
**Second Annual Evaluation Report
on the DCF PYDI
(Positive Youth Development Initiative)**

October 2008

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

The purpose of the evaluation of PYDI is to understand and document the process and effect of replicable prevention models in Connecticut's communities. Last year's results of the PYDI initiative were extremely encouraging and demonstrated a significant impact on youth and families. The strengths of PYDI allowed for the successful engagement of many youth and families statewide. Moreover, focusing on continuous quality improvement and building internal capacity for evidence-based practice within regions of the state 'raised the bar' for prevention programming in the state of Connecticut. This report presents an update on the process evaluation and an outcome evaluation of findings to date.

Prior to 2004, the Connecticut Department of Children and Families (DCF) Prevention Division based their programming on the Social Development Research Group's Social Development Strategy (or Framework) which emphasizes two **key protective factors**: 1) bonding to prosocial family, school and peers, and 2) clear standards or norms for behavior. The Social Development Model strategy identifies **three processes** that promote these protective factors: 1) Youth must have opportunities for active participation in the family, school, and community; 2) Youth must have the skills necessary to succeed in these opportunities for involvement; and 3) Youth must have consistent recognition or reinforcement for their efforts and accomplishments.

Starting in 2004, the Connecticut Department of Children and Families (DCF) Prevention Unit reconfigured its positive youth development and introduced family strengthening programming to incorporate evidence-based practices (EBP's) with continuous departmental oversight and evaluation. EBP's are programs that have documented scientific evidence of their ability to produce positive social, emotional, and/or behavioral outcomes in children, youth or adults. A statewide competitive process was undertaken and six agencies representing all five regions of the state (Southeast, Northwest, North Central, South Central and Eastern) were funded to implement EBP's. Providers selected the best-fitting evidence-based/"promising"² practice for their community from a list compiled by the DCF (rather than stipulated by the DCF); this is in marked contrast to initiatives where one program is selected by the funder for use in all agencies participating in the initiative.

Requirements for participation in the Positive Youth Development Initiative (PYDI) were: 1) selection of an evidence-based or promising practice in the area of positive youth development; 2) provision of parent support; 3) provision of recreational and enrichment opportunities for participating youth and their families; and 4) safe transportation. Evidence-based or promising practices impact key risk and protective factors for youth and families through supported/proven strategies. Parental support reduces their stress and isolation as well as increases access to resources in order to help them promote the healthy development of their children. Enrichment activities provide opportunities for youth and families to practice skills being learned from curricula, spend fun time together with peers and family, broaden and nurture children's/youth's curiosity, and form sustained relationships with community organizations/providers. PYDI programs are not restricted to DCF children; the majority of participants are not DCF-involved. Therefore, PYDI programs are true prevention programs in the sense that the programs are reaching people before they become involved with "the child welfare system". The age range of

² The term 'promising' practice refers to practices whose effectiveness has not yet been determined by empirical data.

the prevention program participants, ages 6 through 13 years³, was chosen specifically to include children at critical developmental transitions including the transitions from kindergarten to first grade and elementary to middle school. School transitions are important life events for children and present concerns since children enter new and potentially more stressful environments with persons older than them. However, they also present opportunities to help students thrive by giving them new and greater skills to cope with stress, emotions, and peer pressure. The table below summarizes the organizations, programs and areas served of PYDI.

Area Served	Organization/Agency	Program
Bridgeport	School-Based Health Center, Bridgeport Health Department	<ul style="list-style-type: none"> • Promoting Alternative Thinking Strategies (PATHS) • Families and Schools Together (FAST)
Enfield	Community Health Resources	Strengthening Families Program 10-14
New Haven	Farnam House ⁴	Farnam Program – after-school program with enrichment activities, family engagement and mental health support
Torrington	McCall Foundation	Strengthening Families Program
West Haven	West Haven Community House	Kids in the Neighborhood (KIN) with Second Step
Willimantic	Windham Youth Services	All Stars
Hartford	Y-US (Youth United for Survival)	Better Horizons ⁵ - therapeutic after-school respite program emphasizing problem solving, individual choices and personal accountability

This report presents an update on the process evaluation and an outcome evaluation of findings to date. The purpose of the evaluation of PYDI is to understand and document the process and effect of replicable prevention models in Connecticut’s communities. The formative process evaluation includes group and agency-specific (one-on-one) technical assistance in order to integrate feedback for continuous quality improvement of the programs. The outcome evaluation involves the analysis and/or synthesis of individual program data (program-specific tools) and the development, entry and analysis of common outcome surveys for both youth and parents participating in the statewide initiative.

Based upon the consensus of the group as well as the existing scientific literature on positive youth development, the primary outcomes of interest over the course of the evaluation include:

- Improved youth skills of social and emotional competence (including conflict resolution, self-control/affect regulation);
- Increased youth bonds with positive adults;
- Improved parent-child communication;
- Improved parenting skills;
- Increased parent support;
- Improved youth and parent help-seeking behavior including awareness of resources; and
- Improved family interaction.

³ For families programs, the target child in the family would be within this age range however as the whole family participates, the range of children participating is wider. Please note: Some youth involved in All Stars and Better Horizons, a promising practice, are older than 13 and have been with the site/program over the years.

⁴ Farnam House joined the PYDI on Feb 15, 2008.

⁵ The Better Horizons program is using a promising practice program.

Major Findings: Process Evaluation

The focus of this process evaluation is the improvement on program-specific items raised in the first annual report (July 2007) and the first mid-year report (January 2008) (programs required different levels of intervention and additional data).

All programs were given program-specific recommendations. However, it is important to note that the largest recommendations were provided to several programs whose outcomes were of particular concern in the first evaluation report. As a result of these recommendations and discussions of the recommendations with the individual PYDI programs, adaptations in program delivery and plans for more data gathering were put into place for the PATHS program, FAST program, and the All Stars program. These programs required additional observations and tailored technical assistance.

PATHS

In response to evaluation feedback, the PATHS program began adapting its delivery to teacher-led sessions with support from the PATHS coordinator. Communication with teachers has been improved through the use of regular email newsletters. Up to until the first evaluation, the PATHS coordinators delivered the PATHS lessons in the different grades. Switching to teacher-led lessons increased the fidelity of the implementation; PATHS coordinators are document fidelity and providing feedback. Program staff report many more teachers are interested in and embracing the curriculum. In addition, this change freed some of the time of the PATHS coordinators to increase their efforts around family engagement/information sharing (through letters describing PATHS lessons and how to reinforce these at home). PATHS staff were involved in many positive youth development events (outside of PATHS), including parent meetings and events involving the whole school. The coordinator also had more time to work on the literature component tied to PATHS which uses popular children's books to engage children and reinforce PATHS concepts by reading the imaginary scenarios from the storyline, asking them what is going on, and encouraging them to apply PATHS thinking to the situations. The reading component addresses both reading skills and reinforcement of PATHS messages. Although the developers conceived PATHS as a cumulative program, there are many realities in its current school (and city) which interfere with this process including student transience as well as teacher and administrator turnover.

FAST

The FAST program was moved to a different school with a different program coordinator. This was possible because team members attended a train-the-trainer training and trained a team for the second school. The new school's environment was felt to be more supportive and its families a better match for the program. Its administrator is more supportive of prevention programming. These factors resulted in a more positive experience for the FAST team as well as better outcomes for families than previously observed. This second FAST team was observed by the evaluator in its first FAST cycle. The families appeared very engaged and the children were well-behaved. More fathers participated in the program. The fact that the program is taught simultaneously in Spanish and English remains a problem. The messages to each group may not be identical or complete as there may be a tendency to rush as things are slowed down by translation. As the group is predominately Spanish-speaking, English-speaking families may find

the atmosphere less-inviting. It may be better to implement an English group and Spanish group as SFP Torrington does.

Second Step (KIN program)

The KIN program director has embraced the recommendation regarding increased parent involvement and has responded by creating a parent newsletter as well as starting a successful partnership with local agencies to bring parents into events and increase staff mental health skills. Peer learning: Staff learned some de-escalation techniques in their visit to another PYDI program.

All Stars

Following the analysis of the All Stars data, several phone calls took place with the program developers to address challenges related to youth reading and comprehension of the All Stars survey, particularly the “lifestyle congruence” items. In collaboration with the developers, the decision has been made to shorten the survey for the youth. In Willimantic over the last year, violence has increasingly come to the forefront of concerns about youth. The emergence of violence as a community issue corroborates the findings of the first and second PYDI evaluation reports. Staff of the WRCC is involved in the community conversations about violence and youth. In addition, All Stars has incorporated PBIS language to reinforce the program in Windham Middle School. Integration of PBIS language should also be considered by the churches and other people doing All Stars in Windham as part of the Weed and Seed program; close ties between the WRCC and the Weed and Seed All Stars staff should facilitate this. The program should consider supplementing All Stars with a violence prevention curriculum.

Y-US

To address the recommendation made about increased educational value of program activities, Y-US met with the DCF educational consultant as well as with a local college. Y-US has begun the process of re-incorporating a tutoring program (with college students) and investigating the feasibility of a library of educational materials within Y-US. The education consultant’s recommendation to add a certified special education teacher to the Y-US staff is not feasible at this time. Program documentation should continue. Work remains to be done to increase the capacity of weekend staff to develop and carry-out recreational activities which better integrate the objectives of Better Horizons.

Overall Program:

In response to the overall program recommendations of the last report, we have observed improvements in the following areas: male involvement (for FAST program)⁶, parent involvement in youth programming, and data collection. With respect to one of the positive findings of the previous evaluation, providers continue to share and learn in a peer prevention network and value the network. Both cross- training and observation have occurred and increased program and staff capacity; of particular note are the multiple trainings held by Strengthening Families 10-14 to increase capacity in the state. PYDI program staff has gained invaluable insight into family work through both observation and training.

⁶ FAST increased their male involvement (cumulative figures from June 30, 2006 and June 30, 2008) from 17% to 24%; SFP Torrington remained constant at 15%; SFP 10-14 had little change from 29% to 27%.

From April 2005 through June 30, 2008⁷, the PYDI programs served 2,370 persons (including 280 families and 1,999 children) through their evidence-based and promising practices (these number are unduplicated). In addition, approximately 9200 children and family members (not unduplicated) attended the 232 enrichment activities (i.e., single events, series) held over the same time period by the PYDI organizations.

⁷ Please note: The start-up period for the programs varied due to training requirements and schedules and setting for the program (e.g., school-based programming)

Numbers served between April 2005 and June 30, 2008⁸

Program	City/Town	Program Type	Total Attendance	Number of families	Number of children < 18
SFP 10-14	Enfield	Family	512	159	336
SFP	Torrington	Family	318	95	161
FAST	Bridgeport	Family	99	26	61
PATHS	Bridgeport	Youth	704	N/A	704
All Stars	Willimantic	Youth	161	N/A	161
Second Step	West Haven	Youth	456	N/A	456
Better Horizons	Hartford	Youth	57	N/A	57
Farnam House	New Haven	Youth	63	N/A	63
TOTAL			2,370	280	1,999

Enrichment Activities April 2005 and June 30, 2008⁹

Program	Number of Activities	Number children attended	Number family members attended
SFP 10-14	44	753	688
SFP	13	223	197
FAST	9	93	46
PATHS	21	1194	130
All Stars	38	1611	711
Second Step	37	1174	437
Better Horizons	67	1391	545
Farnam House	3	33	45
TOTAL	232	6472	2799

Major Findings: Outcomes Evaluation

Last year's results of the PYDI initiative were extremely encouraging and demonstrated a significant impact on youth and families. The strengths of PYDI allowed for the successful engagement of many youth and families statewide. Moreover, focusing on continuous quality improvement and building internal capacity for evidence-based practice within regions of the state 'raised the bar' for prevention programming in the state of Connecticut. The vision of quality programming and accountability by DCF prevention will not only help children and families in need, but will also help advance the field through the sharing of information regarding the challenges in implementing evidence-based practices.

This year's evaluation revealed all programs to have positive results on the common outcomes survey¹⁰. However the common outcomes findings were not supported by the program-specific

⁸ These are persons served by the EBP (or promising practice) curricula. The period April-June 30, 2005 was the start-up period, although the specific length of start-up varied by program. Farnam House joined the PYDI in early 2008.

⁹ The numbers included in this table are not unduplicated counts.

¹⁰ Please note: PATHS does not utilize the common outcomes survey as it is conducted in all classrooms K-5.

findings for All Stars or, to a lesser degree, FAST. Increased sample size allows us to have greater confidence in the findings. The feedback provided through the evaluation and oversight of the program director have been incorporated and resulted in continuous quality improvement of/by the programs. The success of PYDI programs is apparent by the growth of waiting lists (as of 6/30/08, Kids in the Neighborhood, Better Horizons, SFP, and SFP 10-14 had waiting lists); waiting lists are not the typical experience of providers running voluntary programs where they may be trying to fill their slots.

A. Select Specific Findings from Common Outcomes Surveys

Parents reported...

- Feeling supported by their programs in their role as parents (93%) and most (94%) would come back to speak with someone in the program if their family needed help in the future.
- They are more aware of resources in the community or where to turn for help should they need it (84%).
- Communication between them and their children has improved, with 84% of parents reporting they are better able to talk with their child and 78% reporting that they are better able to discuss risky behaviors such as alcohol and drugs.
- Doing things differently as a family (77%) with more time spent together (57%), more fun together (53%), and more relaxed together (53%)
- Feeling the program helped their family/met their needs (96%)
- Learning key parenting skills (e.g., communication (29%), self-regulation (17%), boundary-setting (18%) and commitment to family time (14%))

Youth reported...

- Increased knowledge about drug, alcohol and other risky behaviors (93%)
- Feeling the program helped their family/met their needs (96%)
- Learning conflict resolution skills (86%) and other key life skills such as self-regulation (e.g., saying no to drugs, what to do when stressed) (58%), communication (e.g., listen/talk with parents, be respect, listen when others talk) (57%), goals/life-planning(e.g., setting goals, finishing school, living healthy) (35%), community (e.g., making friends, closer to family, work as team, help-seeking) (39%)
- Doing things differently as a family (77%), spending more time together (82%), having more fun together (83%), and being more relaxed together (76%)
- They would return to speak to program staff if they needed help (78%)
- Better parent-child communication (79%)

Common outcome data were compared between male and female youth¹¹. No statistically-significant differences were observed. There were however two statistical trends in the data: males reported they learned more in their program and were more likely to recommend their program than females.

B. Program-Specific Findings

¹¹ Neither age nor racial/ethnic groups were compared as these are differential by program.

As reported in the previous evaluation report, PYDI program-specific data showed variable effects. The two Strengthening Families programs (Enfield and Torrington) continue to show very strong effects. PATHS continues to present mixed findings, with its most troubling finding remaining an increase in aggression at follow-up. Common outcomes findings were not supported by the program-specific findings for All Stars or, to a lesser degree, FAST. Small sample sizes for many of the program-specific analyses suggest caution in interpretation, especially for the FAST program.

SFP 10-14 (Enfield):

Similar to the previous report, very substantial improvements in parenting behaviors were reported on the program-specific and common outcome surveys following program participation. Once graduated, SFP 10-14 continues to provide positive youth development activities to SFP youth by inviting them back to assist with the delivery of the program. One key to the program's success has been the strong and successful collaboration between CHR and Enfield Youth Services, which provides additional staffing and hosts the sessions at the Angelo Lamagna Center at no cost (in-kind contribution).

SFP (Torrington):

Similar to the previous report, families in the SFP Torrington showed substantial improvement in parenting, family strength/resilience and child conduct/self-regulation and depression. Common outcome data continue to support these important changes. Once graduated, McCall continues to provide positive youth development activities to SFP youth by inviting them back to assist with the delivery of the program.

In order to increase the participation of Spanish-speaking families in accordance with the recommendations of the last evaluation report, McCall Foundation partnered with Susan B. Anthony Project, which works with victims of domestic violence/sexual assault in the Northwest corner of Connecticut. Through this partnership as well as contact with families who has been through SFP, an evening booster session had 80 participants. There have not been any problems filling the Spanish sessions following this session. McCall plans to maintain this successful collaboration.

FAST (Bridgeport):

Compared to the previous report, FAST had a larger impact on parent and family outcomes, potentially due to an increase in sample size as well as its implementation in a new school. Installation at Cesar Batalla School, where the atmosphere is more conducive to implementation, was a good move for FAST. Selection of a new coordinator and team-building work before the start of the program were also positive actions taken to improve the program. The increased amount of program-specific data available suggest that FAST is decreasing family conflict, while increasing support (within group and family relationship), and improving children's strengths/difficulties (parents report decreased conduct, teachers report increased prosocial behavior and emotional symptoms). However, FAST is not changing many other constructs measured in their extensive evaluation tools, including parental self-efficacy. While these data are stronger than in the previous report, the common outcomes continue to paint a better picture of outcomes. The common outcomes data suggest that the majority of youth, parents and families are benefitting from FAST in terms of improved knowledge (of resources, conflict resolution skills, risky behaviors) and behaviors (doing things differently as a parent, talking with children, doing things as a family). There was a higher-than-average response rate for male caregivers in the data (39%).

PATHS (Bridgeport):

While some differences were observed in subgroup comparisons, findings are largely similar to the 2007 evaluation report. PATHS had a greater positive effect on attention and emotional competence than on aggression and dysregulation. PATHS teachers report that calming down is the most difficult skill to teach children. Aggression significantly increased from pre- to post-test in the overall sample. The lack of control group prevents us from knowing whether this increase in aggression is less than the increase we would see without PATHS¹². Indeed, there is some evidence of substantial aggression increases during the school year in control groups in violence prevention evaluations¹³. Younger students did better in the area of emotional competence. There were no statistically significant differences between racial/ethnic groups. With respect to gender differences, only changes in dysregulation significantly differed by gender, with females having a more negative outcome.

ALL STARS (Willimantic):

As previously observed, the All Stars survey results show small and inconsistent gains in healthy knowledge, attitudes and beliefs. Four issues may be contributing to these findings: 1) the more pressing concern of students regarding violence in their school/community and their personal safety; 2) a ceiling effect in the pre-test data (meaning that the levels of healthy beliefs and behaviors were already high prior to the intervention); 3) issues of reliability of reporting (e.g., lifetime use of substances either due to recall or desire to please) or change in participant composition at pre- and post-test [however the assumption is that those leaving and entering are similar (“steady state”; participants leave for variety of reasons and spaces are required to be filled)]; and 4) literacy issues revealed by the need for staff to often explain the meaning of questions (oftentimes the lifestyle incongruence questions) to the respondents. In contrast, the common outcomes data support the effectiveness of the program as well as its acceptability. We see large increases in youth knowledge and improved behaviors as well as some changes in the family. Once graduated, WRCC continues to provide positive youth development activities to All Stars youth by inviting them back to assist with various programs (arts and crafts, summer reading program).

KIDS IN THE NEIGHBORHOOD (West Haven):

Reported improvements in youth were small/moderate and consistent across multiple domains of competence. There was less data from the common outcomes surveys as these were not distributed to all attendees. Available data illustrated the majority of youth learned new conflict resolutions skills and insight/empathy. The program was perceived as helpful. In addition to KIN participants, the program also provides additional positive development opportunities to the youth who volunteer to assist at the KIN program. The KIN program has gone from having openings to having a waiting list. Its connection to the schools has been strengthened and schools now support the program by involving them to have their sign-ups during school open house.

BETTER HORIZONS (Hartford):

¹² Starting this Fall, the PATHS project in the Bassick cluster of schools in Bridgeport (funded by the BOE) will include a control group.

¹³ Findings from another prevention program (Second Step) found a 41% increase in aggression in their control group of 2nd and 3rd grade students in matched schools [Grossman DC et al (1997) *Effectiveness of a Violence Prevention Curriculum Among Children in Elementary School: A Randomized Controlled Trial*. JAMA, 277, 1605–1611.] Based on program evaluator’s experience in Bridgeport, aggression is an important problem at all grade levels.

Similar to the findings of the previous report, Youth in Better Horizons have accomplished a great deal based upon the reports of the program staff, their parents/caregivers and (to a lesser extent) themselves. These “small steps” are important building blocks. The common outcomes survey support improvements in knowledge and behavior. The fact that academic areas have some of the lowest levels of accomplishment has been cause for some concern. In the current report we see some improvements in that area as reported by staff and youth (and to a small degree, parents/caregivers). The Y-US team has been making efforts to improve academics in response to the findings and recommendations in the previous report. All parents/caregivers reported feeling supported and the majority reported changes in their own and their families’ behavior since being in the program. The majority of parents/caregivers reported less stress in their home and continued school enrollment since their child has been in the Better Horizons program. The personalized approach provided by Y-US remains an important catalyst for change in the lives of their young clients and their families. In addition to current Better Horizon participants, Y-US provides positive youth development opportunities to former program youth through volunteer and paid positions assisting Y-US programs.

FARNAM HOUSE (New Haven):

Farnam House is a long-standing fixture in the Fairhaven community and children tend to have long-term involvement in different forms over time. The Farnam program has recently joined the PYDI and, as such, had only pre-test data for review. While very few children’s scores could be ranked as “insufficient” on self-control or cooperation at pre-test, the high level of variability of scores between individual items on these scales suggests the need for focus on poorer-scoring items in order to improve the average for the group at post-test. We look forward to examining their post-test data. The results on the common outcomes survey are good, particularly high rates of learning conflict resolution, self-regulation and communication. Their ability to get data on all children covered by the PYDI is a good sign of their data collection commitment. In addition to the PYDI program, Farnam provides positive youth development opportunities through its assortment of programming and opportunities for youth to volunteer to assist programs.

Strengths of PYDI

The Positive Youth Development Initiative has the following strengths:

- 1) Chosen agencies have both long-term staff and strong connections to the community they serve which help reduce barriers due to the high level of consistency and trust as well as create effective referral processes for both treatment and other positive youth development opportunities after completion of the PYDI programming;
- 2) The multi-year commitment of consistent, stable funding for programs of the PYDI which provides consistent opportunities for youth in the PYDI communities and allows providers to plan and improve;
- 3) Ongoing support is provided to organizations of the PYDI through group and individualized technical assistance from DCF and MATRIX as well as peer learning/sharing within the group; and
- 4) The developer’s trainer-the-trainer model has allowed the state to develop local capacity for Strengthening Families 10-14; three trainings have been lead by the Enfield SFP team leader with attendees committed to participating in group technical assistance, peer learning and networking following training (now a requirement to be trained).

Qualitative Data: One Important Story (FAST Program)

“An 11 year old Hispanic boy was referred to FAST by his school teacher. At the time of the initial referral he was living with his mother. By the time the intervention began he had been removed from his birth family and was living with a foster mother who had multiple children. The foster mother agreed to participate with E as the FAST child and brought another 12 year old girl with her. At the initial meeting E looked sad and quite unattached to his foster mother. By the last session his mood was bright. He and foster mother seemed connected and his artwork took a significantly positive turn. Our ‘community partner’, who had worked for DCF for over 12 years, observed that FAST was quite helpful in facilitating an “engagement’ process between this boy and his foster mother - without treating the foster mother or boy like patients. She kept very good notes on this dyad and collected the boys’ artwork. We are planning to present this experience to DCF as a possible utilization of FAST to “prevent’ disruptions.”

Recommendations

Despite its many successes, the PYDI can further develop and impact through the adoption of the following recommendations:

- 1) Continue to expand the Strengthening Families 10-14 across the state of Connecticut (Windham will be starting to implement it with funding from SAMHSA Drug-Free Communities in October 2008);
- 2) Include a longitudinal component to the evaluation (with inclusion of control groups);
- 3) Educate both PYDI organizations and, more significantly, organizations statewide and nationally on evidence-based practices (availability, planning, executing, evaluating, and challenges);
- 4) Investigate conflict resolution skill-building programs as part of revisiting the fit and possible strengthening of the following programs: All Stars and PATHS; and
- 5) Assess and, where necessary, increase cultural competence of PYDI program staff.

INTRODUCTION

The purpose of the evaluation of PYDI is to understand and document the process and effect of replicable prevention models in Connecticut’s communities. Last year’s results of the PYDI initiative were extremely encouraging and demonstrated a significant impact on youth and families. The strengths of PYDI allowed for the successful engagement of many youth and families statewide. Moreover, focusing on continuous quality improvement and building internal capacity for evidence-based practice within regions of the state ‘raised the bar’ for prevention programming in the state of Connecticut. This report presents an update on the process evaluation and an outcome evaluation of findings to date.

BASICS OF PYDI - SUMMARY

Prior to 2004, the Connecticut Department of Children and Families (DCF) Prevention Division based their programming on the Hawkins and Catalano’s social development framework. Starting in 2004, the Connecticut Department of Children and Families (DCF) Prevention Unit reconfigured its positive youth development and introduced family strengthening programming to incorporate evidence-based practices (EBP’s) with continuous departmental oversight and evaluation.

Requirements for the PYDI were:

- 1) the selection of an evidence-based or promising practice in the area of positive youth development;
- 2) support to parents in their role as parents;
- 3) recreational and enrichment opportunities for participating youth and their families; and

PYDI programs are true prevention programs given the majority of participants are not DCF-involved.; The youth age range, ages 6 through 13 years¹⁴, was chosen specifically to include children at critical developmental transitions including the transitions from kindergarten to first grade and elementary to middle school. School transitions are important life events for children and present concerns since children enter new and potentially more stressful environments with persons older than them. However, they also present opportunities to help students thrive by giving them more skills to cope with stress, emotions, and peer pressure. The table below summarizes organizations, programs and areas served of PYDI.

Table P-1: Basic Description of the PYDI programs

Area Served	Organization/Agency	Program
Bridgeport	School-Based Health Center, Bridgeport Health Department	<ul style="list-style-type: none"> • Promoting Alternative Thinking Strategies (PATHS) • Families and Schools Together (FAST)
Enfield	Community Health Resources	Strengthening Families Program 10-14
New Haven	Farnam House	Farnam Program (DCF promising practice) – after-school program with enrichment activities, family engagement and mental health support
Torrington	McCall Foundation	Strengthening Families Program
West Haven	West Haven Community House	Kids in the Neighborhood (KIN) with Second Step
Willimantic	Windham Youth Services	All Stars
Hartford	Y-US (Youth United for Survival)	Better Horizons (DCF promising practice) - therapeutic after-school respite program emphasizing

¹⁴ For families programs, the target child in the family would be within this age range however as the whole family participates, the range of children participating is wider. Please note: Some youth involved in All Stars and Better Horizons, a promising practice, are older than 13 and have been with the site/program over the years.

	problem solving, individual choices and personal accountability
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PYDI is unique in its oversight, technical assistance, and open collaboration with providers in the implementation of evidence-based practices. Even though the administration and oversight of eight individual different programs (with different curricula, training and data collection) is time-consuming, it was a value of DCF to allow the communities to choose their own program. PYDI is also the first DCF-sponsored program to require the provision of safe transportation. This evaluation report summarizes findings from program-specific and common outcomes tools as well as process evaluation findings.

The goals of the PYDI programs are to reduce youth risk factors and negative behaviors while increasing protective factors and youth skills. For the family programs, goals also include improving parenting skills and family interaction. The activities undertaken to achieve these goals include: 1) evidence-based programming (Table P-2); 2) enrichment activities; 3) parent support; 4) transportation.

