

Family Resource Center Program Evaluation Report

March 2019



www.frcma.org

Family Resource Center Program Evaluation Report: Calendar Year 2018
Prepared by the University of Massachusetts Medical School

Recommended Citation:

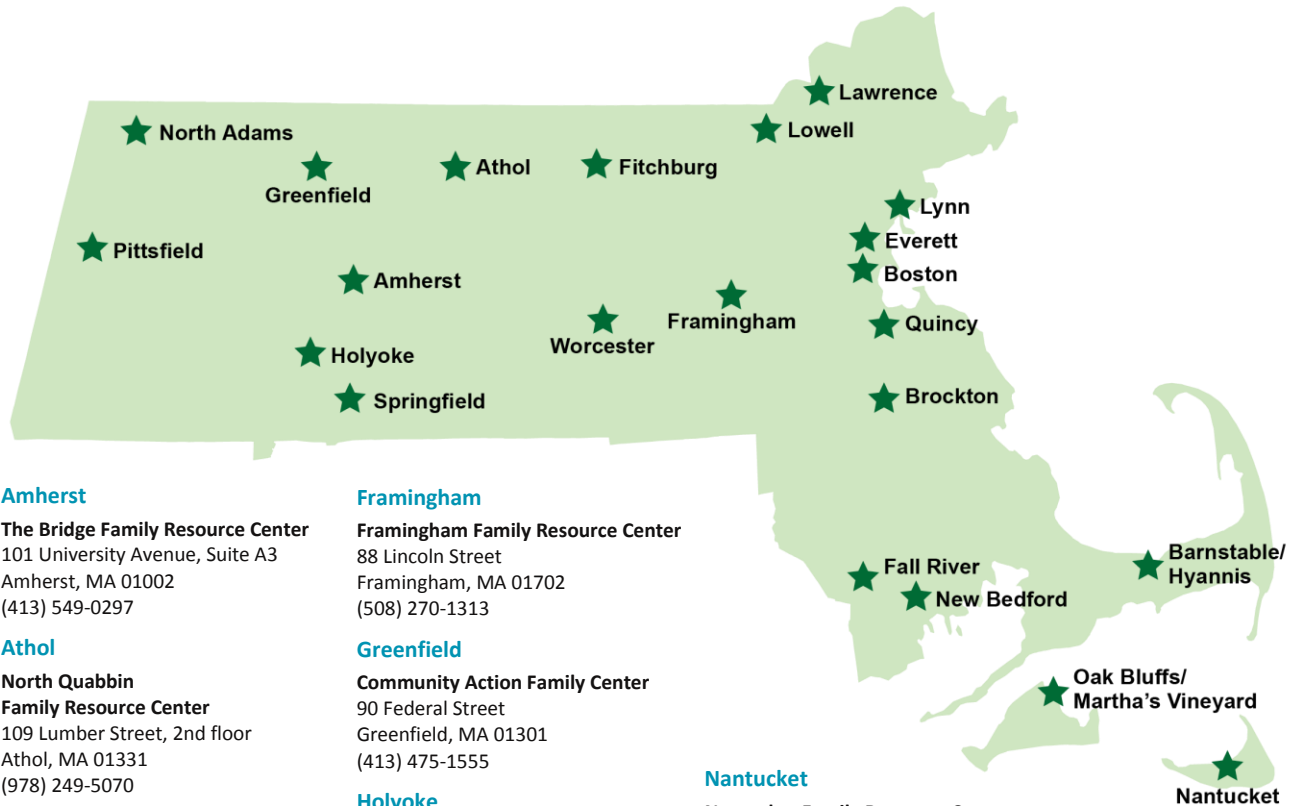
Henry, A. D., Gettens, J., Pratt, C., Miller, K. F., & Tedesco, R. (2019, February). *Massachusetts Family Resource Center Program Evaluation Report: Calendar Year 2018*. Shrewsbury MA: Commonwealth Medicine, University of Massachusetts Medical School.

Table of Contents

Table of Contents.....	1
Locations of Massachusetts Family Resource Centers.....	3
Executive Summary	4
I. Background.....	6
The Family Resource Center Network	6
The Family Resource Center Conceptual Framework.....	6
II. Ongoing Evaluation of the Family Resource Centers	7
Evaluation Goals	7
Data Sources	7
Data Collection and Analysis Methods	8
III. Families, Children and Adults Served by FRCs	9
Number of Families Served by FRCs in 2018	9
Number of Family Members Served by FRCs in 2018.....	10
Household Characteristics of New Families Served by FRCs	10
IV. Characteristics of Adults Served by FRCs	11
Demographic Characteristics of Adults.....	11
Education, Employment, Income, Housing/Basic Needs, and Health of Adults	12
V. Characteristics of Children and Youth Served by FRCs	14
Demographic Characteristics of Children and Youth.....	14
Education, Employment, Housing/Basic Needs, Health Characteristics of Children and Youth.....	15
Identification and Characteristics of Children Requiring Assistance (CRA)	16
VI. Services and Programs Provided by FRCs in 2018	18
Sources of Referral to FRCs.....	18
Reasons for Visit to FRCs	18
Individualized Services and Supports Provided by FRCs.....	20
Classes, Groups, Workshops, and Other Programming Provided by FRCs	21
VII. Tracking FRC Outcomes and Family Member Satisfaction.....	22
FRC Service Intensity and Duration	23
Family Member Satisfaction with FRC Services	23
Assessing FRC Outcomes	23
The Perspectives of Parents and Staff Regarding FRC Impacts: A Qualitative Study.....	24
Focus Group Methods.....	24
Informant Interview Methods.....	24
Qualitative Data Analysis	25
Major Findings: Parent Perspectives.....	25
Major Findings: Staff Perspectives	28
Summary	29
Tracking Quantitative Outcomes	30
VIII. Efforts to Share Information and Data between Centers	31

Data Sharing with FRCs and DCF.....	31
The Program Management and Practice Development (PMPD) Meeting Schedule for 2018.....	31
FRConnect and QuickConnect	32
FRC Staff Training.....	32
Types of Trainings Offered to the Family Resource Centers	32
Training Participants	33
Training Satisfaction	34
IX. Summary	36
Appendix A: Cumulative and Individual FRC Data Tables, 2018.....	38
Appendix B: Legislative Mandate for FRC Evaluation	46
Appendix C: FRC Family Success Stories, 2018	47

Locations of Massachusetts Family Resource Centers



Amherst

The Bridge Family Resource Center
101 University Avenue, Suite A3
Amherst, MA 01002
(413) 549-0297

Athol

**North Quabbin
Family Resource Center**
109 Lumber Street, 2nd floor
Athol, MA 01331
(978) 249-5070

Boston

**Boston-Suffolk County
Family Resource Center**
780 American Legion Highway
Roslindale, MA 02131
(617) 469-8501

Brockton

**The Family Center – Community
Connections of Brockton**
1367 Main Street
Brockton, MA 02301
(508) 857-0272

Everett

Everett Family Resource Center
548 Broadway
Everett, MA 02149
(781) 581-4750

Fall River

**Family Resource Center
Family Service Association**
45 Rock Street
Fall River, MA 02720
(508) 567-1735

Fitchburg

**MOC Fitchburg
Family Resource Center**
49 Nursery Lane, Suite 201
Fitchburg, MA 01420
(978) 829-0163

Framingham

Framingham Family Resource Center
88 Lincoln Street
Framingham, MA 01702
(508) 270-1313

Greenfield

Community Action Family Center
90 Federal Street
Greenfield, MA 01301
(413) 475-1555

Holyoke

**Holyoke Enlace de Familias
Family Resource Center**
299 Main Street
Holyoke, MA 01040
(413) 532-9300

Hyannis/Barnstable

Cape Cod Family Resource Center
29 Bassett Lane
Hyannis, MA 02601
(508) 815-5100

Lawrence

**Family & Community
Resource Center**
1 Union Street, Suite 104
Lawrence, MA 01840
(978) 975-8800

Lowell

**NFI Family Resource Center of
Greater Lowell**
27 Prescott Street
Lowell, MA 01852
(978) 455-0701

Lynn

**Family Forward Resource Center
Centerboard, Inc.**
16 City Hall Square
Lynn, MA 01901
(781) 598-9467

Nantucket

Nantucket Family Resource Center
1 Freedom Square, Suite B
Nantucket, MA 02554
(508) 815-5115

New Bedford

**The Family Resource and
Development Center**
128 Union St., 3rd Floor
New Bedford, MA 02740
(508) 994-4521

North Adams

The Family Place
61 Main Street, 2nd floor, Suite 208
North Adams, MA 01247
(413) 663-7588

Oak Bluffs/ Martha's Vineyard Island

**Wide Youth Collaborative:
A Massachusetts
Family Resource Center**
111 Edgartown Road
Oak Bluffs, MA 02557
(508) 693-7900

Pittsfield

**Family Resource Center,
Berkshire Children and Families**
480 West Street
Pittsfield, MA 01201
(413) 442-5333

Quincy

Quincy Family Resource Center
1120 Hancock Street
Quincy, MA 02169
(617) 481-7227

Springfield

**Gandara Center
Springfield Family Resource Center**
18 Gaucher Street
Springfield, MA 01109
(413) 733-7699

Worcester

**Worcester Connections
Family Resource Center**
484 Main Street
Suite 460, 4th Floor
Worcester, MA 01608
(508) 796-1411

Website: www.frcma.org

Executive Summary

Launched in 2015, **Family Resource Centers (FRCs)** are community-based, culturally competent programs that provide a variety of services to children and families, including evidence-based parent education, parent and youth mutual self-help support groups, information and referral, grandparent support groups, mentoring, educational support, cultural and arts events, and other services. FRCs also provide services specific to Children Requiring Assistance (CRA) as required by Chapter 240 of the Acts of 2012 (Chapter 240).

The FRCs are overseen by the Massachusetts Department of Children and Families (DCF), with 22 FRCs across the Commonwealth, including at least one in each Massachusetts county. Under an Interdepartmental Service Agreement with DCF, the University of Massachusetts Medical School (UMMS) provides data management and reporting, communication support, and program evaluation services to the FRC Network.

The 2018 Annual Report provides a statewide summary of descriptive information regarding characteristics of adults and children served by FRCs; the types of services that the FRCs provided; notable changes in family member characteristics and service delivery; family member satisfaction with services; and results of a qualitative study of parents and staff perspectives on how FRCs assist families. (Data on families served and service delivery by each FRC is presented in Appendix A).

Data presented in this report is derived from the FRC Database, an electronic Client Relationship Management (CRM) system which allows for the collection of individual, client-level data on the characteristics of adults and children served by the FRCs and the tracking of services provided by the FRCs. Additional data include FRC Satisfaction Survey data and qualitative data from focus groups with parents receiving FRC services and key informant interviews with FRC staff.

The purpose of the evaluation is to provide continuous feedback and to assess the impact that FRC services and participation have on families. Ongoing evaluation information is used to provide continuous program feedback to assess quality, improve services, and identify family member outcomes. As required by Chapter 154 of the Acts of 2018 (see Appendix B), the report presents information on:

- The number of families, adults, and children served by the FRCs in 2018;
- Characteristics of adults, children, and youth served by the FRCs;
- The types of programs and services provided by the FRCs in 2018;
- Program outcomes and client feedback; and
- Efforts to share information and data between centers.

Data derived from the FRC Database show:

- A total of **12,284 unduplicated families** received services from the FRCs in 2018, a 14.5% increase over the number of families served in 2017; **9,464 were new families**, a 5% increase over 2017.
- Over two-thirds of families lived in **single-parent households**; almost half of families had two or more children.
- FRCs served **19,930 unique individuals** – both adults and children – in 2018, a 9.5% increase over 2017.
 - **86% of adults, ages 18 and over, served by FRC in 2018 were parents; 73% were female. 60% of adults identified as Latinx and 39% identified Spanish as their primary language.** The percent of Latinx and Spanish-speaking family members served by FRCs is increasing over time.
 - **Among children and youth served in 2018, 51% were male and 55% were between the ages 6 and 15. Five percent of children/youth were identified as parents.** As with adults, there has been a steady increase in the percentage of children/youth who identify as Latinx and whose primary language is Spanish.
- **Many families served by FRCs in 2018 had income-related challenges such as housing and other basic needs.**
 - 37% of adults were unemployed or out of the labor force; 33% reported income from disability or low-income benefits (SSDI/SSI, TAFDC/EAEDC), and 14% reported no source of income.
 - 65% of adults and 69% of children/youth were enrolled in **MassHealth**.

- **34% of adults served in 2018 were homeless;** reported homelessness has increased among adults.
- About 1/3 of adults and children/youth were in families **needing basic assistance with food and clothing.**
- **Disability is common** among adults and children served by the FRCs. In 2018, 26% of adults and 29% of children and youth experienced some type of disabling condition. About one-quarter of adults and children had a condition requiring regular medical care.
- **96% of children and youth served in 2018 were enrolled in school; 16% had missed more than 8 days of school in the 10 weeks prior to coming to the FRC.**
 - 32% of children received school-based supports through an **Individualized Education Plan or 504 Plan.**
 - **35% of children/youth served in 2018 were CRA or at-risk of CRA.** Those identified as CRA or CRA-risk were more likely to be older, male, have a disability, and be in poorer health than non-CRA children/youth.

The most common sources of referral to the FRCs continue to be friends/family, DCF, human services agencies, and schools. While families seek FRC services for a variety of reasons, **there has been a marked increase over time (i.e. 2016 to 2018) in the percent of families seeking housing-related assistance as well as help with hardship or financial concerns.** Over this same time period, there has been a decrease in the percent of families seeking parenting education.

In 2018, FRCs provided over **48,500 separate instances of individualized services** to family members – an **80% increase** over the number provided in 2017. This increase appears to be driven primarily by increases in individual/family support services, housing services, equipment and materials, and food/nutrition services.

- The number of **individual/family support services provided increased by 92%**, and the number of people receiving individual/family support services more than doubled from 2017 to 2018.
- For **housing services and equipment/materials**, both the number of services provided and the number of people receiving these services **more than double from 2017 to 2018.**
- For **food/nutrition services**, both the number of services provided and the number of people receiving food/nutrition services **tripled between 2017 and 2018.**

Other common services provided by FRCs in 2018 included school supports and liaison services, mental health services, CRA-related services, child care and transportation services, holiday-related assistance, and employment services. Although there were increases both in terms of the number of these services provided and the number of people receiving these services between 2017 and 2018, the increases were more modest.

Thousands of parents, children and youth attended **parenting classes, groups, workshops, recreational activities, and other programming offered by the FRCs in 2018**, suggesting that the FRCs are filling a vital need in the communities they serve. However, between 2017 and 2018, there was a slight decrease in the overall attendance across all classes, groups and programs – apart from clothing, food and holiday drives, which increased slightly from 2017 to 2018. This is consistent with the overall increase seen in the provision of services addressing basic needs.

Satisfaction survey data show that families' satisfaction with both FRC services and programming continues to be very high. In 2018, a series of focus groups with parents receiving FRC services and key informant interviews with FRC staff provided qualitative evidence that FRCs direct their efforts to the major outcome domains articulated for the programs, including connecting families to services that support health, assisting families to maintain or secure safe and stable housing, promoting children's success in school; supporting family civic engagement; and helping family members connect to caring adults. In addition, success stories from each FRC (see Appendix C) provide additional evidence of the programs' positive impacts on families.

I. Background

Authorized by Chapter 240 of the Acts of 2012, Family Resource Centers (FRCs) are community-based, culturally competent programs that offer a wide array of services to children and families, ranging from evidence-based parent education, parent and youth mutual self-help support groups, information and referral, grandparent support groups, mentoring, educational support, to cultural and arts-related events, and other opportunities. A main purpose of the FRCs is to support families so that their children may continue residing at home and attending their community schools, “strengthen the relationships between children and their families,” and “provide coordinated, comprehensive, community-based services for children who are at risk of dropping out of school, committing delinquent acts, or otherwise engaging in behaviors that may reduce their chances of leading healthy, productive lives.”¹ Providing services and supports to families with Children Requiring Assistance (CRAs)² is a significant component of FRC activities. Ongoing evaluation of FRCs effectiveness is required by the Massachusetts legislature.³

The Family Resource Center Network

The FRCs are operated by community-based, non-profit social service agencies across the state and are overseen by the Massachusetts Department of Children and Families (DCF). There are two distinct FRC program models: Full-service Family Resource Centers and Micro Family Resource Centers. Full-service FRCs provide all mandated services, including, but not limited to, information and referral, evidence-based parenting groups, grandparent support groups, assessment, service planning, and mentoring. Micro-FRCs also provide all mandated services, but at a reduced staffing and service delivery level. All FRCs are required to undergo a review process to assure their readiness to provide comprehensive services to families and their children prior to beginning service delivery.

