

CONTENT ANALYSIS OF FAMILY STRENGTHENING FINAL REPORTS (COHORT I)

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Report Prepared by:

**Faye Z. Belgrave, Ph.D.
Virginia Commonwealth University**

**Deborah R. Brome, Ph.D.
GEARS, Inc.**

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Report Prepared by:

Faye Z. Belgrave
Virginia Commonwealth University

Deborah R. Brome
GEARS, Inc.

Consultation Provided by:

Nikki Bellamy
Thomas Deloe
Rose Kittrell
Evelyn Young
Center for Substance Abuse Prevention

Eddie McCormick
McFarland and Associates

INTRODUCTION

This report contains the results of a content analysis of 82 final reports of grantees funded as Center for Substance Abuse Prevention (CSAP) Family Strengthening Study Sites during FY 99 and FY 2000. As part of a knowledge and application program, grantees were expected to field-test a science-based family intervention within multiple settings (when applicable) and graduate a minimum of 30 families. Moreover, grantees were to use a consensus building process in the selection of the science-based model that included members of the community and/or target population.

The purpose of this content analysis is to assist CSAP in meeting its knowledge development and dissemination goals for the Family Strengthening Program. These goals are as follows:

1. Determine the major factors associated with effective dissemination of information leading to the selection of the best evidenced-based model for special populations;
2. Determine those factors that influence decisions in adopting and implementing a family intervention model tailored for the particular target population;
3. Determine which interventions continue to produce positive findings when culturally modified and replicated in communities that intervene with the target population.

This qualitative analysis, coupled with quantitative findings, will allow CSAP to develop a greater understanding of the way in which grantees actually implemented science-based models in their local communities and; to elucidate the process in which community-based organizations selected, implemented, and adapted science based models. Moreover, to the extent possible, it will determine how program implementation was related to measurable outcomes.

Structure of the Report

This report consists of six sections. The first section provides an overview of methods used. This includes a discussion of the aim of the evaluation, the conceptual framework that guided the analysis, and a review of the steps taken to conduct the analysis. The second section provides a discussion of the characteristics of grantee agencies and their respective target populations. The third section discusses aspects of implementation including issues related to program fidelity. Section four describes the evaluation methods used by grantees as well as reported outcomes. The fifth section describes program successes and issues related to program sustainability and the last section reviews recommendations from grantees and the report authors.

Overview of Content Analysis

The principles of coding qualitative data as espoused by Strauss (1987) were used in the current study. Specifically, final reports were analyzed for the presence of certain words, themes, and concepts that emerged within the text of each final report. These data points (variables) were then coded and collapsed to represent broader or macro variables or constructs. For example, several words and phrases were collapsed to develop an understanding of the broader construct of implementation. Those words or phrases include dosage, fidelity, program changes, linkages, referrals, session, etc. Furthermore, these variables were quantified and analyses conducted as to their frequency and co-occurrence with other words, themes, or concepts.

Aims of Content Analysis

Several aims were associated with this content analysis. They were as follows:

- To conduct a content analysis on text from the final reports in order to identify key words, concepts, themes, and phrases to be coded and document these in a coding manual;
- To analyze the coding content in order to identify relationships between key phrases, themes, concepts as they relate to program goals and objectives;
- To identify areas of program impact and influence as they relate to program goals and outcomes.

Content Analysis Methods

Three steps define the process that was used to conduct the analysis of the final reports. They are broadly defined as:

1. Identify a set of research questions and establish a methodology or approach to the analysis.
2. Determine a set of macro variables that are relevant to the organizing research questions and that are representative in the reports.
3. Develop a coding scheme and establish reliability among raters using that scheme.

Step One: Identify a set of research questions and establish a methodology or approach to the analysis.

In order to identify a set of research questions around which the methodology and content analysis could be developed, a subset (N=10) of the Cohort I *final reports were reviewed in order to become better acquainted with the types of programs implemented and the nature of the data collected.* After reviewing these reports and learning more about the Family Strengthening Program goals

the following 11 questions were established as the framework for the content analysis:

1. What factors, such as characteristics of the target population, professional/educational requirements of facilitators, or inclusion of structure curricula for parents and children, contributed most to the selection of the science-based model?
2. What are the range and the average client dosage minutes/hours across grantees?
3. How did the various grantees interpret “adaptations or modifications” to the original science-based program model proposed by the developers?
4. How much variation occurred across grantees that selected the same science-based program model, specifically for the most selected models -- Dr. Marilyn Steel’s “Strengthening Multi-Ethnic Families and Communities” and Dr. Karol Kumpfer’s “Strengthening Families Program”?
5. Were there unique characteristics of the agency that affected implementation efforts (i.e., agency history, philosophy, location, etc.)?
6. What was the agency’s previous experience with family based programs and how did this affect implementation?
7. What was the average “budget” to implement the family strengthening program model? What were the typical cost items?
8. What measures were most administered and by whom? Where were data collected? Were there concerns with data collection?
9. What was the level of community involvement in selection of and implementation of program? What was the level of community involvement in evaluation?
10. Were there qualitative indicators of program success (i.e. success stories, case studies, community buy-in, etc.)?
10. Is the program or components of the program sustained in the community. If yes, in what way? What factors, such as community involvement, history, and experience of agency contributed to sustainability?

It was also decided that the content analysis would focus on identifying particular variables identified through key words, concepts, themes, and factual information found within the report. For example concepts such as client dosage, estimates

for rates of program retention and attrition, types of modifications made to original science-based model, and relationships between these implementation factors and measurable outcomes would be identified. Two content analysis methods were agreed upon. The first method provides a conceptual analysis of variables by examining the frequency of the variable across reports. The second method involves a relational analysis in which the focus was on identifying connections between key variables. For example the conceptual analysis may provide the frequency or number of times that a particular science based model was used by programs, whereas the relational analysis focus on the relationship between model choice, and risk and demographic factors of the target population.

Step Two: Determine a set of macro variables that appear to be relevant to the organizing research questions and representative in the reports.

In order to isolate a set of macro variables several steps were taken. The first step was to read a subset of grants (N=15) to obtain ideas of the types of variables and the content that existed that would answer the questions. Consequently, for each question we reviewed grants and independently identified the thematic content or data that would need to be coded in order to answer the question. From this review it was determined that most grants did have the information that could be used to answer questions.

Once the themes or content areas were determined, there was no need to organize by question. Instead, we used these themes to establish our macro variables. These variables were grouped according to the nature of the data they provided, so that there were macro variables and those that represented a more discrete variable. For example, “target population” became a macro variable and within this variable risk factor of target population, ethnicity, gender of parents, age of children, and geographic location were examined as discrete variables. Table 1 provides an overview of all of the macro variables and examples of discrete variables under each macro variable. The final coding manual consisted of 107 variables.

Table 1: Examples of Macro and Micro Variables

Macro Variables	Micro Variables
Grant Identifying Information	Grant Number
Target Population	Ethnicity, Gender, Age of Youth
Agency History	Type of Agency, Experience With Family Based Programs and Substance Abuse Treatment and Prevention Programs
Decision Making Process	Was there an Advisory Group? Were Members of the Target Population Involved, Factors Contributing to the Selection of Model
Implementation	Linkage With Other Agencies, Number of Sites
Staffing	Number of Facilitators Trained, Were Facilitators Members of the Target Population
Model Implementation Changes	Number of Sessions Implemented, Amount of Time Per Session, Content or Format Changes, Fidelity
Evaluation Design	Evaluation Design, Number of Families Enrolled, Completed, Completed Pre-test and Post-test
Evaluation Measures	GPRA, Core Measures, Type of Family Measure
Data Collection	Who Collected Data, Where were Data Collected
Process Evaluation	Process Methods
Evaluation Barriers	Types of Evaluation Barriers, Evaluation Barriers Related to Measures
Indicators of Program Success	Indicators of Program Success, Significant Parent/Adult Outcomes, Significant Drug Attitudes and Use, Significant Child Outcomes
Sustainability	Is the Program or Components of the Program Sustained, Evidence of Sustainability, Is there Continued Funding
Budget and Staffing	Two Year Budget, Typical Personnel Cost Items, Typical Non-personnel Cost Items
Recommendations	Recommendations for Program, Recommendations For Making Program More Culturally Congruent, Recommendations For Evaluation

Step three: Develop a coding scheme and establish reliability among raters using that scheme.