Table P-2: Goals of Individual PYDI Programs as Articulated by their Developers¹⁵

Program	Goal
PATHS	To develop essential skills in emotional literacy, positive peer relations, and problem solving
FAST	To enhance family functioning, prevent the target child from experiencing school failure, prevent substance abuse by the child and other family members, and reduce the stress that parents and children experience from daily life situations
SFP 10-14	To improve parenting behaviors, youth skills and family bonds
Farnam House	To connect youth to a safe, caring environment where they can make new friends and learn new skills, including developing positive social relationships with peers.
SFP 6-12	To increase resilience and reduce risk factors for behavioral, emotional, academic and social problems by improving family relationships, parenting skills, and youth social and life skills
Second Step	To reduce aggression and increase prosocial behavior by teaching anger management, empathy and impulse control
All Stars	To delay the onset of or prevent high-risk behaviors in middle school-age adolescents by fostering positive ideals and future aspirations, positive norms, strong personal commitments, school and community bonding, and positive parental attentiveness
Better Horizons	To help youth who have experienced trauma develop into healthy and responsible people by fostering connections to positive peers, adults and community, self-esteem, safety and youth social and life skills

Components– Evidence-Based/Promising Practices, Parental Support, Enrichment, and Transportation:

¹⁵ Further information on the evidence-based practices used in the PYDI can be found at <http://www.modelprograms.samhsa.gov/model.htm> or the DCF prevention website <http://www.ct.gov/dcf/cwp/view.asp?a=2570&q=314510>

Evidence-based or promising practices impact key risk and protective factors for youth and families through supported/proven strategies. However, in the PYDI, programming involved more than an evidence-based practice. Programs were required to support parents in their role as parents as well as provide enrichment activities for youth and families. Youth programs (PATHS, Farnam, Second Step, All Stars and Better Horizons) must also support/assist parents to reduce their stress and isolation as well as find resources in order to help them promote the healthy development of their children. Enrichment activities provide opportunities for youth and families to practice skills being learned from curricula, spend fun time together with peers and family, broaden and nurture children's/youth's curiosity, and form sustained relationships with community organizations/providers. The programs were creative as well as responsive to their participants when developing their enrichment activities.

Examples of enrichment activities conducted by PYDI programs fall into two broad categories:

- 1) Youth activities such as mentoring and educational enrichment (through collaborations with local universities), bingo, field trips, dances, attending sports events, fairs; and
- 2) Family activities which involve parents and children doing things together such as eating dinners, playing games, and experiencing new things together. Examples of family activities include camping, Holiday Dessert and Decorations, De-Stress Family Fest, Winter Celebrations, bowling, Halloween party, visiting an amusement park, and having one-on-one time organized as "Turtle Teas" (monthly small parties for nominated kindergarten students and parents- based on level of PATHS skills);

Transportation: Regardless of the level of engagement of parent or child participants in programming, the lack of easy, affordable, and reliable transportation can reduce frequency and consistency of participation. In the PYDI, the requirement of safe transportation, as well as placement of the programs in the communities, helped to reduce this access barrier. The use of vans to transport children and families was time-consuming for staff and costly, but illustrated to parents and children that their presence at the programs was valued and their access barriers were understood. For the program which outsourced transportation, it was challenging to find and maintain this type of transportation. Informal transportation for individual families and/or youth provides opportunities for meaningful conversations between the driver (staff person) and recipient (parent or youth).

METHODS

The purpose of the evaluation of PYDI is to understand and document the process and effect of replicable, evidence-based, prevention models (e.g., PATHS, FAST, Second Step, SFP, SFP 10-14, and All Stars) and two promising practices (Better Horizons and Farnam House) in CT communities.

This year, the formative process evaluation included technical assistance in order to integrate feedback from the evaluation report for continuous quality improvement of the programs. The formative process evaluation consisted of program observation, one-on-one and group technical assistance provision, and meetings with the DCF Program Lead (Wendy Kwalwasser, Ph.D.).

The outcome evaluation involved the analysis and/or synthesis of individual program data (program-specific tools) and the creation, entry and analysis of common outcome surveys for both youth and parents. SPSS Version 15.0 was used for data analysis of primary program-specific and common outcomes data. The evaluation team was asked to request from the organizations and developers any data that was to be sent back from developers as part of their outcome and fidelity assessment. All available program data were combined in order to increase the sample size and therefore statistical power to detect differences.

Tools¹⁶

Program-Specific Surveys: Across the different programs, data are collected from a variety of informants including parents/caregivers, youth and teachers/staff using program surveys. The data collection tools vary considerably in length and content. Data entry of these surveys was the responsibility of the individual programs¹⁷. MATRIX has reviewed program-specific summaries as well as analyzed raw data provided by individual programs.

Table P-3: Domains in the Common Outcomes Surveys

Parent	Youth
Attendance	Attendance
Perceived program helpfulness	Perceived program helpfulness
Recommend program	Recommend program
“Learnings”/Parenting skills	“Learnings”/Social and emotional competence
Parent support	Connection with adults
Parent-child communication	Parent-child communication
Communication regarding risk behaviors	Knowledge of risky behaviors
Help-seeking behavior including awareness of resources	Help-seeking behavior including awareness of resources
Family interaction.	Family interaction.
Most liked aspect of program	Most liked aspect of program
Other program involvement	Other program involvement

¹⁶ The PYDI observation tool and common outcomes surveys are included in Appendix 2.

¹⁷ A .25 FTE data person was required in all PYDI contracts. This was stipulated as it is understood that service provision, not data collection, is the priority of the providers. This remains a challenge for some providers.

Common Outcomes Surveys: The common outcomes surveys for parents/caregivers and youth were created through a consensus process involving all PYDI programs and DCF which was facilitated by MATRIX. Originally rolled out in early summer 2006, these surveys have been revised to reduce overall burden on children by making more questions close-ended (rather than open-ended responses). The data to be collected are basic short-term/intermediate outcomes for parents and youth (e.g., perceived knowledge, skill-building, changes in behavior) that are measured in greater detail in the program-specific surveys (Table P-3).

PROCESS EVALUATION

A. Improvement of Specific Programs on Items Raised in First Annual Evaluation

The focus of this process evaluation is the improvement on program-specific items raised in the first annual report (July 2007) and the first mid-year report (January 2008) (programs required different levels of intervention and additional data).

All programs were given program-specific recommendations. However, it is important to note that the largest recommendations were provided to several programs whose outcomes were of particular concern in the first evaluation report. As a result of these recommendations and discussions of the recommendations with the individual PYDI programs, adaptations in program delivery and plans for more data gathering were put into place for the PATHS program, FAST program, and the All Stars program. These programs required additional observations and tailored technical assistance.

PATHS

In response to evaluation feedback, the PATHS program began adapting its delivery to teacher-led sessions with support from the PATHS coordinator. Communication with teachers has been improved through the use of regular email newsletters. Up to until the first evaluation, the PATHS coordinators delivered the PATHS lessons in the different grades. Switching to teacher-led lessons increased the fidelity of the implementation; PATHS coordinators are document fidelity and providing feedback. Program staff report many more teachers are interested in and embracing the curriculum. In addition, this change freed some of the time of the PATHS coordinators to increase their efforts around family engagement/information sharing (through letters describing PATHS lessons and how to reinforce these at home). PATHS staff were involved in many positive youth development events (outside of PATHS), including parent meetings and events involving the whole school. The coordinator also had more time to work on the literature component tied to PATHS which uses popular children's books to engage children and reinforce PATHS concepts by reading the imaginary scenarios from the storyline, asking them what is going on, and encouraging them to apply PATHS thinking to the situations. The reading component addresses both reading skills and reinforcement of PATHS messages. Although the developers conceived PATHS as a cumulative program, there are many realities in its current school (and city) which interfere with this process including student transience as well as teacher and administrator turnover.

FAST

The FAST program was moved to a different school with a different program coordinator. This was possible because team members attended a train-the-trainer training and trained a team for the second school. The new school's environment was felt to be more supportive and its families a better match for the program. Its administrator is more supportive of prevention

programming. These factors resulted in a more positive experience for the FAST team as well as better outcomes for families than previously observed. This second FAST team was observed by the evaluator in its first FAST cycle. The families appeared very engaged and the children were well-behaved. More fathers participated in the program. The fact that the program is taught simultaneously in Spanish and English remains a problem. The messages to each group may not be identical or complete as there may be a tendency to rush as things are slowed down by translation. As the group is predominately Spanish-speaking, English-speaking families may find the atmosphere less-inviting. It may be better to implement an English group and Spanish group as SFP Torrington does.

Second Step (KIN program)

The KIN program director has embraced the recommendation regarding increased parent involvement and has responded by creating a parent newsletter as well as starting a successful partnership with local agencies to bring parents into events and increase staff mental health skills. Peer learning: Staff learned some de-escalation techniques in their visit to another PYDI program. The KIN program has gone from having openings to having a waiting list. Its connection to the schools has been strengthened and schools now support the program by involving them to have their sign-ups during school open house.

All Stars

Following the analysis of the All Stars data, several phone calls took place with the program developers to address challenges related to youth reading and comprehension of the All Stars survey, particularly the “lifestyle congruence” items. The decision has been made to shorten the survey for the youth. In Willimantic over the last year, violence has increasingly come to the forefront of concerns about youth. The emergence of violence as a community issue corroborates the findings of the first and second PYDI evaluation reports. Staff of the WRCC is involved in the community conversations about violence and youth. In addition, All Stars has incorporated PBIS language to reinforce the program in Windham Middle School. Integration of PBIS language should also be considered by the churches and other people doing All Stars in Windham as part of the Weed and Seed program; close ties between the WRCC and the Weed and Seed All Stars staff should facilitate this. The program should consider supplementing All Stars with a violence prevention curriculum.

Y-US

To address the recommendation made about increased educational value of program activities, Y-US met with the DCF educational consultant as well as with a local college. Y-US has begun the process of re-incorporating a tutoring program (with college students) and investigating the feasibility of a library of educational materials within Y-US. The education consultant’s recommendation to add a certified special education teacher to the Y-US staff is not feasible at this time. Program documentation should continue. Work remains to be done to increase the capacity of weekend staff to develop and carry-out recreational activities which better integrate the objectives of Better Horizons.

Overall Program

In response to the overall program recommendations of the last report, we have observed improvements in the following areas: male involvement (for FAST program)¹⁸, parent involvement in youth programming, and data collection.

In addition to the oversight of the PYDI, the PYDI network and group meetings remain a unique and invaluable asset. Providers continue to share and learn in a peer prevention network and value the network. Both cross-training and observation have occurred and increased program and staff capacity; of particular note are the multiple trainings held by Strengthening Families 10-14 to increase capacity in the state. PYDI program staff has gained invaluable insight into family work through both observation and training.

B. Program Delivery Observations—Observations were focused on the FAST program as it was moved to another school in response to the findings and recommendations of the previous evaluation report.

FAST (New environment) – The parents and children were highly engaged. Staff worked with each family individually to assist them with the in-class homework. The session was completed on time which indicates good time management. The only issue remaining is the awkwardness of conducting the session in both English and Spanish.

C. Learning Opportunities

The programs involved in the PYDI have had multiple opportunities to share, learn and grow. The DCF Program Lead Wendy Kwalwasser, Ph.D. distributes statewide training and other prevention information. Dr Kwalwasser strongly encourages attendance at trainings and prevention events and the sharing of information of attendees with other members of the PYDI at its group meetings. In addition, trainings/workshops are opened/organized for the PYDI programs.

D. Gender Responsiveness

Information sharing about gender responsive programming has begun with a session with the DCF Director of Gender Programming. Gender-responsive programming will be assessed in 2008 followed by general and program-specific recommendations to PYDI programs. Ongoing work on gender-responsiveness will include additional meetings with DCF staff and other experts as well as the selection of recommended measurement tools.

E. Cultural Competence

Cultural competence will be assessed in 2008. The DCF Program Lead and evaluation team have met with William Rivera, the Director of Multicultural Affairs for DCF, to discuss cultural competence at the organizational and programmatic level, including racial/ethnic identity development (need for “courageous conversations”), linguistic competence, and measurement tools. Ongoing work on cultural competence will include additional meetings with William Rivera and other DCF staff as well as the selection of recommended measurement tools.

F. Process Findings

¹⁸ FAST increased their male involvement (cumulative figures from June 30, 2006 and June 30, 2008) from 17% to 24%; SFP Torrington remained constant at 15%; SFP 10-14 had little change from 29% to 27%.

- PYDI agency staff has been receptive and integrated suggestions in a timely manner to improve their program
- Different contexts have their unique sets of challenges
- Providers share & learn in a peer prevention network

G. Numbers Served by the Positive Youth Development Initiative

From April 2005 through June 30, 2008¹⁹, the programs had served a total of 2370 persons, (unduplicated count) which included 280 families and 1,999 children (Table P-4). The family programs generally served a smaller number than the universal youth prevention programs due to their intensive nature, recommended small group size, and low staff: participant ratios. In addition to the recommended size of a program group, the variability in numbers served was also due the varying length of each programming cycle (varying number of sessions in a cycle) and the required number of cycles of programming conducted as per each agency's contract with DCF.

Table P-4: Numbers served between April 2005 and June 30, 2008²⁰

Program	City/Town	Program Type	Total Attendance	Number of families	Number of children < 18
SFP 10-14	Enfield	Family	512	159	336
SFP	Torrington	Family	318	95	161
FAST	Bridgeport	Family	99	26	61
PATHS	Bridgeport	Youth	704	N/A	704
All Stars	Willimantic	Youth	161	N/A	161
Second Step	West Haven	Youth	456	N/A	456
Better Horizons	Hartford	Youth	57	N/A	57
Farnam House	New Haven	Youth	63	N/A	63
TOTAL			2,370	280	1,999

Table P-5: Enrichment Activities April 2005 and June 30, 2008²¹

Program	Number of Activities	Number children attended	Number family members attended
SFP 10-14	44	753	688
SFP	13	223	197

¹⁹ Please note: The start-up period for the programs varied due to training requirements and schedules and setting for the program (e.g., school-based programming)

²⁰ These are persons served by the EBP (or promising practice) curricula. The period April-June 30, 2005 was the start-up period, although the specific length of start-up varied by program. Farnam House joined the PYDI in early 2008.

²¹ The numbers included in this table are not unduplicated counts.

FAST	9	93	46
PATHS	21	1194	130
All Stars	38	1611	711
Second Step	37	1174	437
Better Horizons	67	1391	545
Farnam House	3	33	45
TOTAL	232	6472	2799

OUTCOMES EVALUATION

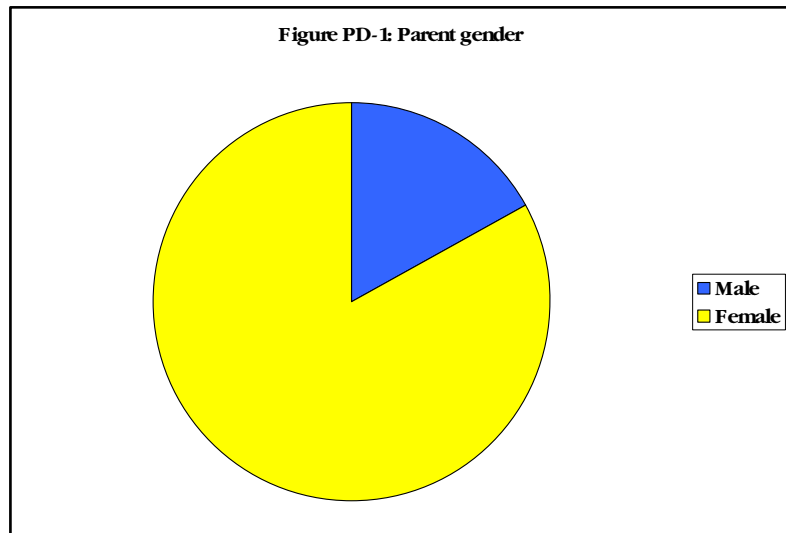
The overall program outcomes were gathered through the parent and youth common outcome surveys. In this report, data to date are combined to examine the effectiveness of each program and the overall PYDI. For two programs (SFP Enfield and SFP Torrington), common outcomes data were analyzed from three evaluation time-points - in the first (July 2007), interim (January 2008) and current (August 2008) evaluation reports. The other programs (excluding Farnam House which recently joined the initiative) have data from only two evaluation time-points - the first and current evaluation reports. This is a function of the different timing of program start dates/end dates as well as their overall length.

Outcomes are presented in two subsections: *A) Parent and youth common outcomes samples;* and *B) Common outcome findings.* The common outcomes findings are divided into the following sections: 1) Parent findings- Overall; 2) Parent findings – Family and youth-centered programs; 3) Youth findings – Overall; and 4) Youth findings – Family and youth-centered programs.

A. PARENT AND YOUTH COMMON OUTCOME SAMPLES

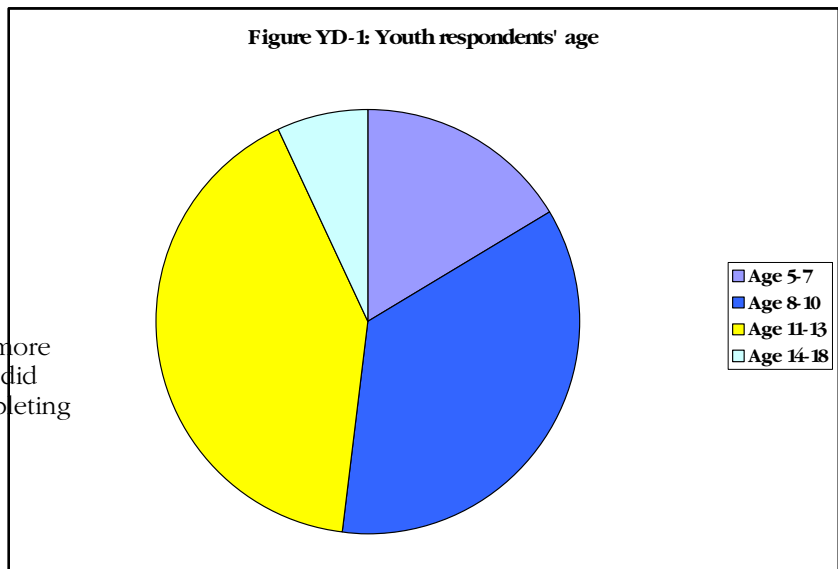
A total of 244 parents and 464 youth completed the common outcome surveys.

1. Gender: The gender breakdown of the youth common outcomes surveys was almost 50:50. The gender of parents was predominantly female (83%), with a fair proportion (17%) of respondents being male (Figure PD-1). These figures are similar to those reported last year²².



2. Age

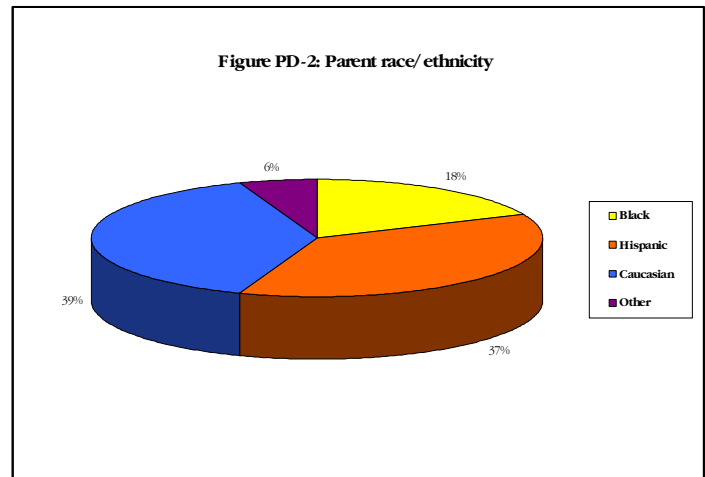
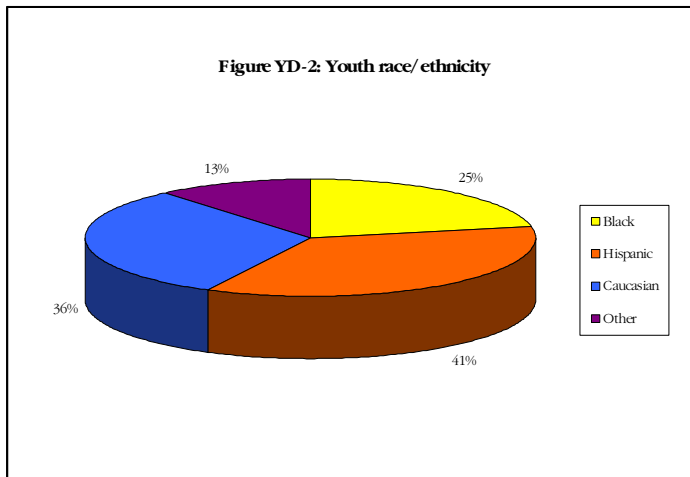
The age range of youth in the sample was 5-18 (mean=10), however the largest proportion of youth (41%) were aged 11-13 (Figure YD-1). Many youth (17%) did not report their age.



²² While a couple of programs reported more males participating in programming, we did not see a change in the proportion completing the surveys.

3. Race/Ethnicity

Racial/ethnic groupings did not change from those presented in the previous evaluation report. The racial/ethnic breakdowns of youth (Figure YD-2) and parents (Figure PD-2) who completed the common outcomes survey were as follows: Hispanics (41% for youth; 37% for parents), and Caucasians (36% and 39% respectively), Black (25% and 16% respectively) and Other (13% and 10% respectively)²³.



4. Program representation in common outcome data

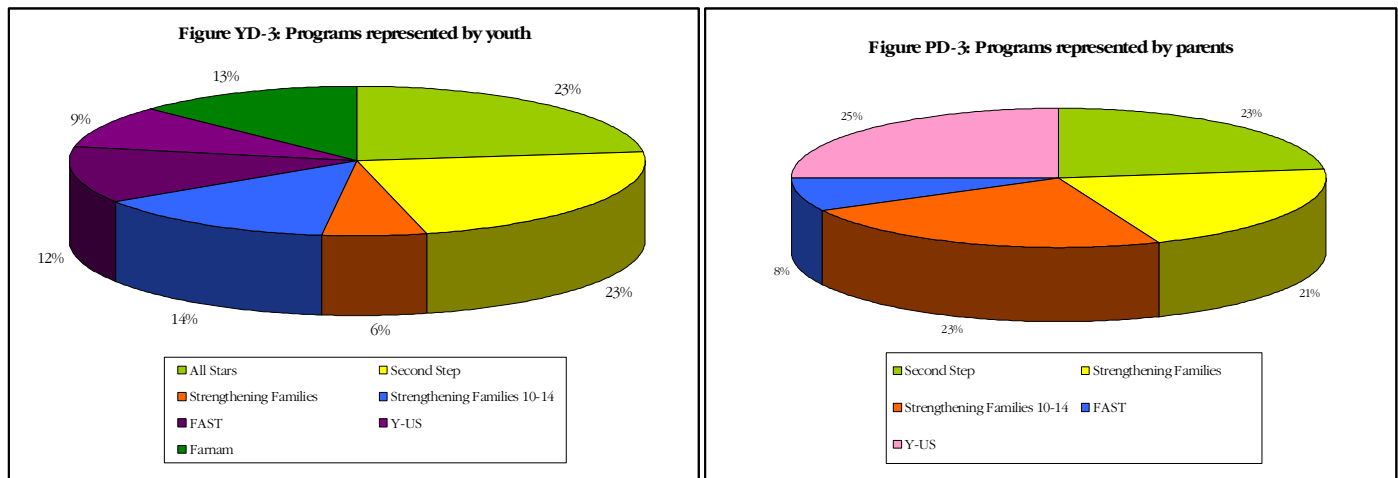
The youth with common outcome survey data represent all programs with the exception of PATHS (Figure YD-3)²⁴. The breakdown of youth by program type revealed 68% of respondents were in youth programs and 32% in family programs. For youth, program representation in descending order was as follows: All Stars (23%), Second Step (23%), SFP 10-14 (14%), Farnam (13%), FAST (12%), Y-US (9%), and Strengthening Families (6%).

Alternately, 52% of parents were in family programs and 48% had children in youth programs²⁵ (Figure PD-3). For parents, program representation in descending order was as follows: Y-US (25%), SFP 10-14 (23%), Second Step (23%), Strengthening Families (21%), and FAST (8%).

²³ Please note that this represents survey respondents, rather than the entire sample. The youth involved in PATHS (N=704) were not included (as previously noted) and are predominantly Hispanic (43%) and Black (44%).

²⁴ PATHS is a school-wide program K-5th grade. It was agreed that the burden for data collection and analysis was too high given the existing resources of both program and evaluation staff and the program context.

²⁵ In the original design, parent surveys were to be collected only in family programs but many youth programs also collected data from parents.



5. Issues for Consideration in Data Interpretation

As detailed in the previous report, the following issues should be considered in the interpretation of the PYDI data in order to place it into context – both overall and with respect to individual program findings:

- 1) For the family programs, changes may be more pronounced on overall family measures or parental behaviors (e.g. greater listening to all children in the household) than those measuring behavioral changes in the target child. The target child is selected as the one in the most need.
- 2) A program which builds trust and engages participants in discussions of sensitive personal and familial matters (which had previously been repressed or ignored) may result in periods of regression as they work them through.
- 3) The lack of control groups for comparison purposes creates a problem of interpretation when no changes are observed. One explanation could be that without intervention, behaviors would worsen over time.
- 4) The scientific literature suggests that different informants provide different data regarding children. For example, parents and teachers are better at reporting externalizing behaviors (conduct, attention deficit), while children are better at reporting internalizing behaviors (depression, anxiety) and lack insight into externalizing behaviors.
- 5) Seasonal temporality may potentially impact reporting of behaviors in school children, end-of-school year reports by teachers may be negatively biased by reduced tolerance of the same behaviors as well as a sudden increase in children acting out (due to the proximity of summer vacation).

B. COMMON OUTCOMES SURVEY FINDINGS

1. Parents Overall

Findings were similar to those summarized in the previous evaluation report.

The majority of parents (N=244) who completed the survey were female (83%) and primarily English-speaking (87%). All but one would recommend the program they attended to others (99.6%) and over half (58%) of them had already recommended their program to someone. These findings are similar to those from last year's report.

Parents appreciated multiple aspects of their programs including the program environment (37% e.g., supportive staff, family time together), feeling of community/issues in common with other families (22%), and skill-building/learning (12%)

Almost all parents rated their program as good/excellent (96%) in meeting their needs/helping their family. The remaining parents (4%) rated their program as "fair".

Examples of parent learnings
<i>"How to parent my child better and to talk to her better"</i>
<i>"I learned to listen to my child as a person and to consider her feelings"</i>
<i>"How to control myself better when my child doesn't listen to me"</i>

Parents learned a wide variety of useful parenting strategies in the program they attended. The types of new knowledge included parenting skills such as communication (40%), boundary-setting (37%), and self-control (16%). They learned new things about their children (80%), including traits/talents (42%); behavioral change (23%), and communication (9%).

Most parents felt supported by their programs in their role as parents (93%) and most (94%) would come back to speak with someone in the program if their family needed help in the future.

In terms of support received by the program, parents reported having better communication skills (26%), knowing where to find support (21%), boundary-setting (12%) skills, peer help that is nonjudgmental (11%), and having homework help (5%) and extra day-care (4%). Most parents (84%) reported they are more aware of resources in the community or where to turn for help should they need it.

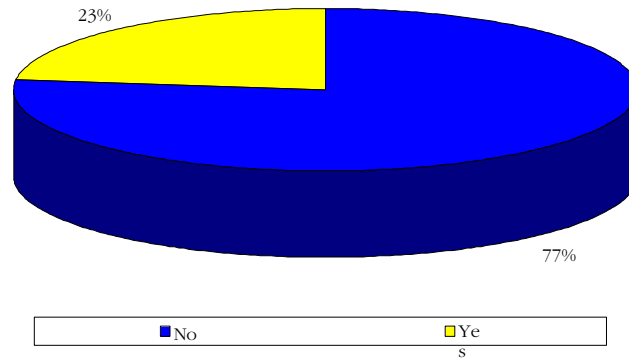
Examples of parental support
<i>"You meet other parents who may have the same issues with their children and we can help each other out"</i>
<i>"The program has helped by disciplining him when he's not behaving, and working together with the program for the same goal"</i>
<i>"When I need help, I have a place to get help and ask for an opinion"</i>

Changes in both parents and families were observed. **Seventy percent of parents reported doing things differently as a parent since being in their program and that their children would confirm this change. Parents report improving their communication**

(29%), their ability to manage self (anger, patience, calmness) (17%) and children (boundaries, rewards/consequences) (18%), and their commitment to family time (14%).

Families have changed how they do things together (77%) (Figure CP-1), including spending more time together (57%), having more fun together (53%), being more relaxed together (53%), and better communication/listening between parents and children (84%). Only one parent responded that their family had changed negatively (spend less time together, have less fun together, and are less relaxed together).

Figure CP-1: Change in how things done together as a family



Communication between parents and children has improved, with 84% of parents reporting they are better able to talk with their child and 78% reporting that they are better able to discuss risky behaviors such as alcohol and drugs.