FRCs began operation in early 2015, originally with 18 FRCs, with at least one in each of Massachusetts’ 14 counties. Four additional FRCs were established in 2017, bringing the **total number of FRCs across the Commonwealth to 22**. The 12 Full-service FRCs are located in Amherst, Barnstable, Boston, Brockton, Greenfield, Lawrence, Lowell, New Bedford, Pittsfield, Quincy, Springfield, and Worcester. Ten Micro-FRCs operate in Athol, Everett, Fall River, Framingham, Fitchburg, Holyoke, Lynn, Martha’s Vineyard, Nantucket, and North Adams.

The Family Resource Center Conceptual Framework

The conceptual framework for the FRCs is drawn primarily from the “Five Promises” framework. This framework was originally developed by the America’s Promise Alliance (www.americaspromise.org), a collaborative effort between nonprofits, businesses, communities, educators, and ordinary citizens. It was modified for the FRCs by the Massachusetts Executive Office of Health and Human Services (EOHHS). The FRC framework outlines five key domains intended to promote positive youth development and family outcomes. The major outcomes domains for the FRCs include:

1. Physical and Mental Health
 - Family members have access to adequate physical and mental health supports
2. Safety
 - Family members live in adequate housing and are safe from violence

“This is the only program that I have seen so far that has actually helped me out, and actually treated me like a human being. It made me feel like I was somebody, and I have a chance.”

– Parent

¹ Chapter 240 of the Acts of 2012 as codified at Mass. General Laws Ch. 6A, §16U (2012)

² Per Chapter 240, a “Child Requiring Assistance,” is a child between the ages of 6 and 18 who: (i) repeatedly runs away from the home of the child’s parent, legal guardian or custodian; (ii) repeatedly fails to obey the lawful and reasonable commands of the child’s parent, legal guardian or custodian, thereby interfering with their ability to adequately care for and protect the child; (iii) repeatedly fails to obey the lawful and reasonable regulations of the child’s school; (iv) is habitually truant; or (v) is a sexually exploited child.

³ The Legislative Mandate for the FRC evaluation is included in Appendix B.

3. Education and Employment
 - Children/youth are prepared for and successful in school
 - Family members are prepared for workforce and employed to their potential
4. Civic Engagement
 - Family members are engaged in decision-making and are an active part of the civic and cultural opportunities that their communities have to offer
5. Connection to a Caring Adult
 - Family members are connected to caring adults

II. Ongoing Evaluation of the Family Resource Centers

Evaluators from the University of Massachusetts Medical School (UMMS) work closely with DCF to implement an independent evaluation of the FRC Network. The overall purpose of the evaluation is to provide continuous feedback and to assess the impact that FRC services and participation have on families. Ongoing evaluation is used to provide continuous program feedback to assess quality, improve services, and identify family outcomes.

Evaluation Goals

The goals of the evaluation are to:

1. Describe the characteristics and needs of families, adults, and children seeking FRC services and supports;
2. Track individualized services and supports provided to families across FRCs;
3. Track implementation of evidence-based parenting classes, self-help groups, workshops, and other activities;
4. Assess the relationship of FRC services and family member outcomes; and
5. Provide continuous program feedback to FRCs as well as to DCF, EOHHS, and other stakeholders.

This report reflects FRC activities during the period of January 1 to December 31, 2018. The 2018 Annual Report includes summary information across FRCs on:

- The number of families, adults and children served by the FRCs in 2018
- Characteristics of families, adults, and children/youth served by the FRCs, including:
 - Notable changes in family member characteristics over time
 - Characteristics of children/youth designated as CRA or at-risk for CRA compared to non-CRA children/youth
- The types of programs and services provided by the FRCs in 2018, including:
 - Notable changes in service provision over time
- Family members' overall satisfaction with FRC services and programs
- Findings from a qualitative study of examining parents' and FRC staff perceptions of FRCs services and supports
- DCF efforts to promote information sharing across FRC programs

In addition, the Appendices to the report provide information on the numbers of families served, the services provided, and success stories from each FRC.

Data Sources

With the launch of the FRCs in 2015, a UMMS data management team developed and continues to maintain a client relationship management system (**FRC Database**), which allows for consistent and systematic collection of quantitative data across all 22 FRCs. With data collected directly by FRC staff at each program site, the FRC Database provides a wealth of information regarding characteristics of family members receiving services; the reasons families seek assistance from the FRCs; the type and intensity of services and supports the FRCs provide to families; and family members' participation in FRC parenting classes, self-help groups, workshops, and other events. UMMS hosts the FRC Database on a secure server and is responsible for ensuring the security and

confidentiality of the data. Individual FRCs are only able to access their own data.

Complementing the information in the FRC Database, **FRC Satisfaction Surveys** are used to assess family members' satisfaction with FRC services and educational and support groups. Additionally, in 2018 the UMMS evaluators conducted a series of **Focus Groups** with parents and **Key Informant Interviews** with FRC staff to capture both parent and staff perspectives of the FRCs in order to generate qualitative data on FRC outcomes.

Data Collection and Analysis Methods

As noted above, data is collected directly from family members and entered into the FRC Database by staff at each FRC. Included in the 2018 Annual Report are data from:

- Family Member Intake Forms, providing basic demographic information, reason for visit, and referral sources;
- Adult and Child Screening Forms, providing additional background information and potential service needs;
- FRC Service Provision Forms, detailing individualized services provided to family members; and
- Event Participation Forms, detailing types of and attendance at specific classes, groups, and other events.

De-identified data were extracted from the FRC Database in January 2019; summary statistics were generated by the UMMS evaluation team.

The FRC Satisfaction Surveys are available in print and online in both English and Spanish and allow family members to anonymously rate their satisfaction with FRC services; satisfaction ratings were compiled by the UMMS evaluation team.

During the summer of 2018, the UMMS evaluation team conducted focus groups with parents receiving FRC services across the Commonwealth. Focus groups were conducted with parents from the FRCs located in Lowell, Fitchburg, Martha's Vineyard, Boston, and Greenfield. We also conducted several key informant interviews with FRC staff, including Program Directors, Clinicians, and School Liaisons. Both focus group and key informant interview data were analyzed qualitatively (additional information about the methods and findings is provided in Section VII).

Finally, each FRC provided de-identified "success stories" to the UMMS evaluation team; stories were reviewed and edited for clarity and to ensure total anonymity by the evaluation team (success stories are provided in Appendix C).

III. Families, Children and Adults Served by FRCs

Number of Families Served by FRCs in 2018

Across the Commonwealth, **FRCs served a total of 12,284 unduplicated families in 2018**, including new families and returning families that first came to the FRCs in prior years, a 14.5% increase over the number served in 2017. The growth in the number of new families served by FRCs since 2015 is shown in Figure 1. FRCs served 4,764 unduplicated families in 2015; 7,504 new families in 2016; and 9,002 new families in 2017. In 2018, the **9,464 new families served** (a 5% increase over 2017) represent 77% of all families served. **Since 2015, FRCs have served 30,734 families.**

Figure 1. Growth in New Families Served by FRCs, 2015-2018

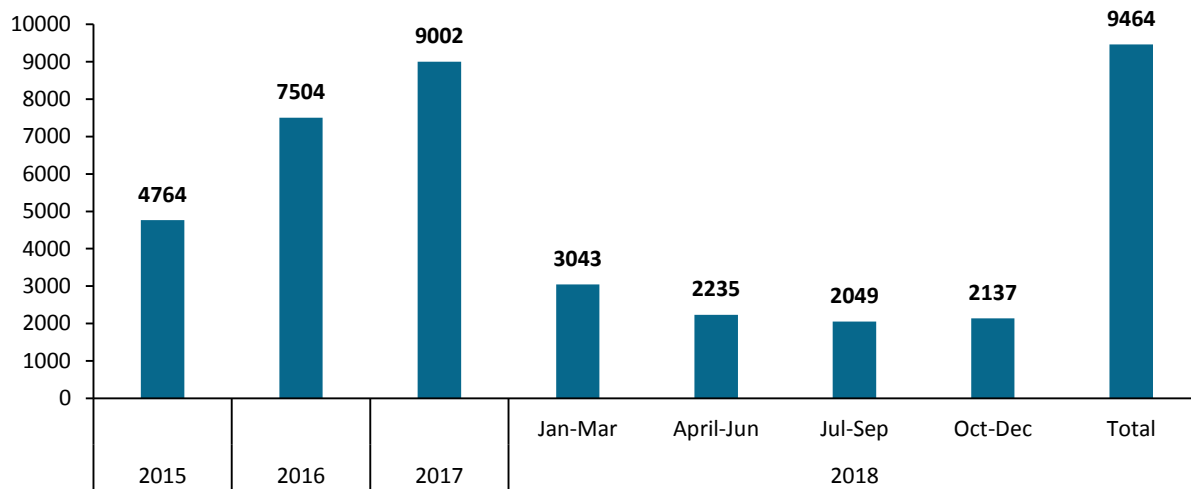
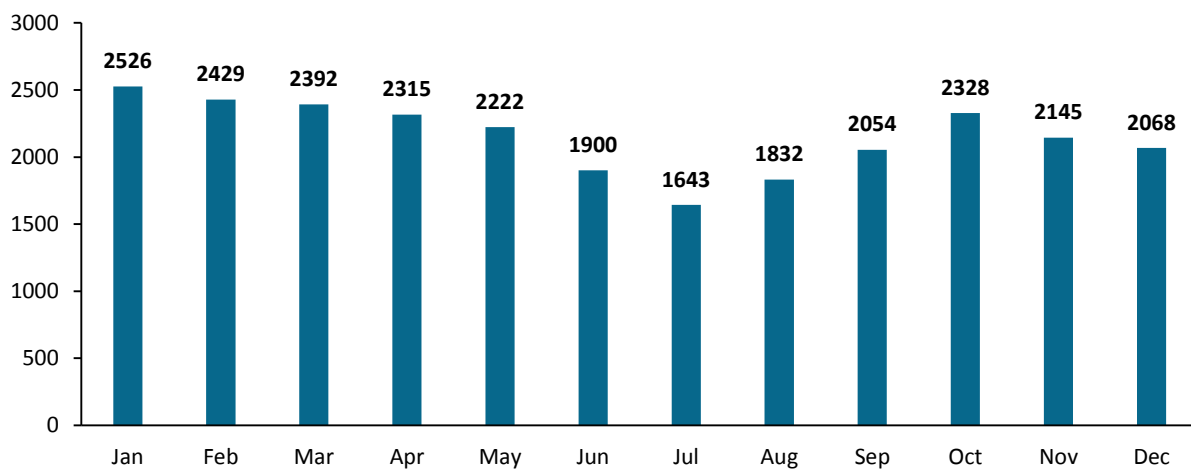


Figure 2 shows the total number of families served by the FRCs by each month in 2018. As noted above, over 12,000 families were served by the FRCs in 2018. The number of families served was highest in January and February, tapered off in the summer, and rose again in the fall. (Table A1 in Appendix A shows the number of families served across all FRCs.)

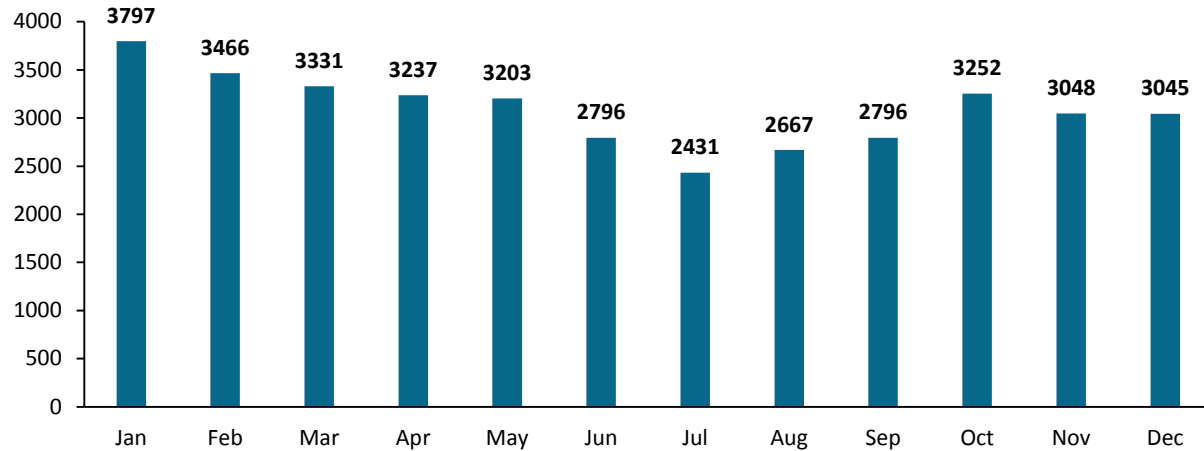
Figure 2. Total Number of Families Served by FRC by Month, 2018



Number of Family Members Served by FRCs in 2018

The FRCs served **19,930 unique family members in 2018**, about a **9.5% increase over the number served in 2017 (n=18,197)**. Approximately 65% of the individual served by FRCs were adults and 35% were children/youth. These family members include adults and children newly served by the FRCs in 2018, as well as those who first came for assistance in 2015 to 2017, but received services in 2018. Figure 3 shows the number of family members served by the FRCs from January to December 2018 and provides an indication of the volume of activity within the FRCs by month.

Figure 3: Number of Family Members Served by FRCs by Month, 2018

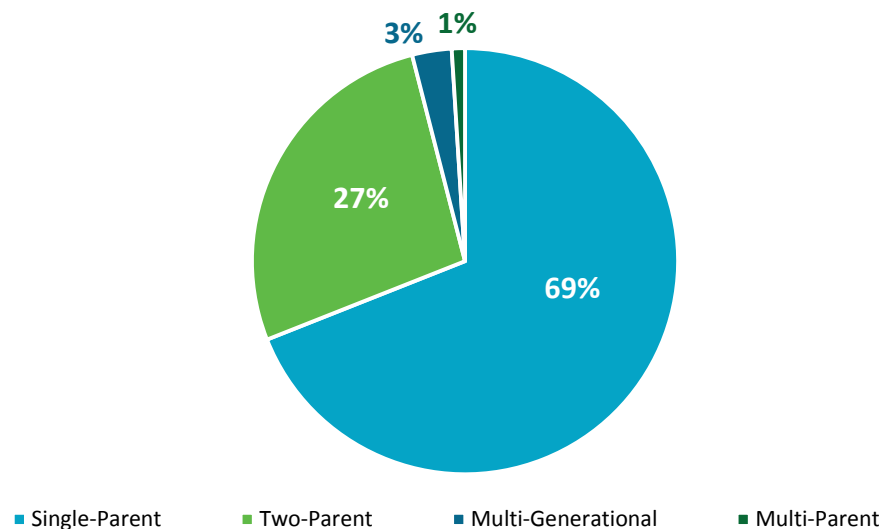


As with families, the number of family members served was highest in January and February, began to taper off, particularly in the summer months, and then began to rise again in the fall. This pattern is consistent with the patterns observed in previous years.

Household Characteristics of New Families Served by FRCs

Among the 9,464 new families served in 2018, **69% were single-parent households** (Figure 4), which is consistent with the make-up of FRC families observed in prior years.

Figure 4. Households of New Families Served by FRCs, 2018



As shown in Figure 5 (below), about one-third of new families had one child living in the household and almost 50% had two or more children. Of note, **20% of new families reported no children living in the household**, which may suggest that a number of households seeking FRC services are comprised of non-custodial parents, parents with adult children, or adults without children. **The percentage of families reporting no children living in the household has been increasing since 2015.** This percentage was 13% in 2015, 13% in 2016, and 18% in 2017.

Overall, more than half (52%) of new families served in 2018 reported three or more people living in the household.

