taken. The program arranged for a Denver Health nurse to be there to answer their questions. Women in the focus group loved the reunions. One called it an opportunity to open up “this huge door in that you get to see so many women achieve so much and so many men achieve so much in trying to build their relationship, trying to keep their relationship.”

VII. CONCLUSIONS

MotherWise was developed to address the needs of low-income pregnant women and new mothers. By giving the women the skills needed to recognize and maintain healthy romantic relationships, MotherWise aimed to improve the well-being of the women and their children and to empower them to make informed decisions about relationships and other life choices. The program director developed services and supports that reinforced and extended key themes from the *Within My Reach* curriculum. This report presents findings about implementation of MotherWise during its first year of operation, including strategies that staff used to enroll women in the program, engage them in program activities, and tailor services to their needs.

Little research exists about HMRE programs that serve adults as individuals (rather than as part of a couple). The STREAMS evaluation is testing whether MotherWise succeeded in its goals to increase participants' knowledge of healthy relationships, improve their communication and other relationship skills, decrease their exposure to intimate partner violence, and enhance their relationship and family stability. The STREAMS evaluation will advance the field of HMRE programming for adult individuals by providing guidance about tailoring services to address the needs of a specific target population, in this case pregnant women and new mothers. This process study sought to assess how closely MotherWise followed the implementation framework introduced in Chapter I, Figure I.1. This chapter summarizes three findings that demonstrate the quality of MotherWise's implementation and how well the services fit with the target population.

Program leaders' expertise informed MotherWise

Program leaders had expertise well suited to developing MotherWise. The program director was an author of *Within My Reach* and a researcher who studied relationship processes and development. The lead *Within My Reach* author, also a research professor with expertise in relationships, was a fidelity consultant who monitored fidelity and provided support to program facilitators.

The program director's academic and clinical background helped her tailor services to the needs of a specific target population: pregnant women and new mothers facing important decisions about romantic and co-parenting relationships and how to achieve safety and well-being for themselves and their children. As authors of *Within My Reach*, the program director and fidelity consultant were well positioned to identify areas where the curriculum could be bolstered and reinforced for the target population. In planning its services, MotherWise enhanced activities to some of the final *Within My Reach* workshop sessions that, as written in the curriculum, were heavy on lecture. MotherWise also developed a guide with specific questions and prompts for case managers to use to help participants apply *Within My Reach* lessons to their own lives.

Expert knowledge of *Within My Reach* among program leaders also enhanced the facilitators' ability to deliver the curriculum with fidelity. The fidelity consultant regularly reviewed audiotapes of class sessions to assess whether the main ideas of each lesson were delivered in a clear and engaging way. He met with the facilitators every two weeks to go over issues he identified and help them troubleshoot challenges and develop solutions. In addition, the

alignment of MotherWise with *Within My Reach*, both affiliated with the University of Denver, made it easier to train all program staff on the curriculum.

MotherWise engaged women by creating a safe and welcoming environment, delivering highly relevant content, and helping them apply it to their lives

In focus groups, program participants expressed a high level of satisfaction with MotherWise and reported that program content was highly relevant to their lives. For example, they said they appreciated learning the practical communication skills that *Within My Reach* emphasized. According to the women, these skills did more than just help them improve their relationships with their partners. They also used calming and anger management techniques with their children, work colleagues, and other family members. Participants also appreciated the chance to practice these skills in the *Within My Reach* workshop and with their partners in the supplementary couples' workshop. In surveys completed after each class, facilitators indicated that classroom engagement was generally high.

MotherWise staff sought to create a program environment that helped women feel safe and comfortable. Moving from Denver Health to its own program office, which was motivated by a need for more space, presented a challenge because some women did not want to travel to an unfamiliar location. To overcome the challenge, MotherWise distributed pictures of the surroundings and encouraged women to use the car service. They also set up the program office to feel safe and comforting. Access to the office was restricted because it was in a center for victims of domestic violence, so staff escorted program participants everywhere they went inside the building. MotherWise prominently displayed the program logo, which emphasized the program's focus on the mother and baby, and decorated the office using a warm color scheme. The program offered materials in English and Spanish so that women who spoke either language felt welcome. In focus groups, participants spoke of MotherWise as a warm, welcoming, and nonjudgmental space that allowed them to form close friendships with other women with experiences similar to their own.