Twenty-six percent of parents reported that their child/family was/were involved with other programs. This was equally divided into out-of-school programming (13%) (e.g., sports, scouts) and therapeutic/support programming for parents and children (13%) (e.g., therapy/counseling, DCF).

Examples of family changes from the 3 family programs of PYDI
<i>“Better listening skills/communication”</i>
<i>“Better cooperation between our children and us”</i>
<i>“Have more topics to talk about”</i>

Summary of Parent Common Outcomes Findings

Findings:

The majority of parents (N=244) who completed the survey were female (83%), primarily English-speaking (87%), and diverse in ethnic/racial background (42% Hispanic, 37% Caucasian, 18% Black, and 3% other).

Parents reported substantial changes in their own and their family’s behavior. They found their programs helpful and supportive.

Specifically they reported:

- Doing things differently as a family (77%) with more time spent together (57%), more fun together (53%), and more relaxed together (53%)
- Better parent-child communication (864 overall and 78% about risky behaviors)

- Feeling the program helped their family/met their needs (96%)
- Feeling supported in their role as parents (93%) and returning to speak to program staff if they needed help (94%)
- Learning key parenting skills (e.g., communication (29%), self-regulation (17%), boundary-setting (18%) and commitment to family time (14%))

Across the different PYDI programs, a few significant differences were found (most involved the youth program KIN):

- Proportion who would *come back and speak with staff* (if needed help) was lower for KIN (80%) than other programs (range 96-100%)²⁶;
- Proportion who felt more *supported in their role as parents* was lower for KIN (79%) than other programs (range 89-100%);
- Proportion who *do something different as a parent* had 2 outliers - lowest for KIN (39%) and highest for SFP 10-14 (98%) (range for other programs 61-83%);
- Proportion who *reported a change in how their family interacts* was highest for SFP 10-14 (98%) than other programs (61-82%);
- Proportion who reported being *better able to talk with their child* was lower for KIN (53%), than the other programs (85-95%);
- Proportion who reported they *know better where to get help* was lower for KIN (66%) than the other programs (89-100%);
- Proportion who reported they *know better how to talk about risky behaviors* was lower for KIN (57%) than the other programs (73-88%);

²⁶ Please note there are no parents of All Stars, PATHS or Farnam children in this comparison as youth programs were told not to survey parents.

3. Youth Overall

A total of 464 youth completed the common outcomes survey. The findings for the current sample are similar to those observed last year.

The gender split for youth was 52% male and 48% female. The age range was 5-18, with the largest number of youth (41%) in the 11-13 year group. The youth were diverse in ethnic/racial background (42% Hispanic, 36% Caucasian, 25% Black, and 13% other). Only 13 youth (3%) completed their survey in Spanish. More than 10% of youth (N=48) identified themselves as biracial.

The majority of youth felt their program helped them (good/excellent=86%, 10%=fair), with only 4% reporting it as poor. Eighty-five percent of youth would recommend their program to other youth and half already have.

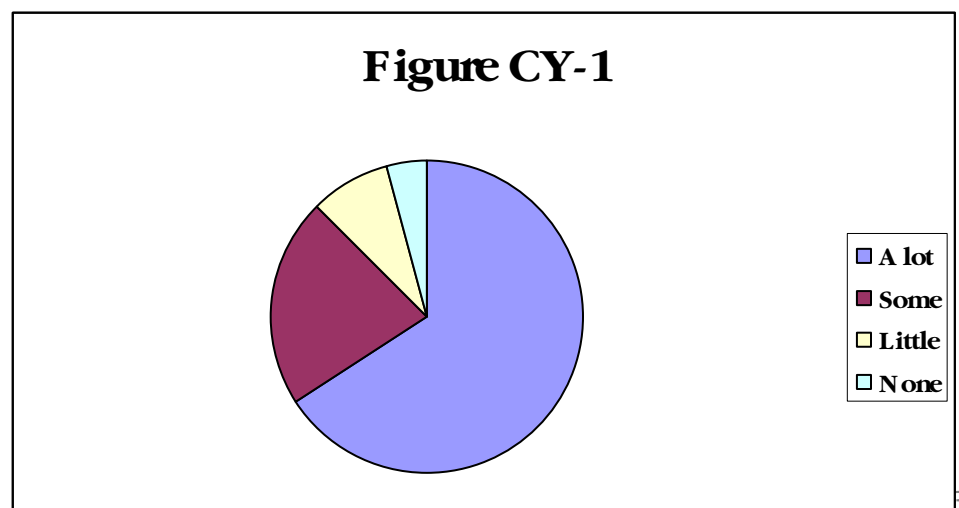
In terms of support, 78% of youth report that they would come back to the program if they needed help. While lower than the proportion of parents who would return (94%), this suggests that they have a positive connection to program staff and are likely to engage in help-seeking behavior. In terms of overall resources available, 83% of youth said they know better where to go for help since being in the program.

Over three-quarters of youth reported changes in their family (77%). This is interesting given that: 1) responding youth were more likely to be in a youth program than family program; and 2) youth may perceive change differently than parents due to their level of developmental level/cognitive maturation, shorter historical perspective on the family, and less holistic view of family than their parents. The examination of specific types of changes revealed multiple areas of improvement: spending more time together (82%), having more fun together (83%), and being more relaxed together (76%).

In contrast to the findings among the adults, roughly 4% of youth reported negative change in their family since the start of the program; these include spending less time together, having less fun together, being less relaxed together, and having more conflict. With a control group, it would be possible to determine if this is a natural progression of family discord over time.

Things Learned by Youth

Youth reported different amounts of learning, with two-thirds reporting they learned “a lot” at their program (66%)(Figure CY-1) Youth reported a wide variety of responses as to what they learned in their respective programs from life-skills



to specific skills through activities (e.g. ceramics, karate, drumming). With respect to general life skills, their responses generally fit into six categories – conflict resolution (86%), self-regulation (e.g., saying no to drugs, what to do when stressed) (58%), communication (e.g., listen/talk with parents, be respect, listen when others talk) (57%), goals/life-planning(e.g., setting goals, finishing school, living healthy) (35%), community (e.g., making friends, closer to family, work as team, help-seeking) (39%), and other (19%).

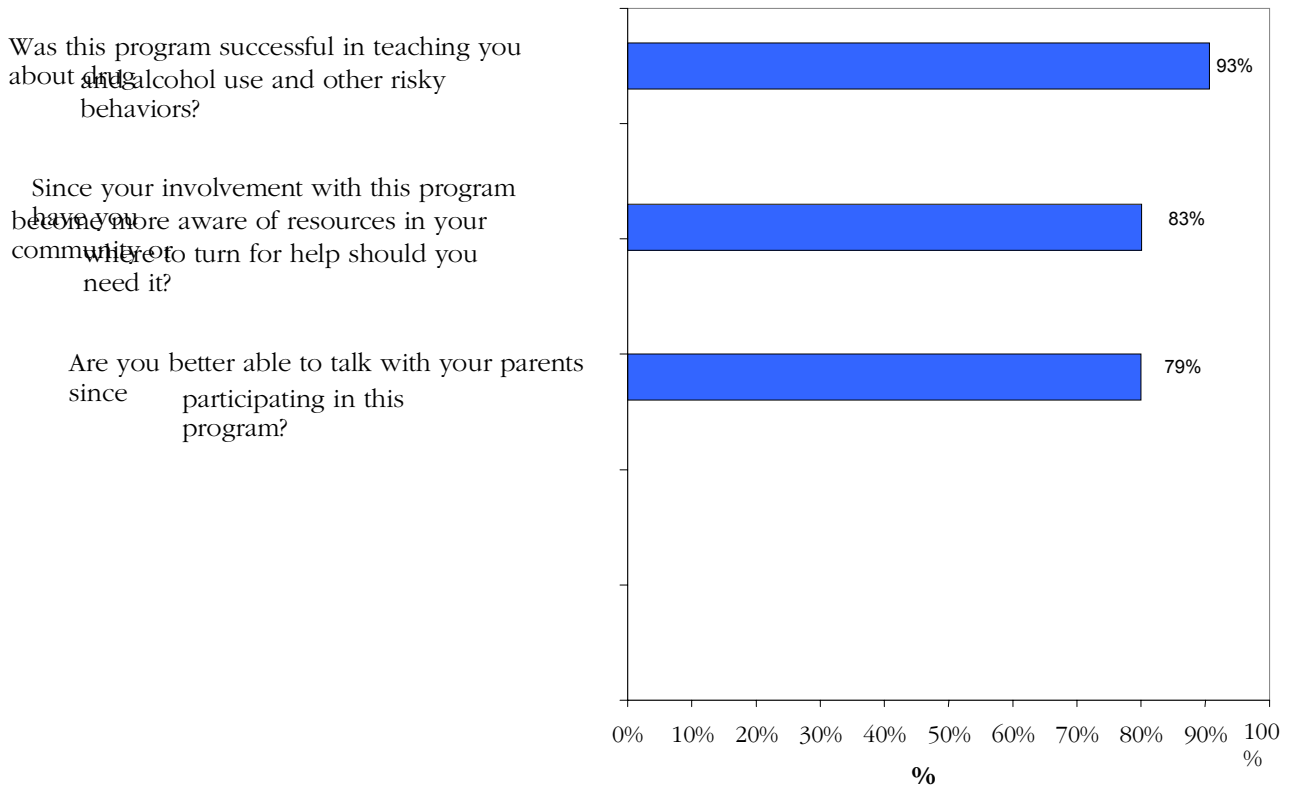
What they report learning in PYDI:
Conflict resolution - 86%
Self-regulation - 58%
Communication - 57%
Community - 39%
Goal setting/life planning - 35%

Examples of learnings by youth in the PYDI
<i>“What to do when you are stressed”</i>
<i>“Finish school”</i>
<i>“Say no to drugs”</i>

In addition to open-ended questions, a set of specific knowledge and behaviors were queried with youth (e.g., conflict resolution, communication with parents, alcohol & drugs/risky behaviors). As illustrated in the figure below (Figure CY-2), the majority of youth reported improvements since their involvement in their PYDI program. ***Indeed, these findings support the effectiveness of the PYDI programs with youth²⁷ in the diverse areas of help-seeking/resource awareness, education about risky behaviors, and parent-child communication.***

²⁷ All findings are interpreted without a control group.

Figure CY-2: Youth learnings and changed behaviors



Things Liked By Youth

The youth liked many aspects of their programs including being part of their program community (friends, leaders, families) (58%), learning (57%), goal-setting (28%), and “other” elements (having fun, eating, playing games) (59%).

What they report liking About PYDI:
Community: 58%
Learning: 57%
Goal-setting: 28%
Other: 59%

Why youth like being part of their PYDI group
<i>“Being with friends”</i>
<i>“Spending more time with my family”</i>
<i>“Learning”</i>

Commitments

Youth made a range of commitments for the future as a result of participating in their PYDI program: self-regulation (31%), goal-setting (8%), school (9%), communication/respect (20%) and other (32%). The other category was largely vague positive statements such as “I will be a

better person”. ***These findings suggest that the youth are formulating action steps regarding ongoing positive behaviors as they complete their program.***

Gender-Specific Differences

Common outcome data were compared between male and female youth²⁸. No statistically-significant differences were observed. There were however two statistical trends in the data: males reported they learned more in their program and were more likely to recommend their program than females.

Summary of Youth Common Outcomes Findings

Youth reported significant changes in their own behavior as well as their family’s behavior including:

- Increased knowledge about drug, alcohol and other risky behaviors (93%)
- Feeling the program helped their family/met their needs (96%)
- Learning conflict resolution skills (86%) and other key life skills such as self-regulation (58%), communication (57%), goals/life-planning (35%), and community (e.g., making friends, closer to family, work as team, help-seeking) (39%);
- Doing things differently as a family (77%), spending more time together (82%), having more fun together (83%), and being more relaxed together (76%)
- Would return to speak to program staff if they needed help (78%)
- Better parent-child communication (79%)

Across the different PYDI programs, a few significant differences were found:

- Proportion who would *recommend their program* was lower in the SFP 10-14 group (65%) and the Farnam group (76%) than the other programs (range 85-95%);
- Proportion who had *already recommended their program* had two outliers – SFP (18%) and FAST (73%) – from the other programs (range 42-59%);
- Proportion who would *come back and speak with staff* (if needed help) was lower for All Star (64%), Farnam (63%) and SFP 10-14 (62%) than other programs (range 86-95%);
- Proportion who was *better able to talk with parents* was lower in All Stars (64%) than other programs (range 71-98%);
- Proportion who *learned conflict resolution* was lower at Farnam (64%) than all other programs range 72-98%);
- Proportion who *learned about risky behavior* was lower for SFP 10-14 (81%) than other programs (88-100%);
- Proportion who reported a *change in their family* was lower for All Stars (62%), SFP 10-14 (65%), and Farnam (59%) than the other programs (78-96%);

²⁸ Neither age nor racial/ethnic groups were compared as these are differential by program.

C. PROGRAM-SPECIFIC FINDINGS

This section contains findings from both the program-specific questionnaires and the common outcomes surveys for parents and youth; family programs are presented first followed by youth-centered programming. Each program subsection starts with the findings on the questionnaires developed by the program developers followed by those of the common outcome surveys. Each program subsection end with a summary which contains key findings, program strengths and program recommendations.

1. Family Programs

a. Strengthening Families (Enfield)

Goal as stated by the developer: To improve parenting behaviors, youth skills and family bonds

Numbers served between April 2005 and June 30, 2008²⁹

Program	City/Town	Program Type	Total Attendance	Number of families	Number of children < 18
SFP 10-14	Enfield	Family	512	159	336

Community Health Resources (CHR) is implementing The Strengthening Families Program 10-14, an evidence based model developed by Iowa State University. The program provides opportunities for families to gather for a 7 week group that includes family dinner, concurrent group sessions for parents and youth age 10 to 13, babysitting for the younger siblings, and family activities. Parents/ Caregivers learn nurturing skills that support adolescent development. Youth learn skills for dealing with stress, peer pressure, and drug/alcohol refusal skills. In addition, families have the opportunity to participate in booster sessions and recreational/ enrichment activities that are planned for and by the youth and their parents throughout the year. The program represents a collaboration between CHR and Enfield Youth Services, which provides additional staffing and hosts the sessions at the Angelo Lamagna Center at no cost (in-kind contribution). Program participants are predominantly families residing in the Thompsonville section of Enfield who have children between the ages of 10 and 13.

I. Program-Specific Data

The program utilizes a retrospective pre-post-test where both the past and current behaviors are reported at post-test. ***The proportion of parents reporting good parenting behaviors “a good bit of the time” or “most of the time” increased significantly following the SFP (Table SFPE-1). All of these changes were significant.*** The largest amount of change (62%) was observed “finding ways to include my child in family decisions about fun and work activities”; prior to being in the program, only 29 % reported doing this often/most of the time while after

²⁹ The period April-June 30, 2005 was the start-up period, although the specific length of start-up varied by program.

completing the program 91% of parents reported doing this often/most of the time. While still an important increase, the smallest amounts of change (18%) were observed for “letting my child know specifically what I expect regarding alcohol and drug use” (increased from 52% to 70%).

Table SFPE-1: Parent Survey

	“A good bit of the time”/“Most of the time”		
	Before SFP (%)	After SFP (%)	Increased by (%) ³⁰
Find ways to include my child in family decisions about fun and work activities.	29.14	91.34	62
Often tell my child how I feel when he or she misbehaves.	27.10	86.77	60
Remember that it is normal for children to be harder to get along with at this age.	30.92	89.22	58
Wait to deal with problems with my child until I have cooled down.	32.78	89.03	56
Show my child love and respect.	29.01	81.21	52
Help my youth understand what the family and house rules are.	35.84	85.56	50
Listen to my youth when he or she is upset.	51.44	97.83	46
Let my youth know the reason for the rules we have.	49.22	89.98	41
Work together with my youth to solve problems that come up at home.	47.66	87.38	40
Give compliments and rewards when my child does chores at home or learns to follow rules.	44.94	84.47	40
Talk with my child about his or her future goals without criticizing.	48.19	86.83	39
Follow through with consequences each time he or she breaks a rule.	39.65	77.92	38
Spend special time one-on-one with my youth.	46.80	84.72	38
Have regular times for homework.	55.95	91.34	35
Find ways to keep my child involved in family work activities, like chores	25.59	57.48	32
Try to see things from my youth’s point of view.	47.93	75.08	27
Let my youth know what the consequences are for breaking rules.	68.62	93.75	25
Take time to do something fun together as a family	52.60	76.33	24
Talk with my child about ways to resist peer pressure.	74.81	97.81	23
Explain to my child the consequences of not following my rules concerning alcohol use.	51.85	69.56	18

³⁰ All increases are rounded to nearest whole number.

In general, the amount of change reported by the youth was smaller (Table SFPE-2). However the changes reported are striking and, for the most part, statistically significant with the exception of the 8% regarding consequences. ***The largest amount of change (34%) was observed for “know what my parent(s)/caregiver(s) think I should do about drugs and alcohol”.*** While just under half (46%) knew this often/most of the time prior to being in the program, over three-quarters of youth (80%) knew this after completing the program. The smallest amount of change (8%) occurred for “I know there are consequences when I don’t follow a given rule”; however it is important to note that the large majority report feeling this way often/most of the time both before and after participation in the program (78% and 86% respectively).

Table SFPE-2: Youth Survey

	“A good bit of the time”/”Most of the time”		
	Before SFP (%)	After SFP (%)	Increased by (%) ³¹
I know what my parent(s)/caregiver(s) think I should do about drugs and alcohol.	45.84	80.13	34
My parent(s)/caregiver(s) are calm when they discipline me.	26.53	59.82	33
I listen to my parents(s)/caregiver(s) point of view.	53.03	84.53	31
I know one step to take to reach one of my goals.	43.74	75.06	31
If a friend suggests that we do something that can get us both into trouble, I am able to get out of doing it.	64.07	91.51	27
I do things to help me feel better when I am under stress.	62.13	87.79	26
I know the qualities that are important in a true friend.	44.73	71.12	26
We have family meetings to discuss plans, schedules, and rules.	67.56	89.17	22
I appreciate the things my parent(s)/caregiver(s) do for me.	63.09	83.46	20
I know how to tell when I am under stress.	49.29	68.00	19
I feel truly loved and respected by my parent(s)/caregiver(s).	68.61	85.94	17
My parent(s)/caregiver(s) and I can sit down together to work on a problem without yelling or getting mad.	78.42	94.59	16
I am able to tell when my parent(s)/caregiver(s) are stressed or having a problem.	85.69	100.00	14

³¹ All increases are rounded to nearest whole number.

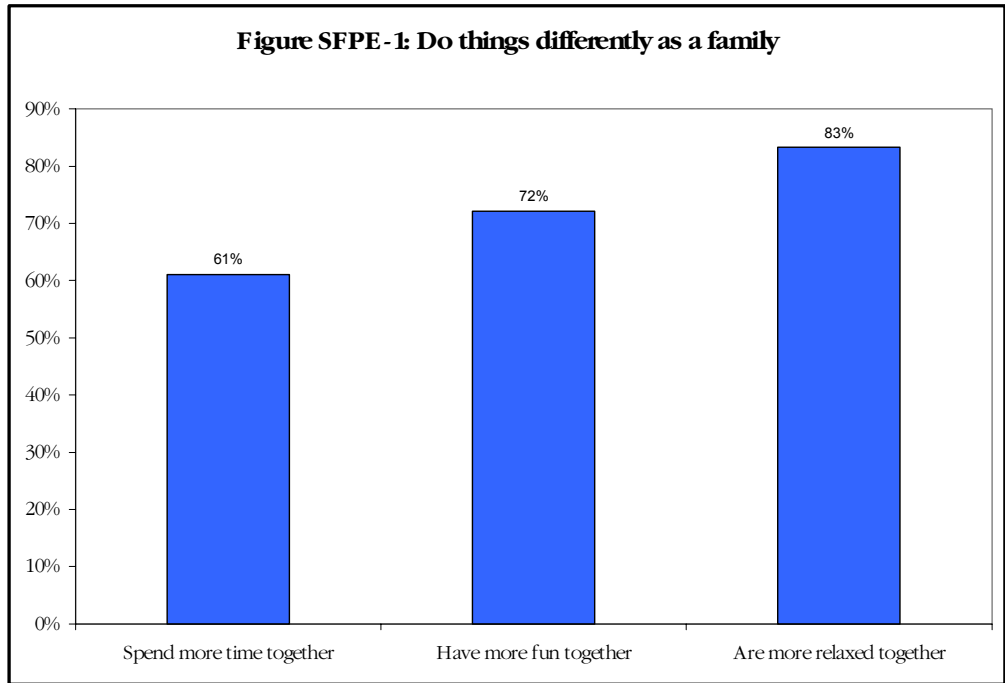
I understand the values and beliefs my family has.	80.13	93.50	13
I know there are consequences when I don't follow a given rule.	78.42	86.45	8

II. Common Outcomes Data – Youth

Sixty-five youth completed the common outcomes survey; all were completed in English. Compared to the previous evaluation report, fewer youth perceived that the program had helped them (81% good/excellent vs. 97% in previous report), and more youth rating it as fair (12%) or poor (7%). This may be a function of the fact that some youth were mandated to the program from the Enfield Juvenile Review Board. However near two-thirds of youth would still recommend the program to a friend (65%) and 62% would return to speak with program staff if they needed help in the future.

What youth reported they liked about SFP-E:
 Learning – 20%
 Community – 49%
 Goal-setting – 5%

Two-thirds of youth (65%) reported changes in how things are done together as a family. In contrast to other programs, the highest reported change was feeling more relaxed together (77%), followed by having more fun together (76%), and lastly spending more time together (66%) (Figure SFPE-1- problem with this graph - please note that this graph will be replaced with

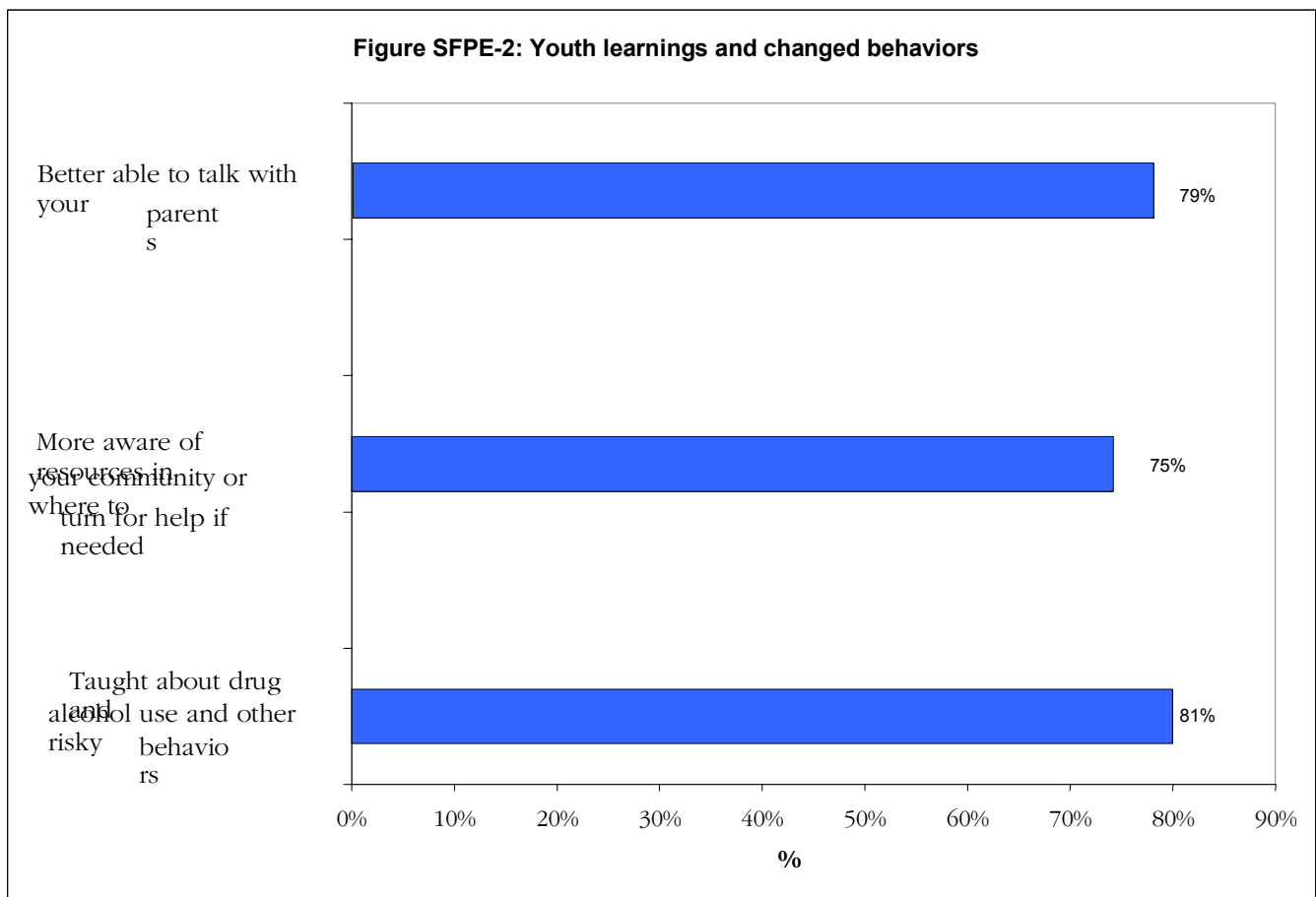


correct values). No youth reported a negative change in interactions. These reported family changes, including the increased relaxation levels, are not surprising given the tremendous changes observed in the program-specific data. Communication, boundaries and expectations have improved for both parents and youth.

What they report learning In SFP-E:
 Conflict resolution - 85%
 Self-regulation - 65%
 Communication - 43%
 Community - 22%
 Goal setting/life planning - 11%

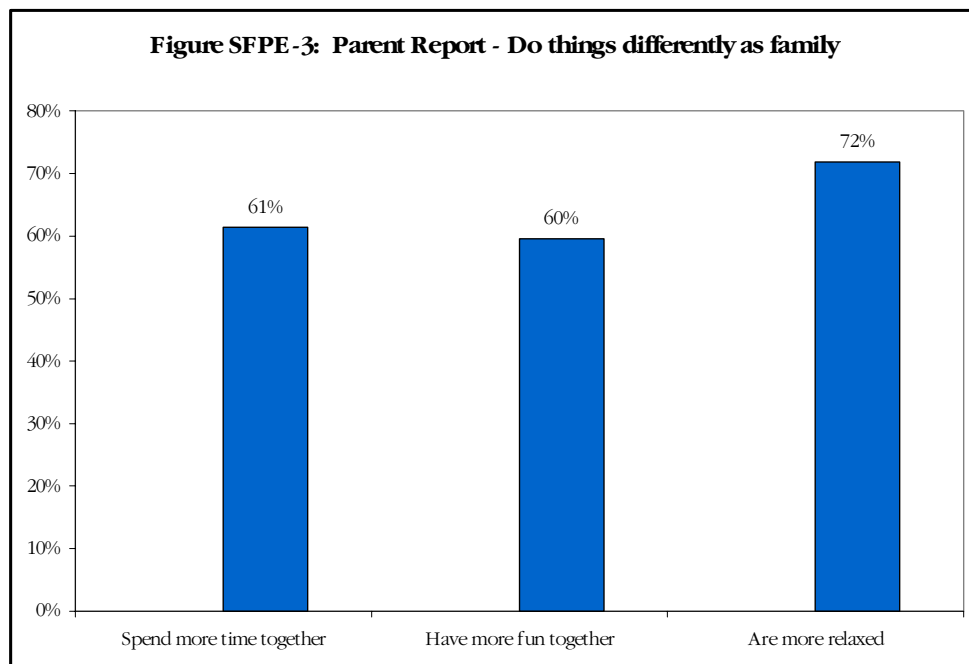
Overall all youth reported learning something in the program (50% “a lot” and 50% “some”). With respect to changes in youth knowledge, high rates of increases were observed (alcohol, drug and other risky behavior 81% and community resources 75% (Figure SFPE-2). High rates of behavioral change were reported – youth were better able to talk with their parents (79%).

New connections were made to adults in their lives – adults they can trust, can go to for advice/problem-solving and, to a lesser extent, communicate with, hang-out with, and call/IM.



