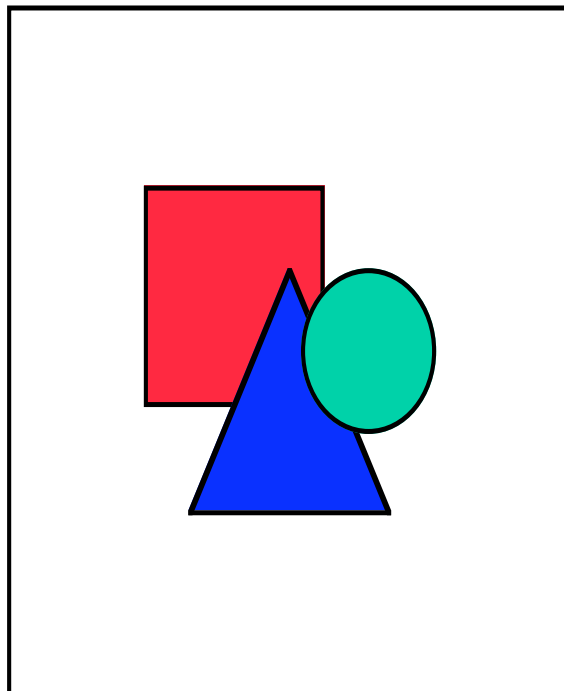


## Part I: Executive Summary

*Yakima County Family Strengthening Prevention Project:*

Strong Families • Familias Fuertes Program



Central Washington Comprehensive Mental Health  
402 South Fourth Avenue  
Yakima, WA 98902  
(509) 575-4084

## Executive Summary

### **Abstract**

The Yakima County Family Strengthening Prevention Project was a two-phase project. The first phase focused on:

- 1) identifying the specific parent education needs of rural, low-income, Spanish-speaking, immigrant Hispanic families through a community-based decision-making process;
- 2) selecting the “best practice” family strengthening intervention most suited to meet the identified needs using input from key community members and representatives from the target population;
- 3) pilot testing the selected intervention with the identified target population; and
- 4) making modifications and implementation adjustments to the selected family strengthening intervention prior to conducting additional trials.

The second phase consisted of implementing the selected intervention “***Strengthening Multi-Ethnic Families and Communities: A Violence Prevention Parent Training Program***” on a broader scale and evaluating its impacts on the families served.

### **Sponsoring Organization**

The project was lead by Central Washington Comprehensive Mental Health (CWCMMH), a community mental health center based in rural, south-central Washington State. A variety of community partners assisted with the community needs assessment and implementation stages. In order to improve visibility of the project, to give it its own unique identity separate from CWCMMH and to improve recognition within the Hispanic community, a project logo and name were developed. The project became known as the Strong Families • Familias Fuertes Program. The program’s logo is displayed on the front of this report.

### **Needs Assessment**

A variety of existing local data was used initially to define the parent education needs of rural, low-income, Spanish-speaking, immigrant families in the Yakima Valley. However, the bulk of the information used in developing a set of local selection criteria to be used to choose the family strengthening intervention best fit to local needs came from a series of focus groups conducted throughout the valley. A series of 9 focus groups were conducted between December 2000 and February 2001. Community stakeholders (parent educators, family support professionals, social service workers, educators, school administrators, therapists, medical professionals, and law enforcement) attended five of these focus groups. Four were conducted in Spanish with members of our target population. From these meetings a summary grid of the information data was collected.

Using the focus group summary grid, our Community Advisory Committee developed a set of selection criteria to choose a “best-practices” family strengthening intervention. The Advisory Committee rated a number of family strengthening interventions based on descriptions of, and information collected on, model family strengthening programs highlighted at the CSAP showcase conferences. Upon completion of this review process, the model that rated the highest when compared to the selection criteria was chosen for implementation. The model selected was the “***Strengthening Multi-Ethnic Families and Communities***” parent training program developed by Dr. Marilyn Steele.

### **Expanded Target Population**

One of the important pieces of feedback we received from the focus groups, from both the community stakeholders and the parents, was a desire to see the intervention offered in both English and Spanish. We requested and received permission from CSAP to modify our original proposal, which allowed us to offer the program in both English and Spanish. In order to fill the English classes, we broadened our target population to include rural, low-income, at-risk parents regardless of whether they were Spanish-speaking or not.