MotherWise extended and reinforced the *Within My Reach* workshop content through case management meetings. Case managers helped women process the *Within My Reach* lessons and apply them to their own circumstances. In these one-on-one meetings, women could continue a conversation they had begun in the workshop and discuss personal matters, such as a history of trauma or medical issues with their pregnancy. Women who participated in the focus groups said that these one-on-one meetings helped them feel more connected to the program because the case managers provided them with useful advice specific to their situations and expressed concern for their well-being.

MotherWise assessed the participation barriers of low-income, expectant, and new mothers and designed program supports to address them. Two of the largest barriers were transportation and child care. MotherWise used a car service to transport participants to and from the program office and provided free child care during all program activities. Staff encouraged participants to bring their children to workshop sessions and case management meetings if they did not want to use child care. MotherWise also provided a meal before each workshop session and a set of incentives for meeting program milestones.

Program engagement and participation were high. Nearly 90 percent of women engaged in at least one MotherWise service. More than 64 percent completed the *Within My Reach* workshop within four months of enrollment by attending five or more sessions and, on average, women received between three and four case management meetings. MotherWise had less success engaging women in supplementary couples' workshops, which were targeted at a subset of program participants and offered infrequently. Feedback from focus groups and staff suggests that MotherWise's success in engaging women in core services was related to the availability of a holistic set of complementary services and supports and the creation of a program environment that reinforced key messages in the curriculum and cultivated community and strong bonds between participants.

A cohesive team of well-qualified staff were committed to MotherWise and its mission

MotherWise sought to hire staff who were flexible, willing to use their skills in multiple roles, and passionate about serving low-income women. As a program under development, the program director anticipated that the program model would shift over time and that staff might have to contribute in different ways. By design, almost all of the frontline staff filled more than one role. Most importantly, MotherWise asked some staff to both facilitate groups and provide case management. In almost all interviews, frontline staff spoke about the importance of “empowering” women—to give them their power and their dignity and to feel more in control of their lives and their relationships. This was MotherWise's articulation of its core mission: to improve mother and child well-being.

Staff survey results indicated that frontline staff were well qualified for their roles. All had experience with the target population and most had experience with case management or relationship skills education. All of the facilitators and case managers had relevant educational backgrounds. All of the recruiters had experience working on research studies. All of the full-time MotherWise frontline staff were women, which was important for creating an environment in which the female participants felt comfortable. The program director also ensured that Spanish speakers were on staff to meet the needs of program participants, including Spanish-speaking workshop facilitators, case managers, recruiters, and intake staff.

MotherWise took steps to build staff cohesion and orient staff to the program's mission. This was important because staff worked in multiple locations, were employed by different organizations, and had different schedules depending upon their role. All staff—even those who did not provide direct services—participated in *Within My Reach* training to ground themselves in the goals of the curriculum. The fidelity consultant reported observing a strong sense of team cohesion among facilitators during his meetings with them. Facilitators were committed to the program and their team, and they held each other accountable for delivering *Within My Reach* as intended. MotherWise promoted team cohesion through group supervision. Each week, the whole staff met as a group and then as separate teams. Each all-staff meeting began with kudos and celebrations for jobs well done. Team meetings focused on problem-solving, with the program director encouraging teams to propose their own solutions. In addition, MotherWise held monthly team-building events for staff, such as movie nights or holiday celebrations. Despite several changes to the program model, staff survey responses indicated that frontline staff had high job satisfaction. Turnover was minimal.

Next steps

This study of MotherWise implementation from September 2016 to September 2017 was conducted in conjunction with a rigorous impact study based on a random assignment research design. The impact evaluation will assess the effectiveness of the MotherWise program on a range of outcomes one year and two-and-a-half years after random assignment. The report on the impact evaluation will provide new evidence on the effectiveness of HMRE programming for adult individuals. Findings from this process study will provide context and help interpret the impact evaluation findings.

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