II. Common Outcomes Data – Parents

A total of 57 parents completed the common outcomes survey; all respondents completed the survey in English. Parent responses about the program were overwhelmingly positive. All parents would recommend SFP 10-14 to a friend/family member. Almost all parents reported the program as good/excellent (95%) in meeting their needs, as supporting them in their role as parents (96%) and as a resource for future help if it was needed.(96%). Similarly, with the exception of one person, all parents reported doing something different as a parent since being in the program.



Almost all parents (95%) reported being better able to talk with their child, with 87% better able to talk with their children specifically about alcohol, drugs and other risky behavior. Three-quarters of parents reported that they had learned something new about their child. As compared to the rate of 70% reported in the previous evaluation report, 80% of parents reported that they were now more aware of community resources. As noted previously, this may be because many of the SFP Enfield families are familiar with resources already and/or the order of data collection and resource presentation during the SFP cycle.

With respect to changes in the family, all but 1 parent (98%) endorsed that the family is doing things differently together. More specifically, there have been increases in how relaxed they are together (72%), how much time they spend together (61%), and how much fun they have together (60%) (Figure SFPE-3).

Strengthening Families Enfield Enrichment Activities

Over the course of the program (April 2005-June 30, 2008), the Strengthening Families team has conducted 44 enrichment activities³² which were attended by 753 SFP youth and 688 family members³³. These have included series such as the Summer Music or Music and Arts Program where youth attend over the summer and families are invited to performances/art galleries and innovative family events such as “De-stress Family Fest”, “Holiday Dessert and Decorations”, and Karaoke.

³² Please note: Series (such as summer music program) count as one enrichment activity in the table.

³³ Please note: These counts are NOT unduplicated. Persons are counted multiple times if attended multiple activities. In addition to the issue of the feasibility of generating unduplicated counts, this measure allows programs to also take into account people attended multiple events over time which is an important part of forming a sustained relationship with the agencies involved in the SFP program as well as with other SFP families.

“Stories” from Strengthening Families Enfield

While the quantitative data support the positive impact of SFP 10-14, stories speak volumes about changes made in youth, parents, and communities.

Story 1 - Father Engagement: Staff comment: “This was an interesting group because the father figures (3 bio dads and 2 step fathers) took initiative to share phone numbers when the session ended.”

Story 2 - Engagement and Family Support: “This was a very small group, but very intimate. All families were very dedicated to coming. One family of six walked 3 miles to the program because their car broke down. They said they liked the program so much that they were not going to miss it for any reason. (We were able to give them a ride home) Parents bonded and ended up creating a support system where they “babysat” for each others kids and some families socialized together outside of group. The only dad in the group was a very shy and quiet man, but when it came to the role playing activity to help youth resist peer pressure this dad opened up and became the star performer. He was very enthusiastic about the program (He was the dad who walked his family to the group) and was very proud they had perfect attendance! Our youth asked to watch our music video of the sessions over and over, enjoying pointing out who and what they were doing each time it played.”

Story 3 - Engagement and Learning: “We had a youth mandated by the Juvenile Review Board who started the program with “attitude” (“*this is stupid, why do I have to come?*”) that completely changed his point of view, laughed and grinned from ear to ear with his parents during family sessions. His father’s final comment about what he was walking away with because of the program: ‘*I learned my son doesn’t have to be perfect.*’”

Strengthening Families Enfield Summary:

Findings:

Similar to the previous report, very substantial improvements in parenting behaviors were reported on the program-specific and common outcome surveys following program participation. Once graduated, SFP 10-14 continues to provide positive youth development activities to SFP youth by inviting them back to assist with the delivery of the program. One key to the program’s success has been the strong and successful collaboration between CHR and Enfield Youth Services, which provides additional staffing and hosts the sessions at the Angelo Lamagna Center at no cost (in-kind contribution).

Recommendations:

- 1) Collaborate, deliver and support team in the same effective (current) manner;
- 2) Share more leadership, team-building, and support strategies with other PYDI programs;
and

3) Submit a presentation to a national conference on family strengthening.

b. Strengthening Families Torrington

Goal as stated by the developer: To increase resilience and reduce risk factors for behavioral, emotional, academic and social problems by improving family relationships, parenting skills, and youth social and life skills

Numbers served between April 2005 and June 30, 2008

Program	City/Town	Program Type	Total Attendance	Number of families	Number of children < 18
SFP	Torrington	Family	318	95	161

The Strengthening Families Program I (SFP-I) involves elementary school aged children (6 to 12 years old) and their families in family skills training sessions. SFP uses family systems and cognitive-behavioral approaches to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems. It builds on protective factors by: 1) Improving family relationships; 2) Improving parenting skills and 3) Increasing the youth's social and life skills. SFP offers incentives for attendance, good behavior in children, and homework completion to increase program recruitment and participation. McCall Foundation is a substance abuse treatment facility located in Torrington serving the northwest corner of the state. McCall's prevention department is dedicated to educating young people and their families about the dangers of drug and alcohol and the disease of addiction.

1. Program-specific data

The Strengthening Families Program in Torrington had two different language cohorts (1 English-speaking, 1 Spanish-speaking). The Spanish-speaking cohort was primarily Dominican.

Similar to the findings of the previous report, significant pre-post improvements were observed in self-reported parenting, family strength/resilience, and both child conduct/self regulation and child depression (Table SFPT-1; N=58). Also similar, there were no significant changes in parental substance abuse (last 30 days).

Table SFPT-1: Summary of Parent, Family and Child Activities Scoring (N=58)

	Mean Change	p-value	SD	Percent Change
Parenting Scale	20.48	.000	17.71	14
Overall Family Strengths/Resilience	12.84	.000	10.53	33
Parent Observations on Child Activities: Conduct/Self Regulation	10.98	.000	13.44	7
Parent Observation on Child Activities: Child Depression	.7414	.000	1.41	6

The parenting scale was examined more closely to determine changes in parenting skills and family relationships (Table SFPT-2 - items presented in descending order by amount of change). All parenting changes were statistically significant. Changes include increases in the key areas of praise/reward, clear communication, and self-control (handling stress, do not yell or shout).

Family changes all reached statistical significance, with the exception of alcohol and drug rules³⁴. Improvements in family relationships occurred with respect to both organization (family meetings, coordination of schedules) and negativity in family interaction (fighting, arguing, and yelling).

Table SFPT-2: Parenting Skills and Family Relationships Items from the Parenting Scale (N=58)

Parenting Scale					
	Mean Before	Mean After	Mean Change	Percent Change	Sig. Level
Parenting Skills					
I handle stress well.	2.67	3.69	1.02	38.2	< .001
I use clear directions with my child.	3.21	4.33	1.12	34.9	< .001
I reward completed chores with allowances or privileges.	2.88	3.84	0.97	33.7	< .001
I follow through with reasonable consequences when rules are broken.	2.90	3.84	0.95	32.8	< .001
I praise my child when he/she has behaved well.	3.24	4.21	0.97	29.9	< .001
I talk to my child about his/her plans for the next day or week.	3.09	3.93	0.84	27.2	< .001
I use timeouts when my child will not do what I ask.	2.84	3.59	0.74	26.1	< .001
I spend quality time (play child's game) with my child.	3.14	3.93	0.79	25.2	< .001
I talk to my child about his or her friends.	3.48	4.22	0.74	21.3	< .001
I do not yell or shout when my child misbehaves.	3.24	3.90	0.66	20.4	< .001
I talk to my child about his/her feelings.	3.67	4.36	0.69	18.8	< .001
I let my child know I really care about him or her.	4.14	4.74	0.60	14.5	< .001
I act loving and affectionate with my child.	4.09	4.57	0.48	11.7	< .001
I do not use physical punishment when my child will not do what I ask.	3.93	4.26	0.33	8.4	.005
I check to see if my child completes his/her homework.	4.17	4.45	0.28	6.7	< .001
I talk to my child about how he/she is doing in school.	4.17	4.45	0.28	6.7	< .001
I talk with my child about the negative consequences of drug use.	3.59	3.83	0.24	6.7	.012
I know where my child is and who he/she is with.	4.55	4.83	0.28	6.2	.001
Family Relationships					
We hold a family meeting weekly.	2.12	3.43	1.31	61.8	<.001
We go over schedules, chores, and rules to get better organized.	2.41	3.62	1.21	50.2	<.001
My child helps with chores, errands, and other work.	3.03	3.81	0.78	25.7	<.001
We do not argue about the same things in my family over and over.	3.71	4.29	0.57	15.4	<.001
People in my family rarely insult or yell at each other.	3.78	4.17	0.40	10.6	<.001

³⁴ This may be a function of the relatively young ages of the children in the families of SFP Torrington; families may have not yet reached a stage where they need to address alcohol and drugs.

We do not fight a lot in our family.	3.91	4.29	0.38	9.7	.001
People in my family do not have serious arguments.	3.81	4.14	0.33	8.7	<.001
Our family has clear rules about alcohol and drug use.	4.34	4.43	0.09	2.1	NS

Table SFPT-3: Family Strengths and Resilience Subscores (N=58)

Family Strengths/Resilience	Mean Then	Mean Now	Mean Change	Percent Change
Effective Discipline Style	2.88	4.26	1.38	47.9
Family Organization	2.93	4.21	1.28	43.7
Emotional Strength	3.05	4.29	1.24	40.7
Positive Communication	3.19	4.40	1.21	37.9
Effective Parenting Skills	3.12	4.24	1.12	35.9
Knowledge and Education	3.34	4.41	1.07	32.0
Family Unity	3.33	4.40	1.07	32.1
Spiritual Strength	3.33	4.38	1.05	31.5
Social Networking	3.28	4.19	0.91	27.7
Positive Mental Health	3.40	4.28	0.88	25.9
Family Supportiveness	3.60	4.45	0.84	23.3
Physical Health	3.40	4.19	0.79	23.2

Overall family strengths/resilience significantly increased following participation in the SFP (Then=Pre-test, Now=Post-Test). The examination of areas of potential change within overall family strength/resilience revealed that families are gaining strength across multiple areas and some of this information reiterated what was seen in the parenting skills section of the parenting questionnaire (Table SFPT-3). *All increases were statistically significant* ($p < .001$) and support the acquisition of new skills, behaviors, and general capacity. For example, parents reported having more effective parenting skills (percent change=36%) including more effective discipline style (percent change=48%). Parents also reported better family organization (percent change 44%). In addition, parents reported that their families have more emotional strength (percent change=41%).

I. Common Outcomes Data - Youth

Twenty-seven youth have completed the common outcomes surveys in English. Youth responses were largely unanimous. All youth respondents reported that the program helped them, with equal proportions almost all reporting it good/excellent (94%) and 6% reporting that it was fair. Similarly, most reported that they would recommend the program to a friend (85%) and would return to talk with someone on the program staff in the future if they needed help (93%). These strong figures suggest the program was very helpful and supportive.

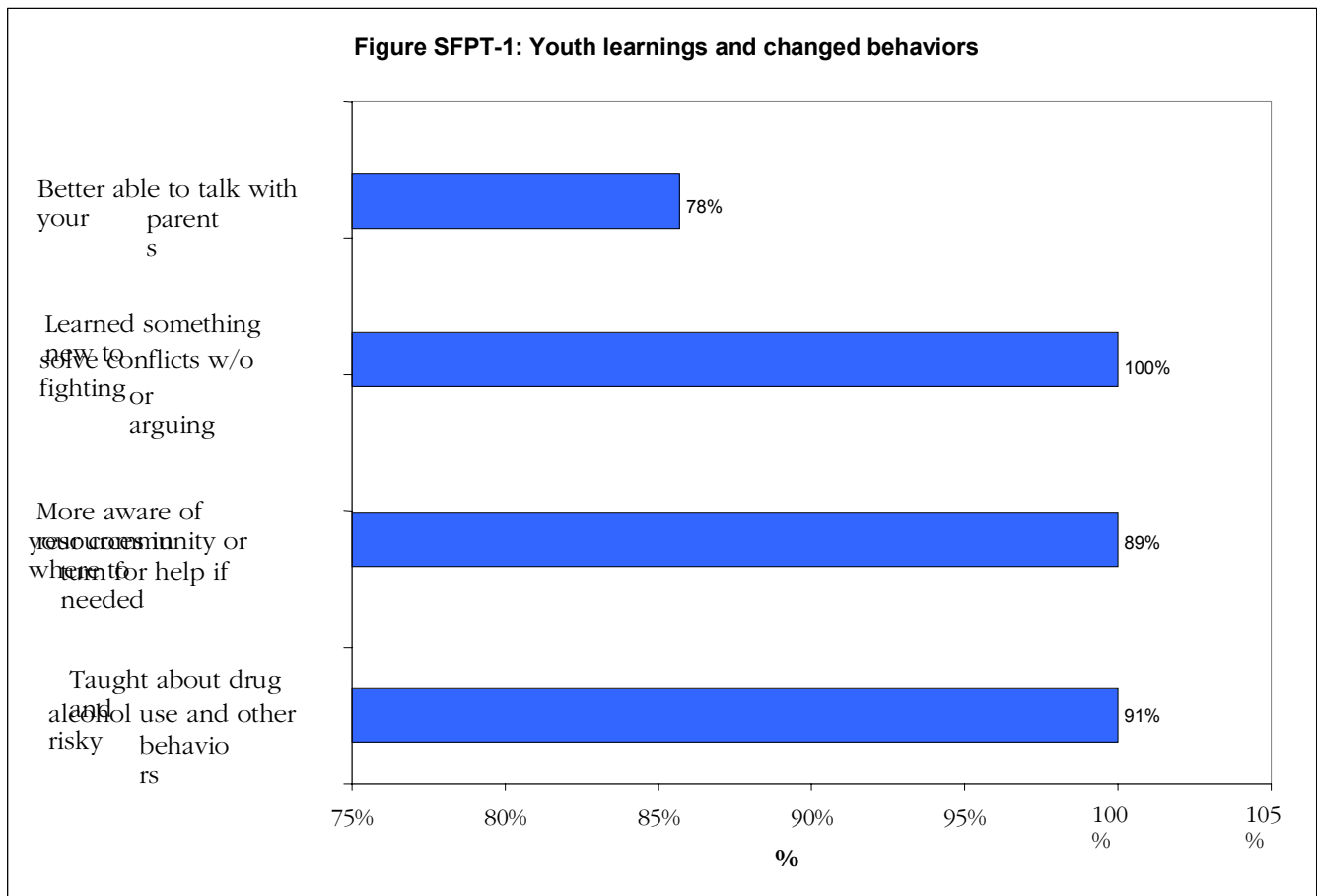
What youth reported they liked about SFP-T:

Learning – 30
 Community – 37%
 Goal-setting – 30%

All but one youth reported positive change in how their family does things together (96%), with families spending more time together (92%), being more relaxed together (83%), and having

more fun together (83%). These rates are higher than those reported in the previous report however the previous sample contained only 7 observations. One youth did report negative family changes in all areas.

Over three-quarters of youth reported learning in the program (56% a lot and 22% some). Youth changes in knowledge were marked (Figure SFPT-1), with all youth reporting new conflict resolution skills, knowledge about alcohol, drug and other risky behaviors, and increased awareness of community resources. The large majority of youth (78%) also reported learning something new about their parent and being better able to talk with their parents.



I. Common Outcomes – Parents

Some fluctuation in parent and family change was observed compared to the previous evaluation report but still strongly positive about the impact of the program on family members.

A total of 51 parents completed the common outcomes survey; twelve parents (24%) completed it in Spanish. All parents reported that the SFP did a good/excellent job meeting their family’s needs and that they would recommend it to a friend.

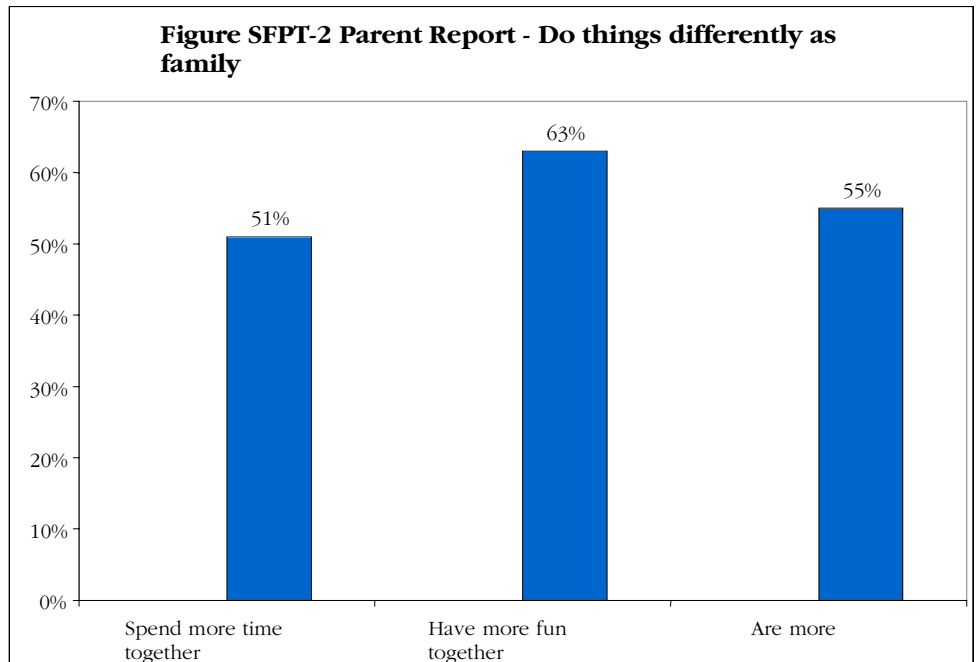
What youth report learning in SFP-T:

- Conflict resolution - 81%
- Self-regulation - 63%
- Communication - 74%
- Community - 30%
- Goal setting/life planning -

In addition, 96% of parents say they would return to talk with someone in the program if their family needed help in the future.

The majority of parents (89%) report that SFP supported them in their role as parents. In terms of impact on parenting, just over two-thirds of parents (68%) reported doing something different as a parent since being in the program (this is an improvement over the previous evaluation report finding; please note that the program-specific instrument indicated a significant improvement on the parenting scale with a mean change of 20.48). It may be an underestimate of changes since the percent of parents that endorsed specific activities (85% better able to talk with child generally and 73% specifically better able to talk about risky behaviors) remains higher. The majority of parents learned something new about their child (83%) and slightly more parents (89%) learned more about available resources in their community.

Almost two-thirds of parents reported that they had changed how the family does things together (62%). When asked about specific areas of change, estimates were in the range to 51-63% (Figure SFPT-2).



Strengthening Families Torrington Enrichment Activities

It is not only evidence-based curricula that are used to bring about changes in youth and families. Over the course of the program (April 2005-June 30, 2008), the Strengthening Families team has conducted 13 enrichment activities³⁵ which were attended by 223 SFP youth and 197 family members³⁶. These have included parties for youth and families such as baseball games, the annual Halloween party and Holiday celebration, as well as “booster” sessions which have included families that have not yet gone through SFP.

“Stories” from Strengthening Families Torrington

³⁵ Please note: Series count as one enrichment activity in the table.

³⁶ Please note: These counts are NOT unduplicated. Persons are counted multiple times if attended multiple activities. In addition to the issue of the feasibility of generating unduplicated counts, this measure allows programs to also take into account people attended multiple events over time which is an important part of forming a sustained relationship with the agencies involved in the SFP program.

The numbers from SFP Torrington do not tell the story of the many stresses of the families involved in the program. Their stories reveal the skills learned by parents and positive changes observed in their children.

Story 1: “M. (Mom) and her family were referred to the Strengthening Families program through DCF. Their middle child was reporting to school with very poor hygiene, was lonely, bullied and had very poor social skills. This family of five started well and then their attendance fell off. A call to their social worker revealed that this is typical and we needed to push. We reiterated the expectations of the program and let the family know they were missed. They returned and worked harder than ever. In a home where yelling and cursing used to be the norm, there is now peace. Mother and father report that because they now use the steps outlined in this program to deal with conflict, the children have a clear understanding of the house rules and expectations. Dad now has a much more significant role in disciplining and J. (the middle child) now feels as though her family members love and value her. She has made friends and is much happier in school. She even performed a song at the graduation! This family is really looking forward to their YMCA membership.”

Story 2: “M. and her children; A., N., and J. are involved with our Spanish speaking cohort. M. reports that homework time with A. was so stressful that every night it would end with yelling and tears. M. employed the techniques of SFP especially with regard to her own stress management and discipline techniques and has seen drastic differences in her home. Both M. and A. say that evenings go much more smoothly now. A. still gets upset when she doesn't understand something that she is assigned, but M. has changed how she reacts to her. Now, she takes a break when she needs to and is her daughter's cheerleader until she can master the skill. N's report card reflects this change and she proudly presented it at SF the week it came out. “

Story 3: “L. and S. were involved in an earlier Spanish speaking cohort with their mother P. They had been living in the Woodland Hills housing project for more than a decade. P had struggled mightily with managing her addiction and with parenting effectively. They are one of our favorite success stories. P moved her family to a home away from the neighborhood that would too often lead to relapse. She is working, going to the YMCA with her children and attends all of our booster sessions. S continues to thrive in school, chorus and is involved in other groups at McCall Foundation as a participant as well as volunteer. L just turned 16 and works as a babysitter in our current Spanish speaking cohort. She just made the honor roll for the fourth consecutive term. This family originally joined our program at the behest of S... who was 10 at the time.”

Story 4: “J and D have five children under the age of 9. They were referred to us through the local DCF investigations unit. There were allegations of D disciplining his children too harshly. Both D and J speak Spanish as their first language, however, they are bilingual. Initially they decided to take the English speaking class because it worked better with their family's schedule. However, during the intake interview with both instructors, D talked about the way he was raised. He shared that corporal punishment is what kept him on a positive track when his friends turned to drugs and crime. One of the SF facilitators was able to relate to some cultural differences in discipline and began talking with D about alternatives that would help his children to be respectful, honor his culture, and also stay within the law. They are active members of our Spanish speaking cohort and have not missed a class. The DCF case was subsequently dismissed, however, this family chose to remain members of the SFP because they were learning so much and seeing the benefits at home.”

Strengthening Families Torrington Summary:

Findings:

Similar to the previous report, families in the SFP Torrington showed substantial improvement in parenting, family strength/resilience and child conduct/self-regulation and depression. Common outcome data continue to support these important changes. Once graduated, McCall continues to provide positive youth development activities to SFP youth by inviting them back to assist with the delivery of the program.

In order to increase the participation of Spanish-speaking families in accordance with the recommendations of the last evaluation report, McCall Foundation partnered with Susan B. Anthony Project, which works with victims of domestic violence/sexual assault in the Northwest corner of Connecticut. Through this partnership as well as contact with families who has been through SFP, an evening booster session had 80 participants. There have not been any problems filling the Spanish sessions following this session. McCall plans to maintain this successful collaboration.

Recommendations:

- 1) Continue to partner with Susan B. Anthony and other local programs to recruit new families;
- 2) Submit a presentation to a national conference on family strengthening.

c. FAST (Families and Schools Together)³⁷

Goal as stated by the developer: To improve child behaviors and academics, family closeness and community involvement, and parental school involvement & self-sufficiency by developing family bonds (internal and external), parenting skills, child coping & decision-making skills

Numbers served between April 2005 and June 30, 2008³⁸

Program	City/Town	Program Type	Total Attendance	Number of families	Number of children < 18
FAST	Bridgeport	Family	99	26	61

FAST (Families and Schools Together) is the second of three youth development programs offered in Bridgeport. FAMILIES and SCHOOLS Together bring together ten to twelve families in a multi-family group facilitated by a team of school and community based providers. The FAST night is an opportunity for families to learn to ‘enjoy’ their time together, make new connections to other families, and improve the relationships between parents and children. FAST provides tools for parents to take leadership of their families, their lives and to support their child’s educational progress. Based on feedback from the previous evaluation report, the FAST program was discontinued at Roosevelt School and started at Cesar Batalla School. The school environment was felt to be more supportive and its families a better match for the program. The data in this report come from both Roosevelt and Cesar Batalla families³⁹. There have been ongoing challenges in dealing with the FAST developers, but the turnaround and format of the last FAST report had greatly improved. Issues around flexibility and guaranteed payment remained even following the move to Cesar Batalla; FAST would not be flexible about delivering training according to the established schedule if 100% payment had not been received from the City of Bridgeport and processed in advance.

I. Program-Specific Data

Table FAST-1: Family Environment Scale (N=21)

	Pre-Program	Post-Program	Percent Change
Cohesion	6.84	7.67	+12%
Expressiveness	5.13	5.19	+1%
Conflict	3.52	1.97	-44%
Total Relationship	8.45	10.89	+29%

The FAST program measures familial relationships using four scores – cohesion, expressiveness, conflict and total relationship. Better scores are characterized by higher numbers for the cohesion and expressiveness scales, and lower numbers for the conflict scale. Conflict significantly decreased post-program and total relationship improved.(Table FAST-1).

³⁷ Trends will be discussed in the pre- and post-program data given the small numbers of families involved.

³⁸ The period April-June 30, 2005 was the start-up period, although the specific length of start-up varied by program.

³⁹ Initial review of the new data did not reveal major differences preventing them from being combined into one dataset.

Table FAST-2: Parent Self-Efficacy and Support (N=21) (Parent Self-report)

	Pre-program	Post-program	Percent change
<i>Parental Self-Efficacy</i> ⁴⁰			
Nurturance Efficacy	4.19	4.32	+3%
General Efficacy	3.71	3.72	+< 1%
Social Self-Efficacy	3.49	3.51	+1%
<i>Parental Social Relationships</i> ⁴¹			
Community Social Relationships	7.26	7.99	+10%
Relationship with FAST child	6.92	8.11	+17%
Total Soc Relationships	7.03	8.04	+15%
<i>Parental Social Support</i> ⁴²			
Tangible Support	1.57	1.77	+13%
Affectionate Support	2.11	2.11	<-1%
Emotional Support	1.81	2.00	+10%
Total Support	1.80	1.93	+7%
<i>Reciprocal Support with Other Parents</i> ⁴³			
Support provided	1.14	2.25	+97%
Support received	0.75	1.53	+105%

Measurements of parents revealed variable program impact. While no change was observed in parent self-efficacy, the parent relationship with the FAST child, and social relationships improved following program participation (Table FAST-2). The largest change is in both support provided and received by other parents in the program (both measures approximately doubled). While parent scores improved significantly (with the exception of parent school involvement), no teacher measures of parental involvement in education changed appreciably over time although measures are going in the anticipated direction (more parent-to-school contact, less negative reports about the FASTchild) (Table FAST-3).

Table FAST-3: Parent Involvement in Education

(N=17)	Parent Pre-program	Parent Post-program	Percent Change
Parent School Involvement	2.21	2.37	+7%
Parent-to-School Contact	1.51	1.76	+17%

⁴⁰ Self-efficacy scores range from 1 to 5, where 5 is the highest level of efficacy. It is defined as the parent's sense of personal effectiveness.

⁴¹ Social relationships scores range from 1 to 10, where higher scores indicate stronger relationships

⁴² Social support scores range from 1 to 3, with higher scores indicating stronger social support.

⁴³ Reciprocal support scores range from 0 to 15, with higher scores indicating more support. Examples of support include help with babysitting, carpooling, sharing feelings, and getting together socially.

School-to-Parent Contact	1.61	1.76	+10%
Total Parent Involvement	1.79	1.98	+11%
(N=19)	Teacher Pre-program	Teacher Post-program	
Relationship with parent	4.12	4.33	+5%
Teacher contact with parent	2.51	2.67	+6%
Parent Involvement in School	3.70	3.85	+4%
Negative Report about child	2.21	2.06	-7%

The strengths and difficulties of the children were rated by parents and teachers with little agreement about levels and change in individual items over time. This is often the case between parent- and teacher- reported behaviors in children as they observe them in different contexts and have different reference points. For example, parents reported an increase in peer problems (+13%), while teachers reported a decrease (-15%). There is some evidence here that it is perhaps a question of labelling the changes observed in the children attending FAST. For example, parent-rated conduct declined 20% without a drop in teacher-rated conduct, however teacher-rated prosocial behaviors increased 20% without only a 5% increase reported by parents (Table FAST-4). A larger increase in emotional symptoms was reported by teachers (increase of 19%) than by parents (7%).