IV. Characteristics of Adults Served by FRCs

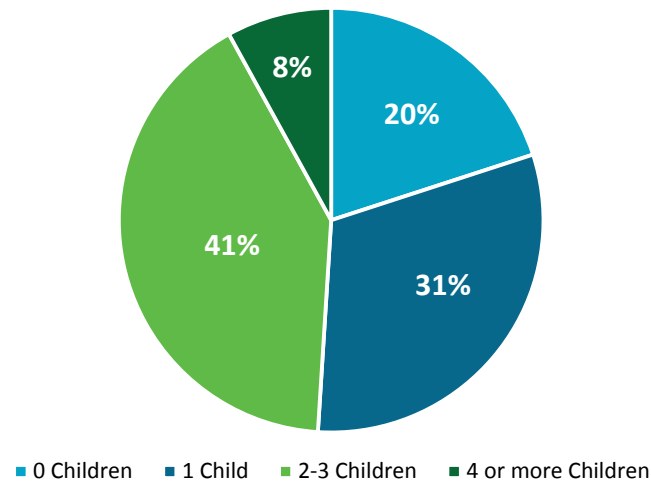
Demographic Characteristics of Adults

Adults⁴ include individuals age 18 and older who received services from an FRC in 2018. Demographic information is collected using the **Family Member Intake Form**; information was available for 11,758 adults served during 2018. Basic demographic characteristics of adults are shown in Table 1. Most adults (86%) were birth, step, or adoptive parents; 66% were between the ages of 18 and 40; almost three-quarters were women; and 58% were single. The majority of adults identified themselves as White (72%); 22% identified as Black or African-American.

Table 1. Basic Demographic Characteristics of Adults Served by FRCs, 2018 (n=11,758)

Characteristics		%
Parental/Caregiver Status	Birth/Step/Adoptive Parent	86
	Grandparent	4
	Other/Not Applicable	10
Age	18-30	33

Figure 5. Number of Children in Household, New Families Served by FRCs, 2018



	31-40	33
	41-50	19
	51-and over	15
Gender	Female	73

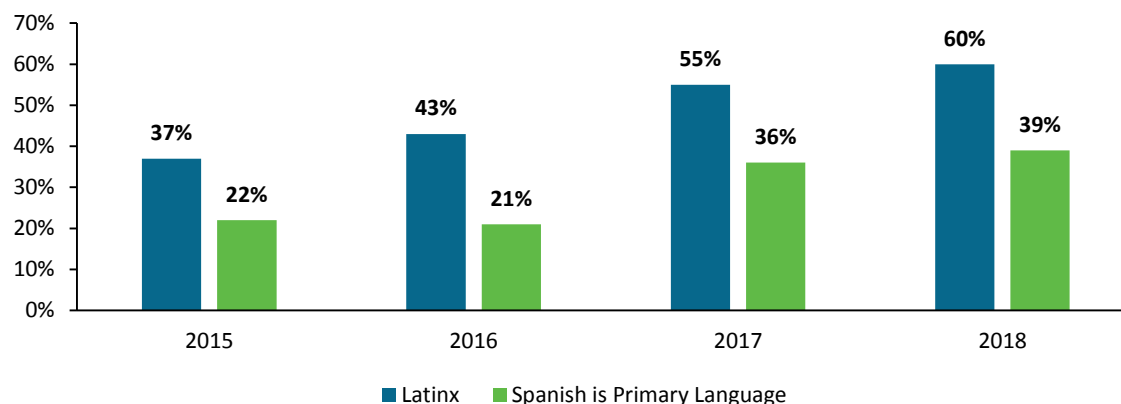
⁴ Individuals served by the FRCs are identified as adults or children based on the age and/or date of birth recorded on the Family Member Intake Form in the FRC Database. Of the 19,930 individuals receiving services from FRCs in 2018, 11,758 were identified as adults age 18 and over. Age or date of birth was missing for 1,832 people (9% of all individuals). These individuals could not be classified as adults or children.

	Male	27
Marital Status	Single	58
	Married/Partnered	36
	Divorced/Separated/Widowed	6
Race*	White	72
	Black/African-American	22
	Asian/American Indian/Native Hawaiian/Other	9

*Individuals can identify more than 1 race, so percentage can exceed 100%

The basic demographic characteristics of adults seeking FRC services (as shown in Table 1 above) have been relatively consistent over time since the inception of the FRCs in 2015. However, there has been a **steady increase over time in the percentage of FRC adults who identify as Latinx and whose primary language is Spanish**. As shown in Figure 6 below, the percentage of adults who identify as Latinx increased from 37% in 2015 to 60% in 2018. Similarly, the percentage of adults whose primary language is Spanish increased from 22% in 2015 to 39% in 2018. Conversely, the percentage of adults who identify English as their primary language dropped from 70% in 2015 to 56% in 2018. This trend may reflect specific efforts FRCs have made to reach out to and serve Latinx communities as well as ongoing services by FRCs to families displaced by Hurricane Maria that began in 2017.

Figure 6. Ethnicity and Primary Language of Adults Served by FRCs, 2015-2018



Education, Employment, Income, Housing/Basic Needs, and Health of Adults

The **FRC Adult Screening Form** provides more in-depth information than the Intake Form, including information on education, employment and income, housing, health, and other needs. FRC staff generally complete screening forms for family members with greater need for FRC services and supports. **Screening Forms** were completed for 5,421 adults (about 46% of adults) served by the FRCs in 2018. Education, employment, and income characteristics of these higher need adults are shown in Table 2. A majority (58%) had completed high school or a GED; 14% had less than a high school education. Only 33% were employed; 15% were homemakers and 37% were unemployed or out of the labor force. Wages and salaries were the most common form of income (35%); 33% reported income from disability benefits (SSI, SSDI, disability insurance), TAFDC and EAEDC, and while 14% reported no source of income.

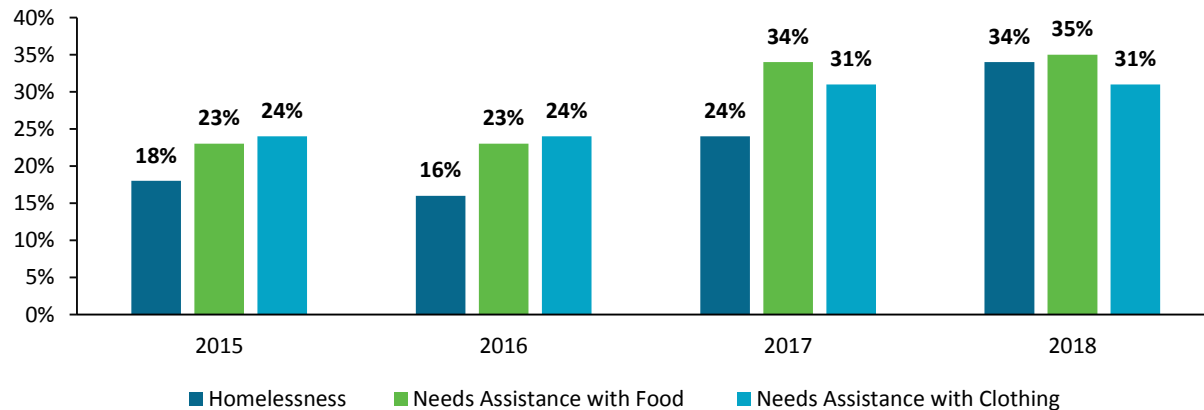
Table 2. Education, Employment and Income of Adults Served by FRCs, 2018 (n=5,421)

Characteristics		%
Highest Level of Education	Less than high school	14
	High school/GED	58
	Associate/Bachelor/Graduate degree	19

	Other	9
Employment Status	Employed full- or part-time	33
	Homemaker	15
	Unemployed/Out of labor force	37
	Other	17
Sources of Income	Wages/Salary	35
	SSI/SSDI/Disability Insurance	18
	TAFDC/EAEDC	15
	No income	14
	Social Security Retirement/Pension	4
	Child Support/Alimony	4
	Other	10

The education, employment and income characteristics of this subset of higher need adults have been relatively consistent over the years since the FRCs were launched in 2015. However, among these higher need adults served by the FRCs, there has been a **notable increase in the percentage who have experienced homelessness since 2015**. As shown in Figure 7, the percentage of these adults who were reported to have been homeless almost doubled between 2015 and 2018, from 18% to 34%. There has also been a notable increase in the percentage of adults reported to need assistance with basic needs such as food and/or clothing over this same period.

Figure 7. Experience of Homelessness, Needing Assistance with Food or Clothing Among Adults Served by FRCs, 2015-2018



The **Screening Form** also provides information on the disability and health status and state agency involvement of these higher need adults (Table 3). More than a quarter of the adults (26%) reported having a disability; the most common types reported were mental/emotional (13%) and medical/physical (13%). The majority (67%) reported their overall health as good or excellent; 25% reported a health condition requiring regular care. A majority of adults (65%) were MassHealth members; 29% were involved with DTA and 16% were involved with DCF. These characteristics are similar to those seen among higher need adults in past years.

Table 3. Disability, Health, Health Care, and Agency Involvement Among Adults Served by FRCs, 2018 (n=5,421)

Characteristics		%
Has a Disability		26
Type of disability:	Mental/Emotional	13
	Medical/Physical	12
	Other	4

Overall Physical/Mental Health	Excellent or Good	67
	Fair or Poor	33
Health Care Need and Use	Has condition requiring regular care	25
	Has seen doctor/NP in last 12 months	67
	Has seen dentist in last 12 months	53
Agency Involvement	MassHealth	65
	Department of Transitional Assistance (DTA)	29
	Department of Children and Families (DCF)	16

V. Characteristics of Children and Youth Served by FRCs

Demographic Characteristics of Children and Youth

Children and youth⁵ include individuals ages 0 to 17 who received services from an FRC in 2018. As with adults, children's demographic information is collected with the **Family Member Intake Form**; data were available for 6,430 children and youth served during 2018 (see Table 4). FRCs serve children across all age groups; in 2018, 55% of children and youth were between the ages of 6 and 15 and 51% were male. **Five percent of youth were identified as parents, down slightly from the 7% identified as parents in 2017, but higher than the estimated 3% who were identified as parents in 2016.** Over two-thirds (66%) of children and youth identified as White and 28% as Black/African-American.

Table 4. Basic Demographic Characteristics of Children and Youth Served by FRCs, 2018 (n=6,340)

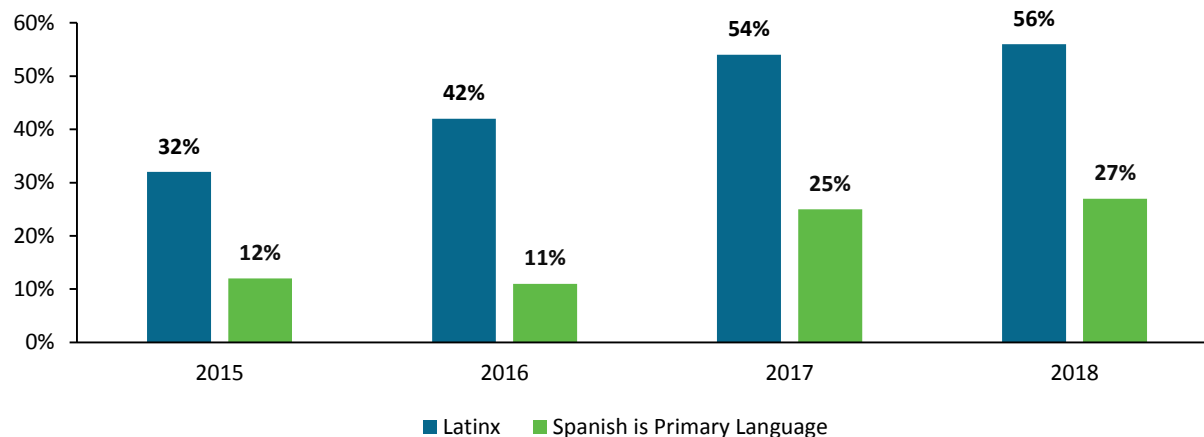
Characteristics		%
Age	0-5	27
	6-10	28
	11-14	27
	15-17	19
Gender	Male	51
	Female	48
	Other	1
Marital Status	Married/Partnered	3
Parental Status	Birth/Adoptive Parent	5
Race	White	66
	Black/African-American	28
	Asian/American Indian/Native Hawaiian/Other	10

* Individuals can identify more than 1 race, so percentage can exceed 100%

These basic demographic characteristics of children/youth served by the FRCs have been relatively consistent over time. However, as with adults, there has been a **steady increase in the percentage of children/youth served by the FRCs who identify as Latinx and whose primary language is Spanish**. As shown in Figure 8 below, the percentage of children/youth who identify as Latinx increased from 32% in 2015 to 56% in 2018. Similarly, the percentage of children/youth whose primary language is Spanish increased from 12% in 2015 to 27% in 2018.

⁵ Individuals served by the FRCs are identified as adults or children based on the age and/or date of birth recorded on the Family Member Intake Form in the FRC Database. Of the 19,930 individuals receiving services from FRCs in 2018, 6,340 were identified as children or youth ages 0 to 17. Age or date of birth was missing for 1,832 people (9% of all individuals). These individuals could not be classified as adults or children/youth.

Figure 8. Ethnicity and Primary Language of Children/Youth Served by FRCs, 2015-2018



Education, Employment, Housing/Basic Needs, Health Characteristics of Children and Youth

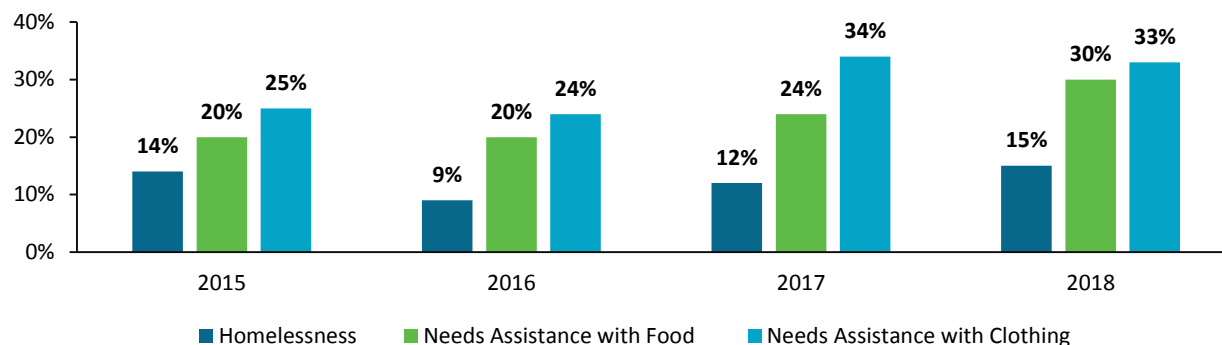
As with the adult form, the **Child Screening Form** tends to be completed for a child/youth with a higher level of need for FRC services and supports. **Child Screening Forms** were completed for 2,380 children and youth (about 38% of all children/youth) served by the FRCs in 2018. Education and employment characteristics are shown in Table 5. Almost all children and youth (96%) were currently enrolled in school; 32% were on an Individualized Education Plan (IEP) or 504 Plan. About 16% had missed more than eight days of school in the 10 weeks prior to the screening. Only 3% were employed. These characteristics have been relatively consistent over the years since 2015.

Table 5. Education and Employment: Children and Youth Served by FRCs, 2018 (n=2,380)

Characteristics		%
Educational Status	Currently enrolled in school	96
	Dropped out	1
	Suspended/Excluded/Alternative Program	1
	Other	2
	On an Individualized Education Plan (IEP)	27
	On a 504 Plan	5
	Missed > 8 school days in past 10 weeks	16
Employment Status	Has a job	3

As with adults, there are indications that the FRCs are serving an increasing number of children and youth living in families needing basic assistance with food and clothing. Although the percentage of children and youth identified as experiencing homelessness has stayed relatively constant over the years, from 2015 to 2018 the percentage of children/youth in families needing assistance with food has increased from 20% to 30% and the percentage in families needing assistance with clothing has increased from 25% to 33% (Figure 9 below).