Once the macro and discrete variables were identified, the foundation of the coding manual was established. Then began the tedious process of refining the variables and variable categories, and establishing decision rules about how they were to be coded. A subset of 15 grants or 16% of the reports was used to establish reliability. This is within the customary range of 10-20 % of the sample.

Reliability was difficult to establish for a number of reasons. They include:

1. The reports were inconsistent in format and quality. Although a final report format had been provided to grantees by CSAP, a significant number of grantees did not use this format. Consequently, it was sometimes difficult and time consuming to find and decipher the information provided.
2. Reports often contained inconsistent data. For example, in one section of the report, the grantee indicated that a certain number of families were served and in another part of the report, another number might be indicated as having been enrolled at pre-test. Several of the reports appeared to have been written by more than one person. This contributed to inconsistencies within the report.
3. Reports did not provide all requested information.
4. The variables that we were attempting to capture were often complex and/or there were multiple meanings that could be implied by the use of the same word or different words. For example, social service agencies may refer to family services for some organizations and not for others.
5. There were a number of variables where there were several response choices. Decisions had to be made around what constituted agreement between raters for those variables.

Based on the above concerns, we coded reports sequentially and discussed reliability issues as we went along. We originally coded three reports and then did extensive revisions to the coding manual based on the first discussion. We coded five additional ones and continued to make revisions to the manual including deleting and inserting questions and response choices. We then coded three sets of five reports with the reliability of the first set as 86% and the reliability of the second and third sets at 90% and 88%. This process allowed us to develop consensus of decision rules if there were disagreement. For example, we decided that we would only code number of persons who completed the post-test by looking at what was stated in the text of the report (as opposed to looking at degrees of freedom in statistical analysis, etc.). During this process we

frequently went back and re-reviewed a report and made a decision about the best category in which to code a variable for this report and subsequent ones. Once reliability was established between the two primary coders, a third coder was trained and reliability was established with her.

Content Analysis Limitations

This content analysis has some limitations. One limitation is the generalizability of this data to other cohorts or programs. These programs were the first group of programs funded under this initiative. This status as being the first is associated with a learning curve for both the programs and for CSAP.

Another limitation pertained to the variation in the amount and type of information found in final reports. A significant number of the reports did not present data in a manner that was amendable to coding and in the absence of not being able to get this information, there was a great deal of missing data.

A third limitation pertained to the limited number of codes that captured the complexity of program implementation from a social and contextual perspective. We did not have consistent data on the agency dynamics and issues that the agency faced in implementing the program. For example, we coded for staff changes during the course of the program, but we did not code for changes within the agency that may have impacted the program.

GRANTEES AND TARGET POPULATION

This section describes characteristics of the grantee agencies and the target populations served by these agencies. We examined several agency variables including the type of agency, services provided by the agencies, and previous experience with drug and family programs. These are important variables to examine descriptively in terms of which grantee agencies there were and the populations they served. Also, agency and population variables are important to examine in relation to implementation and outcomes. For example, were certain types of agencies more likely to implement certain types of family strengthening programs than others? Were some family strengthening programs more likely to provide services to certain at-risk populations?

Agency Characteristics

What were characteristics of the grantee agencies?

The majority, 62.2% of the grantees were community-based organizations, followed by universities, 15.2%. Fewer agencies were state and local governmental agencies, or faith-based organizations (see Table 2). The fact that mostly community-based agencies were funded is consistent with one of the

goals of this program initiative to provide community based prevention systems that involve members of the community.

Table 2: Frequency of Agency Type

Type of Agency	Number	%
Community Based	51	62.2
University	13	15.9
State Government	4	4.9
Local Government	4	4.9
Other	2	2.4
Faith Based	1	1.2
Cannot Determine	7	8.5
Total	82	100

Grantees provided an array of services with many providing both family and substance abuse services. The types of services agencies provided are shown in Table 3. The most frequent type of services were family services that involve activities such as case management, 47.6%, followed by substance abuse prevention services, 36.6%, family education 18.2%, and drug treatment programs, 18.3%.

Table 3: Most Frequent Types of Services Provided by Grantees*

Service	Number	%
Family Services	39	47.6
Substance Abuse Prevention	30	36.6
Mental Health	18	22.0
Family Education	15	18.3
Drug Treatment Programs	15	18.3
Court Liaison	10	12.2
After-School Activities	8	9.8
Cannot Determine	23	28.0

* *Categories are not mutually exclusive*

We were interested in whether or not the amount of previous experience with substance abuse and drug programs would effect implementation and outcomes. However, many of the reports did not provide information on previous experience with family or substance abuse programs. Therefore, there was limited data on this variable.

Thirty-five of the reports contained information on previous experience with family programs and 23 of the reports contained information on previous experience with drug programs. Those reports that did discuss previous experience with providing substance abuse or family services reported that they had been providing these services for three or more years rather than less than three years (see Table 4). About 35% reported three or more years of experience with

family-based programs and about 27% reported three or more years of experience with drug prevention and treatment programs.

Table 4: Previous Experience with Family and Substance Abuse Programs

Number of Years	Family Programs		Drug Programs	
	Number	%	Number	%
None	1	1.2	1	1.2
One – Three	5	6.2		
Three or More	28	34.6	22	26.8
Cannot Determine	47	58	59	72
Total	81	100	82	100

Population Served

What were the characteristics of the population served?

Risk factors of the population served were examined. Risk factors are characteristics that occur statistically more often for those who develop alcohol, tobacco, and other drug problems, either as adolescents or as adults (CSAP, 1990). The majority, 61% of the grantees reported that the population they served were at-risk because of community environmental factors such as poverty, living in an economically depressed area, or minority status involving racial discrimination, and cultural and language barriers (see Table 5). Twenty-eight percent were at-risk because of family environmental factors including alcohol, tobacco, and other drug dependency of parents, family stress, and family abuse and neglect. The remaining grantees, 11%, served populations at-risk for other factors.

Table 5: At-Risk Factors of Population Served

At-Risk Factor	Number	%
Community Involvement	50	61
Family Environment	23	28
Adolescent Problems	6	7.3
Early Behavior Behaviors	2	2.4
Negative Adolescent Behavior and Experiences	1	1.3
Total	82	100

We examined the mean percent of females and males served in the program (see Table 6). Only 45 of the reports provided information on the percent of females and only 36 provided information on the percent of males served in the program. Of those reports that did provide this information, the mean percent for females was 79.5 and for males 21.1. Many programs served both males and females.

Table 6: Mean Percent of Grantees Serving Females and Males

Gender	Number	Mean
Female	45	79.5
Male	36	21.1

The majority of the grantees targeted more than one ethnic group. Table 7 shows the frequency and percent of each ethnic group served. Hispanics were most likely to be served, 59.8%, followed by African Americans, 43.9%, and then Whites, 36.6%. These categories are not mutually exclusive.

Table 7: Number and Percentage of Grantees Serving Ethnic Groups*

Ethnic Group	Number	%
Hispanic	49	59.8
African American	36	43.9
White	30	36.6
American Indian	21	25.6
Asian	10	12.2
Biracial	3	3.7
Cannot Determine	6	7.3

* Categories are not mutually exclusive

We also examined whether or not a grantee served a population that was predominately one ethnic group. We coded each report for whether or not the target population was 60% or greater for a particular ethnic group (see Table 8). Again, we see that Hispanic was the ethnic group most likely to be served. African Americans and White were the other predominate ethnic groups.

Table 8: Percentage of Grantees Serving an Ethnic Group Comprised of Over 60% of Sample

Ethnic Group	Number	%
Hispanic	20	25.3
African American	10	12.7
White	10	12.7
Biracial	9	11.4
American Indian	7	8.9
Asian	4	5.1
Cannot Determine	19	24.1
Total	79	100

Grantees served youth whose age ranged from under two to 18 (see Table 9) with the vast majority serving youth across several age ranges. The majority of the youth served were in the pre (8-10) and early adolescent age groups (11-13) with 62.2% of the grantees serving youth in these two age groups. Children two and under and children 17-18 were the least likely to be served. 31.8 percent of the grantees served youth two and under and 36.3% served youth 17-18. These data are consistent with the model programs most frequently selected. These

programs target families with children in the pre and early adolescent age-ranges.

Table 9: Age of Youth Served*

Age	Number	%
≤ 2	26	31.7
3-5	35	42.7
6-7	43	52.4
8-10	51	62.2
11-13	51	62.2
14-16	42	51.2
17-18	30	36.6

* Categories are not mutually exclusive

The majority of the programs were implemented in urban communities, 58.5%, followed by rural communities, 25.6% (see Table 10). A few of the programs were implemented in both rural and urban communities. We could not determine the geographic setting for about 16% of the programs.