Table FAST-4: Strengths/Difficulties of Children⁴⁴

	Parent Pre-program (N=20)	Parent Post-program (N=20)	Percent change	Teacher Pre-program (N=21)	Teacher Post-program (N=21)	Percent change
Prosocial Behaviors	7.00	7.35	+5%	5.00	6.00	+20%
Emotional symptoms	2.15	2.30	+7%	1.46	1.76	+19%
Conduct Problems	4.05	3.25	-20%	3.86	3.81	-1%
Hyperactivity	4.75	4.25	-11%	5.67	5.33	-6%
Peer Problems	3.00	3.40	+13%	2.95	2.52	-15%
Total Difficulties	13.95	13.20	-5%	13.95	13.43	-4%
IMPACT	2.47	2.05	-17%	3.95	3.48	-12%

Table FAST-5: Summary of Qualitative Data (N=20)

	Average
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⁴⁴ Scores for strengths and difficulties range from 0 to 10, higher scores for strengths correspond to positive behaviors while lower scores for difficulties correspond to less difficult behavior. Score for total difficulties ranges from 0 to 40. Total impact measures the impact of difficult behaviors on child's daily life and ranges from 0 (no or little impact), whereas a score of 1 or 2 indicates moderate or high impact.

Parent satisfaction (1=very dissatisfied, 10=very satisfied)	9.1
Relationship with other parents (1=poor, 10=excellent)	9.3
Relationship with parent partner (1=poor, 10=excellent)	9.3
Relationship with school partner (1=poor, 10=excellent)	9.2
Relationship with community partner (1=poor, 10=excellent)	8.9

The qualitative data show that the parents had a high level of satisfaction with the program as well as very good relationships with other parents in the program and all program partners (Table FAST-5).

Parents reported what they liked most about the program was: the parent group, advice, sharing with other families, building new friendships, quality of time spent with family, FAST activities, and special play. Parents reported what the children liked most was: meeting new friends, playing with other children, sharing time with their parents, serving their parents dinner, and FAST activities.

Although still relatively low, the sample size available for analysis has doubled since the previous evaluation report. More positive changes in children and parents were observed within the FAST data than in the previous evaluation report. This may be due to increased sample and/or movement to a school with greater family engagement. There appears to be decreases in family conflict (-44%) and parent-rated conduct (-20%) and increases in family relationship (+29%), social support given (+97%) and received (+105%) among parents in FAST, children’s teacher-rated prosocial behavior and emotional symptoms (+20% and +19 respectively). Lack of change in parental self-efficacy remains a concern.

II. Common Outcomes Data – Youth

Fifty-seven youth completed the common outcomes survey. The majority of youth perceived the FAST program as very helpful (good/excellent=87%). As expected given the degree to which the youth reported that they found the program helpful, the majority would recommend it to a friend (91%) as well as return to speak with program staff if they needed help in the future (84%).

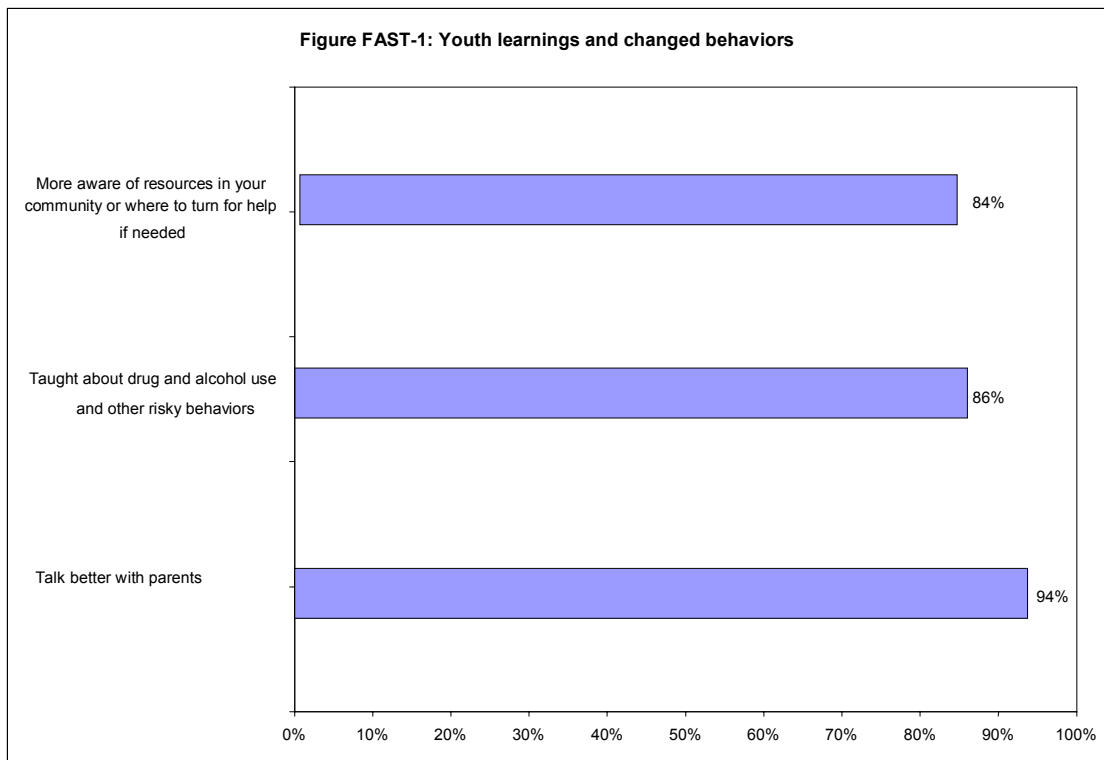
What youth reported they liked about FAST:

Learning – 25%
Community – 30%
Goal-setting – 11%

With respect to their family, the majority of youth reported that there had been changes in how the family does things together (88%). Specifically they are perceived to spend more time together (67%), have more fun together (72%), and be more relaxed together (57%). One youth reported their family spending less time together, having less fun, and being less relaxed while two reported having more conflict. Changes in youth knowledge and behaviors were also reported by the majority of youth (Figure FAST-1).

What they report learning In FAST:

Conflict resolution - 63%
Self-regulation - 39%
Communication - 49%
Community - 28%
Goal setting/life planning - 12%



II. Common Outcomes – Parents

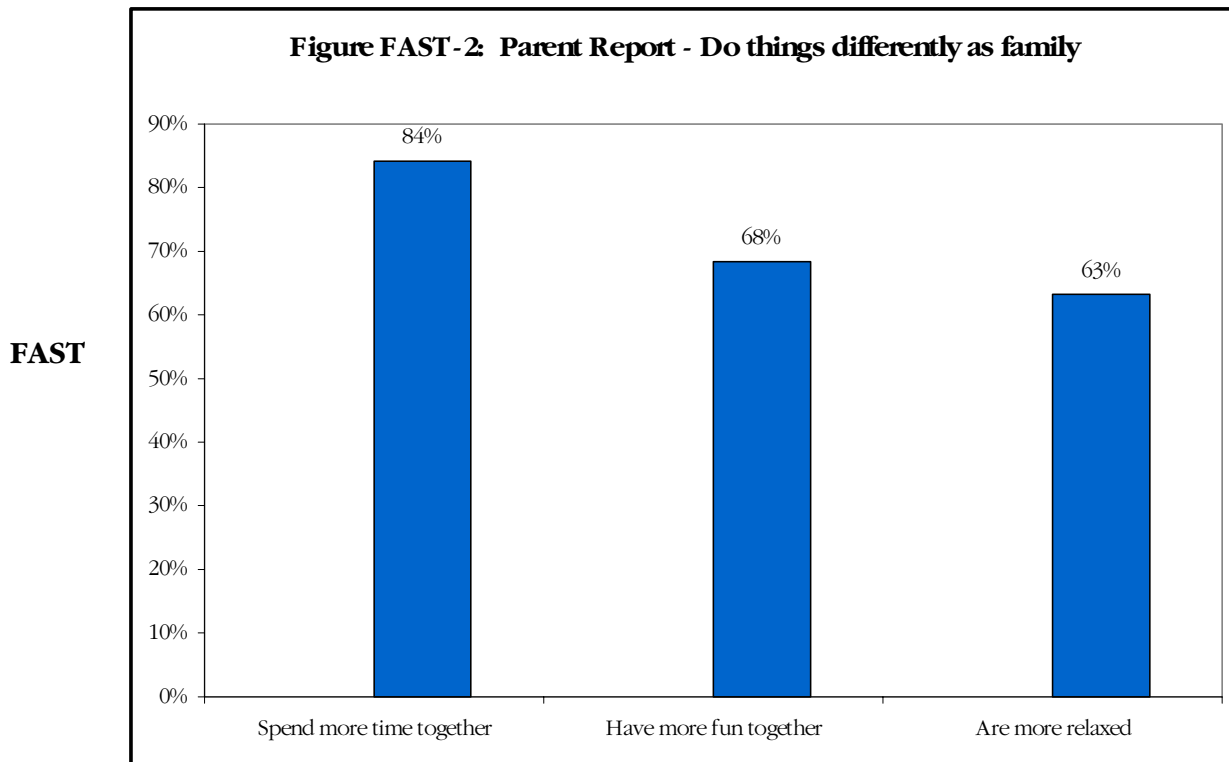
The findings for FAST parents were similar to those reported previously.

A total of 19 parents completed the parent common outcome survey; eight parents (42%) completed the survey in Spanish. The families were predominantly Latino (74%) and the remainder Black. There was a higher than average participation rate for males (39%).

All parents rated the program excellent/good at meeting their needs/helping their families. As expected, they all would recommend it to a friend. All parents reported they would return to program staff in the future if their family needed help.

In terms of support to parents (in their role as parents), all parents felt supported and were more aware of community resources. The majority of parents (83%) reported doing something different as a parent since being in the program (Figure FAST-2). Almost all parents reported being better able to talk with their child (94%), with 83% being able able to talk about alcohol, drugs and other risky behavior.

Family changes were reported by 82% of FAST parents. Although this rate is higher than reported in the previous report (70%), specific ways in which things had changed were less likely to be endorsed. The majority of parents reported more time spent together as a family (84%), two-thirds reported more fun together (68%) and slightly less reported they were more relaxed together (63%). (Figure FAST-2).



Enrichment Activities

FASTWORKS, a program whereby graduated families attend monthly meetings together for two years, is part of the FAST model. For the purposes of this report, we are including it as FAST’s enrichment activity in order to get a sense of the number of activities/outings undertaken by FASTWORKS. Nine activities/ outings were undertaken thus far, with 93 FAST children and 46 family members attending (not unduplicated counts). These activities have included: trips to the Barnum Museum, Peabody Museum, Beardsley Zoo, Lake Quassy, roller-skating rink, and Seaside Park(picnic) as well as a Christmas party and arts and crafts session.

“Stories” from FAST

There have been relatively few families served by FAST and the quantitative data have not been as compelling as the other two family strengthening programs in the PYDI. The stories of families that have participated in FAST reveal complex issues (such as family disruption involving child relocation in the foster care system and mental illness in both parents and children) and the important role FAST has played in these families’ lives.

Story 1: “An 11 year old Hispanic boy was referred to FAST by his school teacher. At the time of the initial referral he was living with his mother. By the time the intervention began he had been removed from his birth family and was living with a foster mother who had multiple

children. The foster mother agreed to participate with E as the FAST child and brought another 12 year old girl with her. At the initial meeting E looked sad and quite unattached to his foster mother. By the last session his mood was bright. He and foster mother seemed connected and his artwork took a significantly positive turn. Our 'community partner', who had worked for DCF for over 12 years, observed that FAST was quite helpful in facilitating an "engagement" process between this boy and his foster mother - without treating the foster mother or boy like patients. She kept very good notes on this dyad and collected the boys' artwork. We are planning to present this experience to DCF as a possible utilization of FAST to "prevent" disruptions."

Story 2: "This family arrived from another state where they lived for a couple of months. Prior to this the family lived in Puerto Rico. This family was referred to me [FAST team member] by the nurse practitioner of the Wellness Zone during an entry physical exam. Mother has history of bipolar disorder and FAST Child L has history of multiple foster homes in P.R. due to mother's condition and has history of violence and anger. In Puerto Rico mother sought help for L with at a local community health center, where the psychiatrist prescribed "Abilify" for about a month. During physical exam, the nurse practitioner referred the family for case management services as they were new to area and for our Families and Schools Together Program. L. was hospitalized twice at Hall-Brooke for violent episodes during the FAST cycle. Mother called the police as L was out of control and violently angry, breaking windows, trying to physically assault family members. During the first time of L hospitalization, mother called me and asked if it was ok for her and her family to come to FAST night even though the FAST child, L. won't be there as he's at Hall-Brooke. She said she and her family need to come as she and her husband feel support, comfort and a time to relax. I was blown away!! And explained to her the importance of her coming with her family as L seeks treatment at Hall-Brooke. During this time, the FAST community (Family Services Woodfield) team member was the primary team member supporting this family and case managing the mental health piece. She coordinated with the hospital's social worker regarding the best course of action for the family and linkage to outpatient program. She linked the family to Catholic Family Services as FSW has no Spanish speaking clinician. Other services were rendered to the family such as transportation, food referrals, linkage to summer camps and assistance with employment. As a result of a team effort this family is receiving continuous mental health services for L which he is stable seeking treatment and on meds, mother is smiling more as she has found employment and children have made friends during FAST and at summer camp."

FAST Summary:

Findings:

Compared to the previous report, FAST had a larger impact on parent and family outcomes, potentially due to an increase in sample size as well as its implementation in a new school. Installation at Cesar Batalla School, where the atmosphere is more conducive to implementation, was a good move for FAST. Selection of a new coordinator and team-building work before the start of the program were also positive actions taken to improve the program. The increased amount of program-specific data available suggest that FAST is decreasing family conflict, while increasing support (within group and family relationship), and improving children's strengths/difficulties (parents report decreased conduct, teachers report increased prosocial behavior and emotional symptoms). However, FAST is not changing many other constructs measured in their extensive evaluation tools, including parental self-efficacy. While these data

are stronger than in the previous report, the common outcomes continue to paint a better picture of outcomes. The common outcomes data suggest that the majority of youth, parents and families are benefitting from FAST in terms of improved knowledge (of resources, conflict resolution skills, risky behaviors) and behaviors (doing things differently as a parent, talking with children, doing things as a family).

Recommendations:

- 1) Create separate English and Spanish cohorts;
- 2) Better emphasize the importance of parental involvement in education and/or strengthen the profile of the school partner of the FAST team to potentially increase the level of parental involvement at school;
- 3) Provide audience-appropriate information about child behaviors and problem (including concrete examples) to increase parent knowledge; and
- 4) Increase the activity level of FASTWORKS through incentives and support; this may happen naturally given the high levels of mutual support observed at post-test which are largely due to the Cesar Batalla cohort.

2. Youth Programs

a. PATHS (Promoting Alternative Thinking Strategies)

Goal as stated by the developer: To develop essential skills in emotional literacy, positive peer relations, and problem solving

Numbers served between April 2005 and June 30, 2008⁴⁵

Program	City/Town	Program Type	Total Attendance	Number of families	Number of children < 18
PATHS	Bridgeport	Youth	704	N/A	704

In the city of Bridgeport, a universal intervention, PATHS (Promoting Alternative Thinking Strategies) is provided to all preschool through fifth grade Roosevelt students. PATHS is a model violence prevention and resilience-enhancing curriculum which is taught by classroom teachers with the support of the PATHS coordinator multiple times a week. The goals of PATHS are to reduce aggression, improve attention and concentration, as well as improve social-emotional competence. PATHS lessons are grade-specific and build from year to year on the idea of stopping to consider one's actions and determining better follow-up actions to improve consequences for self and others.

II. Program-Specific data

PATHS Teacher Ratings were collected for kindergarten through 5th grade⁴⁶. The four subscores (aggression, dysregulation, attention, and emotional competence) were examined overall, by grade, and by gender using three years of data (School years 2005-2006, 2006-2007, 2007-2008). Two types of successes were considered: subscore change and maintenance of "good status" (defined as 85% percentile score).

There were significant changes in three PATHS subscores: aggression, attention and emotional competence in the overall sample (Table PATHS-1). ***While both attention and emotional competence significantly increased in the expected direction (positive finding), aggression significantly increased over time⁴⁷ (negative finding)***. With respect to gender, both males and females had significant improvements in attention (positive finding) and increases in aggression (negative finding). Females also had an accompanying significant increase in dysregulation (emotional lability) (negative finding) while males had significant increases in emotional competence (positive finding). Only the amount of change in dysregulation was statistically different between males and females ($p < .05$); females had a statistically significant *increase* in dysregulation while males had no change. With respect to race, only the scores of Black and Hispanic students were compared since these two groups formed 88% of the sample. Both Black and Hispanic students showed significant increases in aggression (negative finding), attention and emotional competence (positive findings). The

⁴⁵ The period April-June 30, 2005 was the start-up period, although the specific length of start-up varied by program.

⁴⁶ Please note that not all teachers participated. Teacher participation rates were higher for the lower grades (K and 1st grade).

⁴⁷ Compared to the 2007 report, smaller changes were observed; this is not surprising since more older children were added to the sample and older children had smaller changes than younger students.

change in dysregulation was only significant in Hispanics. There were no statistically significant differences between the two groups.

Table PATHS-1: Mean changes in PATHS scores⁴⁸ (N=647)

Sample	Aggression	Dysregulation	Attention	Emotional Competence
Overall (N=480)	.1393***	.0474	.1159**	.1197**
Male (N=345)	.1094*	-.0313	.1244*	.1808***
Female (N=289)	.1829***	.1421**	.1094*	.0446
Black (N=287)	.1700**	.0446	.1186*	.1198*
Hispanic (N=280)	.1275**	.0806*	.0962*	.1120*

Table PATHS-2: Mean changes in PATHS scores by grade

Grade	Aggression	Dysregulation	Attention	Emotional Competence
K (N=108)	.0747	-.0917	.2626**	.3083***
1 st Grade (N=174)	.2234***	.0046	.2250**	.3881***
2 nd Grade (N=105)	.1730*	.1045	-.1042	-.1615*
3 rd Grade (N=82)	.1411	.2134	-.1319	-.0516
4 th Grade (N=107)	.0625	.0502	.1519	.0890
5 th Grade (N=70)	.0950	.0842	.1871	-.1669

NB: Significance level is indicated as *p<.05, **p<.01, *** p<.001

With respect to grade-specific changes, the impact of PATHS on emotional competence was significantly stronger in the lower grades (K and 1st grade) (Table PATHS-2)⁴⁹ However the decrease in sample size in the higher grades requires that we interpret the grade-specific findings with caution. In the higher grades, there was less teacher compliance with the completion of the PATHS rating forms. Although the developers conceived PATHS as a cumulative program, there are many realities in its current school (and city) which interfere with this process including: 1.) student movement/transience; 2.) administrative/teacher turnover; 3.) heterogeneity in teacher's level of comfort with teaching curriculum (higher comfort level in lower grade teachers; lower grade teachers have had greater access to training); 4.) fourth grade teachers going through period of resistance to PATHS; and 5.) the fact that calming down is the most difficult skill to teach children (PATHS teacher have reported).

Maintenance of Good Status

Since children may have sufficient skills as to not warrant change, a second manner of examining successes in PATHS involved the use of cut-off scores (85th percentile) to create groups of students not requiring change. Due to scoring differences for the PATHS subscores,

⁴⁸ Change scores were created by subtracting pre- from post scores; individual items are rated 0 (almost never) to 5 (almost always) (reverse scored items are "corrected" prior to calculation of subscores; subscores are divided by the number of items)

⁴⁹ Overall comparisons by grade done by ANOVA with Scheffe post-hoc tests. (Changes in aggression F=.672, d.f.=5, NS; Changes in dysregulation F=1.36, d.f.=5, NS; Changes in attention F=3.57, d.f.=5, p<.01; Changes in emotional competence F=8.92, d.f.=5, p<.001; Scheffe: Both Kindergarten and Grade 1 were significantly different from Grades 2 and 5, Grade 1 was also significantly different from Grade 3.

these were set at $\leq .75$ for aggression and dysregulation and ≥ 4.25 for attention and emotional competence. It was thus determined that the proportions of youth in the “good” group at baseline (start of school year) and follow-up (end of school year) were low for dysregulation, attention and emotional competence (Table PATHS-3). Comparatively, more students had “good” scores on aggression (e.g. low aggression) at pre and post-test. This is similar to what was found in the 2007 evaluation report.

Table PATHS-3: Number and percents of youth scoring in 85th percentile (“good” scores)

	“Good” at Time 1	“Good” at Time 2
Aggression	40%	32%
Dysregulation	19%	16%
Attention	13%	11%
Emotional Competence	15%	12%

PATHS Enrichment Activities

Over the course of the program (April 2005-June 30, 2008), the PATHS team has conducted 21 enrichment activities, primarily for youth (1194 attended). Activities have included conflict resolution groups, field trip and participation in other activities such as the Gift of Friendship Assembly, Magical World of Literature, and Violence Prevention Week through the distribution of “Caught Being Good” awards. One hundred-thirty family members have been involved in these activities (largely through “Turtle Teas”). For a smaller subgroup of children, there are Turtle Teas where kindergartners are selected as very proficient in PATHS and their parents are invited to a small group “tea”, where parent and child can spend time together celebrating something positive about the child and refreshments are served.

“Stories” from PATHS

As PATHS is a universal prevention curriculum implemented in a school classroom setting, the stories of children experiencing PATHS are diverse as the students themselves. From this selection, we see PATHS additional work on aggression through its anger management groups, its incorporation of literature, and examples of children expressing their feelings more appropriately.

Story 1: O is an 8 year old second grader who was referred to our boys’ anger management group conducted by the SBHC (School-based Health Center) social worker and PATHS Coordinator. O has shown that he is capable of doing well academically. He is however; very sensitive and once triggered he can become very oppositional. He can also become verbally and physically aggressive. The language and activities used within the group were PATHS based. For our last group session we invited the children’s parents to participate in our celebration as well as to learn what we have been doing. O’s father attended. At the end of the session he thanked us for assisting his son in learning these new skills. Two weeks later O’s mom came to me and thanked us for working with her son. She reports that he continues to do better at home and at school. She reports last week when she picked up her son from the after-school program the teacher from that program approached her and said that she had seen an improvement in O’s behavior. When the child was asked about his improvement, he said “Because I can choose to behave good!” This saying was one of our group mantras!!

Story 2: One 5th grade teacher has particularly enjoyed the PATHS literature in her class. The PATHS Coordinator read “Charlotte’s Web” with the class utilizing the PATHS book outlines which integrates the Control Signal poster with the story. The children were able to make these connections and make “story summary sentence strips” and they built a Stick Puppet Theater where they eventually enacted “Charlotte’s Web”.

Story 3: S. is a four year old male in the afternoon pre-school class. He has recently transferred from another city. The teacher reports that, although he doesn’t speak much in class, she “senses” that he has adequate language. He often is resistant to cooperating with the task in class and could have trouble getting along with others. As I opened the door to enter the classroom S was lying across the threshold in such a way that I had to “step over” him to enter the classroom. The staff in the room immediately became concerned with his position but I nodded to them, stepped over his body and told him that I was happy that he came to school today. The staff (3) wanted to tell me of S’s difficult day. But, I chose to get started with the lesson that I had planned. Out came the curriculum’s puppets to begin the lesson on “We all have feelings”. This lesson is designed to show the children that babies, children, adults, males, females, etc. have a variety of feelings. This lesson closes with the students choosing a picture of someone’s face, stating how they think that person feels and then sticking that picture to a poster board called “We all have feelings”

I praised those children who were sitting on the rug, for those who were participating etc. Within minutes S was rolling and crawling his way over until he was hiding behind his teacher (who was paying attention to the lesson). When we made eye contact I offered him a smile. As the lesson continued I gave S an opportunity to participate and positively reinforced his participation along with the others. I ignored or redirected his and others’ negative behavior. By the end of this 15 minute lesson S was sitting appropriately on the rug sharing with the class that he feels sad when he had to leave his mommy this morning.

PATHS Summary:

Findings:

While some differences were observed in subgroup comparisons, findings are largely similar to the 2007 evaluation report. PATHS had a greater positive effect on attention and emotional competence than on aggression and dysregulation. PATHS teachers report that calming down is the most difficult skill to teach children. Aggression significantly increased from pre- to post-test in the overall sample. The lack of control group prevents us from knowing whether this increase in aggression is less than the increase we would see without PATHS⁵⁰. Indeed, there is some evidence of substantial aggression increases during the school year in control groups in violence prevention evaluations⁵¹. Younger students did better in the area of emotional competence. There were no statistically significant differences between racial/ethnic groups. With respect to gender differences, only changes in dysregulation significantly differed by gender, with females having a more negative outcome.

⁵⁰ Starting this Fall, the PATHS project in the Bassick cluster of schools in Bridgeport (funded by the BOE) will include a control group.

⁵¹ Findings from another prevention program (Second Step) found a 41% increase in aggression in their control group of 2nd and 3rd grade students in matched schools [Grossman DC et al (1997) *Effectiveness of a Violence Prevention Curriculum Among Children in Elementary School: A Randomized Controlled Trial*. JAMA, 277, 1605–1611.] Based on program evaluator’s experience in Bridgeport, aggression is an important problem at all grade levels.

There were no common outcomes surveys on the school-based sample as it is a school-wide intervention without significant parent involvement. Parent involvement is largely limited to PATHS letters sent to all parents and invitations to “Turtle Tea” for a subset of parents whose kindergarteners were identified monthly as exceptional PATHS students (less than 5% of parents; some fathers did attend). Parents who attend “Turtle Tea” receive a brief education about PATHS and how parents use methods and reinforce behaviors at home.

Following the first evaluation report, the PATHS team implemented recommendations made by the evaluator regarding rolling-out teacher-led PATHS lessons. This change started to be implemented during the school year with a grade-wise roll-out starting with younger grades, thus freeing up some of the time of the PATHS coordinator to reach-out to parents as well as work on children’s group reading of literature tied to the PATHS curriculum.

Explanations for program findings in this report include: 1.) administrative turnover; 2.) teacher turnover; 3.) heterogeneity in teacher’s level of comfort with teaching curriculum (higher comfort level in lower grade teachers; lower grade teachers have had greater access to training); 4.) fourth grade teachers going through period of resistance to PATHS; and 5.) the fact that calming down is the most difficult skill to teach children (PATHS teacher have reported).

Recommendations:

- 1) In light of upcoming changes to the delivery of SBHC programs in the Bridgeport school system, determine the feasibility of continuing the program and the willingness to continue given the mixed results of the two evaluation reports to date;
- 2) Roll-out teacher-led PATHS lessons for all grades to improve fidelity to the model;
- 3) Train teachers on PATHS at a frequency that takes into account teacher turnover;
- 4) Strengthen the parent component through more systematic communication with parents through mailings so that they can reinforce PATHS lessons at home;
- 5) Create celebrations for older students and parents similar to idea of Turtle Teas to increase positive feedback for nominated students as well as parental participation in PATHS;
- 6) Focus on aggression including continuing to build on the collaboration with other school events and programs and providing more support (including training) to staff on de-escalating children;
- 7) Enhance administrator buy-in so the school can enforce the completion of PATHS teacher rating forms on all students receiving PATHS. This buy-in would need to be augmented through the involvement of the city’s Department of Education, who has integrated PATHS into its work in other schools in Bridgeport.

b. All Stars

Goal as stated by the developer: To delay the onset of or prevent high-risk behaviors in middle school-age adolescents by fostering positive ideals and future aspirations, positive norms, strong personal commitments, school and community bonding, and positive parental attentiveness

Windham Youth Services Bureau (WYSB) is a private non-profit agency under the umbrella social service agency of the Windham Regional Community Council. For the PYDI, they implemented the SAMHSA-recognized model program All Stars (Core and Booster) as part of after-school and summer programming designed to enhance social skills learning through practice opportunities. ALL STARS is a universal prevention program for lower middle school age children, which can be adapted for older youth. ALL STARS follows a 13-week cognitive skills building curriculum with a parental component that culminates in a community celebration. Parents are involved through their attendance at program graduations, celebrations, and field trips. The All Stars program has served youth and their families at two low-income housing developments, school and after-school settings. Through leveraging of funds, All Stars has been expanded in Windham by Weed and Seed funding from the Department of Justice.