Figure 9. Experience of Homelessness, Needing Assistance with Food or Clothing Among Children/Youth Served by FRCs, 2015-2018



The Screening Form also provides information on disability, health status, and agency involvement, shown in Table 6 below. Twenty-nine percent of children and youth had a disability; a mental/emotional condition was the most common type. Overall health was good or excellent for the majority (79%) of children and youth; 23% had a condition requiring regular medical care. Most children and youth (79%) had seen a doctor or nurse practitioner in the past year and 67% had seen a dentist. Concerns about alcohol/drug use were reported for 7% of children and youth; 10% had used mobile crisis teams and 7% had experienced a psychiatric hospitalization. The majority of children and youth were MassHealth members (69%); 23% were involved with DTA and 11% were involved with DCF. Eight percent of children and youth were involved with the courts.

Table 6. Disability, Health, and Health Care, and Agency Involvement: Children and Youth Served by FRCs, 2018 (n=2,380)

Characteristics		%
Has a Disability		29
Type of Disability:	Mental/Emotional	19
	Developmental	6
	Autism	5
	Medical/Physical/Hearing/Visual	6
Overall Physical/Mental Health	Excellent/Good	79
	Fair/Poor	21
Health Care Use and Needs		
Has condition requiring regular care		23
Has seen doctor/NP in last 12 months		79
Has seen dentist in last 12 months		67
Concerns about alcohol/drug use		7
Ever used mobile crisis team		10
Ever had psychiatric hospitalization		7
Agency Involvement		
MassHealth		69
Department of Transitional Assistance (DTA)		23
Department of Children and Families (DCF)		11
Courts		5

Identification and Characteristics of Children Requiring Assistance (CRA)

Children and youth who are designated as a *Child Requiring Assistance (CRA)*, and those who have CRA-related issues, are a priority population for the FRCs. While families with children who have been formally designated as a

CRA are often referred to FRCs for services by the courts, it is likely that a larger number of families with children/youth who are exhibiting behaviors or engaging in activities that might lead to a CRA designation (i.e., CRA-related issues) are also being referred to FRCs. Families with children/youth with CRA-related issues might be referred by courts, schools, or other agencies as a prevention or early intervention effort.

There are a small number of data elements within the FRC Database that indicate that a child or youth has been formally designated as a CRA or is receiving a specific CRA service (e.g. CRA assessment, CRA service plan, and/or CRA-related referral). Using these data elements as indicators allows us to identify only **559 children/youth as CRA**, approximately 9% of children/youth served by the FRCs in 2018. In order to identify both CRA children/youth and those who might have CRA-related issues, we use a broader set of data elements available in the FRC Database. In addition to specific CRA data elements, this broader set includes data elements that indicate that the child/youth has had difficulties or missed significant time in school; has had interactions with the courts, probation officers or police; has been involved with the Department of Youth Services (DYS); has difficulty following rules at home; or has run away. (Appendix Table A5 shows the data elements used to identify children/youth as CRA or having CRA-related issues, and the number of children/youth with this indicator.)

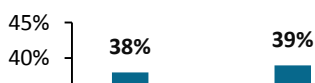
Using this broader set of indicators, we identified **2,215 children and youth with at least one indicator**, suggesting that as many as **35% of the children/youth served by FRCs in 2018 were CRA or had CRA-related issues**. Children and youth identified as CRA or with CRA-related issues differed from children/youth not identified as CRA on a number of demographic characteristics. Compared to non-CRA children/youth, children/youth identified as CRA/CRA-related were significantly more likely to be older, male, and to speak English as their primary language.

Table 7. Demographic Characteristics of CRA vs. non-CRA Children and Youth (n=6,340)

Characteristics		<u>CRA or CRA-related</u>		p
		Yes (n=2,215)	No (n=4,125)	
Demographic Characteristics		%	%	
Age	0-5 years	10	41	<.0001
	6-10 years	25	29	
	11-14 years	38	19	
	15-17 years	27	11	
Gender	Male	56	49	<.0001
	Female	43	51	
Primary Language	English	80	60	<.0001
	Non-English	20	41	

We also examined whether children and youth identified as CRA/CRA-related differed on disability and health characteristics compared to those not identified as CRA. Information on disability and health come from the **Child Screening Form**. As noted above, Screening Forms are only completed on a subset of children served by the FRCs, most likely those with a higher level of need. We found that 53% of CRA/CRA-related children and youth had a Screening Form completed, while 29% of non-CRA children/youth had a form completed. Figure 10 (below) shows differences between CRA/CRA-related and non-CRA children/youth on a number of disability and health characteristics. Those identified as CRA were more likely to have a disability than non-CRA children and youth, and were more likely to have an IEP or 504 plan than non-CRA children and youth. Among those identified as CRA, overall health was poorer, and these children and youth were more likely to have a health condition requiring regular care, to have concerns regarding alcohol and drug use, to have ever used mobile crisis services, and to have had a past psychiatric hospitalization compared to non-CRA children and youth. These differences in disability and health characteristics between CRA compared to non-CRA children and youth have been consistent over the years.

Figure 10. Disability and Health Characteristics of CRA/CRA-Related vs. Non-CRA Children and Youth, 2018

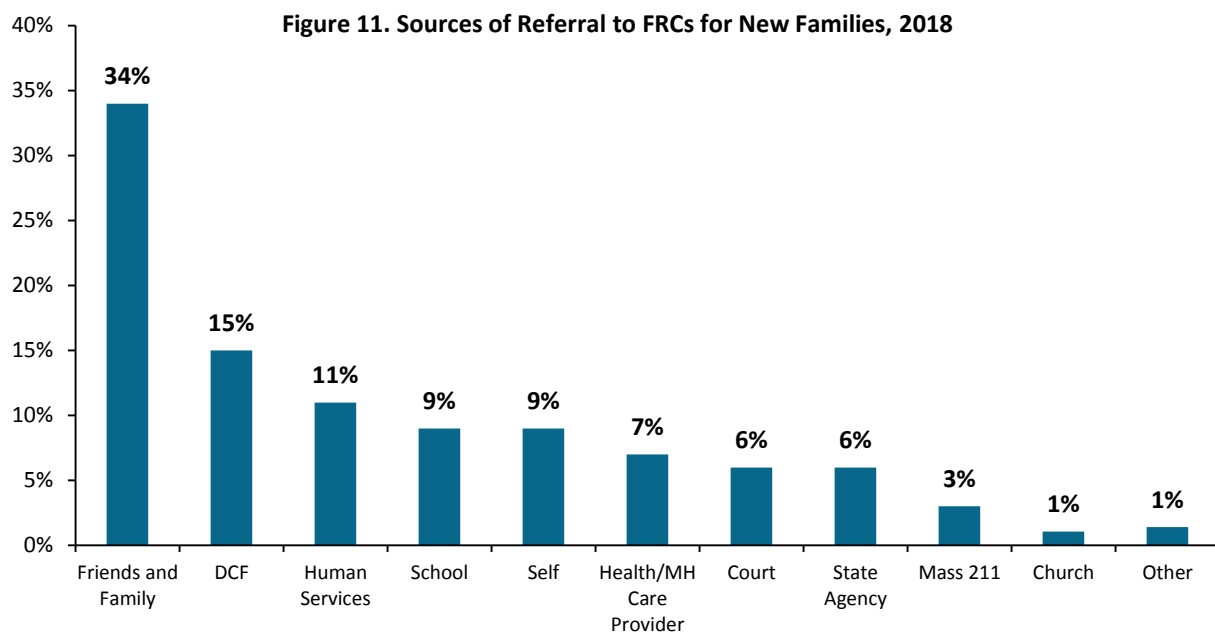


VI. Services and Programs Provided by FRCs in 2018

FRCs provide a wide variety of services, support, and programs to children, adults and families in their local communities, and families may seek FRC assistance for many reasons. In this section, we present information on the sources of referrals to FRCs, the reasons families visit FRCs, and the wide variety of services and programs offered to families by FRCs across the Commonwealth.

Sources of Referral to FRCs

The more than 9,400 new families served by the FRCs in 2018 were referred from a variety of sources. As shown in Figure 11, **34% of adult reported that they were referred to the FRCs by friends and family members**. Other common sources of referral were DCF (15%), human service agencies (11%), and schools (9%). Friends and family have consistently been one of the most common sources of referral to the FRCs over the years.

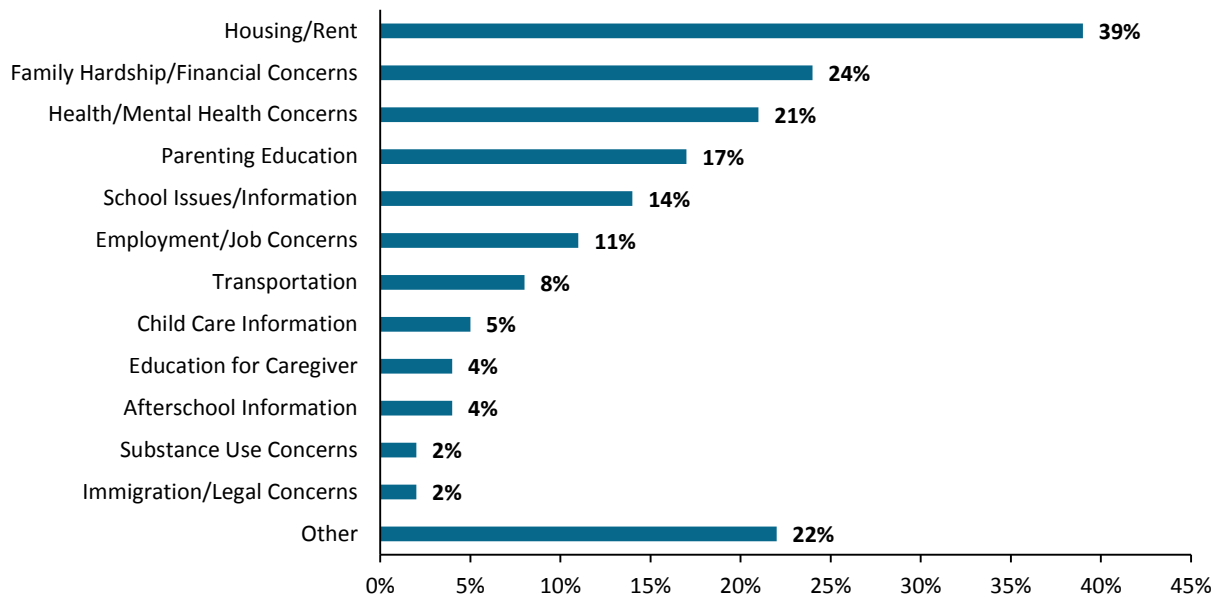


Reasons for Visit to FRCs

Families seek FRC services for a variety of reasons and concerns. Some new families seek FRC services because of specific concerns about a child or youth. In 2018, 12% of families newly seeking FRC services reported concerns about a child's difficulty with following rules, and a smaller percentage reported concerns about a child missing school (6%) or running away (2%). Thus, **the percentage on new families seeking FRC services because of concerns about a child exhibiting CRA-related behaviors is relatively small**.

More commonly, families seek FRC services for a wide variety of family needs. Figure 12 (below) shows housing/rent and family hardship/financial concerns to be the most common reasons new families sought assistance from FRCs in 2018 (at 39% and 24%, respectively). Other common reasons for seeking assistance from the FRCs included health and mental health concerns (21%), parenting education (17%), and school-related issues (14%).

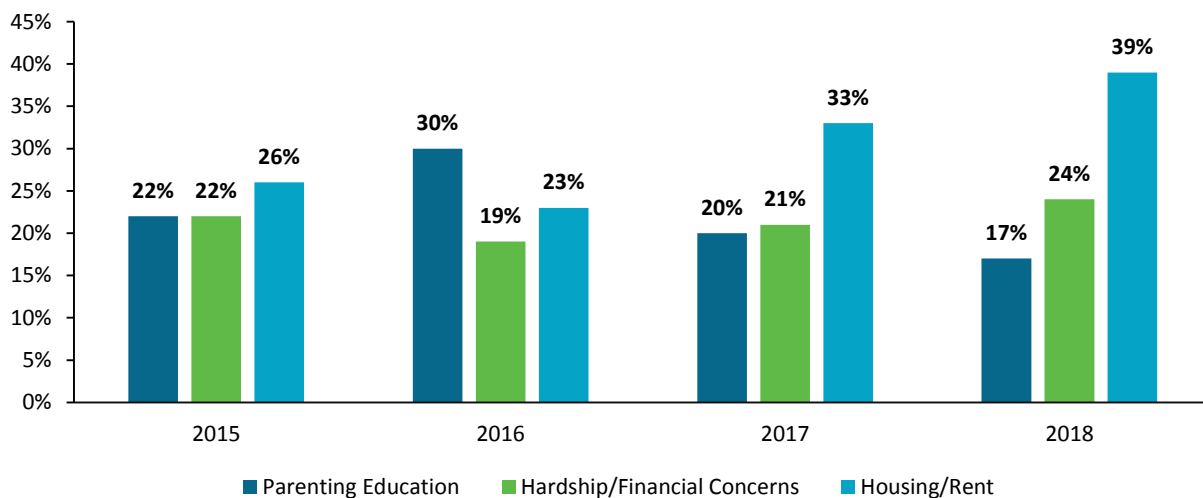
Figure 12. Reasons for Seeking FRC Assistance Among New Families, 2018



There are some notable changes in the reasons new families seek assistance from the FRCs over the years.

Particularly for the years 2016 to 2018 (Figure 13), there has been a marked increase the percentage of new families seeking housing-related assistance (from 23% to 39%), as well as an increase in the percentage of families seeking assistance related to family hardship/financial concerns (from 19% to 24%). Over this same period, there has been a decrease in the percentage of new families seeking parenting education support from the FRCs (from 30% to 17%). Other reasons new families seek assistance have remained relatively constant over this time.

Figure 13. Percent of New Families Seeking Parenting Education, Hardship/Financial and Housing Assistance from FRC, 2015-2018



Individualized Services and Supports Provided by FRCs

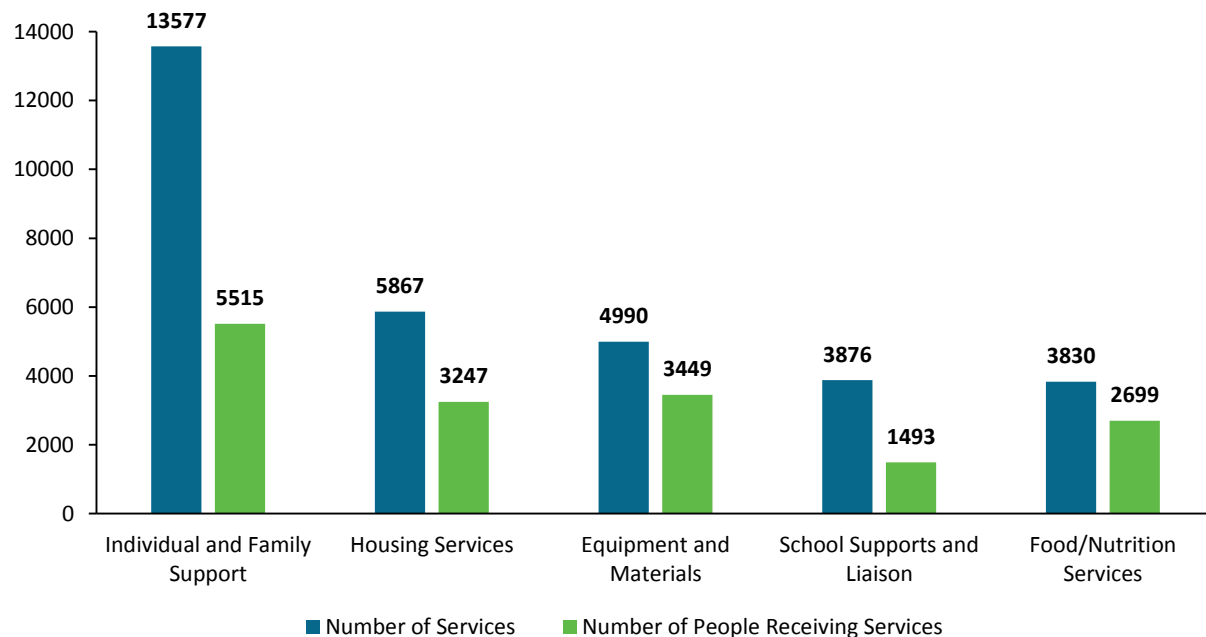
FRCs offer a comprehensive set of individualized services and supports to families seeking FRC assistance. FRCs provide services at the FRC site and may also connect families to other service providers in their communities as needed. Instances of service provided to family members are recorded by staff in the FRC Database.