### **Facilitator Training**

In order to develop our local capacity to implement the selected model, arrangements were made to bring Dr. Steele to Yakima, Washington to conduct a facilitator training. In July 2000, Dr. Steele trained 22 local community professionals and CWCMH staff. A second training, partially funded by CSAP, was offered in August 2001, training an additional 24 community members.

### **Pilot Class**

A pilot class was held in Wapato, Washington (a rural community in the mid-Yakima Valley) in July – September 2000. The class was conducted by two of our newly trained bilingual facilitators. Twenty-four parents were enrolled in our pilot class. Twenty-two of the twenty-four parents registered ended up graduating (completing 9 or more classes). The evaluation tools that we piloted during this class included the original tool developed by Dr. Steele and two of the CSAP core measures (Family Cohesion and Family Bonding). We found that Dr. Steele's evaluation and survey response form was very difficult for low-literacy Spanish-speaking participants to complete, especially since many had not completed such tools previously and found the response scales very confusing. The pre- and post-test scores on the two core measures showed very little change. Some individual scores went up and some went down. This experience with our pilot class resulted in our program dramatically changing our evaluation process in order to better target our outcomes to our original grant proposal.

### **Outcome Evaluation Process**

A new evaluation tool called Protective Factor Inventory (PFI) was developed and implemented to measure program outcomes. The tool was developed in consultation with Dr. Marilyn Steele (the developer of the curriculum used in our program, *Strengthening Multi-Ethnic Families and Communities*), our Project Evaluator, and Organizational Research Services (ORS) – an evaluation consultation group based in Seattle, Washington. The tool consists of 34 items taken from Dr. Steele's original evaluation tool, standardized outcome measures related to family strengthening from CSAP's Core Measures notebook, and from an earlier, less sophisticated evaluation tool that was developed locally.

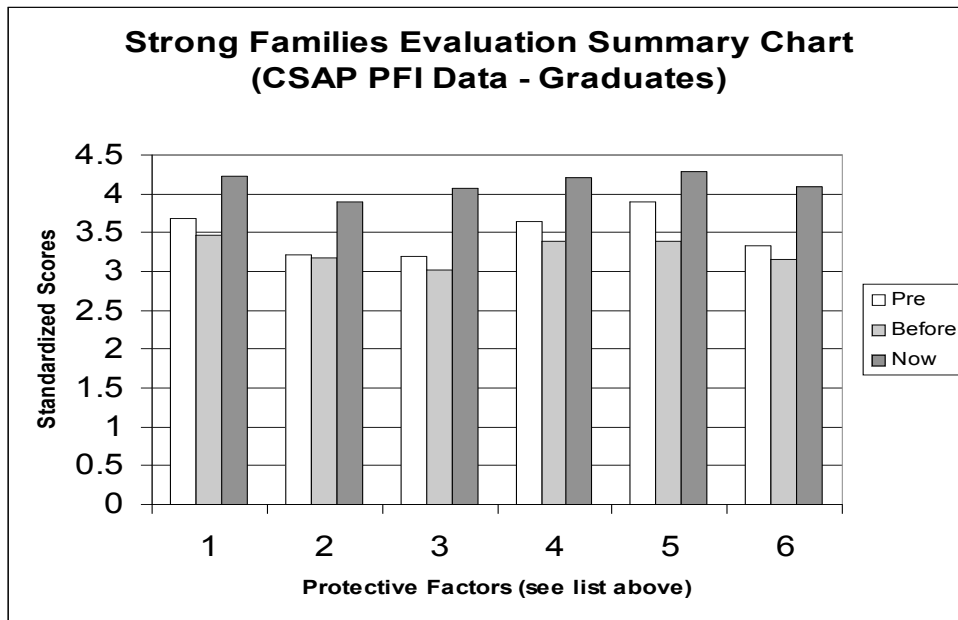
We have been using this tool now for approximately eighteen months for all of the classes offered by the Strong Families Program. We have successfully administered it in both English and Spanish. ORS helped us to develop a participant response form with a visual scoring graphic that works well with low-literacy populations and parents not experienced in survey taking behavior.

The PFI measures changes across the six protective factors targeted in our original CSAP grant proposal:

1. Positive, pro-social bonding between parent and child
2. Parent ability to set clear, consistent boundaries
3. Parent ability to teach appropriate life skills
4. Provision of care and support within the family
5. Parent ability to set and communicate high expectations
6. Opportunities for meaningful participation within the family

Each protective factor is operationalized through 5-6 items asked on the PFI. Increases in these protective factors have been associated with resulting decreases in a variety of problem behaviors including drug and alcohol use, violence, early sexual activity, gang involvement, and child abuse and neglect.