Numbers served between April 2005 and June 30, 2008⁵²

Program	City/Town	Program Type	Total Attendance	Number of families	Number of children < 18
All Stars	Willimantic	Youth	161	N/A	161

I. Program-Specific Data

Pre-post data available from the duration of the program were merged to create this data summary (57 respondents)⁵³.

The All Stars questionnaire covers the following areas: 1) alcohol usage including drunkenness; 2) other substance use; 3) school, violent and sexual behavior; 4) normative beliefs about substance use and sex; 5) parental monitoring and communication; 6) beliefs and commitments; and 7) perceptions of groups.

Table AS-1 Alcohol & Cigarette Use

	Pre-test	Post-test
LT Alcohol Use	33%	21%
Alcohol Use in Last 30 Days	10%	10%
Been/felt drunk (LT)	17%	8%
Been/felt drunk in last 30 Days	4%	4%
LT Cigarette Use	18%	10%
Cigarette Use in Last 30 Days	6%	2%

⁵² The period April-June 30, 2005 was the start-up period, although

⁵³ As noted in the 2007 evaluation report, the number of available youth (who have completed the program) is the result of many factors including: youth dropping out of the program for a variety of reasons including leaving the LIFT after-school program, youth not having both a valid pre- and post-test, and youth not filling out the survey due to lack of time during the program session. The lost and gained youth are assumed to be similar (steady state situation).

n.

The reported reductions in *lifetime (LT)* use of alcohol and cigarettes as well as drunkenness observed from pre-test to post-test suggests a lack of reliability in reporting use (shift towards reporting not having used substances, as taught by the program) (Table AS-1). Reports for 30 day alcohol/cigarette use and drunkenness show no/little change [full table in Appendix 5 (Tables App-1 and App-2)].

There were low levels of use of marijuana, inhalants and smokeless tobacco at pre- and post-test which make it difficult to interpret trends (Table AS-2) [full table in Appendix 5 (Table App-2)].

There was little and inconsistent change in school behavior reported between pre- and post-test (Table AS-3). Similar to the observations in the 2007 evaluation report, being sent out of the classroom for bad behavior and violence were common. Violence remained the key issue for these youth. For example, rates of agreeing that fighting gets you respect are higher than reported in the last report (previously 12% pre-test and 6% post-test, now 20% and 23% respectively). There were high rates of being bullied at both pre- and post-test (37% and 32% respectively). However the perpetration of violence (pushing/shoving/ hitting/kicking and threatening to hit/hurt someone) by the program participants decreased slightly in frequency. These observations regarding the culture of violence mirror the experience of the schools and agencies in the town. During the school year, schools instituted measures to decrease fighting (e.g. staggered dismissal time for students of different grades) and met with parents to brainstorm about potential solutions.

Table AS-2 Other Substance Use

As expected, changes with respect to parents were mixed, with little change overall (Table AS-4). Given the rising profile of violence during the school year, it is not surprising to see an increase in parenting monitoring at the post-test with the addition of youth from Spring 2008 (“Parents always know what I'm doing when with my friends”). In the previous report, this remained stable at 83% at pre- and post-test.

With respect to normative beliefs about substance use and sex (i.e., proportion of people and friends who use substances, think substances are stupid vs. cool), there was little consistent change observed between the pre- and post-tests (Appendix 5 – Table App-3). This suggests little adoption of more positive norms. The small increases in pro-risk beliefs observed at post-test may represent their age group beginning to experiment with substances and sex.

	Pre-test	Post-test
<i>LT Marijuana Use</i>	2%	4%
<i>Marijuana Use in Last 30 Days</i>	0%	4%
<i>LT Inhalant Use</i>	6%	4%
<i>Inhalant Use in Last 30 Days</i>	2%	4%
<i>LT Smokeless Tobacco Use</i>	3%	0%
<i>Smokeless Tobacco in Last 30 Days</i>	2%	0%

Table AS-3: Behaviors of All Stars Youth (N=57)

	Pre-test	Post-test
Past year classroom bad behavior (sent out)	50.0%	43.2%
Past year skipped day of school	11.5%	15.7%
Past year skipped class	17.6%	21.6%
Last 30 days threatened hurt/hit someone		
No times	51.0%	61.6%
Once	19.6%	17.3%
Two or three times	15.7%	13.5%
Four or five times	3.9%	3.8%
More than five times	9.8%	3.8%
Last 30 days pushed, shoved, hit, kicked someone		
No times	51.0%	50.0%
Once	17.6%	15.4%
Two or three times	5.9%	21.1%
Four or five times	3.9%	5.8%
More than five times	21.6%	7.7%
Last 30 days someone bullied you		
No times	62.8%	68.1%
Once	13.7%	12.0%
Two or three times	5.9%	10.0%
Four or five times	7.8%	2.0%
More than five times	9.8%	8.0%
Had sexual intercourse	9.8%	15.4%
If fight, people will respect me*	19.6%	23.1%

* - Percentage is youth who strongly agreed/ agreed with statement

Table AS-4: Perception of Parents by All Stars Youth (N=57)*

	Pre-test	Post-test
Talked with parents living a drug-free life	82.3%	84.3%
Parents often talk with me about what they think is important	92.2%	86.6%
Parents and I talk together about what's important to me	92.2%	88.5%
Parents always know who I'm with	86.3%	86.5%
Parents know who my friends are	84.3%	82.7%
Parents always know what I'm doing when with my friends	73.0%	88.2%

* - Percentage of youth who strongly agreed/ agreed with statement

As seen in the 2007 evaluation report, there was an overall sense of little change in youth beliefs and commitments (Table AS-5). Exceptions are an increase in friends' awareness of youth's commitment to being drug-free and decision to not use inhalants. There is a sense of inconsistency in the responses of linked questions, which may be partially a function of reading level/comprehension. Although the sample size has increased, the interpretation of findings may be complicated by youths' potential lack of understanding of the lifestyle incongruence questions as well as a ceiling effect (high levels of belief/commitments) at pre-test. The issue of comprehension/literacy needs to be further addressed.

Youth perceptions of the All Stars group were also mixed (full table in Appendix 5 (Table App-4)).

Table AS-5: Beliefs/Commitments of All Stars Youth (N=57)*

	Pre-test	Post-test
Will have happier life if stay away from alcohol	96.2%	90.0%
Using marijuana would keep from accomplishing goals	74.8%	76.9%
Starting to use marijuana would harm quality of life	93.9%	90.4%
Smoking cigarettes fits with kind of life would like	12.0%	13.5%
Getting drunk now & then fits kind of life wanted	11.5%	12.0%
Sniffing would get in way of what's important	74.0%	66.6%
Willing to sign an alcohol pledge (not use)	84.5%	82.7%
Decided will not get high by sniffing	76.5%	86.5%
Promise not drink until 21 or not at all	76.4%	80.8%
Told at least one person don't plan to smoke	82.4%	88.5%
Clear to friends committed to living drug free life	80.4%	94.2%
Committed to settling arguments without physically hurting others	81.6%	77.4%
Made final decision to stay away marijuana	100%	94.1%
Decided will smoke cigarettes	12.0%	9.6%

* - Percentage of youth who strongly agreed/ agreed with statement

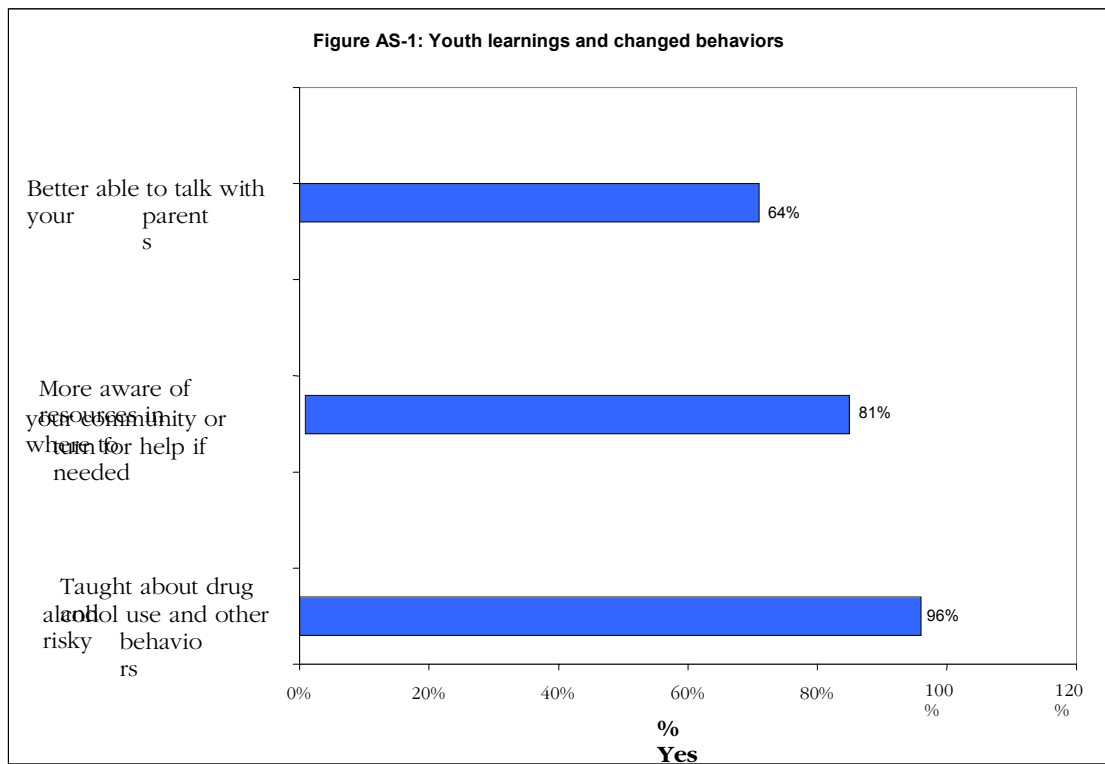
III. Common Outcomes Data – Youth

One hundred and six youth completed the common outcomes survey; 96% in English. The majority of youth reported that the program helped them (good/excellent=83%). The majority of youth also reported that they would recommend All Stars to a friend (82%). Two-thirds (64%) of youth reported that they would return to speak with someone on the All Stars program staff if they needed help in the future. These three statistics suggest that the All Stars program was helpful, well-accepted and supportive for the majority of participants.

What youth reported they liked about All Stars:

Learning – 41%
 Community – 59%
 Goal-setting – 30%

Figure AS-1 summarizes youth learnings and changed behaviors for the All Stars program. In terms of knowledge gained, almost all All Stars youth reported having been successfully taught about alcohol, drug and other risky behaviors (96%). Given that these are the foci of All Stars, this was expected. Substantial proportions of youth endorsed being more aware of community resources (81%), having new conflict resolution skills (81%), and being better able to talk to their parents (64%). Although a large change in conflict resolution skills was reported, the skills do not appear to be impacting youth practices as well since only small decreases were observed in the pre-post program-specific data on perpetration of violence by All Stars participants.



With respect to their family, nearly two-thirds (62%) of youth reported changes in how things are done together as a family, specifically spending more time (83%), having more fun (81%), and being more relaxed (62%).

What they report learning in All Stars:

- Conflict resolution - 80%
- Self-regulation - 69%
- Communication - 44%
- Community - 39%
- Goal setting/life planning - 56%

WRCC All Stars Enrichment Activities

Over the course of the program (April 2005-June 30, 2008), the team has conducted 38 enrichment activities⁵⁴ which were attended by 1611 WRCC-affiliated youth and 711 family members⁵⁵. These have included an ongoing arts and crafts group,

⁵⁴ Please note: Series (such as summer reading program) count as one enrichment activity in the table.
⁵⁵ Please note: These counts are NOT unduplicated. Persons are counted multiple times if attended multiple activities. In addition to the issue of the feasibility of generating unduplicated counts, this measure allows programs to also take into account people attended multiple events over time which is an important part of forming a sustained relationship with the WRCC.

mentoring program, and post-All Stars prevention programming which includes booster sessions, health/sex education, quilting, social skill-building, and field trips. Enrichment activities have also included field trips to cultural institutions/events and fun locations like bowling and parks as well as participation in local festivals (Third Thursday Street Festival, Youth Day at Lauter Park). Of particular interest is the Summer Reading Series which has been quite popular and has recruited older All Stars youth as assistants/readers.

“Stories” from All Stars

Although the findings from the quantitative data are inconsistent, the important role played by WRCC in the community is clear. The WRCC has long-term relationships with youth from their community as well as excellent linkages with organizations throughout its area. By virtue of these facts, youth have support and multiple learning opportunities. Violence involving youth remains a key issue for Willimantic and trusted programs have an important part to play in keeping children safe.

Story 1: “Ran into the teacher of a youth in my All Stars program while shopping. She said she has had this youth in her class for 2 years. and that he has had school difficulties in the past. She said that he has spoken with her about the activities we have done at group and that he has done much better at school this year. She felt our program was an important part of his development.”

Story 2: “My former group member, who now fills the role as my assistant for the Arts & Crafts group, has also been a tremendous asset. He is now 15 years old, and shows great leadership skills and a wonderful rapport with the group members.”

Story 3: “The Windham Parent Network, which the WRCC Youth Services Director also coordinates has been very involved the past two quarters addressing issues within the Windham Public School system. As we have seen time and time again from our All Stars surveys, students have self reported that they have either been threatened/bullied or have threatened others themselves. They often report being sent out of classroom for their behavior. Thus, the school climate, as well as after school time (getting to busses, walking home etc.) have been areas of concern for many. Some actions have already taken place. One of them includes how the students are released from their classes at the end of the school day. There is now a staggered approach, to lessen the numbers of students exiting the building at the same time. This, to date has proven effective in reducing after-school fights and threats.”

Story 4: “One of the positive consequences of our programming, specifically with the support of our TPP (Teen Pregnancy Prevention) Coordinator at the Teen Center, was her involvement with the youth from the center as gang members from two outside cities came to recruit youth from Windham Heights. She worked diligently with the youth from the Windham Heights Teen Center after approximately 200 youth showed up on a nearby bike path one Friday afternoon to view what was meant to be some fights or “beat-downs” to initiate youths into a gang. One of our All Stars group members notified the TPP Coordinator and the police were contacted. The area was cleared of all youth, parents of group members contacted and much intervention was taken to keep the youths in our programs from the gang activity. While we saw the students beginning to exhibit the wearing of colors, beads, etc. (indicating their connection to a particular gang), it was made clear that it would not be tolerated for them to wear them to the program. It

seemed that within a week-ten days, that things had settled, group members were back on track, fully participating in our programs.”

All Stars Summary:

Findings:

As previously observed, the All Stars survey results show small and inconsistent gains in healthy knowledge, attitudes and beliefs. Four issues may be contributing to these findings: 1) the more pressing concern of students regarding violence in their school/community and their personal safety; 2) a ceiling effect in the pre-test data (meaning that the levels of healthy beliefs and behaviors were already high prior to the intervention); 3) issues of reliability of reporting (e.g., lifetime use of substances either due to recall or desire to please) or change in participant composition at pre- and post-test [however the assumption is that those leaving and entering are similar (“steady state”; participants leave for variety of reasons and spaces are required to be filled)]; and 4) literacy issues revealed by the need for staff to often explain the meaning of questions (oftentimes the lifestyle incongruence questions) to the respondents.

In contrast, the common outcomes data support the effectiveness of the program as well as its acceptability. We see large increases in youth knowledge and improved behaviors as well as some changes in the family. Once graduated, WRCC continues to provide positive youth development activities to All Stars youth by inviting them back to assist with various programs (arts and crafts, summer reading program).

The DCF PYDI funding a Prevention Coordinator has been instrumental in helping leverage additional funding for the community (e.g., Weed and Seed, Drug-Free Communities). All Stars has expanded beyond the PYDI-funded program in Windham through the city’s receipt of DOJ Weed and Seed funding which has resulted in an additional 75 youth receiving the program (beyond the 161 served by the PYDI group). The PYDI All Stars staff has provided invaluable support to their Weed and Seed counterparts. Drug-Free Communities funding will start in October 2008 and will include monies to implement the Strengthening Families (10-14) program in Windham in both English and Spanish.

Recommendations:

- 1) Include violence as a priority risk behavior in prevention work and designate violence curriculum to supplement All Stars
- 2) Revisit the fit of the program and have conversations with the developer as well as the other groups doing All Stars in Willimantic;
- 3) Remain partners in the conversations with parents regarding solutions to violence. This will not only add youth expertise to the discussion, but also raise the profile of All Stars for the parents;

- 4) Bring the youth of All Stars into the conversation, get their feedback, and brainstorm changes in behavior;
- 5) Reduce All Stars survey due to comprehension/literacy issues;
- 6) Provide special support to those students in the LIFT program so that they can stay in All Stars and complete their pre-post surveys (speak with LIFT staff to determine what would work best)

c. Second Step

Goal as stated by the developer: To reduce aggression and increase prosocial behavior by teaching anger management, empathy and impulse control

Kids in the Neighborhood (KIN), West Haven Community House’s (WHCH’s) positive youth development program, is an after-school enrichment program which provides 250 elementary school children in West Haven with a safe, constructive place to be in the hours after school. Participating children are engaged in fun activities that facilitate their social growth and encourage healthy, positive lifestyles. Instruction in theme concentration areas – sports & martial arts, performing arts, scientific exploration – helps children build skills and explore new interests. Family Night Exhibitions enable children to demonstrate their new talents and receive the praise of their parents and siblings. Field trips offered during school vacations and the summer lend a hand to working parents and expand children’s horizons. Exposure to positive youth and adult role models is provided through the involvement of volunteers from area high schools and colleges.

Second Step has been integrated into Kids in the Neighborhood. Second Step is a social skills program for preschool through junior high students (4 to 14 years old). It is designed to reduce impulsive, high-risk, and aggressive behaviors; and increase children's social-emotional competence and other protective factors. Group discussion, modeling, coaching, and practice are used to increase students' social competence, risk assessment, decision making ability, self-regulation, and positive goal setting. The program’s lesson content varies by grade level and is organized into three skill-building units covering empathy, impulse control and problem solving and anger management.

Numbers served between April 2005 and June 30, 2008⁵⁶

Program	City/Town	Program Type	Total Attendance	Number of families	Number of children < 18
KIN (with Second Step)	West Haven	Youth	456	N/A	456

II. Program-Specific Data

⁵⁶ The period April-June 30, 2005 was the start-up period, although the specific length of start-up varied by program.

Second Step is integrated into a multi-site after-school program called Kids in the Neighborhood (KIN). Staff reports were available for 488 youth.

As seen in the previous evaluation report, there were small-to-moderate consistent, significant increases across all areas of child outcomes between pre-test and post-test revealing that program participants were learning and integrating multiple areas of competence including conflict resolution, positive group interaction, and decision-making. The large number of participants may mean that changes may be statistically significant, without being clinically significant⁵⁷. A randomized controlled trial of Second Step found that students who did not receive the program had substantial increases in aggression (41%)⁵⁸.

Table SS-1: KIN Outcome Measures (% staff reporting “almost always and usually”)

	Pretest % N=458	Post-test % N=455	Percent change
Children refrain from physical and/or verbal attacks when conflict arises.			
Child refrains from initiating physical or verbal attacks	74.06	78.63	6%
When another child initiates physical or verbal attacks, child is able to refrain from them him/herself	71.29	79.49	11%
Children seek staff to help resolve conflict satisfactorily			
Child seeks support if he/she is unable to resolve the conflict him/herself	74.01	80.10	8%
Children resolve conflict appropriately on their own.			
Child is able to resolve conflict on his/her own.	66.27	73.96	12%
Children interact positively in a group setting.			
Child participates appropriately in group activity.	77.15	82.37	7%
Child is able to transition well from one activity to another.	79.16	83.39	5%
Child listens and takes direction.	74.13	78.94	7%
Child is able to compromise for the good of the group.	77.09	79.07	3%
Child is able to accept feedback from peers and staff.	75.33	80.45	7%
Children demonstrate positive social relationship skills.			
Child engages with peers on a daily basis.	85.69	90.92	6%
Child fosters new friendships.	70.45	81.79	16%

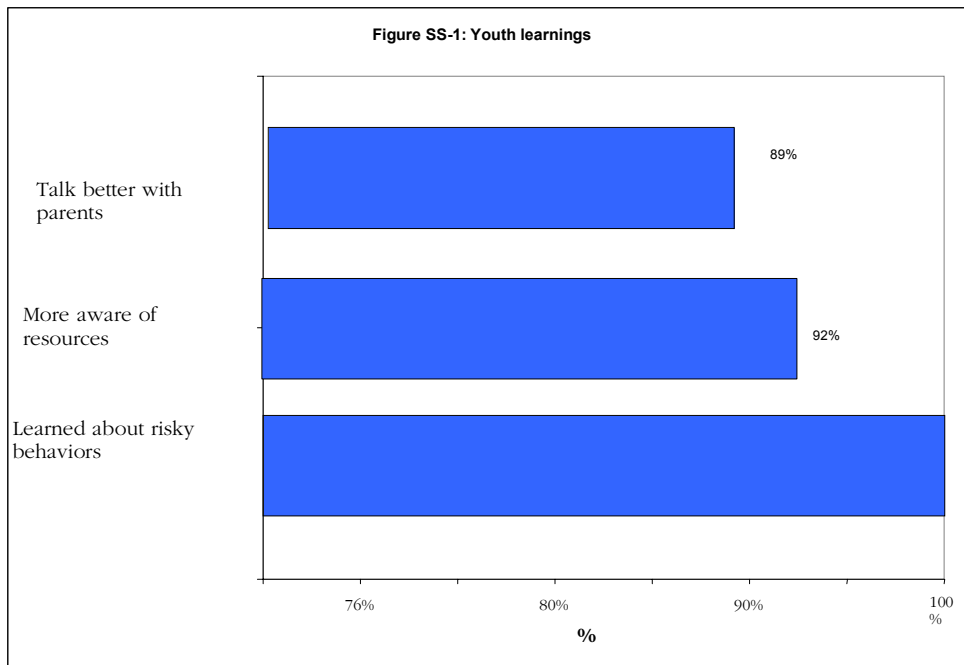
⁵⁷ The only non-significant change is “Child is able to compromise for the good of the group.”

⁵⁸ Findings from another prevention program (Second Step- set in school) found a 41% increase in aggression in their control group of 2nd and 3rd grade students in matched schools [Grossman DC et al (1997) *Effectiveness of a Violence Prevention Curriculum Among Children in Elementary School: A Randomized Controlled Trial*. JAMA, 277, 1605–1611.]

Child resolves minor differences with peers successfully.	69.99	79.52	14%
Child is able to interact with peers that are not his/her friends.	70.26	82.54	17%
Children recognize the choices they face and weigh their consequences.			
Child understands that he/she has choices of behavior in situations that arise.	77.50	84.89	10%
Child demonstrates the ability to identify positive and negative aspects of decisions he/she has made or decisions to be made.	73.01	80.54	10%
Child accepts the consequences of his/her choices.	76.41	82.18	8%
Children make choices during program			
Child is able to successfully make choices between options.	79.83	85.54	7%

III. Common Outcomes Data- Youth

Although 107 youth completed the common outcomes survey, there remains a great deal of missing data for the common outcomes as specific questions were previously skipped by the entire group because the staff felt they were inapplicable to their programming. Although the problem has been addressed, previous data problems lower the overall available data. The data provided reveal the program to be very popular with its participants. All respondents found the program helped them (good/excellent), nearly all of them would recommend the program (94%), and and return to speak with program staff in the future if needed (95%). Outcomes were good, especially with respect to conflict resolution.



What youth reported they liked about KIN:
 Learning – 83%
 Community – 84%
 Goal-setting – 37%

What they report learning in KIN:
 Conflict resolution - 86%
 Self-regulation - 61%
 Communication - 81%
 Community - 50%
 Goal setting/life planning - 36%

IV. Common Outcomes – Parents

A total of 56 parents have completed the common outcomes survey; the majority of these were completed this Spring. All respondents were English-speaking and 94% were women. They were racially/ethnically heterogeneous (30% Black, 14% Latino, 52% Caucasian, and 4% Other).

Almost all parents (93%) reported the extent to which the program was helpful to their family/met their needs as good/excellent and would recommend it to a friend (98%). The majority of parents (80%) would return to speak with program staff in the future if their family needed help and felt KIN supported them in their role as parents (79%). Only 39% reported doing something different as a parent since being in the program, which is not surprising given this is primarily a youth program. Although there is a parental engagement component, the primary benefits/supports to parents are likely having the child in a supervised safe setting after school as well as receiving respite while their child is at WHCH.

Just over half of parents (53%) reported being better able to talk with their child, with 57% better able to talk with their children specifically about alcohol, drugs and other risky behavior. One-third of parents (68%) reported that they had learned something new about their child and that they were more aware of resources in the community.

With respect to changes in the family, almost two-thirds of parents (61%) endorsed that the family is doing things differently together. More specifically, there have been increases in how much time they spend together (38%), how relaxed they are together (30%), and how much fun they have together (30%).

KIN Enrichment Activities

Over the course of the program (April 2005-June 30, 2008), the KIN team has conducted 37 enrichment activities⁵⁹ involving 1174 children and 437 family members. The KIN program can be considered to have a great number of enrichment activities because Second Step, its evidence-based program, is only one part of its regular programming. Therefore all ongoing activities in KIN, other than Second Step, are captured as enrichment. As such, the KIN program has explored many themes with its youth through series such as African drumming, martial arts, drama, rock and gem exploration, Native American culture, Sailing the Seas, and scientific exploration. These innovative and creative activities involve experiential learning and weave in reading, singing, dressing up, and going on field trips to local museums and exhibits. The staff make learning fun and memorable. In addition to these program elements, there are field trips throughout the year (including school breaks), some of which include family members. Its annual Family Expo brings together families to share with their children what they have learned in the program through games and exhibits.

“Stories” from Kids in the Neighborhood

The Kids in the Neighborhood (KIN) program serves a diverse group of children - many of them over many years. This consistency nurtures children, especially those facing a variety of internal and external life stressors, in a warm and noncompetitive environment where they learn from lessons as well as their new and old friends.

Story 1: “One of our 4th graders at Savin Rock has been in our program for several years. Her family has had a lot of difficulties (the latest being the divorce of her parents, the death of her grandfather and the foreclosure of her house in the very near future.) Mom will have to find a new apartment soon. She has already gotten permission to have her daughter continue at Savin Rock School even if they move out of the neighborhood. Mom said that one of the constants in C’s life has been the consistency of KIN, her friendships with the kids in the group and the attention from the staff. Hopefully, we will be able to help her and her mom with the upcoming transitions in their lives.”

Story 2: Parent comment: *“I think the activities the staff do with the children helps to wake up their minds and their imaginations. She has learned a lot of things and talks about how “cool” and “awesome” the program is. They learn while they are having fun without a lot of competition. Keep up the great work!”*

Story 3: “One of our 4th graders suffers from a mood and anxiety disorder. His Mom said he falls apart if playing a game and he is not perfect at it. He had a hard time in the before and after school program, but she wanted to try this, since it was only 2 afternoons a week. The KIN staff was trained in how to deal with him and his Mom and staff were thrilled with how positively he responded to the program. One day he didn’t make a basket when playing

⁵⁹ Please note: Series (such as scientific exploration lessons) count as one enrichment activity in the table.

basketball and started to fall apart. Another 4th grade girl said to him: “My father said everyone is good at something. What are you good at? He replied, “I like to draw!” She responded “*It’s how you feel in here that counts (pointing to his heart). You have to do your best and believe in yourself. That’s what my Dad says.*” He smiled and started telling her all about his drawings and what he is good at. His mood turned from distraught to pleased with himself because of his friend’s kindness. “

Kids in the Neighborhood Summary:

Findings:

Reported improvements in youth were small/moderate and consistent across multiple domains of competence. There was less data from the common outcomes surveys as these were not distributed to all attendees. Available data illustrated the majority of youth learned new conflict resolutions skills and insight/empathy. The program was perceived as helpful. In addition to KIN participants, the program also provides additional positive development opportunities to the youth who volunteer to assist at the KIN program.