The number of individualized services and supports that FRCs provide to family members has continued to increase substantially over time. In 2018, FRCs provided a total of over 48,500 separate instances of service provision to adults and/or children, an 81% increase over 2017 (FRCs provided 26,700 individualized services in 2017 and 16,000 in 2016). (Table A2 in Appendix A shows service provision by FRC in 2018.)

A count of total instances of service provision is a useful indicator of the volume of service activity within the FRCs. Figure 14 below shows the five most common services provided by FRC, including the number of instances of service provision and the unduplicated count of the number of family members receiving that service. **Within each of these service categories, the number of services and the number of family members served has increased substantially over the years.** In 2018, the five most common types of services provided by FRCs included:

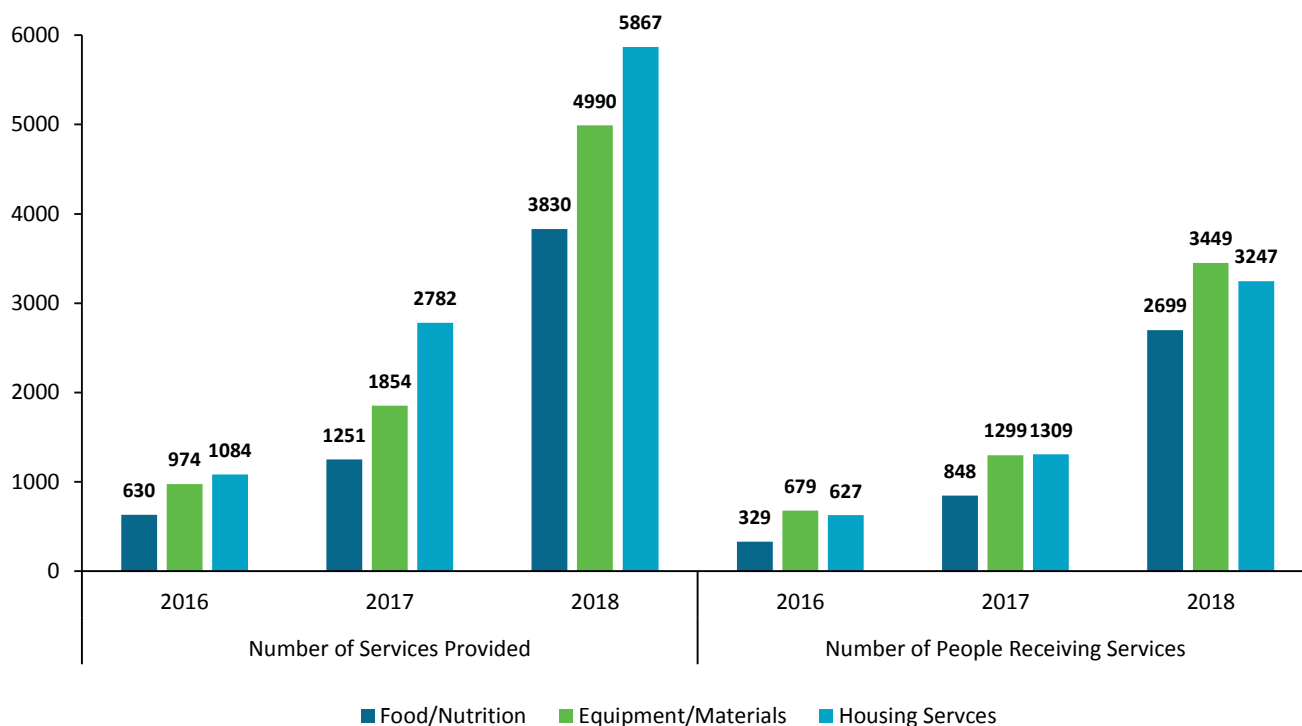
- 13,577 instances of **individual and family supports** to 5,515 family members;
- 5,867 instances of **housing services**, including referrals for organizations that provide rental assistance to 3,247 family members;
- 4,990 instances of **equipment and materials**, such as clothing, school supplies, diapers, and car seats to 3,449 family members;
- 3,830 **school support and liaison services** to 1,493 family members; and
- 3,830 instances of **food/nutrition services** to 2,699 family members.

**Figure 14. Five Most Common Services Provided by FRCs in 2018:
Number of Services and Number of People Receiving Services**



The data on individualized services provided by the FRCs show a **marked increase in the provision of food and nutrition services, equipment and materials, and housing services between 2016 and 2018**. Figure 15 shows the increase in both the number of services provided and the number of people served over this three-year period. Increases in these services from 2017 to 2018 is particularly noteworthy. Although the number of individuals served by the FRCs **between 2017 and 2018 increased by 9.5% for equipment/materials and housing services, both the number of services provided and the number of people receiving these services more than doubled**. The increase in the provision of food/nutrition services **is even more pronounced; both the number of services provided and the number of people receiving food/nutrition services tripled between 2017 and 2018**.

Figure 15. Food/Nutrition, Equipment/Materials and Housing Services: Number of Services Provided and Number of People Receiving Services, 2016 to 2018



Other common services provided by the FRCs in 2018 included:

- 3,497 instances of **mental health services** provided to 1,715 family members
- 1,971 instances of **CRA-related services** provided to 1,595 family members
- 1,633 instances of **child care services**, both emergency and ongoing, to 471 family members
- 1,584 instances of **transportation services**, to 675 family members
- 1,227 instances of **holiday assistance** provided to 965 family members
- 1,151 instances of **employment services** provided to 835 family members

While the provision of these services also increased between 2017 and 2018, these increases are much more modest compared to the notable increases in food/nutrition, equipment/materials and housing described above. (Table A2 in Appendix A shows the instances of service provision across all service categories for each FRC.)

Classes, Groups, Workshops, and Other Programming Provided by FRCs

In addition to the individual services and supports they provide to families, FRCs offer a wide variety of classes, groups, programs, and events for parent and children, including evidence-based parenting classes, mutual self-help

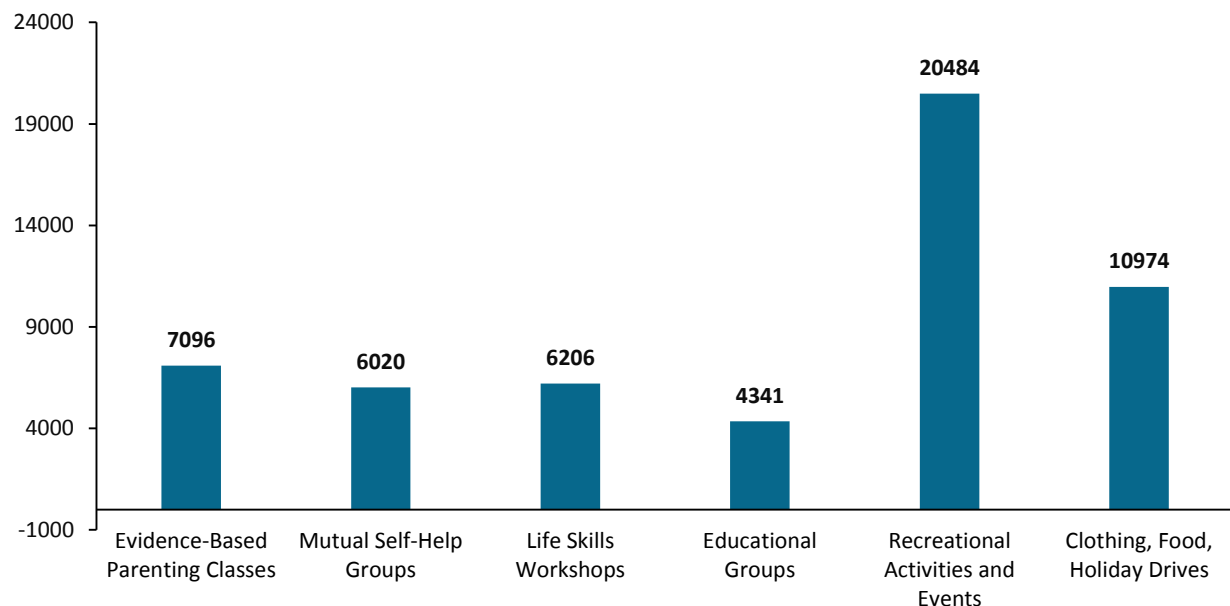
groups, life skills workshops, educational groups, recreational activities and other events.

A variety of **parenting classes** that follow an *evidence-based practice* are offered by FRCs around the state. These evidence-based classes are ones with established curricula that have been formally recognized by the National Registry of Evidence-based Programs and Practices maintained by the US Substance Abuse and Mental Health Services Administration (SAMHSA). DCF coordinated numerous trainings in 2018 for FRC staff to learn to facilitate evidence-based classes (additional information is provided in the training section beginning on page 36).

Mutual self-help groups offered by FRCs in 2018 included parent and grandparent support groups as well as substance use recovery and prevention groups. **Life skills workshops** covered topics such as domestic violence, stress and anger management, age-specific parenting issues, and other parenting classes. **Educational groups** included adult and youth education activities and school supports. Throughout the year, FRCs offer a variety of **recreational activities and cultural events, playgroups, and holiday parties**, which are designed to provide peer support opportunities for parents and youth. These events and activities help them develop connections and relationships within their community. Finally, a number of FRCs offer regular clothing, food, and holiday drives to provide necessities to families in need.

Figure 16 shows the total attendance at the various programs offered across all FRCs in 2018. (Table A3 in Appendix A shows attendance at classes, groups, workshops, and programs for each FRC.)

Figure 16: Attendance at FRC Classes, Groups and Programs, January to December 2018



Between 2017 and 2018, there was a slight decrease in the overall attendance across all classes, groups and programs, with the exception of clothing, food, and holiday drives, which increased slightly from 10,549 to 10,974. This finding is consistent with the other notable changes in FRC services previously described above.

VII. Tracking FRC Outcomes and Family Member Satisfaction

The comprehensive array of services and supports provided by the FRCs points to the extensive and varied needs of the families seeking assistance from the FRCs. The **data on services and programming presented in the previous section suggest that FRCs are increasingly assisting families with critical needs for housing, material goods, food and nutrition support**, as well as mental health needs, child behavior and school-related needs, and

employment and transportation support. The data make it clear that the FRCs are assisting vulnerable families with high needs and are likely filling a vital role in the communities they serve.

FRC Service Intensity and Duration

Key to effectively tracking FRC program outcomes is to understand the patterns in the intensity and duration of services provided to families by the FRCs. We used date information available in the FRC Database to determine the intensity and duration⁶ of services to 12,000 family members who had at least one date of service in 2018 following their intake date.⁷ Results of this analysis showed:

- 58% of family members received only 1 day of service after intake;
- Over 80% of family members receive between 1 and 5 days of service after intake; and
- Over 65% of family members received all services within the first 30 days after intake.

Similar patterns of service intensity and duration were seen in 2017 and 2016. These findings, coupled with the regular influx of new families into the FRCs (e.g. 77% of families seen in 2018 were new families as were 84% of families in 2017), suggest that FRC services are of low intensity and short duration for many families. As families often come to FRCs with immediate needs and/or at a time of crisis, these data suggest that in many instances FRCs are assessing families' needs and quickly providing and/or connecting them to the services and resources they need in the community. The notable increases in services addressing housing and other basic needs is consistent with this notion. However, FRCs are likely having prolonged engagement with only a relatively small subset of families. With this pattern of service intensity and duration, one important outcome to assess is family member satisfaction with FRC services.

Family Member Satisfaction with FRC Services

FRCs have been collecting data on families' satisfaction with service since late 2016. Two FRC Satisfaction Surveys – available paper and online versions in both English and Spanish – are used to assesses family members' *satisfaction with services*, and *satisfaction with parenting classes and workshops*. The participant is asked to indicate the service or class/workshop being rated and to rate their level of satisfaction with the service or class/workshop. In 2018, 613 surveys were completed for services and 478 surveys were completed for classes and workshops.

Using the **Services Satisfaction Survey**, family members rated satisfaction with a range of FRC services, including information and referral services; groups, workshops and recreational events; and CRA-related services. Overall satisfaction is rated using a 4-point scale (from “agree completely” to “disagree completely”) in response to the statement: *“Overall, I am very satisfied with the services provided by the FRC.”* Among those completing the Services Satisfaction Survey in 2018 (n=613), **94% agreed completely, and 5% agreed somewhat, that they were very satisfied with FRC services.**

Using the **Parenting Classes/Workshop Satisfaction Survey**, family members rated their satisfaction with a variety of parenting classes, including Parenting Journey, Nurturing Parents Program, and Active Parenting, among others. Overall satisfaction with classes and workshops is rated using a 5-point scale (from “strongly agree” to “strongly disagree”) in response to the statement: *“Overall, the class was very helpful.”* Among those completing the Parenting Classes/Workshop Satisfaction Survey in 2018 (n=478), **96% strongly agreed, or agreed, that the class was very helpful.**

As in prior years, overall satisfaction with FRC services and programs continued to be very strong in 2018.

Assessing FRC Outcomes

As the service intensity and duration data show, there is a subset of families (about 20-30%) that engage with the FRCs for longer periods of time and receive a greater intensity of services. The UMMS evaluation team has been working with DCF to develop and implement both qualitative and quantitative approaches to assessing the

⁶ Intensity of services is defined as the number of days of service provided to a family member after their intake date; duration of services is the length of time between the initial intake date and the last day of service observed in the database.

⁷ Initial intake date could have occurred at any time from 2015 to 2018.

outcomes achieved by the FRCs particularly for this subset of families with more intense engagement. In 2018, we conducted a qualitative study to illuminate parents' perspectives on the reasons for seeking FRC services and the ways in which FRCs have helped them and to capture FRC staff views regarding the ways in which they assist families. Key findings from the qualitative study are reported below.⁸

The Perspectives of Parents and Staff Regarding FRC Impacts: A Qualitative Study

In the summer of 2018, UMMS evaluators conducted a qualitative study exploring the perspectives of parents using FRC services and FRC staff, seeking to understand the ways in which FRCs support parents, children and families and the impact that FRCs have on families' lives. Through a series of focus groups with parents using FRC services, as well as key informant interviews with FRC staff members, we sought to explore the perspectives of these stakeholders on the critical services and supports that FRCs offer families, the effectiveness of these services, and the most important outcomes that FRCs achieve in their work with families. Qualitative methods can enhance our understanding of services and their impacts because they provide a rich description of complex phenomena and give voice to those with first-hand experience of the services. Such data often help to explicate and complement quantitative findings.

Focus Group Methods

UMMS conducted five focus groups with parents receiving FRC services across the Commonwealth. Adults over the age of 18 receiving services from the Lowell, Fitchburg, Martha's Vineyard, Boston, and Greenfield FRCs were offered the opportunity to participate in the groups. To recruit parents, each FRC was provided with flyers advertising the focus group; the flyers instructed interested individuals to contact us via phone or email to volunteer. The flyers emphasized that groups would be confidential, and participation was voluntary. We conducted a brief telephone screening interview with potential participants to confirm their availability to attend the scheduled group and sent reminder letters and/or made phone calls to participants prior to the group.

The focus groups were facilitated by two members of the UMMS evaluation team; four groups were conducted in English and one was conducted in Spanish. Each group lasted 1 to 1 ½ hours. Groups were audio-recorded, refreshments were provided, and each parent received a \$50 cash stipend to thank them for their participation. Parents participating in the focus groups were asked to describe how they learned about and their reasons for coming to the FRC, services they received and ways they have been helped by the FRC, and their overall impressions of the FRC.

Forty-four parents participated in the focus groups; 14% of the parents were also grandparents. Participating parents ranged in age from 18 to 75, with 64% between the ages of 30 and 49. Eighty-four percent were female. Thirty percent identified as White; 27% identified as Black; and 46% identified as Latinx. Sixty-four percent had been involved with the FRC for more than one year, suggesting that the focus group participants represented the subset of parents/families with longer and more intensive involvement with the FRC.