Table 10: Geographical Setting of Program*

Geographical Setting	Number	%
Urban	48	58.5
Rural	21	25.5
Suburban	3	3.7
Cannot Determine	13	15.9

* Categories are not mutually exclusive

IMPLEMENTATION

This section explores several aspects of implementation. We were interested in what family strengthening models were selected, how they were selected, why adaptations were made, the nature of adaptation, and fidelity of program implemented to model program. Additionally, we examined the relationship between implementation variables and agency and population variables (e.g., how type of program related to agency type) and the relationship between different implementation variables (e.g., how program type related to fidelity). Budget and resources used for the family strengthening program were also examined.

Selection of Family Strengthening Model

What Family Strengthening Programs were selected?

Grantees implemented 21 different types of models (see Table 11). Steele's Strengthening Multi-Ethnic Families and Communities (SMEF) was most frequently implemented, followed by Kumpfer's Strengthening Family's Program (SF), and then the Nurturing Program for Families in Substance Abuse Treatment and Recovery (NP). The Nurturing Families program included both Bavolek' Nurturing Parenting Program as well as Finkelstein's adapted version called "Nurturing Program for Families in Substance Abuse Treatment and Recovery." These model programs represented 26.8%, 18.3/%, and 14.6% of the programs respectively. The Effective Black Parenting Program was implemented by 8.5% of the grantees.

Table 11: Frequency of Family Strengthening Programs Selected

Model	Number	%
Strengthening Multi-Ethnic Families and Communities	22	26.8
Strengthening Families	15	18.3
Nurturing Program for Families in Substance Abuse Treatment and Recovery	12	14.6
Effective Black Parenting Program	7	8.5
Iowa State Strengthening Families Program	4	4.9
Family and Schools Together	3	3.7
Parenting Wisely	3	3.7
Incredible Years Basic Parenting Model	2	2.4
Parents Who Care	2	2.4
Dare to be You	2	2.4
Family Connections	1	1.2
Strengthening Hawaii Families Model	1	1.2
Nicasa Parent Project	1	1.2
Raising a Thinking Child	1	1.2
Project Seek	1	1.2
Brief Strategic Family Therapy	1	1.2
Parents as Teachers	1	1.2
Healthy Families in America	1	1.2
Making Parenting a Pleasure	1	1.2
Bii-zin-da-de da project	1	1.2
Obijiwe	1	1.2

The SMEF, SF, and the NP programs accounted for 49 or 59.7% of all programs selected. With the exception of the Effective Black Parenting Program, one, two, or three of the grantees selected the remaining 32 programs. A few of the grantees implemented more than one program. In one case, the grantee implemented two programs sequentially. The program that was implemented first was coded as the model program. In another case where both programs were implemented at the same time with different age groups, the program that had the largest sample size was coded as the model program. In another instance one program was fully implemented and the other program was partially

implemented. The program that was fully implemented was coded as the model program.

Was an advisory group involved in selecting the model program?

Grantees were required to involve the community in the selection of the model program. We looked at whether or not there was an advisory or planning group comprised of non-agency staff involved in the selection of the model program. The vast majority, 81.7% of the grantees had such a group (see Table 12).

Table 12: Was There An Advisory Group or Planning Group?

	Number	%
Yes	67	81.7
No	9	11
Cannot Determine	6	7.3

68.3 percent of the grantees reported that members of the target population including consumers and parents were involved in selecting the model (see Table 13). Information on whether or not parents or consumers were involved in the selection of the model program was not available in 23.2% of the reports. Therefore, the figure of 68.3% for parental and consumer involvement may have been higher.

Table 13: Were Members of the Target Population Involved in Selecting the Model Program?

	Number	%
Yes	56	68.3
No	7	8.5
Cannot Determine	19	23.2

A little over a third of the reports indicated on-going involvement of the advisory committee, 38.2% (see Table 14) throughout the life of the program. The same percent, 38.2% reported the involvement of the advisory committee only during the model selection process. We were unable to determine level of involvement for 23.7% of the grantees.

Table 14: Was Involvement of Advisory Group Ongoing or Only for Model Program Selection?

	Number	%
Yes	29	38.2
No	29	38.2
Cannot Determine	18	23.7

What factors were considered in the selection of the model program?

Eleven factors were identified as contributing to the selection of the model program. The factors that most frequently contributed are shown in Table 15. Thirty-two, (39%) of the grantees identified the cultural characteristics of the target population as a factor followed by the content of the model curriculum. Twenty-five, (30.5%) of the grantees identified this as a factor. Demographic characteristics of the target population (i.e., age, gender) and other needs of the target population were identified by 15 (18.3%) of the grantees.

Table 15: Factors that most Frequently Contributed to Selection of Model Program

Factor	Number	%
Cultural Characteristics of Target Population	32	39.0
Content of Curriculum	25	30.5
Demographic Characteristics of Target Population	15	18.3
Other Needs of Target Population	15	18.3
Language of Target Population	10	12.2
Factors Related to Ease and Flexibility of Implementation	8	9.8
Cost and Resources Needed to Implement	7	8.5
Total	112	100

* Categories are not mutually exclusive.

Staffing of Model Program

How were the projects staffed?

Staff variables are important to consider as key staff affect both outcomes and implementation success. We examined the number of people trained as facilitators, who they were, and if they were members of the target population. Additionally, we looked at changes in key project staff positions.

Data on the number of facilitators trained were available in 47 of the reports. The number of persons trained as facilitators ranged from 1 to 40 with an average number of 6.97. In some cases only a few staff members were trained. In other cases, the grantees trained a large number of advisory committee members, parents and other community members.

Thirty-two out of the 47 (68%) reported that project staff were trained as facilitators; four of the 47 reports indicated that parents were trained as facilitators and 5 of the reports indicated that other non-professional staff were trained as facilitators.

Twenty-seven, (32.9%) of the grantees reported that there were changes in key staff positions during the two project years. The position most likely to change was program facilitator. Seventeen of the programs had changes in program facilitators and 12 had changes in project directors.

Data on the number of full-time staff was available in less than a third (n=27) of the reports. However, based on what information was available in these reports, many of the programs had only one or two full-time staff positions. The number of full-time staff positions ranged from 0 to 7 with a mean of 1.22. Grantees were more likely to use part-time staff. Of the 31 reports that contained information on part-time staff, the number of part-time staff ranged from 1 to 23 with a mean of 6.19.

Were program facilitators/implementers members of the target population?

Whether or not members of the target population implemented the program was considered, as research has suggested more effective program implementation and outcomes when there is congruence between program implementers and consumers. We considered facilitators who were of the same ethnic group as consumers to be members of the target population. Forty-six of the reports, 56.1% indicated that members of the target population served as program implementers or facilitators. One, (1.2%) indicated that members of the target population did not implement the program. Thirty-five (42%), of the reports did not have information on whether or not members of the target population implemented the program. Therefore, additional analyses could not be computed to examine program implementation and consumer and program implementer similarity.

Program Implementation and Adaptation

What were the number and length of sessions?

Table 16 shows the average number and length of sessions implemented by the grantee and recommended by the model program. On average, grantees implemented slightly fewer sessions (mean=11.9) than recommended by the model (mean=12.5). The average number of minutes per session was 140.4 (implemented) and 146.3 (recommended by the model). These figures suggest that the amount of time the program was implemented was close to that which was recommended. Overall, the model programs implemented about 12 sessions and each session lasted a little over two hours.

Table 16: Average Number and Length of Sessions

	Number of Sessions	Number of Minutes
Recommended by Model	12.5 (Range 1-30)	146.3 (Range 60-190)
Implemented by Grantee	11.9 (Range 1-52)	140.4 (Range 60-540)

What adaptations were made to model programs?

Several of the grantees made content and format changes to the model program. Fifty-five, (65.9%) of the reports indicated that changes were made to the program. Twenty of the reports, 24.4% indicated no changes. We could not determine whether or not there had been changes made for 8 (9.8%) of the programs.

The reasons for making the adaptations were varied (see Table 17). Seventeen (20.7%) of the grantees reported that the model required more time than the target population had. Sixteen (19.5%) made changes because the model was not culturally specific and 14 (17.1%) made changes because of the language of the target population. Other reasons for making adaptations are shown in Table 17.