The KIN program has gone from having openings to having a waiting list. Its connection to the schools has been strengthened and schools now support the program by involving them to have their sign-ups during school open house.

Recommendations

- 1) Continuously improve the parental newsletter and invite parents to participate in its development;
- 2) Co-sponsor activities with existing parent resources that fit with Second Step’s message about nonviolence;
- 3) Build skills for working with children with behavioral issues in order to better include children in the larger group of after-school participants as well as generate referrals as needed.

d. Better Horizons

Goal as stated by Y-US: To help youth who have experienced trauma develop into healthy and responsible people by fostering connections to positive peers, adults and community, self-esteem, safety and youth social and life skills.

Better Horizons is a therapeutic after-school respite program that uses a unique, comprehensive approach to working with children who have experienced abuse or trauma. This method, known as “logical accountability”, helps children both individually and in a peer group to learn the necessary skills to become productive and responsible members of society. The program emphasizes problem solving, individual choices and personal accountability. These core skills build the foundation for long-term healthy and socially-conscious behavior.

Each participant attends two weekly support meetings with a group of peers. Each session provides therapeutic recreation and respite including a peer support meeting, a “beneficial” arts & crafts activity, a communal meal provided by Y US, and an educational/skill building game. The peer group meeting focuses on a specific topic pertinent to the children’s lives (such as drug prevention), while the craft activity reinforces that topic (creating “drug-free” posters). Each activity is structured to accommodate a variety of learning styles and academic levels. Children also have some unstructured time to do homework or to spend one-on-one with caring staff. Additionally, the children receive Saturday respite care twice per month (from 10 am – 4 pm) at the Y-US Retreat House in nearby Bloomfield. The Saturday respite program emphasizes building life skills, group outings and outdoor recreation. The youth also participate in special activities and outings such as seasonal parties (Thanksgiving, Three Kings Day), field trips to museums; cultural events; recreational outings (bowling, roller-skating, canoeing) and overnight camping. All youth are required to participate in two community service projects during the year. Ongoing weekly therapeutic recreation⁶⁰ and respite meetings target effective communication, decision-making and expression of feelings and cooperation. Behavioral group meetings address difficult subjects affecting youth such as physical and sexual abuse, substance abuse, violence, gangs and anger management.

Activities:

- Therapeutic recreation and respite
- Peer support meetings
- Arts and crafts activity
- Communal meal
- Educational/skill building games
- Unstructured time to do homework or spend one-on-one with caring staff
- Participation in monthly special activities, outings and two community service projects during the year
- Activities to promote bonding between children and families
- Home visits to families to determine concerns and progress
- Camping

⁶⁰ Sports, dramatics, games, and arts and crafts to assist clients (patients) to develop interpersonal relationships, to socialize effectively, and to develop confidence needed to participate in group activities (1991 Dictionary of Occupational Titles - Recreational Therapist)

Numbers served between April 2005 and June 30, 2008⁶¹

Program	City/Town	Program Type	Total Attendance	Number of families	Number of children < 18
Better Horizons	Hartford	Youth	57	N/A	57

V. Program-Specific Data

The Y-US Better Horizons program is different from the other PYDI on several points. Firstly, it is the only promising practice within the PYDI; all other programs are using evidence-based curricula. Secondly, in contrast to other programs with the exception of KIN and Farnam, youth are enrolled in Better Horizons for years. The only other program with such long participant involvement is PATHS which is offered in kindergarten through 5th grade within one school. Thirdly, the youth served by Y-US generally have more severe behavioral problems than those in the other PYDI programs. Fourthly, 100% of children in the PYDI Better Horizons program are DCF-involved. Lastly, as a promising practice, the work with Y-US over the past two years has been more intensive in order to document its practices with the goal of replicability.

Staff Report on Youth

The program has an appreciation of the “small steps” towards success made by its participants. Staff ratings of accomplishments (done as “post-tests” although the majority of youth continue to be part of Better Horizons for more than one year) reflect this philosophy; ratings of accomplishments include “speaking clearly”, “making eye contact during communication”, and “tried new thing”.

Table BH-1: Staff Ratings of Youth Accomplishment (% accomplished) (N=44)

PERSONAL GROWTH	%	COMMUNICATION	%
• Participated in physical activities most of the time	100%	• Improved communication with peers and friends	100%
• Increased acceptance of responsibility	96%	• Improved communication with adults	100%
• Improved social skills	96%	• Speaks clearly	96%
• Dresses properly for weather	96%	• Uses appropriate tone of voice when speaking	88%
• Has improved his/her problem solving ability	91%	• Listens appropriately	88%
• Has increased his/her sharing	88%	• Speaks in front of the group	87%
• Tries new things	88%	• Able to describe feelings/emotions of others	87%
• Finishes what he/she starts	88%	• Uses appropriate body language during communication	87%
• Increased respectfulness for others	84%	• Appropriate on public outings	84%
• Reviewed improvement with staff	84%	• Answers program phone correctly	82%
		• Makes eye contact during	75%

⁶¹ The period April-June 30, 2005 was the start-up period, although the specific length of start-up varied by program.

		communication	
FEELINGS / EMOTIONS		ACADEMICS	
• Has made new friend(s)	100%	• Follow instructions	96%
• Asks for and accepts help	100%	• Address an envelope correctly	96%
• Is self-aware	96%	• Visited a cultural or historical site	88%
• Expresses emotion	96%	• Read a book	82%
• Appropriate contact with others	96%	• Attended first day of school	80%
• Shows affection	91%	• Shows positive attitude towards school	75%
• Establishes relationships	91%	• Shows overall improvement in school	73%
• Aware of senses	61%	• Fill out a form (worksheet) correctly	68%
• Aware of personal strengths (worksheet)	52%	• Do homework at the program	66%
		• Brings report cards to the program	48%
		• Write a poem or story	48%

As seen in the previous report, progress was made in most key areas (e.g., personal growth, communication, academics, and feelings/emotions) by the majority of youth, though within each domain variability was observed. Compared to last year's findings, there were some accomplishment rate increases, but no categories had decreases. In Tables BH-1 and BH-2, details on accomplishment are presented in highest to lowest prevalence within each category. While the area of academics seemed to be the domain with the lowest level of accomplishment, there are indications of improvement over last year's findings (i.e., positive attitude towards school from 65% to 75%, overall improvement in school from 65% to 73%, and attended first day of school from 74% to 80%). Several areas were already at 100% last year, prohibiting any improvement (i.e., improved communication, new friends, help-seeking).

Table BH-2: Additional Staff Ratings of Youth Accomplishments

ARTS/CRAFTS		PROGRAM IN GENERAL	%
• Shows creativity	100%	• Knows program location and phone number	100%
• Completed expressive arts activities	100%	• Created personal development plan and a goal	100%
• Used scissors appropriately	100%	• Understands program purpose	96%
• Painted a picture to music/abstract	100%	• Has made progress on identified goals	96%
• Created a picture frame	100%	• Completed evaluation surveys	96%
• Displayed art at the program	100%	• Participated in program traditions	96%
• Created holiday decorations	100%	• Attended at least one holiday	89%

	%	party	
• Made a collage	100%	• Attended at least 2 family functions	84%
• Drew a self-portrait	96%	• Attended any trip out of CT	48%
• Kept a journal at the program	66%	• Attended the first day of school trip	30%
OTHER		• Understands Food Guide Pyramid	91%
• Understand basic first aid	100%	• Makes program suggestions	88%
• Child reports enjoying program	100%	• Develops sense of Y-US family	86%
• Family reports decreases stress in home	96%	• Participated in anti-drug week events	84%
• Shows responsibility towards program	91%	• Apply for summer camp/job	39%

Parent/caregiver reports on their youth illustrate substantial improvements in social and emotional competence (Table BH-3; N=35)⁶². However, the proportion of youth reported to have a poorer attitude towards school (18%) and poorer performance (14%) warrants further examination. While some of the attitude towards school may reflect the reality of their school situation and be confounded by data collection later in the school year, the long-term trusting relationship with Y-US is a good opportunity to improve both school attitude and performance. Steps were taken following the first evaluation report however more work remains to be done in this area.

Table BH-3: Parent/Caregiver Report on Youth⁶³ (N=35)

	Is Better	Is the same	Is worse
Ability to make friends	80%	17%	3%
Behavior in public places	69%	29%	3%
Attitude towards family members	69%	28%	3%
Ability to express feelings	72%	22%	6%
Ability to smile and show happiness	74%	26%	0%
Participation in activities	77%	23%	0%
Taking care of himself or herself	80%	14%	6%
Personal hygiene	80%	17%	3%
Overall attitude	69%	28%	3%
Ability to have healthy bonds with adults (N=22)	82%	18%	0%
Verbal communication skills (N=22)	82%	13%	5%
Body language/nonverbal communication (N=22)	64%	36%	0%
Communication skills with peers and	74%	20%	6%

⁶² Data are only available for 35/57 parents/families served due to the revision of instrumentation as part of program technical assistance; the domains of the former data collection tool differed. (This was reported in the 2007 evaluation report).

⁶³ As Y-US is a promising practice, its surveys were extensively revised with technical assistance from MATRIX and DCF. Due to its late adoption, the sample size (N=35) for the parent survey was small in the previous report and have increased substantially since the 2007 evaluation report.

friends			
Communication with me	71%	26%	3%
Attitude towards school (N=22)	68%	14%	18%
Performance at school(N=22)	68%	18%	14%
Ability to handle problems(N=22)	55%	36%	9%

The majority of parents/caregivers reported less stress in their home (78%) and continued school enrollment (91%) since their child has been in the Better Horizons program.

Youth Self-Report

Generally speaking, youth reports painted a picture of fewer improvements and more maintenance of the “status quo” than that described by parents/caregivers⁶⁴. The most common areas of improvement were in the areas of personal care/hygiene, communications, participation in activities, friendships, healthy bonding with adults, demonstration of happiness, and behavior in public places (Table BH-4). Findings were poor (> 15% rated as “worse”) with respect to attitude towards family (21%), ability to handle problems (20%), and ability to express feelings (16%). Issues raised while at Y-US may seemingly overwhelm youth’s available internal resources and cause them to report poorer functioning. However, these figures are better than those reported in the last full evaluation report (formerly 30%, 26%, and 26% respectively). The improvements in the majority of youth reported by staff for the areas of school, communication, and feelings/emotions suggest that positive changes are happening. It also suggests that more feedback to the youth about changes observed might be useful for their personal growth and understanding. Youth also reported decreases in stress in their home (71%) and continued school enrollment (93%).

Table BH-4: Youth Self-Report (N=44)

	Is Better	Is the same	Is worse
Ability to make friends	62%	38%	0%
Behavior in public places	57%	39%	4%
Attitude towards family members	36%	43%	21%
Ability to express feelings	30%	54%	16%
Ability to smile and show happiness	48%	50%	2%
Participation in activities	57%	38%	5%
Taking care of myself	73%	27%	0%
Personal hygiene	59%	39%	2%
Overall attitude	39%	57%	4%
Ability to have healthy bonds with adults	57%	38%	5%
Verbal communication skills	41%	52%	7%
Body language/nonverbal communication	45%	50%	5%
Communication skills with peers and	55%	41%	4%

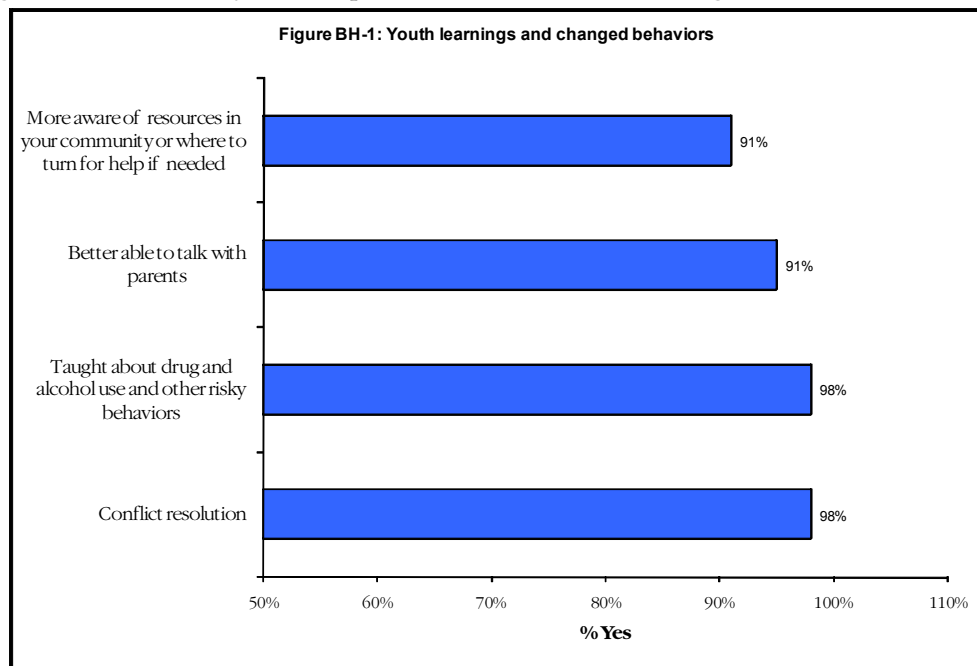
⁶⁴ However the youth sample is larger (N=44) than the parent report sample (N=35). One could imagine a potential differential bias whereby parents responding to the survey were those whose children were improving.

friends			
Communication with my parents/caregivers	57%	34%	9%
Attitude towards school	34%	55%	11%
Performance at school	38%	55%	7%
Ability to handle problems	36%	44%	20%

II. Common Outcomes Data – Youth

Forty-two youth completed the common outcomes survey. Almost all youth (98%) reported that the program had helped them; most rated it good/excellent (86%). Similarly, 95% of youth would recommend it. Eighty-six percent of (78%) youth would come back to talk with a member of the program staff if their family needed help in the future.

Three-quarters of the youth reported a change in how things are done together in their family (78%). They specifically reported their family spending more time together (90%), having more fun (84%) and being more relaxed (76%). No youth reported negative family changes. Almost all youth (98%) reported learning conflict resolution skills and about alcohol and drug use and other risky behaviors (Figure BH-1). They also reported increased knowledge about community resources (91%).



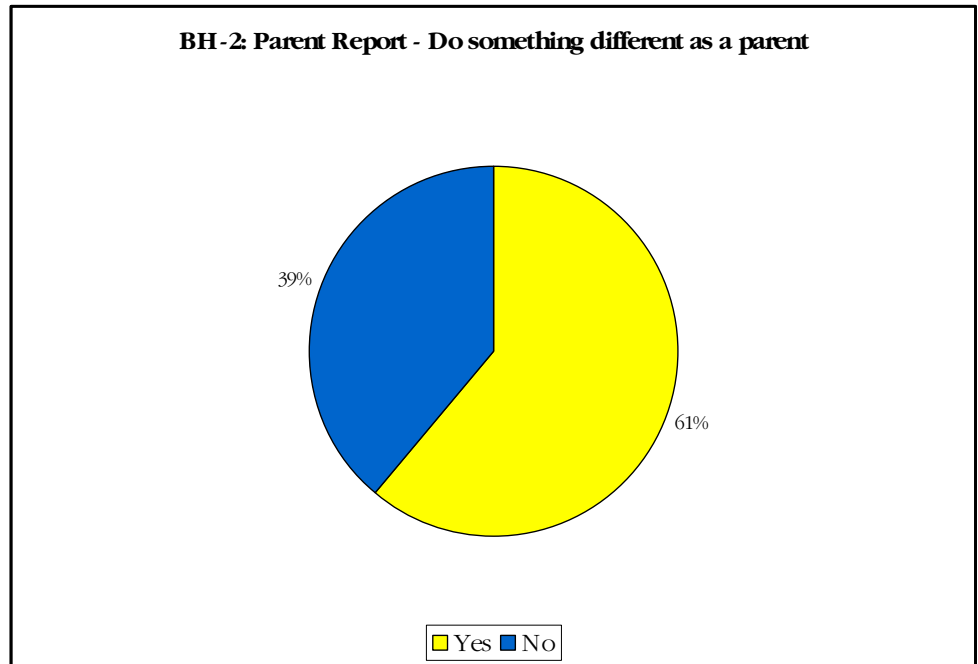
III. Common Outcomes Data – Parents/Caregivers

Findings were similar to that of the previous report.

Sixty-one parents/caregivers have completed the common outcomes survey; one parent/caregiver (2%)

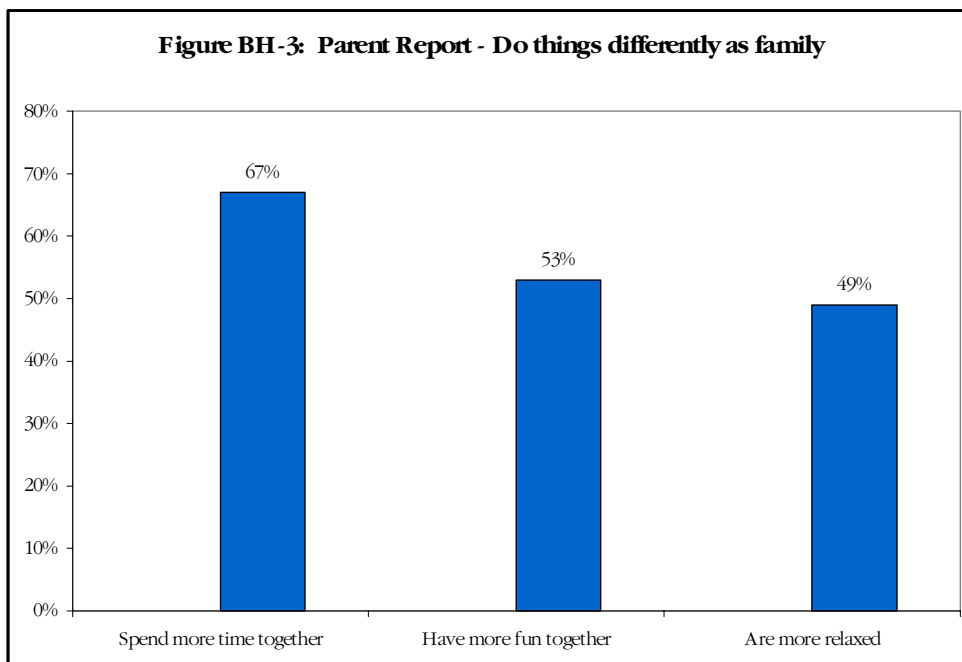
completed the survey in Spanish. Almost all parents/caregivers (95%) rated the Better Horizons program as good/excellent in meeting their families' needs, with the remaining parents/caregivers rating it as fair. All parents/caregivers would recommend it. Almost all parents/caregivers (99%) would return to talk with someone on the program staff if their family needed help in the future.

Given the one-on-one interaction of Better Horizons staff and parents/caregivers, it is not surprising that most parents/ caregivers reported learning something new about their child (90%) and all reported feeling supported as parents (100%). There is a one-on-one connection between staff and parents/caregivers in part due to the higher staff: youth ratio which allows staff to better know the youth and share with their families.



Feedback about successful approaches is provided to individual parents/caregivers. A large proportion of parents/caregivers (61%) reports doing things differently. Most parents/caregivers report being better able to talk with their child (91%), including talking specifically about alcohol, drugs and other risky behaviors (88%).

With respect to changes within the family, the majority of parents/caregivers (81%) reported that changes have taken place in how the family does things together. As seen in Figure BH-3, the biggest change was the increase in time spent together (67%), followed by more fun together (53%) and more relaxed together (49%). These changes may be associated with changes in youth behavior and less stress in the household. Reduced stress may also be due in part to greater awareness of resources in their community (93% of parents/caregivers).



Better Horizons Enrichment Activities

Over the course of the program (April 2005-June 30, 2008), the Better Horizons team has conducted 67 enrichment activities which 1391 youth and 545 family members attended. Y-US conducts many family dinner/parties (Thanksgiving, Christmas, Mother's Day, Easter, family pasta dinner), field trips for youth and families (out-of-town trips such as NYC and Boston, Lake Compounce, camping for youth alone and for families, family science expo), events/conferences/ dances for youth (drug-free night, youth empowerment, local professional sports events) and volunteer activities (Special Olympics, National Youth Service Day).

Y-US has made considerable efforts to add more parent/caregiver events in order to get them more involved. Feedback from parents/caregivers has been overwhelmingly positive. Family events are experienced as opportunities for families to bond together, leave behind everyday struggles, and do something they normally wouldn't be able to do as a family (due to transportation, financial, and other barriers). It is another form of respite for parents/caregivers when they can have positive experiences as a family and reduce their stress level. Comments parents/caregivers have made to Y-US include:

- "Having my child in this program has really opened my eyes to seek alternate solutions to our problems"
- "This is the only time we get to really spend time as a family and be ourselves without being judged"
- "You really care about our children help us to raise them with love and care"
- "Thank you for all the wonderful memories you have given our family"

"Stories" from Better Horizons

Better Horizons is a promising practice within the PYDI. It is different than the other youth programs in that it is serving youth who have experienced significant trauma. The families it interacts with have multiple life stressors and challenges. Y-US goes beyond working with its youth to increase skills while providing a safe physical and emotional environment. As described above, Y-US provides families with opportunities that they normally would not have as a family (celebrations, outings).

Story 1: "We received a couple letters from parents after the Hershey Park Family Trip thanking us for such a wonderful time. There was one letter in particular that talked about their experience outside of Hartford. *"I want to take this time to thank everyone who made this Hershey Park trip possible. I was born in Puerto Rico and was forced to raise my siblings at an early age. We moved to Hartford when I was 15 and had my first child at the age of 16. I now have 4 children at the age of 33 and have not had the chance to see anything outside of CT. This past weekend we had the opportunity of our lifetime to go to Hershey Park and we jumped all over it. We had such a hassle and worry free weekend because we got the chance to forget about our everyday issues back home and concentrate on having fun as a family. This was our first vacation as a family and we just wanted to say Thank You".*

Story 2: When M. was referred to the Y-US program he was a sexual abuse survivor who had attempted suicide 2 times. His emotionally unstable mother was overwhelmed by his behaviors.

He had spent time being evaluated at Institute of Living in-patient psychiatric unit I believe his official diagnosis were of PTSD, and SED. He was failing out of school and on the verge of expulsion due to uncontrollable outbursts of rage and aggression towards teachers and classmates. He was in the 5th grade. His academic level was below grade level and his frustration was easily witnessed and hard to ignore. He was one of twelve children who began in our Trinity College tutoring program, two days a week he would come with us to do his homework as well as work on reading, writing and math skills. He quickly found comfort in the program—reaching out to staff and volunteers, he still had outbursts of anger—but they were soon followed by apologies. As the time passed – he began to improve academically (improved 2 grade levels in reading during the first year) and emotionally. After a 2 months I received a call from his teacher, she said “I don’t know what you have done with this child but whatever it is it is working wonderfully—M. is the student of the month” she then said that he told her that the program helped him to learn better and that it helped him work out his madness. I took M. out for ice cream that evening—and told him how proud I was of him for doing better in school. While he does not always have perfect behavior at school or at the program he has steadily improved and his bad behaviors have become less and less. This past June on the last day of school I received a voice mail message from M—and it said “ *Hi K. this is M.—I just wanted you to know that I graduated 8th grade and I knew you would be proud of me, I’m going to go to Buckley next year..... I’m sooooooo happy*”

Story 3: Letter from a middle school clinician: “I want to take this time to thank you for all your assistance in helping us understand the many wonderful programs your organization has to offer. In the beginning of the 2006/2007 academic year you came to do a presentation at our school and two weeks later I made a referral for one of my clients. C. had just arrived from Puerto Rico and he struggled to learn the American language as well as making friends. He did not care about his academics and he started hanging around with the wrong crowd. Once he began your program Y-US, Inc. provided him with a more structured environment that made it hard for him to get in trouble because he wasn’t hanging out in the streets. He graduated with honors in June and mom is very proud of her son. Mom also wanted me to thank you for everything you have done for her family and continue to do for them. Now, I have two other teenagers I would love refer to you program because I know you guys will help them get in the right track. Once again, thank you for your assistance and I will talk to you soon.”

Story 4: “M. rarely discussed his family life or any significant stressors. Earlier this month, we played a game during our group session. M. took his turn and chose a card out of the deck to read. The question on his card was whether or not people in the group would assist a close friend in committing suicide if they were in a lot of pain. M. answered the question quickly. He said that when his father was sick, he didn’t want to die, and that if a friend wanted to die he would tell them to ‘just make the most of it.’ He shared a few more thoughts about his father’s pain. This would have been enough to make 7 years of group worthwhile, however, there was more. During another youth’s turn, the question was, “Are there some things too personal to discuss?” M. shared again and said that he didn’t like to discuss his family because it hurt too much. He said that it was easier not to think about it too much. It was the first time that he had allowed us into his life. His typical response to family questions was to refer only to his aunt and his current living situation. His ability to finally open up and share about his father and his feelings was a result of a feeling of safety and trust within the group. This is our version of success – providing an environment, where over time, youth feel the connection necessary to face their own inner pain and take a chance on sharing some things that may seem too personal to discuss.”

Better Horizons Summary:

Findings:

Similar to the findings of the previous report, Youth in Better Horizons have accomplished a great deal based upon the reports of the program staff, their parents/caregivers and (to a lesser extent) themselves. These “small steps” are important building blocks. The common outcomes survey support improvements in knowledge and behavior. The fact that academic areas have some of the lowest levels of accomplishment has been cause for some concern. In the current report we see some improvements in that area as reported by staff and youth (and to a small degree, parents/caregivers). The Y-US team has been making efforts to improve academics in response to the findings and recommendations in the previous report.

All parents/caregivers reported feeling supported and the majority reported changes in their own and their families’ behavior since being in the program. The majority of parents/caregivers reported less stress in their home and continued school enrollment since their child has been in the Better Horizons program. The personalized approach provided by Y-US remains an important catalyst for change in the lives of their young clients and their families.

In addition to current Better Horizon participants, Y-US provides positive youth development opportunities to former program youth through volunteer and paid positions assisting Y-US programs.

Recommendations:

- 1) Improve academic components of the program through involvement of college tutors, incorporation of advice from the DCF educational consultant, and creation of new games or components of games to increase their educational value;
- 2) Document program and key components in collaboration with the evaluator and program coordinator;
- 3) Increase the capacity of weekend staff to develop and carry-out recreational activities which better integrate the objectives of Better Horizons; and
- 4) Integrate underpinnings of key concepts into the work of every staff member.

Farnam House

Goal as stated by Farnam: To connect youth to a safe, caring environment where they can make new friends and learn new skills, including developing positive social relationships with peers

Numbers served between April 2005 and June 30, 2008⁶⁵

Program	City/Town	Program Type	Total Attendance	Number of families	Number of children < 18
Farnam House	New Haven	Youth	63	N/A	63

Farnam Neighborhood House (or Farnam House), the oldest neighborhood center in New Haven, is a multi-purpose community, sports and recreational facility. It serves children, teenagers, adults, and families through its nursery school, after-school programming, biddy basketball league, youth leadership program, evening teen program, summer youth employment program, social programs and community gardening. In the summer, Camp Farnam operates in Durham and, starting this summer, summer programming is available in New Haven to those youth who cannot go to camp due to summer school. One of Farnam House’s defining features is the length of the relationships formed between program participants and Farnam House. Children grow-up within its walls and many continue to participate and volunteer over the years – making it truly “a home away from home” (from Farnam House website: <http://www.farnamhouse.org/>).

"The Farnam Neighborhood House will play a leadership role in helping the Community to be cohesive, successful and productive" - *Mission Statement adopted by the Board of Directors,*

Programming has included daily gym/sports, game-room, arts/crafts as well as drama/dance, horseback riding, tennis, golf and Nutrition Detectives (healthy eating program). It has been augmented through additional funding by the state of Connecticut and will include 5 Rhythm Dance instruction, cultural enrichment through trips to local museums and other cultural venues (Neighborhood Music School, Eli Whitney Museum, New Haven Museum), and strengthened family and mental health components. As part of the expanded initiative, two additional staff persons have been hired. One will be the parent engagement person helping parents reinforce positive interaction, communication and social skill development and a second one will assist with identifying mental health issues and making referrals around mental health issues.