Our statistical analysis of our outcomes has not focused on any particular individual's score, rather the scores have been aggregated to find out if statistically significant differences have been realized across the targeted protective factors. The chart below provides a summary of the PFI data collected on program graduates for the CSAP funded Strong Families classes, with the exception of our pilot class.



The chart shows three data points for each protective factor measured: (1) a pre-test score (PRE on the chart), (2) a post-test score (NOW on the Chart), and (3) a “retrospective pre-test” score (BEFORE on the chart). The retrospective pre- results were collected at the end of the class. The parents were asked to think back to the beginning of the class and (knowing what they know now about effective parenting skills) to rate themselves on each of the items as to how they thought they were performing before the class started. Research, and our experience, indicates that this retrospective pre- score is a more realistic appraisal of where the parents were at the beginning of the class—believing that things are going pretty well for them as a parent. It is not until parents are exposed to different ideas and parenting techniques that they can more objectively compare their prior parenting behaviors with the new ones they are now incorporating in their family discipline routines.

Statistically significant changes across the three protective factors targeted within the PFI were realized between both the PRE scores and BEFORE scores and the NOW (post) scores. While we cannot say for sure that these improvements will result in fewer problem behaviors in the participating families, we can say that with these resulting increases in the protective factors, the families are less likely to experience negative outcomes (including drug and alcohol use/abuse) as a result of their participation in our program.

We have measured participant satisfaction with our program and services in two ways. We have a quantitative measure on the PFI which asks the program participants to rate their overall satisfaction with the program on a scale from 1-5. Overall satisfaction ratings on this item have been very high with participants rating the classes an average of 4.8 out of 5.0 for our CSAP funded classes. Additional opened ended satisfaction questions are asked on the post-test including: what the participants thought were the most valuable components of the class, the least valuable components, an opportunity to provide feedback about their class facilitators’ performance, and any additional comments.

### **Fidelity to the Original Model**

The five-day training conducted by Dr. Steele and the facilitator training manual she provides all graduates gave our facilitators a strong foundation to implement the program with fidelity to her original model. The structure also provides for a great deal of flexibility to customize the parent training classes to the needs of the parents in the class. Our Project Coordinator, who had been trained in the curriculum as well, frequently visited classes to ensure that the facilitators were working well together and were following the training manual. She also provided suggestions, support and consultation to our facilitators. In addition, our Program Director trained with Dr. Steele to become a trainer of facilitators during the course of our grant to increase our local capacity for offering future classes and to ensure we have sufficient expertise locally to continue to have quality facilitators available to lead classes.

### **Process Outcome Measures**

Our biggest challenge in measuring both process and outcome data was simply creating systems and processes to capture the large amount of data. We were ultimately able to get 46 complete sets of data from program participants, plus the data on the 22 graduates from our pilot class. Early on, some demographic data was missing from our data sets and some pre- and post-data was not collected or maintained by class facilitators. As we became more sophisticated and as we better trained and supported our facilitators in the data collection process, the quality of the data collected increased. We were also able to purchase relational database software and developed a customized relational database to track all relevant program data. This has also dramatically improved our ability to collect, manage, and analyze program data.

Due to cost savings realized through effective cooperation with a number of our community partners, we were able to offer more classes than originally planned. As mentioned above, we also broadened our target population and were able to conduct the class with a broader population than originally planned. In addition to serving low-income, Spanish-speaking parents, classes were also conducted for low-income at-risk parents of other cultural and ethnic backgrounds, high-risk pregnant or parenting moms involved in a local in-patient chemical dependency treatment program, and deaf or hard of hearing parents. Having successfully administered our selected family strengthening intervention to such a wide range of participants has demonstrated to us the flexibility and effectiveness of the intervention we selected and has enabled us to reach a wider range of parents in need without increasing our costs with the need to train facilitators in a number of different programs and secure parent materials from different curricula.

### **Conclusions**

The quantitative outcome data, combined with the positive qualitative satisfaction data collected, present to us a convincing picture that the families who entered and completed sufficient classes to graduate left us with stronger parenting skills, more social support, a better sense of the resources available to them, and an overall lower risk for involvement in a range of problem behaviors due to the increase in the targeted protective factors.