Table 17: Reasons Adaptations Were Made to Model Program

Reason	Number	%
Model Required More Time Than Target Population Had	17	20.7
Model Is Not Culturally Specific	16	19.5
Target Population is Non-English Speaking	14	17.1
Model Does Not Address Developmental Needs of Target Population	7	8.5
Model Does Not Offer Content Needed by Target Population	7	8.5

* *Categories are not mutually exclusive*

The types of adaptations are shown in Table 18. Twenty (24.4%) of the grantees used more interactive and experiential exercises and activities than recommended by the model program. Grantees also both decreased, 23.2%, as well as increased, 15.9 the number of sessions.

Table 18: Types of Adaptations Made

Type of Change	Number	%
Used More Interactive, Experiential Exercises and Activities	20	24.4
Decreased Amount of Time	19	23.2
Added Activities and Exercises	16	19.5
Increased Amount of Time	13	15.9
Deleted Activities and Exercises	12	14.6

* *Categories are not mutually exclusive*

What adaptations were made to enhance cultural congruence?

Prevention programs often have to be tailored to the culture of the target population. We examined whether or not changes were made to enhance cultural congruence. Twenty-five (30.5%) of the grantees made changes to enhance cultural congruence. These changes involved translating materials into Spanish, 17.1%, using cultural values as a framework, 12.2%, and involving the local community in delivering the sessions, 7.3% (see Table 19).

Table 19: Changes made to Enhance Cultural Congruence

Type of Change	Number	%
Translated Materials into Spanish	14	17.1
Used Cultural Values as a Framework	10	12.2
Involved Local Community in Delivering Services	6	7.3

*Categories are not mutually exclusive.

Furthermore, we examined whether or not cultural adaptations were made as a function of type of program. Specifically, we were interested in examining whether or not some programs required more or less cultural adaptations than others. Program type by cultural adaptation is shown in Table 20. The SMEF program and the NP program had fewer cultural adaptations than the SF program. Of the SF programs for which information on cultural adaptations are reported, 61.5% reported making changes within the cultural arena. About one-third of the SMEF and NP programs reported cultural adaptation. Although these percentages suggest trends in terms of the relationship between program type and cultural adaptation, the Chi-square analysis did not show these differences to be statistically significant. This may be partially a function of the small number of cases (n=35) available for this analysis.

Table 20: Type of Program by Cultural Adaptations

Model	Adaptation		Total
	Yes	No	
SMEF	38.5% (5)	61.5% (8)	100% (13)
SF	61.5% (8)	35.5% (5)	100% (13)
NP	33.3% (3)	66.7% (6)	100% (9)
Total	16	19	35

The involvement of the target population and consumers in program selection and implementation might also encourage adaptations insofar as consumers are more likely to provide input as to whether or not a program is relevant for them. We examined the relationships between consumer involvement and (a) whether or not format and content modifications were made; and (b) whether or not cultural adaptations were made. For these analyses, for the consumer involvement variable, we combined the “no” and “cannot determine” categories and contrasted that with the “yes” category. There was no significant relationship between consumer involvement and whether or not adaptations were made.

Program Fidelity

What was the fidelity of the program implemented to the model program?

Fidelity is important to consider in implementation efforts. If fidelity is not adhered to desired outcomes may not be seen because the program implemented differed from the one, which achieved science based results. In addition, when fidelity is not adhered to it introduces another source of error in determining the impact of the science-based model on behavior and attitudes. On the other hand, the implementation of community based prevention programs may require that changes be made to meet the needs of the target population as well as other contextual factors. We coded the fidelity of the implemented program to the science based model program as follows: The program was coded as having high fidelity if the dosage, format, and content were very similar or the same as the model program. The program was coded as having moderate fidelity if the goals and objectives of the program were met but there were some changes in format, content, and/or the number of sessions implemented. The program was coded as having low fidelity if it was modified substantially in terms of the goals, objectives, format and content. Table 21 shows the degree of fidelity of the three most frequent model programs. Thirty-two, (39%) of the programs were coded as having high fidelity; thirty, (36.6%) were coded as having moderate fidelity and; eleven, (13.4%) were coded as having low fidelity. We could not determine the fidelity of 9 (11%) of the programs.

Table 21: Fidelity to Science-Based Family Model

Level of Fidelity	Number	%
High Fidelity	32	39.0
Moderate Fidelity	30	36.6
Low Fidelity	11	13.4
Cannot Determine	9	11.0
Total	82	100

What was the relationship between program fidelity and other implementation variables?

We examined whether or not the degree of fidelity was related to some program level variables (e.g., type of program, changes made to model program). Table 22 shows the three most common family strengthening models by fidelity level. A larger percentage of the SMEF programs, 47.6% were implemented with a higher degree of fidelity than the SF and NP programs. This finding is consistent with the previous one that showed fewer cultural adaptations of the SMEF program relative to the SF program. The majority of the SF and NP programs were implemented with moderate fidelity. Note that these findings only suggest a trend as the Chi-square was not statistically significant. Findings should also be viewed cautiously due to the small number of cases in some of the cells.

Table 22: Type of Model Program and Fidelity

Model	Level of Fidelity			Total
	High	Moderate	Low	
SMEF	47.6% (10)	42.9% (9)	9.5% (2)	21
SF	30.8% (4)	46.2% (6)	23.1% (3)	13
NP	18.0% (2)	54.5% (6)	27.3% (3)	11
Total	18	21	8	45

We next examined whether or not program fidelity was related to whether or not there were adaptations made. This analysis also provided a validity check with respect to our coding scheme. As expected a Chi-square analyses revealed that those programs with a high degree of fidelity were less likely to have made changes ($p < .000$) (see Table 23). 59.4% of the high fidelity programs had not made changes. On the other hand, 100% of the low fidelity programs had made changes.

Table 23: Level of Fidelity and Program Adaptations

Program Changes	Level of Fidelity			Total
	High	Moderate	Low	
Yes	40.6% (13)	100% (29)	100% (11)	53
No	59.4% (19)	0% (0)	0% (0)	19
Total	19	29	11	72

What was the relationship between program fidelity and community involvement?

We examined the degree of community and target population involvement and fidelity. The majority of the grantees, 81.7% had an advisory. Also 68.3% of the grantees included members of the target population in curriculum selection. Since there was low variability in these two variables, we examined on-going community involvement as a measure of community involvement. Twenty-five of the grantees reported on-going community involvement and 28 reported that there was no on-going community involvement (n=53). A chi-square analysis computed on fidelity and community involvement was marginally significant ($p < .09$). Programs implemented with low fidelity were less likely to have on-going community involvement compared to programs implemented with high and moderate fidelity (See Table 24). Only 20% of the low fidelity programs had on-going community involvement compared to 45.5% of the high fidelity programs and 61.9% of the moderate fidelity programs.

Table 24: Fidelity by On-going Community Involvement

On-going Community Involvement	Level of Fidelity			Total
	High	Moderate	Low	
Yes	45.5% (10)	61.9% (13)	20.0% (2)	25
No	54.5% (12)	38.1% (8)	80.0% (8)	28
Total	22	21	10	53

**analysis does not include cannot determined cases*

What were the relationships between fidelity and number of participants who were recruited and who completed the program?

We examined fidelity as it related to number of persons who were recruited and who completed program. A one-way analysis of variance (using a one-tail test) showed that those programs that were implemented with high (n=32) and moderate (n=30) fidelity had more persons to complete the program than those implemented with low fidelity (n=11) ($F(2,70)=2.36, p < .05$). The mean number of persons who completed high, moderate, and low fidelity programs was 47.5, 47.2, and 28.5 respectfully.

The same analysis was done using the number of persons recruited as the dependent variable and level of fidelity as the independent variable. The number of persons recruited did not vary by fidelity level.

Program Type and Agency and Population Relationships

Did agency type and risk status of population affect the type of program selected?

Table 25 shows the type of program by risk factor for the target population. The vast majority, 89% of the target population was at-risk because of community or family factors so only these two risk factors were used in analyses.

Table 25: Type of Program Model by Population Risk Factor

Model	Risk Factor		Total
	Community	Family	
SMEF	80% (16)	20% (4)	20
SF	50% (7)	50% (7)	14
NP	40% (4)	60% (6)	10

The SMEF Program was more likely to be used by grantees whose target population had community risk factors whereas the NP Programs were more likely to be used by programs with family risk factors (see Table 25). The SF program was equally likely to be used with participants with community and family risk. This analysis was marginally significant ($p < .06$). This finding is consistent with the theoretical framework guiding these science-based programs. The SMEF program targets change not only within the family but within the community. Grantees who targeted families at risk because of community risk factors would be likely to select a program that also addressed community risk. On the other hand, the NP targets families so populations with family problems would be likely targets of these programs.