Informant Interview Methods

We worked with DCF to nominate potential FRC staff members to participate in the key informant interviews, seeking to interview staff representing both full-service and micro FRCs, including staff representing various roles. We contacted staff by phone or email, asking if they would agree to be interviewed about their experiences and perceptions regarding the FRCs. The voluntary and confidential nature of the interview was stressed; interviews were scheduled at a time that was convenient for the staff member being interviewed.

Staff interviews were conducted over the phone by a member of the evaluation team; eight interviews were conducted, all in English. Each staff interview lasted 30 to 60 minutes, and interviews were audio-recorded. Staff members were asked to describe their role at the FRC, the needs of families served by the FRCs, how they work with families, and the most important outcomes achieved by the FRCs. FRC staff participating in the interviews included two Program Directors, four School Liaisons, and two Clinicians.

⁸ The complete report is available from the authors.

Homelessness and Housing Needs

"The shelter said I didn't qualify because I left my apartment. So, in the middle of the summer, I was sleeping in the car because I was homeless."

"I got denied into a shelter because he threatened to throw me down a flight of steps."

"We've used the family center for back rent. So, they've been helpful with that kind of resource, and then also referred us to other places that could help [find housing]."

"[FRC] helped me get my birth certificate. Thank God, if it wasn't for them, I would not be able to get this apartment – knock on wood I get it."

Parent's Mental Health Needs

"...in college...I had major traumas, and they said I had bipolar disorder. So, when I signed up to be a part of this, I was thinking I'm here with [my son]...this would be a great support system. I take medicine right now, everything's regular, but say things go irregular, or something happens. I like that extra support."

"I was trying to get a counselor...and they put me in emergency counseling. That place was so full that they just couldn't fit me in. And [FRC staffer] was like, 'No, we're getting you in, you have to talk to somebody, you have to get in there.' So, she's really been facilitating and advocating for me, even when I couldn't advocate for myself."

"If I call here, and I can't reach [FRC staffer], I'll talk with [another FRC staffer], she's very nice, she's very supportive...they all work together. The emotional support I can't get with my family, I get here."

Qualitative Data Analysis

Focus group and staff interview audio-recordings were professionally transcribed. Data were analyzed using a qualitative data software (ATLAS.ti). A thematic analysis (coding) of the transcripts was conducted by two members of the evaluation team to help ensure consistency and validity of the data. We used the FRC intended outcomes (see Background Section, pages 6-7) as a guide for developing the codes and analyzing the transcripts.

Major Findings: Parent Perspectives

Parents learn about FRCs from a variety of sources and seek services and assistance from the FRCs for a wide range of needs. Parents described the ways in which FRCs provided supports for housing-related needs; child emotional and behavioral challenges and school-related needs; their own mental health needs; and basic material needs.

Learning About the FRCs

"I heard about it in the shelter...I think somebody, some resident in the shelter told us."

"I heard about it because I had EI for my four oldest children...my EI worker, she was, like, 'Oh, there's this new place opening up. Let's go check it out.' So, I came with her. Since then, I've been consistent."

"I got into a terrible accident...So, I went to the hospital for a checkup, and the lady who was doing the check-in, she said, 'Do you have a counselor? I think you need to talk to someone.'"

"I touch base with [my DCF worker]. She worked with me and my son when he was little, and I always stayed in touch because she was so positive. She mentioned [FRC staffer], and she said how good she is..."

Family's Basic Material Needs

"You know, I've had hard times where I've had no food. They've given me gift cards for food, you know, and that's the things that they've done."

"They do a coat drive for adults and kids. They just really – they have a huge spectrum of fulfilling the products that you need, they have feminine products, they have baby formula, like you said. Paper products, books, and diapers, like you said, too. You just have to ask, you know? Because they'll help you."

"[The FRC] has helped me a lot. I've been coming here for over a year. I have a three-year-old daughter...I needed clothes for her as soon as she was two, she would grow like wildfire. She had new clothes, diapers, and all that stuff."

Parents also described the value of the parenting classes, support groups and other activities, as well as the efforts the FRC makes to connect families to resources in the community.

Classes, Groups and Activities

"So...I love the Parenting Journey, because it took me to a platform of being able to rebound from some trauma that I wouldn't have expected to gain from, you know, 12 weeks. But I have really made a great leap forward because of that."

"I do the mom support group here...they have a post-partum support group. I've probably done everything that you can do here I've been involved with. So, they've helped my life a lot."

"So, the programs that they have here for kids are extraordinary. My daughter took a cooking class in this room."

"Yeah, love the art classes. It builds community, it builds bonding with your kid, it's just a fabulous thing."

Connecting to Community Resources

"And they also recommend other resources that can help you. If they can, they do."

"They don't do the 'oh I'm going to help you' and then you call them, and then you're waiting for it...they do help you. Like she said, they give you numbers and addresses where you can go – or if they can call, they call for you. So, it's a pretty cool community help in there."

"...it's like an all-in-one. And if they can't help you, they really will help you find it."

Major Findings: Staff Perspectives

Serving Vulnerable Families in Crisis

"Our families...they feel very powerless...we help them navigate that system and feel empowered."

"When they come in, ...we sit down with them and we do an assessment. What they are presenting with? What other service that they may want, and they don't present at the first session. For instance, the first thing we look at is their basic needs. What can we stabilize them with? At the same time that we are assessing the basic needs, we are already assessing the emotional needs. How much stress does this family have? Is there someone in the family that could be going through some form of emotional issue, a substance abuse issue? Is there a kid that may have a learning disability? We are constantly assessing that. And then, we present the support plan in a way that they are partners with us."

- ## Connecting Families to Resources

"But they also make you feel like a good mom. They show you that there's light at the end of the tunnel." "That is definitely something that we help with. They may be connected to an agency, but they don't realize it. It is not the only agencies are out there. So far, family has actually helped and saved. My child had a special need, had him being conducted to Michigan. And his brother, who, he did not know about so-and-so, or so-and-so, or so-and-so?" And then, so all of a sudden, their world opens up to many other avenues. And it just helps to wrap many arms around that family. So they may be connected to one or know of one or two. But we help to connect them to many, so that they – it's more of a buffet for them."

Helping Families Learn New Ways of Being

3. Parents described the FRC as a place where **they can bring a full range of issues** – that the FRC is **willing to change behaviors** by helping families do things a different way...because sometimes we are used to

doing things in a negative way, and we keep doing it... because we have not replaced that behavior."

"It's just like saying, 'What does your mother do for you?' And it's, like, 'I don't know, she does "some of the little things we need and then she does the thought of other ways" of doing things...even though sometimes does not work, but that's what they do. So, we immediately break new goals that they may not have thought about into small tasks. What are the things that we need to do for this to get accomplished?"

Supporting Families Through the Process

"People would rather come to the FRC with a housing issue, because somebody is going to sit down and walk them through the process, fill out the application with them, an emergency application or whatever. And calm them down, not offer judgment, respect them as people, you know, this is what we do."

"They can call those places from our office so that they're not doing this alone. So, our family partner's sitting there with them, making these phone calls."

"It's not just helping someone get directed to a service, but it's showing that, you know, there's some care."

Maintaining Relationships with the Community

"We try to make sure that we're aware of those steps the families need to take, and who is the right person to call at the time, what's the application, the process. And we've been fortunate to kind of make those relationships at the certain agencies."

"We have great collaborative partnerships in the community, too. So, we do offer a lot of collaborative events where we have the space and we invite partners to come in and hold groups."

"In terms of actual relationships with the actual schools and the actual courts, we collaborate and talk with them frequently just about what's going on, how we can make the referral process easier."

Summary

Overall, the focus group and informant interview data provide qualitative evidence that FRCs direct their efforts to the major outcome domains articulated for the programs:

- Connect families to services that support health, particularly mental health
- Assist families to maintain or secure safe and stable housing
- Promote children's success in school, including advocating for school-based services and helping parents to understand ways to effectively advocate for supports for their child(ren)
- Support family civic engagement by offering parents/children recreational, social, and cultural activities within the FRC and in connecting families to these same opportunities in their communities
- Help parents/children connect to caring adults by providing chance to develop relationships with peers (e.g. parents with similar experiences) and by being the "caring adult" in the lives of these families

It may be that the most important outcome that the FRCs achieve is providing families a connection to caring adults – in effect, the FRCs are "parenting" the parents. The FRCs' supportive, accepting, non-judgmental, and strengths-based approach, described by both parents and staff, may provide the foundation that allow these vulnerable families to take the steps needed to make changes in their lives.

"Well, I think, for any family, the most important outcome is whatever they came in for, they feel like they received that. But in addition to whatever it was that that immediate need was, or long-term need was...and we were able to put that support or agency or organization in place for that family...I also want them to walk away feeling like they were nurtured, they were supported, they were heard, and that they can return. And that's one of our messages in our FRC. They can return here at any time, for anything, whether it was this, you know, immediate need that brought them in, or something different in the future. I think that that is the most important thing."

Tracking Quantitative Outcomes

The data emerging from the focus groups and information interviews paint a compelling picture of the work of the FRCs and provide qualitative evidence of the significant impact that engagement with the FRCs has on the lives of vulnerable families. The UMMS evaluators have worked with DCF to implement methods to systematically and routinely capture quantitative data on the major outcome domains articulated for the FRCs. The approach will ask FRC staff to report on specific outcomes achieved for selected family members who have been identified as receiving a specific service (e.g. FRC staff will be asked to report on the housing status of family members identified as receiving housing services). In addition, UMMS evaluators will conduct brief targeted surveys of family members who came to the FRC with a specific need and/or received specific services, asking them about their experiences with the FRC and whether the FRC helped them with the specific need. The quantitative outcome tracking will be piloted, beginning in the spring of 2019, and will initially target families who have received multiple days of service.

VIII. Efforts to Share Information and Data between Centers

Data Sharing with FRCs and DCF

UMMS is responsible for managing the FRC Database and ensuring the security and confidentiality of the data captured in the database. UMMS is contractually prohibited from sharing personally identifiable information about individual family members across FRCs or with DCF and EOHHHS. However, UMMS provides each FRC with reports of their data monthly and engages in a range of activities to help improve the quality of the data collected on an ongoing basis. UMMS has created standard reports for all FRCs to be able to download their data at any time. In addition, FRC directors and managers have also been trained to create reports to meet their individual center needs. Aggregate data is shared with DCF monthly for each FRC, and year-to-date data is also provided to DCF by UMMS.

Together, UMMS and DCF implement a variety of activities to enhance the quality of service delivery and to promote the sharing of information and effective approaches to serving families across FRCs. These activities include monthly Program Management and Practice Development (PMPD) meetings and annual FRC site visits, a web portal and regular eblast for the FRCs (FRConnect and QuickConnect), and ongoing training of FRC staff in evidence-based practices.

The Program Management and Practice Development (PMPD) Meeting Schedule for 2018

The PMPD meetings bring together FRC leadership from across the state to develop consistent, effective practice across the network; share best practice; conduct network planning and receive training on topics relevant to the work of the FRCs. As a result of implementing a new PMPD meeting structure to maximize the network's participation and having the FRCs prioritize future PMPD statewide agenda topics, the following topics and meetings were facilitated:

- 1/11/18 – Juvenile Detention Alternatives Initiative (JDAI) Presentation – Community Connections & FRC collaborative training and discussion
- 3/8/18 – Preventing Commercial Sexual Exploitation of Children Presentation & Prioritization of PMPD Meeting Topics
- 5/10/18 – Visioning and Strategic Planning Session for the FRC Network
- 7/12/18 – Prioritization of Action Plan Goals for the FRC Network & Micro/Full Discussion Groups
- 9/6/18 – Interagency Hurricane Maria Response Debrief
- 11/8/18 – Presentation on CRA Law and Data Discussion

From these meetings, an **FRC 2019 Action Plan** was developed, the **Hurricane Maria Response Debrief Recommendation Report** was created, a **statewide assessment of the FRC/Court relationships** was conducted, and a **prioritized list of PMPD training topics** was developed for 2018/2019. These documents and planning tools will aid in continuing to strengthen the work of the FRC Network over the coming year.

The FRC Network had several major initiatives that were implemented over the past year:

- Development and implementation of school liaison, clinician and family partner cohort meetings (Learning Collaboratives)
- Creation of FRC network action plan to continue to strengthen the network and work toward achieving the vision created by the FRC Leadership
- Established benchmarks for the FRCs
- Started and enhanced partnerships with multiple state agencies with similar programs/missions
 - Department of Developmental Services – Family Support Centers
 - Children's Trust – Family Centers and Healthy Families
 - Department of Public Health – Home Visiting Initiatives
 - Mental Health Advocacy Program for Kids

– Department of Transitional Assistance – SNAP

- Implemented regional PMPD meetings
- Piloted iPads in FRCs to increase family satisfaction survey feedback
- Developed an Executive Summary Data Report for the FRCs to have a shorter, more visual way to share data
- Finalized and implemented the Standard Operational Protocol Guide for the FRC Network

FRConnect and QuickConnect

In a continued effort to facilitate and encourage information and data sharing between FRCs, a web portal is regularly updated. Called *FRConnect*, this password-protected site — accessible only to FRC, DCF, and ASO staff — includes news, training opportunities, resources, and event calendars. FRCs can use the portal to share best practices, updates on successful activities and interactions, and opportunities for collaboration. Information shared on FRConnect includes:

- Calendars and announcements – informing other FRCs about trainings and events they are holding that they can share with their clients as well as other events and training opportunities in their communities. Events have included talks, clothing giveaways, upcoming webcasts, social activities, and accessing specific parenting and child services;
- Success stories – information on how an FRC helped a family; what worked for them in a particular situation or client interaction; or scenarios that other FRCs could model; and
- Resources that they have used and think others could benefit from – such as articles, fact sheets, and web links.

QuickConnect, a regular eblast, pushes FRC staff to the web portal. This communication vehicle alerts the FRC staff to what's new on *FRConnect* or the FRC website and provides a further method for sharing activities and events that are planned at the various FRCs, as well as upcoming trainings. *QuickConnect* also serves as a tool to communicate successes and best practices.

FRC Staff Training

In 2018, the Family Resource Center Training Coordinator completed a needs assessment to determine how best to support FRCs in the appropriate delivery of evidence-based programming and evidence-informed practices through conducting trainings and facilitating Learning Collaboratives, utilizing national trends and best practices relevant to the work of the FRCs.

Types of Trainings Offered to the Family Resource Centers

There were 53 individual trainings offered to Family Resource Center staff in 2018. Offerings included Evidence-Based Parenting (EBP) program trainings to develop facilitators in required curricula (ranging from 1 to 5 full days, depending on training module), skill-building trainings to cultivate competence in a variety of specialized subject matter needs, and workshops and presentations to provide FRC leadership and staff with a greater knowledge of community and statewide supports that enhanced services provided to youth and families.

In 2018, the Family Resource Center Training Coordinator developed and began facilitating Learning Collaboratives – cohort meetings specifically designed to help different staff roles at the Family Resource Centers to connect with their peers and learn together in a meaningful way.

Training offerings included:

- 32 Evidence-Based Parenting program trainings
- 21 Skill-Building trainings
- 4 PMPD and Learning Collaborative Workshops and Presentations

The Evidence-Based Parenting program training topics included:

- Nurturing Families
- Nurturing Fathers

- Nurturing Families in Substance Abuse Treatment and Recovery
- Parenting Journey I
- Parenting Journey II
- Parenting in America
- Sober Parenting Journey
- Active Parenting: 4th Edition
- Active Parenting: First Five Years
- Active Parenting: Cooperative Parenting and Divorce
- Active Parenting of Teens

Skill Building training topics included:

- Motivational Interviewing
- Understanding and Responding to Victims of Commercial Sexual Exploitation
- Preventing the Commercial Sexual Exploitation of Adolescent Girls
- Creating and Sustaining Grandparent Support Groups
- Navigating the Special Education System
- DBT Skills
- Supporting LGBTQ+ Youth and Families
- Building Resilience in Kids: Art From the Heart
- Trauma Informed Care
- Mental Health First Aid
- Parents Helping Parents
- Child Requiring Assistance (CRA) Law
- Special Education: Effective Communication
- Special Education: Transition Planning

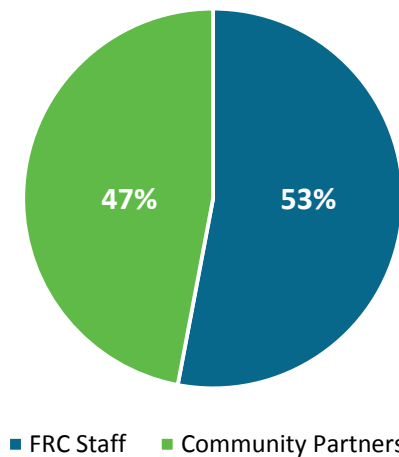
Workshops and presentation topics included:

- Juvenile Detention Alternatives Initiative
- MA Child Welfare Trafficking Grand and My Life My Choice
- Debriefing the Hurricane Maria Coordinated Response in Massachusetts
- Special Education: Basic Rights and IEPs

Training Participants

More than 400 participants attended EBP and skill-building trainings this past year. Additionally, multiple FRC staff attended workshops and presentations provided at the PMPD Meetings and Learning Collaboratives. A typical PMPD meeting has over 40 FRC staff in attendance and Learning Collaboratives average 20-40 attendees, depending on the cohort group. Training opportunities are available first to FRC staff and then are extended to community partners when extra seats are available. As shown in Figure 17, 47% of training participants were community partners in 2018 (almost double the 25% who participated in 2017). This collaboration has been an essential part of the training component as many of the FRCs rely on community partners to co-facilitate EBP education programs as well as to expand communities' capacity to provide specialized services to meet the needs of the youth and families they support.