I. Program-Specific Data

For the DCF PYDI project, the program is serving 60 children who were new to Farnam House in early 2008. As the Farnam House program just joined the PYDI recently (contract signed April 2008, Start date retroactive: February 2008), only program-specific pretest data are currently available for inclusion.

Using on the staff rating tool for child’s social skills with peers of the Study of After-School Activities of University of Wisconsin and Policy Studies Associates Inc, one staff person rated 63

⁶⁵ The period April-June 30, 2005 was the start-up period, although the specific length of start-up varied by program.

children. The measure contains 7 items which are averaged to form an overall score. All statements are framed positively and the response coding is as follows (very poor=1, somewhat poor=2, average=3, good=4, and very good=5).

Table FH-1: Child Social Skills with Peers (Staff Report)

	Summary score	S.D.	Minimum	Maximum
Overall mean score	3.50	0.77	1.50	5.00
Overall median score	3.57			
Understands others' feelings	3.98	1.09	1.00	5.00
Socially aware of what is happening in a situation	3.32	1.35	1.00	5.00
Accurately interprets what peer is trying to do	3.40	1.15	1.00	5.00
Refrains from over-impulsive responding	3.17	1.14	1.00	5.00
Generates many solutions to interpersonal problems	3.65	1.19	1.00	5.00
Generates good-quality solutions to interpersonal problems	3.27	1.31	1.00	5.00
Aware of the effects of his/her behavior on others	3.75	1.29	1.00	5.00

The overall average score was 3.50, revealing students to be between average and good in social skills (Table FH-1). This mean is within the range obtained by scale developers for elementary school-aged children when establishing psychometrics over multiple data-points.

The median score was slightly higher (3.57), indicating that the distribution of scores is not equally distributed around the mean (it is slightly skewed towards positive behavior). Given that these children are beginning at Farnam House, the average scores are very encouraging; only 19% of all children had below average social skills ('somewhat poor' or 'very poor'). The lowest score (3.17) was for over-impulsive responding, while the highest score (3.98) was for understanding the feelings of others.

Child Measures

Children's self-efficacy, self-control and cooperation were self-rated. For self-efficacy, all statements were positive and response coding was as follows: very confident=1, somewhat confident=2, unsure=3, not very confident=4 and not at all confident=5. With respect to self-efficacy, the mean score was 2.06 (s.d. =.88), illustrating the average was slightly less than "somewhat confident" (Table FH-2). Again, the median score was more promising, 1.80 shows that the scores were skewed to the right and the review of the quartiles confirms it – 75% of youth were 'very' or 'somewhat' confident.

With respect to the two components of the conflict resolution measure (self-control and cooperation), therefore we are looking for higher scores on self-control and lower scores on cooperation as all self-control statements were negative and cooperation statements were positive. Indeed, this is what was observed in the data – mean score of 3.31 (s.d. =0.59; median

score=3.50) on self control and 1.67 (s.d. =0.54; median score=1.60) on cooperation. On examining proportions, only 11.5% were showing insufficient self-control (average < 3) and 8% were showing insufficient cooperation (average >2).

Table FH-2: Self-Reported Youth Self-Efficacy and Conflict Resolution

	Summary score	S.D.	Minimum	Maximum
Self-Efficacy mean score	2.06 1.80	0.88	1.00	5.00
Self Control (Part I of Conflict Resolution) Mean score	3.31	0.59	2.00	4.00
Cooperation (Part II of Conflict Resolution) Mean score	1.67	0.54	1.00	4.00

When individual statements were examined to determine areas of concern to be targeted in the program, great variability was observed (Tables FH-2a, FH-2b, and FH-2c). For example, in the statements regarding self-efficacy, we observe a range in mean scores from 1.74 to 2.23, under self-control we see a range of 2.92-3.59, and in cooperation we see a range of 1.55 to 1.98. These suggest that certain items will need more work in order to improve the average for the group at post-test.

Table FH-2a Individual Self-Efficacy Statements

	Mean score	Median	S.D.	Minimum	Maximum
Stay out of fights	1.74	1.00	1.11	1	5
Understand another person's point of view	2.08	2.00	1.10	1	5
Calm down when you are mad	2.15	2.00	1.14	1	5
Talk out a disagreement	2.23	2.00	1.14	1	5
Learn to stay out of fights	2.12	1.00	1.40	1	5

Table FH-2b: Individual Self-Control Statements

	Mean score	Median	S.D.	Minimum	Maximum
Sometimes you have to physically fight to get what you want	3.41	4.00	0.81	1	4
I get mad easily	3.05	3.00	1.10	1	4
I do whatever I feel like doing	3.34	4.00	0.89	1	4
When I am mad, I yell at people	2.92	3.00	1.16	1	4

Sometimes I break things on purpose	3.55	4.00	0.80	1	4
If I feel like it, I hit people	3.59	4.00	0.79	1	4

Table FH-2c: Individual Cooperation Statements

	Mean score	Median	S.D.	Minimum	Maximum
I like to help around the house	1.59	1.00	0.85	1	4
Being part of a team is fun	1.71	1.00	0.92	1	4
Helping others makes me feel good	1.66	1.00	0.87	1	4
I always like to do my part	1.98	2.00	1.09	1	4
It is important to do your part in helping at home	1.55	1.00	0.90	1	4
Helping others is very satisfying	1.56	1.00	0.74	1	4

The After-School Environment Scale (ASES) was completed by all of the children to examine their perceptions of the program across 3 domains - emotional support from staff, provisions for autonomy and privacy, and peer affiliation or positive peer relations—as well as an overall psychosocial climate score. In previous reports of Vandell and colleagues, children’s perceptions of their program were associated with their well-being and performance. Pre-post measures of self-efficacy and conflict resolution will be modeled multivariately to examine the effect of perceptions of after-school environment on Farnam youth.

Table FH-3: After-School Environment Scale (ASES) (Youth report)

	Mean	S.D.	Min	Max
Emotional Support				
Mean score	54.22	12.72	27.00	76.00
Median score	55.00			
Autonomy/Privacy				
Mean score	13.29	4.13	2.00	21.00
Median score	13.00			
Peer Affiliation				
Mean score	16.48	3.84	3.00	24.00
Median score	17.00			
Overall Climate Score				
Mean score	27.99	5.83	13.00	39.33
Median score	28.30			

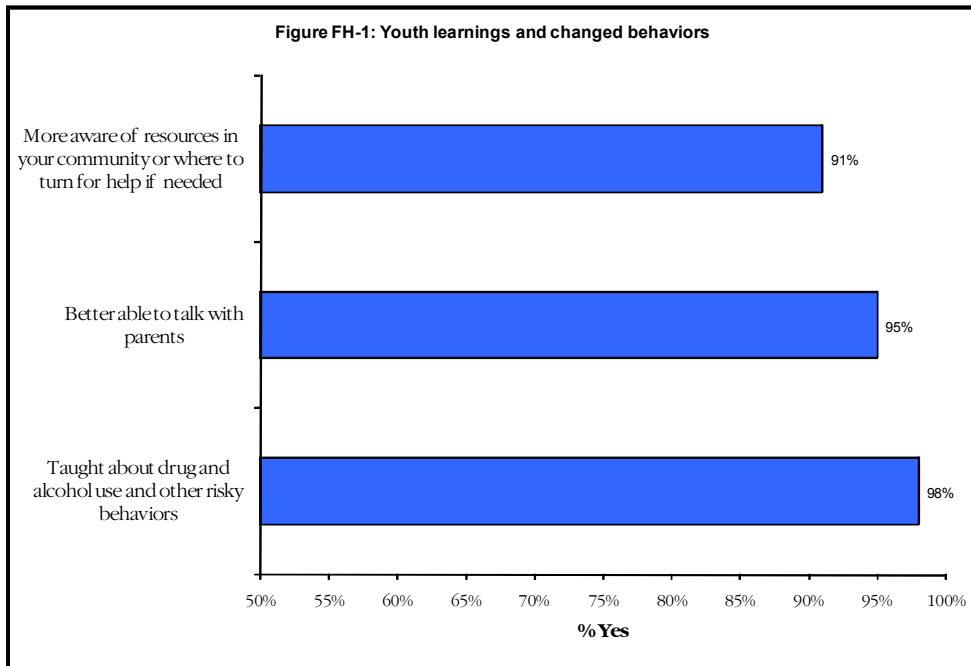
The current ratings of after-school environment reveal a wide range for each sub-score; the mean scores are approximately 60-70% of the highest possible score (Table FH-3). The similarity of mean and median scores will allow the use of means in future analyses.

II. Common Outcomes Data – Youth

Fifty-nine youth completed the common outcomes survey; all surveys were completed in English. Three-quarters of Farnam youth would recommend the program. Roughly two-thirds would come back if they needed help (63%) and reported they learned something from their program (68%).

What youth reported they liked about Farnam House:
 Learning – 93%
 Community – 97%
 Goal-setting – 70%

Figure FH-1 summarizes youth learnings and changed behaviors for the Farnam program. In terms of knowledge gained, almost all Farnam youth reported having been successfully taught about alcohol, drug and other risky behaviors. Substantial proportions of youth endorsed being more aware of community resources and being better able to talk to their parents (71% each).



With respect to their family, over half (59%) of youth reported changes in how things are done together as a family, specifically spending more time (59%), having more fun (56%), and being more relaxed (45%). However, for the first time in the PYDI, we observe several children reporting negative family change (less time 19%, less fun 14%, less relaxed 17%, and more conflict 15%).

What they report learning at Farnam:
 Conflict resolution - 85%
 Self-regulation – 86%
 Communication - 90%
 Community - 81%
 Goal setting/life planning - 70%

Farnam House Enrichment Activities

Farnam's core program includes a variety of activities that increase youth cultural awareness and skills and talents. In addition to these youth activities, enrichment activities are planned that involve both parents and youth. Since joining the PYDI in 2008, Farnam has conducted three enrichment activities: 1.) Performances by the dance and drama group took place at the Arts and Ideas Festival (on the New Haven Green) on June 21, 2008 (12 youth; 16 family members) and the Farnam Follies (year-end show at Farnam House) on June 12, 2008 (17 youth; 29 family members); and 2) Trinity Choir auditions (at Farnam) (4 youth auditioned).

“Stories” from Farnam House

Farnam House is a promising practice within the PYDI. It is an agency which maintains long-term relationships with youth and families; it provides support and consistency to the lives of youth facing many stressors. In addition, it provides cultural opportunities to youth that they might not otherwise be able to access.

Story 1: There was a 10 year old girl who had attended Farnam's after school program for 2 years. At the beginning of the last school year, her aunt came in to say she had been taken from her mother and placed into a foster care group home and was awaiting placement into a foster home. For various reasons, the aunt could not gain guardianship of her. At the time our program director was at the last hurdle of renewing her foster care license. She immediately contacted the Department of Children and Families to identify herself as a resource for the child. Farnam was the one remaining place that was familiar to her; and we knew how important it would be for her to have a place that did not change but accepted her warmly, in light of what she was going through. After a couple of weeks, the 10 year old was placed in the home of our Farnam's program director along with her 2 ½ month old sister. Over the summer she was able to attend Camp Farnam, and is now enrolled in the after school program and is doing very well.

Story 2 (A story from Farnam Art Leader): “The children here have the opportunity of experiencing a variety of activities. Personally I've watched how happy the kids are when they play and learn in the different areas. I had the pleasure of accompanying a group of children to the Neighborhood Music School last year. Every week they were taught songs of various cultures. These activities taught them to appreciate people from other backgrounds. They also had the chance to play a variety of musical instruments. Some of the instruments they used included recorders, maracas, and xylophones. By playing music together, they learned how to work together in a team for a common cause.”

Summary

Farnam House is a long-standing fixture in the Fairhaven community and children tend to have long-term involvement in different forms over time. The Farnam program has recently joined the PYDI and, as such, had only pre-test data for review. While very few children's scores could be ranked as “insufficient” on self-control or cooperation at pre-test, the high level of variability of scores between individual items on these scales suggests the need for focus on poorer-scoring items in order to improve the average for the group at post-test. We look forward to examining

their post-test data. The results on the common outcomes survey are good, particularly high rates of learning conflict resolution, self-regulation and communication. Their ability to get data on all children covered by the PYDI is a good sign of their data collection commitment. In addition to the PYDI program, Farnam provides positive youth development opportunities through its assortment of programming and opportunities for youth to volunteer to assist programs.

Recommendations:

- 1) Focus additional efforts on addressing self-control and cooperation items on which children scored more poorly at pre-test;
- 2) Strengthen proposed family engagement component to provide support for parents beyond respite;
- 3) Determine the feasibility of implementing an intensive family model such as Strengthening Families 10-14 to serve a subset of families in need;
- 4) Examine in more depth the finding that children are reporting negative family outcomes;
- 5) Attend/host the dad's programming workshop (by Doug Edwards); and
- 6) Be more responsive in communication with the DCF Program Lead.

SUMMARY

Overview

Overall almost 2400 youth and parents/caregivers have been served by the evidence based/promising practices of PYDI from its start in April 2005 through June 30, 2008. In addition, approximately 9200 children and family members (not unduplicated) attended the 232 enrichment activities (i.e., single events, series) held thus far by the PYDI organizations. The agencies continue to increase their capacity through peer as well as group learning. The findings presented herein strongly suggest the success of the initiative and present recommendations for the initiative as a whole as well as for individual programs. However, readers should remain cautious in interpretation due to some small sample sizes in the individual program data (i.e., FAST).

Major Findings: Process Evaluation

The focus of this process evaluation is the improvement on program-specific items raised in the first annual report (July 2007) and the first mid-year report (January 2008) (programs required different levels of intervention and additional data).

All programs were given program-specific recommendations. However, it is important to note that the largest recommendations were provided to several programs whose outcomes were of particular concern in the first evaluation report. As a result of these recommendations and discussions of the recommendations with the individual PYDI programs, adaptations in program delivery and plans for more data gathering were put into place for the PATHS program, FAST program, and the All Stars program. These programs required additional observations and tailored technical assistance.

PATHS

In response to evaluation feedback, the PATHS program began adapting its delivery to teacher-led sessions with support from the PATHS coordinator. Communication with teachers has been improved through the use of regular email newsletters. Up to until the first evaluation, the PATHS coordinators delivered the PATHS lessons in the different grades. Switching to teacher-led lessons increased the fidelity of the implementation; PATHS coordinators are document fidelity and providing feedback. Program staff report many more teachers are interested in and embracing the curriculum. In addition, this change freed some of the time of the PATHS coordinators to increase their efforts around family engagement/information sharing (through letters describing PATHS lessons and how to reinforce these at home). PATHS staff were involved in many positive youth development events (outside of PATHS), including parent meetings and events involving the whole school. The coordinator also had more time to work on the literature component tied to PATHS which uses popular children's books to engage children and reinforce PATHS concepts by reading the imaginary scenarios from the storyline, asking them what is going on, and encouraging them to apply PATHS thinking to the situations. The reading component addresses both reading skills and reinforcement of PATHS messages. Although the developers conceived PATHS as a cumulative program, there are many realities in its current school (and city) which interfere with this process including student transience as well as teacher and administrator turnover.

FAST

The FAST program was moved to a different school with a different program coordinator. This was possible because team members attended a train-the-trainer training and trained a team for the second school. The new school's environment was felt to be more supportive and its families a better match for the program. Its administrator is more supportive of prevention programming. These factors resulted in a more positive experience for the FAST team as well as better outcomes for families than previously observed. This second FAST team was observed by the evaluator in its first FAST cycle. The families appeared very engaged and the children were well-behaved. More fathers participated in the program. The fact that the program is taught simultaneously in Spanish and English remains a problem. The messages to each group may not be identical or complete as there may be a tendency to rush as things are slowed down by translation. As the group is predominately Spanish-speaking, English-speaking families may find the atmosphere less-inviting. It may be better to implement an English group and Spanish group as SFP Torrington does.

Second Step (KIN program)

The KIN program director has embraced the recommendation regarding increased parent involvement and has responded by creating a parent newsletter as well as starting a successful partnership with local agencies to bring parents into events and increase staff mental health skills. Peer learning: Staff learned some de-escalation techniques in their visit to another PYDI program. The KIN program has gone from having openings to having a waiting list. Its connection to the schools has been strengthened and schools now support the program by involving them to have their sign-ups during school open house.

All Stars

Following the analysis of the All Stars data, several phone calls took place with the program developers to address challenges related to youth reading and comprehension of the All Stars survey, particularly the "lifestyle congruence" items. The decision has been made to shorten the survey for the youth. In Willimantic over the last year, violence has increasingly come to the forefront of concerns about youth. The emergence of violence as a community issue corroborates the findings of the first and second PYDI evaluation reports. Staff of the WRCC is involved in the community conversations about violence and youth. In addition, All Stars has incorporated PBIS language to reinforce the program in Windham Middle School. Integration of PBIS language should also be considered by the churches and other people doing All Stars in Windham as part of the Weed and Seed program; close ties between the WRCC and the Weed and Seed All Stars staff should facilitate this. The program should consider supplementing All Stars with a violence prevention curriculum.

Y-US

To address the recommendation made about increased educational value of program activities, Y-US met with the DCF educational consultant as well as with a local college. Y-US has begun the process of re-incorporating a tutoring program (with college students) and investigating the feasibility of a library of educational materials within Y-US. The education consultant's recommendation to add a certified special education teacher to the Y-US staff is not feasible at this time. Program documentation should continue. Work remains to be done to increase the capacity of weekend staff to develop and carry-out recreational activities which better integrate the objectives of Better Horizons.

Overall Program

In response to the overall program recommendations of the last report, we have observed improvements in the following areas: male involvement (for FAST program), parent involvement in youth programming, and data collection.

In addition to the oversight of the PYDI, the PYDI network and group meetings remain a unique and invaluable asset. Providers continue to share and learn in a peer prevention network and value the network. Both cross-training and observation have occurred and increased program and staff capacity; of particular note are the multiple trainings held by Strengthening Families 10-14 to increase capacity in the state. PYDI program staff has gained invaluable insight into family work through both observation and training.

Major Findings: Outcomes Evaluation

Last year's results of the PYDI initiative were extremely encouraging and demonstrated a significant impact on youth and families. With more available data this year, the evaluation findings are more favorable for the FAST program than the previous analyses, while continuing to demonstrate good-to-excellent results for other PYDI programs. The feedback provided through the evaluation and oversight of the program director have been incorporated and resulted in continuous quality improvement of/by the programs.

Significant improvements were observed in children, parents and families who participated in PYDI programming. This year's evaluation revealed all programs to have positive results on the common outcomes survey, while there were significant differences between programs⁶⁶. In addition, the common outcomes findings were not supported by the program-specific findings for All Stars or, to a lesser degree, FAST. In addition, we must remain cautious in our interpretation of the findings since there is no control group for the evaluation. However, data from outside sources suggest a positive impact on behaviors such as aggression since they have been observed to increase with age without intervention.

In the common outcomes data, parents reported significant changes in their own and their family's behavior. They found their programs helpful and supportive.

Specifically they reported:

- Doing things differently as a family (77%) with more time spent together (57%), more fun together (53%), and more relaxed together (53%)
- Better parent-child communication (86% overall and 78% about risky behaviors)
- Feeling the program helped their family/met their needs (96%)
- Feeling supported in their role as parents (93%) and returning to speak to program staff if they needed help (94%)
- Learning key parenting skills (e.g., communication (29%), self-regulation (17%), boundary-setting (18%) and commitment to family time (14%))

Youth reported significant changes in their own behavior as well as their family's behavior including:

- Increased knowledge about drug, alcohol and other risky behaviors (93%)
- Feeling the program helped their family/met their needs (96%)

⁶⁶ Please note: PATHS does not utilize the common outcomes survey as it is a conducted in all classrooms K-5.

- Learning conflict resolution skills (86%) and other key life skills such as self-regulation (e.g., saying no to drugs, what to do when stressed) (58%), communication (e.g., listen/talk with parents, be respect, listen when others talk) (57%), goals/life-planning(e.g., setting goals, finishing school, living healthy) (35%), community (e.g., making friends, closer to family, work as team, help-seeking) (39%)
- Doing things differently as a family (77%), spending more time together (82%), having more fun together (83%), and being more relaxed together (76%)
- They would return to speak to program staff if they needed help (78%)
- Better parent-child communication (79%)

Common outcome data were compared between male and female youth⁶⁷. No statistically-significant differences were observed. There were however two statistical trends in the data: males reported they learned more in their program and were more likely to recommend their program than females.

Findings: Program- Specific Data

As reported in the previous evaluation report, PYDI program-specific data showed variable effects. The two Strengthening Families programs (Enfield and Torrington) continue to show very strong effects. PATHS continues to present mixed findings, with its most troubling finding remaining an aggression at follow-up. Common outcomes findings were not supported by the program-specific findings for All Stars or, to a lesser degree, FAST. Small sample sizes for many of the program-specific analyses suggest caution in interpretation, especially for the FAST program.

Strengths of PYDI

The Positive Youth Development Initiative has the following strengths:

- 1) Chosen agencies have both long-term staff and strong connections to the community they serve which help reduce barriers due to the high level of consistency and trust as well as create effective referral processes for both treatment and other positive youth development opportunities after completion of the PYDI programming;
- 2) The multi-year commitment of consistent, stable funding for programs of the PYDI which provides consistent opportunities for youth in the PYDI communities and allows providers to plan and improve;
- 3) Ongoing support is provided to organizations of the PYDI through group and individualized technical assistance from DCF and MATRIX as well as peer learning/sharing within the group; and
- 4) The developer's trainer-the-trainer model has allowed the state to develop local capacity for Strengthening Families 10-14; three trainings have been lead by the Enfield SFP team leader with attendees committed to participating in group technical assistance, peer learning and networking following training (now a requirement to be trained).

Taken together, the strengths of PYDI have allowed for the successful engagement of youth and families who otherwise may not have received assistance. Moreover, focusing on continuous quality improvement and building internal capacity for evidence-based practice within regions of the state has 'raised the bar' for prevention programming in the state of Connecticut. The vision

⁶⁷ Neither age nor racial/ethnic groups were compared as these are differential by program.

of quality programming and accountability by DCF prevention will not only help children and families in need, but also the field through the sharing of information regarding the challenges in implementing evidence-based practices. The success of PYDI programs is apparent by the growth of waiting lists (as of 6/30/08, Kids in the Neighborhood, Better Horizons, SFP, and SFP 10-14 had waiting lists); waiting lists are not the typical experience of providers running voluntary programs where they may be trying to fill their slots.

Ongoing Challenges

Challenges remain despite program improvement over the course of the initiative thus far. Ongoing challenges include parental involvement in youth-centered programs, male involvement in family programs, adaptation to meet the needs of attendees (parents and/or children) with special needs, and data collection. Problems with developers faced by multiple programs included the high costs, monopoly and slow turnaround for data analysis. In general, the data provided to programs was not useful for decision-making since it was created for individual cycles of program delivery rather than being synthesized over multiple cycles, the summary reports often contained very small samples which precluded making conclusions, data was oftentimes not synthesized in any way⁶⁸, and statistical testing was often not provided.

PYDI Recommendations⁶⁹

Despite its many strengths and successes, the PYDI can further develop and impact through the adoption of the following recommendations:

- 1) Continue to expand the Strengthening Families 10-14 across the state of Connecticut (Windham will be starting to implement it with funding from SAMHSA Drug-Free Communities in October 2008);
- 2) Include a longitudinal component to the evaluation (with inclusion of control groups);
- 3) Educate both PYDI organizations and, more significantly, organizations statewide and nationally on evidence-based practices (availability, planning, executing, evaluating, and challenges); and
- 4) Investigate conflict resolution skill-building programs as part of revisiting the fit and possible strengthening of the following programs: All Stars and PATHS; and
- 5) Assess and, where necessary, increase cultural competence of PYDI program staff.

⁶⁸ The report format of the FAST program has improved and is more comprehensive.

⁶⁹ Please note: Individual program recommendations are included in the program summaries.

APPENDIX 5: ALL STARS PROGRAM – DETAILED TABLES

Table App-1: Alcohol Usage by All Stars Youth (%) (N=57)

	Pre	Post
Alcohol in Lifetime (other than religious purposes)		
No	66.69	78.86
Yes	33.31	21.14
Alcohol in Last Year		
No	71.17	82.70
Yes	28.83	17.30
Alcohol in Last 30 Days		
No	90.20	90.39
Yes	9.80	9.61
Alcohol Frequency in Last 30 Days		
Not at all	79.64	90.39
1-2 times	13.70	3.84
3-5 times	1.96	3.84
6-10 times	1.96	0.00
11-20 times	0.00	0.00
More than 20 times	1.96	1.92
Usual Number of Drinks		
I don't drink	71.17	80.78
I have less than one drink	11.53	11.54
I have one drink	9.61	1.92
I have 2 drinks	1.92	0.00
I have 3 drinks	0.00	3.84
I have 4 drinks	0.00	0.00
I have 5 or more drinks	5.77	1.92
Lifetime been/felt drunk		
No	82.70	92.31
Yes	17.30	7.69
Last year been/felt drunk		
No	88.47	92.31
Yes	11.53	7.69
Last 30 days been/felt drunk		
No	96.16	96.16
Yes	3.84	3.84
Frequency been/felt drunk last 30 days		

Not at all	90.20	96.16
1-2 times	5.88	1.92
3-5 times	0.00	1.92
6-10 times	1.96	0.00
11-20 times	0.00	0.00
More than 20 times	1.96	0.00
If chance not getting caught, would drink alcohol		
Strongly agree/ Agree	14.9	21.6

Table App-2: Use of Other Substances by All Stars Youth (%) (N=57)

	Pre	Post
Ever used marijuana		
No	98.08	96.07
Yes	1.92	3.93
Lifetime sniffed to get high		
No	94.24	96.16
Yes	5.76	3.84
Lifetime cigarette use		
No	82.09	90.39
Yes	17.91	9.61
Last year cigarette use		
No	90.39	94.23
Yes	9.61	5.77
Last 30 days cigarette use		
No	93.88	98.04
Yes	6.12	1.96
Quantity cigarettes in last 30 days		
None	92.31	98.08
1-2 cigarettes	3.84	0.00
3-5 cigarettes	1.92	0.00
6-10 cigarettes	0.00	0.00
11-20 cigarettes	0.00	0.00
More than 20 cigarettes	1.92	1.92
Lifetime chewed tobacco		
No	97.50	100.00
Yes	2.50	0.00

Table App-3: Normative Beliefs in All Stars Youth

	Pre	Post
Friends think sniffing fun		
Strongly agree/ Agree	19.56	15.37
How many people your age sniff		
None	40.00	45.10
Some	50.00	37.24
Half	6.00	5.86
Most	2.00	7.85
All	2.00	3.90
How many people your age drunk once/month		
None	39.21	51.94
Some	43.13	30.76
Half	10.12	9.61
Most	3.90	0.00
All	3.90	7.69
How many people your age smoke cigarettes regularly		
None	40.02	51.95
Some	46.00	32.68
Half	3.98	7.69
Most	5.98	0.00
All	3.98	7.69
Friends think smoking marijuana stupid		
Strongly agree/ Agree	90.17	94.23
How many people your age marijuana once/month		
None	50.02	56.87
Some	33.99	25.47
Half	12.01	5.88
Most	1.98	3.90
All	2.00	7.82
Friends think smoking cigarettes cool		
Strongly agree/ Agree	21.14	19.22
Friends think ok get drunk		
Strongly agree/ Agree	21.58	20.00
How many people your age have had sex		
None	52.94	50.00
Some	25.48	34.00
Half	7.85	8.00
Most	3.93	2.00
All	9.81	6.00

Table App-4: Perceptions of groups among All Stars Youth

	Pre	Post
Accepted in this group		
Strongly agree/ Agree	92.31	90.39
Leader of group likes me		
Strongly agree/Agree	86.55	80.80
Feel belong to group		
Strongly agree/ Agree	85.41	78.42
Wish did not belong to group		
Strongly agree/ Agree	31.35	23.52
Like leader of group		
Strongly agree/ Agree	82.01	88.22
Pretty good group to belong to		
Strongly agree/Agree	84.31	88.22
Belong to outside group that's accepting		
Strongly agree/ Agree	65.40	76.93