Did involvement of target population in program selection affect type of model program selected?

We examined this question to determine whether or not programs with consumer involvement might be more likely to select one model program over another. As shown in Table 26, consumer involvement did not correlate with type of program. However, the NP tended to have a higher percentage of consumer involvement in its selection, 83.3%, compared to the other two programs, 68.2% for SMEF and 53.3% for SF. These figures should be considered cautiously because of the small number of participants for the NP program.

Table 26: Type of Model Program by Consumer Involvement

Model	Consumer Involvement		Total
	Yes	No	
SMEF	68.2 (15)	31.8% (7)	22
SF	53.3% (8)	46.7% (7)	15
NP	83.3% (10)	16.7% (2)	12

Were services provided to individuals and groups other than program participants?

18.3% of the grantees provided services to individuals who were not program participants (see Table 27). Services to non-program participants tended to be other family members, 15.9%.

Table 27: Were Services Provided to Non-Program Participants?

	Number	%
Yes	15	18.3
No	48	58.5
Cannot Determine	19	23.2

Implementation Variables and Number of Participants Recruited and Completed Program

Program recruitment and completion are important variables to consider. No matter how successful a program is, if participants do not attend and complete the program, desired results are not possible. We also considered retention for these analyses. However, we did not have a good measure of retention because of the variability in how recruitment was reported by grantees. For example, in some cases recruitment was defined as the number of persons who signed up for the program. In other cases recruitment was defined as whether or not the person had attended at least one session. Our main interest for these analyses was to determine how implementation variables related to the number of persons who actually completed the program.

What is the relationship between incentives and the number of persons recruited and the number of persons who completed the program?

Incentives are often used to encourage recruitment and completion efforts. We examined several types of incentives to determine if they affected the number of persons recruited and the number of persons who completed the program.

We examined each of the incentives (food, childcare, youth program, transportation, gifts and gift certificates, money) to see if there was a difference in the number of families who were recruited and who completed the program when the incentive was and was not used. T-test analysis were computed with number of families recruited and number of families graduated as the dependent variables and whether or not a particular incentive was provided as the independent variable. Whether or not a particular incentive was used did not significantly relate to the number of persons recruited.

But there were differences in terms of how incentives related to the number of persons who completed the program. There were significantly more completers when gifts certificates and gifts were used $t(80)=6.97, p < .01$. When gifts and gift certificates were used 47.95 families completed program versus 42.00 when gifts were not used.

There was also a differences in the number of persons who completed the program as a function of food/meal incentives but in the direction opposite to what was expected $t(80)=7.83, p < .006$. When food/meals were offered as an incentive ($n=59$) the mean number of families completing the program was 40.49. When food was not offered as an incentive ($n=23$), the mean number of families who completed the program was 56.21. Those families who participated in the program without food/meals may have been more motivated and consequently more likely to complete the program.

What is the relationship between agency variables and the number of persons who were recruited and the number of persons who completed the program?

Grantees identified and recruited families for the family strengthening program from within their agency and from outside agencies. A t-test examined whether or not programs that involved recruitment and services within the agency recruited more families and had more families to complete than those that did not recruit from within the agency $t(65)=5.71, p < .02$. The results showed that when recruitment was done within the agency ($n=43$) versus outside the agency ($n=24$), there were fewer families recruited. The mean number of families recruited within the agency was 53.25 versus 65.91 for agencies that did not recruit from within

Similarly, analyses found that grantees who recruited within their agency ($n=43$) versus not ($n=24$) had fewer people to complete the program (mean=39.25 versus 43.62) $t(65)=6.33, p < .014$.

We also examined whether or not the number of families who were recruited and who completed the program varied as a function of whether or not the program was implemented at more than one site. Our expectation was that more families

would be recruited if more than one site was used. However, this analysis was not significant.

What is the relationship between the number of persons who were recruited and who completed the program and the agency type.

About 62% of the agencies were community based. We compared community based agencies with other agencies (combined) and found that community based agencies had a higher number of persons who completed the program (47.54 versus 40.74). This difference was not statistically significant. Similarly community-based agencies had higher recruitment numbers (64.03 versus 57.03) but this difference also was not significant.

Budget and Resources

What was the average budget and resources used to implement the family strengthening program model?

Budget data were available in 42 of the reports. The average budget was \$180,199 across the two project years. The typical personnel and non-personnel cost items are shown in Tables 28 and 29. Most of the programs reported personnel costs for program facilitators (87.5%), project directors (80.5%), and evaluators (65.9%). Non-program costs for many of the programs included food (65.9%), incentives (61.0%), staff-training (45.1%), supplies (39%), and child-care (39%).

Table 28: Personnel Cost Items

Position	Number	%
Project Facilitator	72	87.5
Project Director	60	80.5
Evaluator	54	65.9
Consultants	16	19.4
Administrative Assistant	11	13.4
Case Manager	10	12.2

* *Categories are not mutually exclusive*

Table 29: Non-Personnel Cost Items*

Item	Number	%
Incentives	54	65.9
Food	50	61.0
Staff Training	50	45.1
Staff Training	37	45.1
Supplies	32	39.0
Childcare	32	39.0
Grantee Meeting Travel	30	36.6
Staff Transportation	30	36.6

Equipment	11	13.4
Advising Panel Honorarium	3	3.7

* *Categories are not mutually exclusive*

Summary and Conclusions Regarding Implementation

The majority of the grantees were community-based agencies that had three or more years of previous experience with substance abuse and family-based programs. The target population was most likely to be at risk based on community level risk factors followed by family risk factors. Women were more likely than men to be participants in the program. The majority of the programs served more than one ethnic group. Hispanic was the ethnic group most likely to be served followed by African Americans and Whites. Families with children who were in pre- and early adolescent were most likely to be participants.

Three programs were implemented by almost sixty percent of the grantees. These were Strengthening Multi-ethnic Family, Strengthening Families, and Nurturing Parents Programs. SMEF program targets ethnically diverse populations and this program may have had appeal as a universal program. The NP program may have had more appeal as an indicated program. Several of the grantees used the adapted version of this program for substance abusing families in treatment and recovery.

The vast majority of the programs had an advisory group that assisted in program selection and in some instances program modification. About a third of the grantees had on-going input from the advisory group throughout the life of the program. Additionally, the majority of the grantees had program implementers who were members of the target population.

Factors that contributed to the selection of the program were most likely to be cultural characteristics of the target population and the content of the curriculum. Several of the grantees made adaptations to the program. These adaptations were made to make the program more culturally congruent and more engaging to participants. Changes were also made in the number of sessions.

Program fidelity of the three most frequent Family Strengthening Programs was high or moderate with only 13% coded as having low fidelity. The SMEF program reported the highest level of fidelity and modifications were likely to be less for this program. Programs with low fidelity had less on-going community involvement compared to programs with high and moderate fidelity. Also, fidelity was related to the number of families that completed the program. Low fidelity programs had fewer families to complete the program than high and moderate fidelity programs.

Programs that used gift and gift certificates as incentives had more families to complete the program than programs that did not. Also, contrary to

expectations, when food and meals were not provided as incentives, more families completed the program than when they were provided.

Program Evaluation Methods and Outcomes

Program evaluation is a central activity of knowledge application programs. It is through program evaluation that CSAP learns about the effectiveness of the program. However, there are often a number of challenges faced in conducting evaluation in a community setting. This section discusses those macro and micro variables associated with program evaluation with the intent of highlighting those methods that were most often used by study sites and the types of barriers that they faced in the evaluation of their programs. This section also discusses the types of program outcomes discovered as a result of program evaluation efforts. These outcomes were broadly coded in this report. We coded a report as having an outcome in a given domain if the report stated that there were significant findings and/or if a statistical test was included in the report. McFarland and Associates performed the evaluation for this Family Strengthening Cohort and grantees sent GRPA and other data to them.

Evaluation Methods

Several questions were posed as to the nature of the methods used by grantees to assess the efficacy of their programs. These questions were as follows:

- What types of research designs did programs most frequently use?
- What recruitment methods did programs most often use?
- What types of measures were most often administered and by whom?
- Were process evaluation data collected?
- Were there any barriers or challenges to implementing the program evaluation?

What types of evaluation designs were most frequently used?