Figure 17. Training Participants in 2018



Training Satisfaction

In 2018, the FRC Training Coordinator continued to utilize the existing training evaluation system developed by UMMS to determine participant satisfaction with the training offerings and identify issues with training content. Training satisfaction was overwhelmingly positive in 2018 with 90% of respondents reporting that the overall value of the training, usefulness of topics discussed, and effectiveness of the facilitators in presenting were “good” or “excellent.” Figure 18 and comments below show participants’ satisfaction with the training offerings.

Figure 18. Training Satisfaction Ratings



Feedback from training participant evaluations included:

"Excellent training. One of the best I've been to this year."

"This was a great learning experience!"

"[The trainer] was wonderful. This training was extremely beneficial, and I look forward to facilitating this group at my FRC."

"Thank you for a great training and allowing us the space to learn and try!"

"The entire training is exactly what I was hoping for my team."

"Absolutely loved this training, the trainer, the materials, and the format."

"I'm definitely going to use this."

"Great training! Excellent use of my time."

"Thank you for helping me do my job better!"

IX. Summary

During their 4th year of operation, the FRCs continued to provide a comprehensive array of services, supports and programming to children, youth, adults, and families in need across the Commonwealth. In 2018, FRCs provided services to 12,284 families, including over 9,400 new families – an increase of 14.5% over the number of families served in 2017. From January to December 2018, FRCs provided services to over 19,900 individuals; 65% of those served were adults and 35% were children. The number of individuals served in 2018 represents a 9.5% increase over the number served in 2017.

The majority of adults seeking FRC services in 2018 were parents, primarily female, with almost 70% of families representing single parent households. Among children/youth served by the FRCs, a slight majority (51%) were male. About one-third of both adults and children represented racial minorities. Since the launch of the FRCs in 2015, there has been a notable increase in the percentage of both adults and children who identify as Latinx or Latinx and who speak Spanish as their primary language.

The data continue to show that many families served by the FRCs are low-income and struggle with associated challenges related to housing and other basic needs. In 2018, only 37% of adults served by FRC were employed full- or part-time, 33% receive some form of public cash assistance, and 14% may be without any source of income. More than three-quarters of adults and children were enrolled in MassHealth. Over the years since the launch of the FRCs, there has been an increase in reported homelessness among adult seeking FRC services, as well as increases in the numbers of adults and children in families needing basic assistance with food and clothing.

Although families seek FRC services for a wide variety of reasons, the data show marked increases in the number of families seeking assistance with housing, food, clothing and other material needs over time, particularly from 2016 to 2018. Moreover, the service delivery data show that FRCs are increasingly responding to these needs. While the number of families served by the FRCs increased by 14.5% from 2017 to 2018, and the number of individuals served increased by 9.5%, the number of individualized services provided to adults and children increased by 80% from 2017 to 2018. Most of this increase in service delivery is driven by large increases in individual and family support, housing services, equipment and material support, and food/nutrition services.

While there were also increases from 2017 to 2018 in the provision of mental health, school-related, CRA-related, and other services, these increases were more modest and consistent with the overall increase in the numbers of families and individuals served by the FRCs. The comprehensive range of individualized services and supports provided by the FRCs points to the extensive and varied needs of the families seeking their services.

In addition to individualized services, FRCs provide a wide variety of parenting classes, self-help groups, life skills workshops, recreational programming, and other events to parents and children. Thousands of parents, children and youth took advantage of this programming offered by the FRCs in 2018. There was, however, a slight decrease in attendance at classes, groups, workshops, and other events from 2017 to 2018, and overall fewer parents identified parenting education as a reason for seeking FRC services in 2018 compared to prior years. There was one exception to the decrease seen in attendance at FRC events: attendance at clothing, food and holiday drives increased slightly from 2017 to 2018, providing further evidence that FRC are seeking increased demands from families for assistance with basic needs.

The FRC service delivery data continues to show that many families have relatively short-term involvement with the centers. As families often come to FRCs with immediate needs and/or at a time of crisis, the service delivery data suggest that FRCs are assessing families' needs and quickly providing services and resources to respond to these needs.

Families' satisfaction with FRC services is extremely high. Moreover, focus groups with parents and key informant interviews with FRC staff conducted in the summer of 2018 provide qualitative evidence that for those families with more intensive and prolonged engagement with the FRCs, the FRCs are directing their efforts toward promoting positive outcomes for parents, children, and families in important domains. In addition, success stories from each FRC provide further evidence of the impact of the FRCs and the vital role they are filling in the

communities they serve. The UMMS evaluators have worked with DCF to implement methods to systematically and routinely capture quantitative data on the major outcome domains articulated for the FRCs beginning in the spring 2019.

Appendix A: Cumulative and Individual FRC Data Tables, 2018

Table A1: Families Served by and Sources of Referrals to FRCs (January–December 2018)

	Amherst	Athol	Barnstable	Boston	Brockton	Everett	Fall River	Fitchburg	Framingham	Greenfield	Holyoke	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Worcester	All FRCs	Monthly Average
Total number of families participating	294	632	396	730	508	589	318	336	353	494	586	1137	620	227	197	67	858	228	846	637	1048	1183	12284	1024
Number of new families participating	186	541	326	525	415	585	263	281	266	292	547	917	419	186	89	58	551	113	587	516	887	914	9464	788
Referral Sources for New Families																								
Friend/family	141	140	64	263	239	220	74	99	57	348	686	302	194	90	51	17	232	47	248	99	507	254	4372	
School	41	15	252	81	91	144	85	3	40	60	131	124	235	5	110	16	119	37	102	146	32	148	2017	
DCF	68	73	62	22	56	80	39	106	42	48	45	57	122	48	25	1	158	86	150	57	230	181	1756	
Community agency	89	28	71	125	45	84	117	18	60	88	117	121	115	66	44	7	129	24	57	44	53	121	1623	
Self	16	467	15	16	27	14	91	62	10	26	18	31	10	8	51	5	31	12	19	77	85	63	1154	
Court	17	4	35	35	115	16	60	56	23	86	12	32	67	2	14	0	208	24	49	80	44	119	1098	
Other state agency	18	11	8	56	167	31	8	17	11	16	60	65	41	10	1	3	69	9	19	44	82	56	802	
Mental health provider	71	25	50	124	20	116	25	2	19	29	32	18	32	2	83	11	13	3	16	48	17	25	781	
Mass211	7	0	1	25	71	20	5	11	78	0	10	15	11	14	0	0	3	0	1	25	109	86	492	
Health care provider	17	3	20	27	23	58	20	0	9	25	11	10	15	1	16	4	17	2	3	18	7	15	321	
Social/Print media	6	1	5	26	1	15	1	1	1	22	1	0	5	14	0	2	6	6	6	5	21	20	165	
Faith-based organization	1	2	1	2	39	7	0	2	15	3	11	12	3	0	0	1	4	2	8	3	6	18	140	

Table A2: Services Provided by FRCs (January–December 2018)

	Amherst	Athol	Barnstable	Boston	Brockton	Everett	Fall River	Fitchburg	Framingham	Greenfield	Holyoke	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Worcester	All FRCs
Total number of services provided	998	1356	935	3372	1837	1664	2007	697	1821	4755	2567	2587	2998	90	3806	144	4498	1153	2755	1142	1423	6141	48746
Individual/family support	36	37	135	156	393	17	462	117	670	1764	0	749	928	14	1228	11	1861	755	269	98	351	3526	13577
Housing/shelter	162	251	30	1163	355	139	167	151	215	459	339	130	415	22	91	13	492	40	138	92	309	694	5867
Equipment/materials	29	36	36	578	204	363	278	122	138	79	699	487	304	10	18	19	287	19	939	46	146	153	4990
School	41	108	177	267	94	43	423	4	171	207	93	27	129	2	691	10	865	15	324	20	15	150	3876
Food/nutrition	24	374	54	94	144	588	63	62	122	159	879	563	95	8	175	18	49	4	58	50	157	90	3830
Mental health services	95	209	324	237	120	126	117	17	88	316	34	52	420	2	524	30	154	16	121	103	31	361	3497
Child care (emergency or ongoing)	6	11	6	42	15	32	5	9	8	608	0	2	30	2	195	1	24	66	508	7	13	43	1633
Transportation	31	18	6	196	51	9	9	1	11	305	3	4	13	0	120	1	39	28	141	47	291	260	1584
Holiday assistance	34	15	27	183	11	13	15	1	109	34	0	216	22	0	0	5	171	0	11	365	0	40	1272
Employment	21	12	2	63	40	76	28	17	63	188	185	27	41	11	42	2	122	2	23	7	13	166	1151
Health care	18	57	7	118	41	61	46	31	34	58	116	3	50	2	124	3	46	5	25	57	9	93	1004
CRA Assessment	12	0	22	62	19	14	40	43	38	3	7	264	190	6	4	3	93	19	41	2	0	50	932
Legal	7	30	9	35	34	65	34	2	36	106	26	5	68	6	38	3	72	9	41	5	14	174	819
Income/transitional assistance	11	67	15	31	51	27	42	3	21	129	142	3	14	0	138	10	23	4	17	7	2	49	806
Child abuse/neglect services	270	1	0	0	0	0	6	14	15	79	0	0	39	0	97	0	13	27	4	0	1	84	650
CRA Service Plan	1	0	3	20	115	5	38	31	6	79	4	38	83	5	4	0	41	1	24	62	4	8	572

Table A3: Attendance at Evidence-Based Parenting, Life Skills, Education, Mutual Self-Help Groups, Recreational Activities/Events and Drives (January–December 2018)

	Amherst	Athol	Barnstable	Boston	Brockton	Everett	Fall River	Fitchburg	Framingham	Greenfield	Holyoke	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Worcester	All FRCs
Total number of services provided	998	1356	935	3372	1837	1664	2007	697	1821	4755	2567	2587	2998	90	3806	144	4498	1153	2755	1142	1423	6141	48746
Translation services	87	0	0	34	59	1	89	12	6	20	17	0	6	0	102	2	36	0	7	43	34	4	559
Fuel assistance/ utilities	5	89	10	56	37	44	27	39	9	64	7	6	4	0	46	6	13	2	29	6	4	56	559
CRA-related referral to LMHC/MSW	10	1	2	28	24	0	8	0	23	8	0	3	65	0	0	3	59	94	15	94	7	23	467
Services for children with special needs	20	3	54	3	11	21	65	8	19	22	7	1	21	0	69	2	12	43	5	19	7	33	445
Domestic violence	75	12	7	5	11	7	21	9	10	8	9	6	47	0	70	0	21	3	5	5	11	57	399
Substance use services	0	19	1	1	2	1	6	0	0	46	0	0	9	0	24	0	0	1	0	3	2	18	133
Child development information	1	2	3	0	1	0	12	0	7	1	0	0	3	0	3	2	2	0	8	0	2	3	50
Family planning, pregnancy, and breastfeeding support	1	0	0	0	2	3	2	0	0	13	0	1	1	0	3	0	1	0	1	2	0	0	30
CRA Assessment offered, family declined	1	4	5	0	0	0	0	4	1	0	0	0	1	0	0	0	1	0	1	1	0	4	23
Adolescent services	0	0	0	0	3	9	4	0	1	0	0	0	0	0	0	0	1	0	0	1	0	2	21

Table A2 (cont.): Services Provided by FRCs (January–December 2018)

	Amherst	Athol	Barnstable	Boston	Brockton	Everett	Fall River	Fitchburg	Framingham	Greenfield	Holyoke	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Worcester	All FRCs
Evidence-based parenting groups	230	274	340	310	451	142	138	295	265	733	301	595	226	133	85	57	653	209	252	556	131	720	7096
Nurturing Parents/Fathers	122	274	221	0	148	47	30	135	0	485	301	349	94	118	24	0	573	0	68	516	131	259	3895
Parenting Journey I & II	108	0	0	264	263	95	0	26	247	115	0	205	79	0	0	57	0	196	184	0	0	397	2236
Active Parenting	0	0	119	46	0	0	108	0	0	0	0	0	53	0	0	0	52	1	0	40	0	52	471
Sober Parenting Journey	0	0	0	0	40	0	0	0	18	133	0	0	0	15	0	0	0	0	0	0	0	0	206
Parenting Wisely	0	0	0	0	0	0	0	134	0	0	0	41	0	0	0	0	28	0	0	0	0	0	203
Guiding Good Choices	0	0	0	0	0	0	0	0	0	0	0	0	0	0	61	0	0	12	0	0	0	0	73
Parenting in America!	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	12
Life skills groups	181	457	160	25	355	10	25	558	81	63	105	7	1971	80	0	2	343	249	289	138	1020	87	6206
Domestic violence	63	0	0	0	192	0	0	0	0	0	0	0	1641	0	0	0	0	0	0	31	0	0	1927
Parenting classes/workshops	112	75	133	0	161	10	0	13	22	25	23	0	8	0	0	0	116	182	67	101	530	76	1654
Stress/anger management	0	15	0	0	0	0	0	0	22	18	0	0	24	0	0	2	0	3	222	0	476	11	793
Child abuse/neglect services	0	0	0	0	0	0	25	545	0	0	0	0	81	0	0	0	0	0	0	0	14	0	665
Poetry/Story Walk	0	367	0	0	0	0	0	0	0	0	0	0	0	0	0	0	93	0	0	0	0	0	460
Household/finance management	0	0	0	25	2	0	0	0	13	20	82	7	5	80	0	0	0	5	0	0	0	0	239
Behavior Management	0	0	27	0	0	0	0	0	0	0	0	0	112	0	0	0	0	0	0	6	0	0	145
Age-specific parenting	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	134	0	0	0	0	0	139
Positive solutions	0	0	0	0	0	0	0	0	0	0	0	0	95	0	0	0	0	0	0	0	0	0	95
Adolescent services	0	0	0	0	0	0	0	0	24	0	0	0	0	0	0	0	0	59	0	0	0	0	83
Peace Jam	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Be Proud! Be Protective!	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Education Groups	0	0	45	395	893	93	108	0	20	0	28	858	73	841	0	0	392	12	114	121	279	69	4341
Adult/Youth Education	0	0	45	69	893	65	0	0	20	0	28	858	0	841	0	0	0	0	103	65	276	69	3332
School Support	0	0	0	326	0	28	108	0	0	0	0	0	73	0	0	0	392	12	11	56	3	0	1009
Mutual self-help Groups	332	254	106	27	354	358	287	242	164	1381	6	372	264	10	0	2	388	182	572	307	331	81	6020
Parent support groups	329	145	48	14	61	174	189	242	160	1347	6	296	238	10	0	0	267	0	566	12	307	37	4448