Seven types of evaluation designs were used by grantees to assess the efficacy of their programs. The most frequently used research design was pre-test/post-test design, with 65% (N=53) of the programs reporting using this design. The next most frequently used program design was the pre-test/post-test design with follow-up, with 13.4% (N=11) programs utilizing this design. Only three programs (3.7%) utilized designs with an intervention and comparison group. Table 30 provides a summary of the variety of designs used and their frequency of occurrence.

Table 30: Frequency of Evaluation Designs

Evaluation Design	Frequency	%
Pretest only	1	1.2
Post test only	3	3.7
Pre and Post test	53	64.6
Pre – midpoint post	2	2.4
Pre- post follow up	11	13.4
Pre-post retrospective pre	1	1.2
Pre-post w/comparison	3	3.7
Other	4	4.9
Cannot Determine	3	3.7

Who collected evaluation data?

Most grantees utilized program staff (92.9%) to collect evaluation data. The evaluation budgets for these programs were relatively small and data collection by evaluation staff was not possible in most cases.

What recruitment methods were most often used?

Programs employed a number of methods to recruit participants. These methods included the use of formal networks (i.e., public service announcements, presentations to agencies and community groups, and recruiting through institutions such as the courts and schools). Informal networks (i.e. distributing flyers and word of mouth) were also used. Most programs utilized more than one recruitment method. The recruitment methods that were most frequently used were distribution of flyers (42.7%), recruitment through other agencies (36.6%), recruitment through the agencies ongoing programs (31.7%), word of mouth (30.5%), and recruitment through the schools (26.6%). Table 31 provides a summary of the number of programs endorsing the use of various recruitment methods. It is important to highlight that the distribution of flyers within the community and word of mouth were used by 30 to 40% of the programs. These strategies represent the use of more informal networks to solicit participation in programs. Two other frequently used recruitment methods were more formal network strategies and included recruitment from fellow agencies and recruitment through the schools. These strategies highlight the use of collaboration by agencies in providing services in their community.

Table 31: Frequency of Recruitment Strategies

Recruitment Method	Number	%
Flyers	35	42.7
Recruit from other agencies	30	36.6
From agency's ongoing program	26	31.7
Word of mouth	25	30.5
Presentation to Agencies	22	26.8
Recruit Schools	22	26.8
Recruit from Courts	15	18.3
Public service announcements	13	15.9
Mailings	11	13.4
Other	11	13.4
Cannot Determine	7	8.5

* Categories are not mutually exclusive

What types of measures were most often administered and by whom?

Programs used a variety of family and youth measures. Grantees were required to administer the GPRA measure, which assess drug attitudes and use. CSAP's core family measures for adults and youth, which assess a number of family and individual variables were encouraged but not required. The types of variables represented by the core family measures were as follows:

- Family relations. This category represents variables that assess relationships among family members including family cohesion, family communication, styles of communication, and family interaction.
- Family Conflict. This category represents variables related to family discord, conflict and negative family interactions.
- Family Attachment. This category includes variables such as family bonding, nurturing, and empathy.
- Family Resilience. This category includes variables related to family protective factors and family strengths.
- Family Needs. This category assesses family social and vocational needs.
- Child Rearing. This category includes variables related to child rearing attitudes and practices, including behavioral management, use of physical punishment, child monitoring, parent-child interactions, and parent involvement.

In addition to core measures, several of the grantees included other types of measures to assess program outcomes. These included cultural measures such as identity and spirituality and mental health measures such as stress and

depression. It is surprising that so few cultural measures (3.7%) were used given that the target population was predominately ethnic minority and given that several of the programs made cultural adaptations to enhance cultural congruence. Perhaps, grantees were not familiar with cultural measures to use in their evaluations.

Seventy-two percent of the grantees included a measure of child rearing practices and 57.3% included a measure of family relations. Family attachment was assessed by 42.7% of programs and family conflict by 36.6%. Only 24.4% assessed family resilience and 20.7% assessed parental stress or depression. Despite the fact that a significant number of program participants were from ethnic minority groups, only 3.7% of the programs measured ethnic identity or other cultural variables. See Table 32.

Table 32: Frequency of Evaluation Measures

Type of Measure	Frequency	%
Child rearing practices	59	72.0
Family relations/cohesion	47	57.3
Family attachment	35	42.7
Family conflict	30	36.6
Family Resilience	20	24.4
Parental stress & depression	17	20.7
Family needs	7	8.5
Ethnic identity	3	3.7

* *Categories are not mutually exclusive*

80.5 percent (N=67) of the programs administered GPRA. Only 11% of programs (N=11) indicated that GPRA was not appropriate. GPRA was modified by 14.6% (N=12) of the programs using it. Sixty-one percent (61%) of the programs (N=50) selected measures from CSAP's core adult measures and 81.7% (N=67) of the programs used measures that were known and reliable and valid.

Only 26.8% (N=22) of programs administered any of CSAP's core youth measures. Of those programs administering youth measures 17 assessed psychological variables, 4 assessed school or academic variables, 12 assessed social/peer factors, and 19 assessed family factors. Ten programs used youth GPRA measure.

Only 31.7% of the programs were judged to have used reliable and valid measures. Because of a lack of information presented in reports about the measures used, we were unable to determine if measures were reliable and valid for 36.6% of the grants. Only two programs developed their own measures, whereas 60 programs (73.2%) selected known measures or CSAP's core measures. Therefore, it is likely that the percentage of grantees with reliable and valid measures is higher than 31.7%.

For most programs, (89%,N=73%) program staff collected data and most data was collected on site (91.5%, N=75). However some sites also utilized home visits for data collection (N=8, 9.8%) and some mailing (N=3, 3.7%).

Was process evaluation data collected?

Seventy-two (87.8%) of the programs collected process data. The types of process data collected were as follows: participant satisfaction and feedback surveys from individual participants and focus groups (N=47, 57.3%) archival data which includes program records, staff meeting minutes, review of program records, etc. (N=45, 54.9%); dosage and attendance data (N=42, 51.2%); and staff interviews (N=14, 17.1%).

Were there any barriers or challenges to implementing the program evaluation?

Final reports were also coded for issues that presented barriers to evaluation implementation. Barriers to effective evaluation were found for 76.8% (N=63) of the programs. The most frequently endorsed category of barriers by grantees was high attrition and poor participant retention. About 49% (N=40) of the programs noted this barrier.

Although grantees selected measures that they felt were best suited to their target population, many grantees (40.2%, N=33) reported problems with their measures in their final reports. Specifically, grantees noting problems with measures indicated the following: (1) reading comprehension (N=17); (2) participants' concern with confidentiality (N=10); (3) GPRA was not appropriate for their target population due to language and content (N=9); and (4) measure was too long and required a great deal of time to complete (N=5). Twelve programs indicated other issues that were not captured by the above categories. Lastly, 14.6% (N=12) of the programs indicated that a barrier to implementing an effective evaluation was resources. About nine programs (11%) indicated barriers that were not captured by the above categories.

Significant Outcomes & Family Functioning

Several questions were posed with respect to outcomes. They were:

- What percentage of grantees reported statistically significant outcomes?
- In what areas of family functioning were significant outcomes found?
- Were significant outcomes related to other variables, such as number of program participants, geographical location, program fidelity, linkages with other programs, etc.?

In reviewing the reports, it was often difficult to discern whether the differences that were being discussed were statistically significant differences.

Consequently, in coding reports the program had to either provide language that indicated that a finding or observation was statistically significant or report statistics and p values to indicate that a result was statistically significant and in the positive direction.

About 63% of the programs (N=52) reported significant parent (adult) outcomes. These outcomes were coded using the same classification scheme as was used for the measures. That is, if a report indicated a significant finding for any of the family variables, it was coded as “yes.” Most programs, (45 out of the 52), that reported significant adult outcomes indicated they were in the area of child rearing. Recall that this category includes child rearing attitudes and practices, behavioral management, parental monitoring, parent-child interaction, and parent involvement. This is also an area of family functioning that was most often measured by grantees. Almost a third, 29.3% of programs reported significant improvements in family relations as a consequence of the intervention and 22% found differences in the areas of family attachment from pre-test to post-test. Note these categories are not mutually exclusive and several of the grantees reported significant family outcomes in more than one area. Refer to Table 33 for the frequency of significant findings by parent variable.

Table 33: Frequency of Significant Parent Outcomes by Variable/Measure Category

Category	Frequency	%
Child Rearing	45	54.9
Family Relations	24	29.3
Family Attachment	18	22.0
Family Conflict	15	18.3
Family Resilience	11	13.4
Parental Stress/Depression	11	13.4
Family Needs	2	2.4
Ethnic Identity	2	2.4

Only 8 (9.8%) of the grantees reported significant adult findings for drug attitudes and use. For those grantees working with child services, the courts or substance abuse recovery programs, this finding is not surprising. Grantees often questioned in the final reports whether participants were under-reporting substance use due to social desirability issues or fear of reprisals.

Significant child outcomes were reported for 14 programs. Recall that only 22 programs indicated that they administered any child youth measures. Consequently, 63.6% of programs administering child measures reported significant outcomes. Of these 14 programs, 6 found significant results related to individual psychological child variables, 3 found significant school/academic outcomes, 8 found significant results related to family outcomes, and 1 found significant results related to social/peer outcomes. In addition, only 3 programs found significant results with respect to drug attitudes and use. This finding is

also not surprising given the relatively young age of youth targeted for intervention by programs.

Again, note we coded these findings based on what grantees indicated in their final report and not based on statistical analyses conducted by the researchers.

Significant Parent Outcomes & Relationship to Other Factors

Analyses were conducted to examine whether or not significant outcomes were related to background and implementation variables. The identification of any relationships would be most helpful in identifying program characteristics that lend themselves to significant results.

A series of Chi-square analyses were computed to explore the relationship or association between significant parent outcomes and a number of other factors. These factors include fidelity to the family strengthening model, the presence of evaluation barriers, characteristics of the target population, presence of staff changes, whether changes were implemented in the program, presence of program linkages within and outside the agency, presence of facilitators who were members of the target population and geographical setting (urban-rural). The results of these analyses indicated no significant association between the report of significant findings and these factors.

These findings are somewhat surprising. They suggest that issues of fidelity, consistency of staff, characteristics of the target population, changes of program model, linkages with other organizations, having facilitators who are members of the target population were not associated with significant outcomes for this cohort of grantees. These factors are those that are typically associated with “good programming” and with meeting the needs of the community. Yet, programs with these characteristics were equally likely to have had significant or non-significant findings. It should also be noted that, with the exception of the factor pertaining to changes made to the model, the p levels for these analyses tended to range from .3 to .9. When examining the numbers of programs with significant outcomes in relation to whether content or format changes were made to the model, there was a trend toward significance with a p level of .067. In this instance, a higher percentage of programs that made content or format changes were represented as having significant program outcomes.

In addition, a series of one-way ANOVAs were computed to examine whether there were differences between programs that reported significant differences and those that did not with respect to the number of sessions implemented, the amount of time per session, the number of facilitators, and number of sites. No significant differences were found between these two groups on these variables. Regarding number of sessions implemented, both groups implemented on average about 12 sessions (significant-findings $M=11.82$, $SD=7.72$; no significant findings $M=11.68$, $SD=4.11$). The significant findings group averaged about 136

minutes of lesson time (SD=39.42) and the non-significant group averaged about 152 minutes (SD=95.49). A major variable contributing to the lack of significance for this variable is the large variation in the number of minutes allotted for a lesson by the non-significant group. Both groups had on average 3 sites.

Significant Outcomes & Sub-sample Analysis

The lack of association found between significant outcomes and other programmatic variables raised the question as to whether the lack of differences was a by-product of the large variation in sample size of participants. Consequently, analyses were conducted with a sub-sample of programs. Only those programs with 30 or more participants were examined. Sixty-three (63) programs met this criteria, with the number of participants ranging from 30 to 170, with an average of 52 participants (SD=27). Of these 63 programs, 40 (63.5%) reported significant outcomes. 42.9% of these programs had high fidelity, 36.5% had moderate fidelity, and 7.9% had low fidelity. 28.6% used the Strengthening Multi-ethnic Families Model, 19% used the Strengthening Families Model, and 12.7 used Nurturing Program for Families. 61.9% of the programs implemented model changes in either content or format and 60.3% used pre-post test design and 14.5% used pre-post test design with follow-up.

A series of Chi-square analyses were computed examining the association between the presence of significant outcomes and the following variables: fidelity to the family strengthening model, the presence of evaluation barriers, characteristics of the target population, presence of staff changes, whether changes were implemented in the program, presence of program linkages within and outside the agency, and presence of facilitators who were members of the target population. Again, there were no significant associations found.

Summary and Conclusions Regarding Evaluation and Outcomes

Sixty-three percent of the grantees reported significant adult outcomes. However, there are no particular implementation and agency characteristics that appear to be shared by these programs that help explain the contribution of this finding. The fact that no associations were found does not mean that these associations do not exist. It does suggest that the information that is reported by programs help to describe them but is not the defining characteristics. For example, although we have information reported on the ethnicity of the facilitator, there is no data with respect to the skills and performance of the facilitator. In the therapy and intervention literature, therapist /facilitator skill is a critical variable. In empirically supported treatments the goal is to minimize the variation contributed by the facilitator, but in practice there are stylistic ways of being that significantly influence how individuals are perceived and received as a helper. These nuances about facilitator style, skill, and performance are not captured either through evaluation measures or in evaluation reports. This variable,

however, may be one variable that differentiates those programs with significant findings from non-significant findings.

Another variable that we were unable to code that may be significant is the extent to which program participants may have received other types of services and how much help they have received previously. There is a particular socialization of how to receive help and to utilizing services. There is inconsistent information as to the participants' involvement in other programs in the final report. This may be a variable for CSAP to consider having grantees collect. It could be that those with significant findings are participants who are part of similar programs in other agencies or who have participated in similar programs in the past. Although we have some clues about participants' recruitment origin, there is not enough information at this point to test this hypothesis.

Finally, our measure of significant outcomes was limited and consisted of grantees report. Outcome analysis linking data from individual participants with implementation data would provide for a better test of the relationship between implementation and outcome variables.

Program Success & Sustainability

The agencies participating in the Family Strengthening Program have identified and made a compelling case for the need of stronger families in their communities. This is a goal from both CSAP, as well as of the agency implementing the program. The hope is that needed family services can continue in some way after the knowledge and demonstration program has ended. There were two major questions with respect to program success and sustainability that were examined. They were:

- Were there any indicators that programs were successful?
- Were any of the programs or any of its components sustained within the community after funding ceased?

Indicators of Program Success

Sixty-nine (69) of the 82 programs reviewed (84.1%) reported some form of program success. Program success was defined in a number of ways and programs could demonstrate success in more than one category. The following were indicators of success: exceeding the target number of 30 participants; participant satisfaction; receiving program citations; obtaining additional funding; receiving community recognition; forming new collaborations and partnerships as a result of the grant, and client success stories. The results indicate that the most frequent way in which grantees demonstrated success was by having more than 30 participants complete the program. 49 grantees (59.8%) had more than 30 participants complete the program (see Table 34). The next most frequent indicator of success was seen through the use of process evaluation methods, in

particular participant satisfaction. 24 (29.5%) programs demonstrated success in this way.

Table 34: Number of Programs With Indicators of Program Success

Indicators	Frequency	%
Exceeding Participants	49	59.8
Participant Satisfaction Survey	24	29.3
Community Recognition	14	17.1
Success Stories	11	13.4
Additional Funding	9	11.0
New Partnership Formed	4	4.9
Program Citation	1	1.2
Sustainability		

Another way in which programs demonstrate success is through significant outcomes. The success of programs in this area was discussed in the previous section.

Nine programs were able to secure additional funding. Funding was secured from state and federal grants (N=5), local government (N=2), and foundations and corporations (N=1). Two programs mentioned that they had received additional funding but did not specify the source.

Sustainability

Programs were coded for sustainability. Two questions were asked. The first question asked whether there was evidence of sustainability and the second question required the coder to identify the source of evidence for sustainability. Program reports varied as to the extent to which they discussed sustainability. Often information regarding the program or its component being sustained was briefly mentioned in a sentence. Consequently, sustainability was liberally coded. This means that if a program mentioned any evidence of sustainability, however, brief the explanation was coded as having sustainability.

There were nine indicators of sustainability. They were continuation of program/curriculum; submission of funding application/proposal; continuation of parenting support group; continuation of Advisory Committee; formation of new partnerships; training of professional staff in model use; training of consumers in model use; training of the Advisory Committee in model use and; initiation of additional family prevention services.

Of the 82 reports, 30 or 36.6% indicated evidence of being sustained in the community in some form and 30 or 36.6% provided no evidence of being sustained. For 22 or 26.8% of the programs, it was not clear whether or not the program was sustained in the community. Seven of the sustained programs were partially sustained and 18 were fully sustained, with fully sustained meaning

that components of the program model were implemented and/or a modified version of the model was being implemented at a site. Indicators of sustainability can be found in Table 35.

Table 35: Evidence of Sustainability

Evidence	Frequency	%
Continuation of program/curriculum	17	20.7
Funding application/proposal submitted	10	12.2
Continuation of parenting support group	7	8.5
Continuation of advisory committee	4	4.9
New partnerships	3	3.7
Training of professional staff	3	3.7
Training of consumers	1	1.2
Training of advisory committee	1	1.2
Additional family prevention	1	1.2

Summary and Conclusions

Most grantees provided some evidence of program success in their reports. In fact, if grantees were instructed in their reports to provide evidence of success, we believe that most programs would be able to demonstrate success, especially those who achieved a minimum of 30 participating families.

Given the liberal coding of program sustainability, grantees were less successful in demonstrating that they were able to continue their family strengthening work. Program expense was cited in reports as the reason for not continuing the program.

Conclusions and Recommendations

Conclusions

The use of final reports as a source of data to aid in the understanding of those program characteristics and processes that inform outcomes is an innovative idea. The systematic examination of the content of these reports offers CSAP another way to critically examine its program activities. The findings from this content analysis address three of the goals that CSAP outlined in the program announcement for these family-strengthening programs. We organize our concluding comments around these goals: The goals were to (1) determine the major factors associated with effective dissemination of information leading to the selection of the best evidenced-based model for special populations; (2) determine those factors that influence decisions in adopting and implementing a family intervention model tailored for the particular target population and; (3)

determine which interventions continue to produce positive findings when culturally modified and replicated in communities that intervene with the target population.

Regarding the first goal, we found that the vast majority of the grantees were able to identify an advisory or planning group that included members from the community. Information about the science-based model was disseminated to this group and the group was involved in the selection of the science-based model.

The content analysis also revealed the many factors that influenced the decision to adopt and implement a family intervention model tailored for the particular target population. Grantees were most likely to indicate that cultural and demographic characteristics of the target population contributed to the selection of a particular science-based model. About 66% of the grantees made some type of adaptation to the model and about a third made adaptations to increase culture relevance. The vast majority of the programs were implemented with high or moderate fidelity. The absence of on-going community involvement was linked to lower fidelity.

Furthermore, the target population was most likely to be at risk because of community-level risk factors. The science-based model most often selected (SMEF) addressed community risk factors along with family risks.

Several factors influenced the number of persons who completed the program. Programs implemented with high and moderate fidelity had more completers than those implemented with low fidelity. When gifts and gift certificates were used (versus not used) there were a higher number of families that completed the program. Programs that recruited from within the agency had fewer families who were recruited and who completed the program than those that did not recruit from within their agency.

The third goal was to determine which interventions continued to produce positive findings when culturally modified and replicated in communities that intervene with the target population. We did not find positive outcome findings as a function of program type or modifications. Moreover, the findings from this content analysis revealed that there were no association between positive outcomes and implementation variables believed to be associated with successful outcomes. This is a key finding in that it speaks to the complexity of family based interventions and stimulates us to think of other factors that may be key contributors to positive attitudinal and behavioral change.

In summary, although significant outcomes were not linked to implementation variables, there were several indicators of success among this first Cohort of Family Strengthening grantees. More than half exceeded the required number

of participants. Over 60% reported significant findings for improvement in family functioning, and over a third provided evidence of some degree of sustainability. Also some implementation variables including use of certain incentives, and recruitment from external sources contributed to a more families completing the program.

Recommendations from Grantees

Grantees provided several recommendations in their final reports. These recommendations were categorized as recommendations for program, for evaluation, for cultural issues, and recommendations to CSAP and the Program Coordinating Center.

Recommendations were available in 54.9% of the reports. Table 36 shows the types of recommendation most frequently made. Of the reports that contained recommendations, the largest number concerned programmatic issues, 36.6%. In terms of programmatic recommendations, thirteen, 15.9% of the grantees indicated that more time was needed to implement the program. 12.2% recommended that the number of sessions be increased or decreased and 6.1% recommended that case management be incorporated.

Table 36: Grantee Recommendation

Recommendation	Number	%
Program Issues	30	36.6
Cultural Issues	18	22.0
Evaluation	28	34.1
CSAP & DATA Coordinating Center	15	18.3

Several of the grantees made recommendations for evaluation. Twenty-eight or 34.1% of the grantees had evaluation recommendations. Those grantees that made evaluation recommendations were most likely to recommend linguistically appropriate language, 11%, more funding for evaluation, 11%, less intrusive questions, 4.9%, and don't use GPRA.

Eighteen, 22% of the reports provided recommendations on how to make the program more culturally congruent. Eleven percent recommended that the curriculums be translated. 9.8% indicated that more up-to-date and culturally sensitive materials were needed and 8.5% indicated that the delivery of the curriculums should consider cultural practices and learning styles. 6.1% indicated that programs should involve traditional consultants and speakers who were members of the community.

Recommendations for support and coordination from CSAP and the Data-Coordinating Center were made in 18.3% of the reports. 9.8% of the grantees

indicated that more funds were needed to implement the program, and 7.3% indicated that more information should be provided on the model program.

Other Recommendations

While our findings do not link implementation variables to outcomes, the findings do provide some suggestions for increasing the number of persons who complete or graduate from a family strengthening program. Programs implemented with low fidelity resulted in fewer completers. Therefore fidelity is an important implementation variable. The findings suggest that fidelity does not have to be high but can be moderate. In fact, programs implemented with moderate fidelity had the highest number of completers. Perhaps these programs were successful at making necessary modifications that addressed culture and context while at the same time adhering to some degree of fidelity. The findings suggest that one way to increase fidelity is through the involvement of an on-going external advisor group. An external advisory group provides monitoring and support that may aid in successful implementation efforts.

Completion was also linked to incentives. Gift incentives including gift certificates were linked to higher completion rates. Interestingly, food as an incentive was linked to fewer rather than more completions. This might be attributed to the fact that participants in those programs that did not provide food were highly motivated. A suggestion is to include food along with non-food incentives such as gifts and gift certificates to the extent possible.

Agencies that recruited from outside of their agency had a higher number of persons to complete the program than agencies that recruited from within. Agencies may limit themselves to those participants who are “convenient” if they do not recruit from outside. The findings suggest that external recruitment aid in recruitment and completion rates and should be encouraged.

Our final recommendation stems from the finding that many of the common implementation variables associated with significant and positive outcomes were not apparent among this cohort of grantees. This might have been due to the manner in which significant outcomes were coded in this study. Successful outcomes were coded as such if reported by grantees. A data set that combines qualitative data of implementation variables with quantitative data of outcome variables may have resulted in a better test of the relationship between implementation variables and outcome variables.

None-the-less the findings encourage us to think of other factors that may be key contributors to positive attitudinal and behavioral changes. It is recommended that CSAP continue to examine qualitatively program development and implementation efforts. However, instead of examining final reports, grantees be asked to submit a program implementation journal or to participate in program interviews that tell the story of the development of the program. With grantees

telling the detailed story of their program development and providing other types of information of interest (such as sociopolitical context, staff dynamics, etc.), we believe that more consistent patterns of program variables that are associated with significant outcomes will emerge.

The above recommendation is expensive to implement. One barrier to doing qualitative analysis is the expense associated with this systematic analysis of data. If CSAP is unable to continue the examination of qualitative data, then we suggest that CSAP consider requesting programs to uniformly collect data on a number of variables. For example, programs could collect data on participants' past and present activities with other programs; facilitators' and participants' evaluation of each session; previous experience of the facilitator or some measure of facilitator skill or comfort with or belief in the curriculum; agencies' ability to engage the community and its previous experience with successful community interventions; and contextual variables that impact the social climate in which the intervention is being offered. These are a few examples. The coding manual used for this content analysis could be used in guiding programs as to what to include in writing a final report.

In the course of reviewing and coding final reports, we noticed that there was tremendous variation in terms of whether grantees complied with CSAP's reporting format and in terms of the variation in content and quality of submitted reports. It is possible that this variation contributed to some of the non-significant associations. We strongly encourage CSAP to enforce their reporting requirements, provide a mandatory workshop for project directors and evaluators on complying with the standard; and provide examples (with all identifiers eliminated) of projects that meet standards and those that do not.

References

Braking New Ground for Youth at Risk: Program Summaries (1990).
CSAP Technical Report 1.

Strauss, Anselm (1987) Qualitative Analysis for Social Scientists.
Cambridge: Cambridge University Press.