Grandparents' support group	0	109	58	13	292	0	98	0	4	10	0	76	24	0	0	2	121	182	0	58	11	44	1102
Sub. use recovery/prevention groups	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	234	0	0	235
Adolescent services	0	0	0	0	0	129	0	0	0	24	0	0	0	0	0	0	0	0	6	0	0	0	159
Teen groups	3	0	0	0	0	31	0	0	0	0	0	0	2	0	0	0	0	0	0	0	13	0	49
LGBTQ support group	0	0	0	0	0	24	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	27
Recreational activities/events	1031	2033	733	917	1018	1046	3255	615	173	2377	27	1325	356	611	0	13	2713	557	1192	154	63	275	20484
Recreational activities/events	969	1303	253	882	869	615	1407	615	173	401	27	537	220	611	0	13	2413	522	706	104	63	89	12792
Playgroups	62	707	480	35	140	431	298	0	0	1976	0	676	85	0	0	0	0	35	346	0	0	126	5397
Holiday party	0	23	0	0	9	0	1550	0	0	0	0	112	51	0	0	0	300	0	140	50	0	60	2295
Drives (clothing, holiday, food, etc.)	3	85	463	355	396	700	1	96	217	646	9	1122	79	0	0	0	0	0	20	182	6600	0	10974

Table A4: Individuals Served by FRCs by Massachusetts Cities and Towns (January 2015–December 2018)

#	City	#	City	#	City	#	City	#	City	#	City
36	Abington	2247	Boston	28	Dalton	21	Gill	5	Lancaster	3	Middleton
4	Acton	129	Bourne	23	Danvers	1	Gloucester	22	Lanesborough	82	Milford

20	Acushnet
185	Adams
26	Agawam
7	Amesbury
668	Amherst
57	Andover
29	Aquinnah
8	Arlington
9	Ashburnham
6	Ashby
6	Ashfield
48	Ashland
752	Athol
35	Attleboro
40	Auburn
10	Avon
9	Ayer
688	Barnstable
30	Barre
6	Becket
3	Bedford
150	Belchertown
5	Bellingham
12	Belmont
2	Berkley
2	Berlin
32	Bernardston
15	Beverly
40	Billerica
6	Blackstone
4	Bolton
#	City
31	Norwood
247	Oak Bluffs
2	Oakham
239	Orange

7	Boylston
1	Boxborough
1	Boxford
276	Braintree
61	Brewster
48	Bridgewater
4	Brimfield
1840	Brockton
3	Brookfield
17	Brookline
7	Buckland
11	Burlington
19	Cambridge
31	Canton
1	Carlisle
5	Carver
23	Charlemont
11	Charlton
10	Chatham
77	Chelmsford
137	Chelsea
29	Cheshire
1	Chester
2	Chesterfield
448	Chicopee
35	Chilmark
37	Clinton
4	Cohasset
25	Colrain
4	Conway
8	Cummington
#	City
9	Rutland
31	Salem
4	Salisbury
86	Sandwich

74	Dartmouth
79	Dedham
21	Deerfield
125	Dennis
5	Dighton
8	Douglas
96	Dracut
19	Dudley
1	Dunstable
1	Duxbury
25	East Bridgewater
6	East Brookfield
9	East Longmeadow
26	Eastham
82	Easthampton
10	Easton
230	Edgartown
1	Egremont
25	Erving
829	Everett
42	Fairhaven
1679	Fall River
204	Falmouth
616	Fitchburg
35	Florida
14	Foxborough
671	Framingham
18	Franklin
14	Freetown
158	Gardner
3	Georgetown
#	City
36	Swansea
73	Taunton
13	Templeton
83	Tewksbury

5	Goshen
14	Grafton
39	Granby
21	Great Barrington
967	Greenfield
9	Groton
1	Groveland
71	Hadley
2	Halifax
3	Hampden
4	Hancock
23	Hanover
6	Hanson
5	Hardwick
20	Hatfield
161	Haverhill
3	Hawley
4	Heath
36	Hingham
7	Hinsdale
72	Holbrook
16	Holden
9	Holliston
1321	Holyoke
20	Hopkinton
4	Hubbardston
27	Hudson
29	Hull
2	Ipswich
6	Kingston
8	Lakeville
#	City
5	Westwood
523	Weymouth
5	Whatley
48	Whitman

3189	Lawrence
31	Lee
11	Leicester
13	Lenox
244	Leominster
17	Leverett
6	Lexington
5	Leyden
1	Lincoln
6	Littleton
19	Longmeadow
2277	Lowell
74	Ludlow
21	Lunenburg
834	Lynn
2	Lynnfield
193	Malden
11	Mansfield
4	Marblehead
4	Marion
97	Marlborough
24	Marshfield
119	Mashpee
7	Mattapoisett
18	Maynard
58	Medford
5	Medway
17	Melrose
1	Merrimac
321	Methuen
85	Middleborough

71	Millbury
5	Millis
56	Milton
4	Monroe
6	Monson
278	Montague
2	Monterey
5	Nahant
223	Nantucket
38	Natick
4	Needham
6	New Ashford
2370	New Bedford
3	New Braintree
1	New Marlborough
4	New Salem
4	Newbury
6	Newburyport
14	Newton
1	Norfolk
933	North Adams
45	North Andover
7	North Attleboro
8	North Brookfield
10	North Reading
244	Northampton
9	Northborough
19	Northbridge
33	Northfield
5	Norton
10	Norwell

19	Orleans	27	Saugus	181	Tisbury	11	Wilbraham
2	Otis	5	Savoy	14	Townsend	15	Williamsburg
20	Oxford	13	Scituate	4	Truro	51	Williamstown
8	Palmer	7	Seekonk	30	Tyngsboro	36	Winchendon
4	Paxton	4	Sharon	10	Uxbridge	2	Winchester
42	Peabody	10	Sheffield	9	Wakefield	1	Windsor
19	Pelham	45	Shelburne	3	Wales	9	Winthrop
3	Pembroke	13	Shirley	20	Walpole	15	Woburn
8	Pepperell	64	Shrewsbury	9	Waltham	2702	Worcester
11	Petersham	24	Shutesbury	67	Ware	3	Worthington
13	Phillipston	40	Somerset	144	Wareham	7	Wrentham
1300	Pittsfield	31	Somerville	24	Warren	253	Yarmouth
8	Plainfield	57	South Hadley	17	Warwick	8042	Unknown/None
3	Plainville	13	Southampton	7	Watertown		
30	Plymouth	12	Southborough	59	Webster		
7	Provincetown	79	Southbridge	8	Wellesley		
815	Quincy	3	Southwick	13	Wellfleet		
219	Randolph	61	Spencer	4	Wendell		
7	Raynham	3296	Springfield	6	West Boylston		
10	Reading	10	Sterling	10	West Bridgewater		
1	Rehoboth	5	Stockbridge	3	West Brookfield		
119	Revere	11	Stoneham	278	West Springfield		
1	Richmond	82	Stoughton	4	West Stockbridge		
8	Rochester	2	Stow	109	West Tisbury		
82	Rockland	9	Sturbridge	29	Westborough		
1	Rockport	1	Sudbury	97	Westfield		
2	Rowe	84	Sunderland	15	Westford		
3	Rowley	2	Sutton	3	Westminster		
18	Royalston	9	Swampscott	33	Westport		

Table A5. Data Elements Used to Identify Children and Youth as CRA or as having CRA-related issues, 2018

Data Collection Form	Section/Major Questions	Data Element Included to Indicate Children/Youth as CRA or CRA-related issues
Family Intake Form	2. Reason for Visit	<ul style="list-style-type: none"> • Child has difficulty following rules (n=1,021) • Child has missed school (n=562) • Child has run away (n=128) • Sent by court (n=416) • Sent by school (n=652)
	3. Referral Source	<ul style="list-style-type: none"> • Referred by court/probation officer (n=442) • Referred by school (n=768) • Referred by DYS (n=6)
Child Screening Form	1. Educational Status	<ul style="list-style-type: none"> • Enrolled in alternative program (n=12) • Suspended from school (n=8) • Missed more than 8 days of school (n=354)
	3. Safety	<ul style="list-style-type: none"> • Child has been/is being exploited (n=66) • Child is involved in court (n=287) • Child has been detained/arrested (n=93) • CRA is reason for detained/arrested (n=40) • Child is involved with gang (n=20)
	5. Agency Involvement	<ul style="list-style-type: none"> • Child is involved with DYS (n=5) • Child is involved with court (n=103)
Service Provision Form	D. Educational Services	<ul style="list-style-type: none"> • School liaison involvement (n=361)
	H. Program Services	<ul style="list-style-type: none"> • CRA assessment (n=384) • CRA service plan (n=232) • CRA-related referral to LMHC (n=172)

Appendix B: Legislative Mandate for FRC Evaluation

The following annual report is issued pursuant to line item 4000-0051 of Chapter 154 of the Acts of 2018, the Fiscal Year 2019 General Appropriations Act:

For the operation and support of the network of child and family service programs throughout the commonwealth, including family resource centers supported through this item and item 4800-0200; provided, that centers within this item shall: (a) be consistent with the requirements of section 16U of chapter 6A of the General Laws; (b) demonstrate adherence to an evidence-based model of service; and (c) use measurable outcomes to assess quality; provided further, that the secretary of the executive office of health and human services shall maintain the fiscal year 2018 contract with a third party administration service organization to oversee the execution of, and agency's compliance with, subsection (b) of said section 16U of said chapter 6A; provided further, that the executive office shall provide biannual progress updates to the secretary of administration and finance, the joint committee on children, families and persons with disabilities and the house and senate committees on ways and means; provided further, that not later than March 15, 2019 the executive office shall file a biannual report with the house and senate committees on ways and means; detailing the number of children and families served at each center, the types of programs, program outcomes, client feedback and progress on data sharing between centers; and provided further, that the network of child and family service programs shall coordinate with the executive office of health and human services, the department of early education and care and municipal police departments to provide emergency assistance to runaway children at times when the juvenile court is not open, consistent with the requirements of section 39H of chapter 119 of the General Laws..... \$500,000

Appendix C: FRC Family Success Stories, 2018

Amherst Family Resource Center

The FRC has an ongoing collaboration with a community partner, Healthy Families, to provide multiple collaborative events for teen and young, first-time parents. In 2018, Healthy Families was interested in a collaboration to provide a new co-parenting curriculum at the FRC and needed to identify a co-facilitator who is a father. The FRC asked one of the fathers – who had been getting services from the FRC for about two years – if he would be interested in being trained to co-lead a parenting group. This father has taken Nurturing Fathers, Parenting Journey I and II, participated in the Parent Self-Care Group and is on the Parent Advisory Group. After meeting with Healthy Families, they decided he was a perfect match.

The father was trained in the co-parenting curriculum, along with the Healthy Families team and starting in November the FRC began offering the co-parenting group for young, first time parents. The group was a great success, with eight sets of parents enrolled. The parent volunteer proved himself to be an excellent facilitator, as he was able to bring a lot of the skills learned over the years of taking parenting groups at the center. The group was a success, and the FRC also provided weekly meals and childcare for the participants. The expectation is that more groups will be offered in 2019.

Athol/North Quabbin Family Resource Center

The Athol FRC worked with a community resource to host three successful “Family Team Meetings” with families involved with the Department for Children & Families. FRC staff continuously worked to provide ongoing family support and parenting education to the families.

Because of these meetings, one pair of parents will be reunited with their children, and another family developed a successful co-parenting plan between the biological mother, father and extended family. The third family also succeeded in building a co-parenting plan between the legal guardian of a child and the child's biological mother.

Boston Family Resource Center

A single mother with three children had her heat turned off suddenly during what was forecast to be some of the coldest nights of the season. FRC staff called the utility and her landlord in attempts to resolve the issues. The utility reported they would not be able to come back out for three days, but the FRC staff was able to make the needed outreach, and the utility was able to come out the next day to turn the heat back on. The landlord then was willing to put in space heaters to heat the apartment for the night.

Brockton Family Resource Center

A parent of a child with a disability who was unable to attend school came to the FRC for support. The parent was hopeful the FRC could help but was clearly very nervous. A support plan was developed that brought in the child's pediatric social worker for collaboration. Referrals for independent educational testing were gathered, and the parent was guided through the CRA process before it was filed on their behalf. A mental health clinician was identified for the child and plans were made to assist them with their education. The FRC staff believed that they helped this parent feel like they are in a safe place where they can get valuable information and support at any time.

Everett Family Resource Center

A mother came to the Everett FRC seeking information on food services in the community. Staff assisted her with the FRC's own food pantry and connected her with other pantries in the area. Staff also shared information with the mother regarding parenting and play groups that she and her children could attend. The mother and her two younger children attended the weekly playgroup and bi-weekly parenting support group for Spanish speaking mothers.

Since joining both groups, the mother has reported feeling more confident as a parent and a wife. She put into practice what she learned at the FRC regarding stability, routine, and discipline in her own home and as a result, reported positive changes in communication, behavior, and the amount of stress at home. The mother continues to come to the center weekly and is becoming a leader among her peers.

Fall River Family Resource Center

In the spring, the FRC's Youth Violence Prevention Support Group felt it was necessary to discuss the increasing gun violence in schools during Youth Violence Prevention Week. The group was made up of eight youth from the community, two therapeutic mentors, a staff person from a residential program, and the group leader was the FRC clinician. During the activity, it was clear that the youth were very engaged, interested, and receptive to empathy and how it can be increased in specific settings. The exercise was so much of a success that the group now meets monthly to explore other issues together – such as bullying, empathy, violence, prevention methods, and tolerance.

Fitchburg Family Resources Center

The day before finishing a Nurturing Fathers session, a staff member noticed a father folding a small piece of cardboard. They asked him what he was making and happened to notice the damaged condition of his sneakers. The father shared that he was a veteran who had diabetes and was walking a round trip of 28 miles to the FRC in the middle of a hot July day. After hearing this, an FRC staff member offered him a ride home and listened to his story about why he was so dedicated to completing the program. The man believed that the program could be the beginning of a better future for him and his family.

Word spread of the father's inspiring story and a partner organization of the FRC visited a subsequent Nurturing Fathers session to donate new shoes and clothing to the father and even took him out for dinner. The timing of the visit helped the FRC discover two other men that had traveled from the same town as the father for the Nurturing Fathers program. Only one of them had a vehicle, and he offered the two other fathers a ride to and from the program. This story was a great example of the power support can have on the fathers served by the FRCs.

Framingham Family Resource Center

A family of three facing eviction came to the FRC. The mother was working two jobs because the father recently had his work visa revoked. The FRC helped the family navigate the court process and assisted them with a housing search and with pulling together the funds to rent a new apartment. The FRC also referred the family for legal assistance to help the father regain his work visa, and provided the family with needed clothing, food, and fuel assistance.

After a few months, the family shared that they had secured housing and reliable transportation. They keep in touch with the staff to get updates on FRC programs and events.

Greenfield Family Resource Center

Staff from the FRC worked closely with a client living in a shelter, connecting him with community resources to support him in his search for permanent housing. Securing housing opened new doors for the client, who afterward was able to begin visitations with his children again. He also enrolled in the FRC's Nurturing Fathers program.

Holyoke Family Resource Center

The FRC school liaison assisted a family in getting school transportation for a child with special needs who was having challenges getting to school. His attendance has since improved. The school liaison was also able to appropriately prepare the family for an IEP meeting and made a positive connection with a local support and advocacy agency.

Hyannis/Barnstable Family Resource Center

The FRC was contacted by a local school requesting support for two young boys. During recess, one boy injured the other during a game and the parents of the injured child felt he was a victim of bullying. They requested the other child be asked to leave the school. FRC staff determined mediation would be the best option for the boys. The FRC school liaison met with each family and the children to hear their concerns.

The boys did an excellent job of sharing their thoughts, concerns, and ideas for the upcoming year and how they might communicate better with each other. They discussed the importance of respecting each other and asking for help from a trusted adult throughout the school year. Both boys started the year in September successfully. The

director of the school sent a card to the FRC, thanking the staff for their time and effort in supporting both families and working towards the goal of returning both boys to school.

Lawrence Family Resource Center

A mother brought her teen to the FRC due to behavior concerns at home. After the mother and daughter did a CRA assessment, the CRA clinician and family partner decided the teen would benefit from participating in ongoing teen support groups. The mother and teen also requested to meet with the CRA clinician and family partner bi-weekly as additional support to help them with communication and expression with their emotions.

After three weeks of services, both the mother and daughter reported that the services had improved their relationship with each other greatly. The teen's behavior had changed for the better and the mother could not be more thankful for the FRC's support. Both the mother and father began attending ESL classes and the child an anger management group at the FRC.

Lowell Family Resource Center

A mother who is a veteran was struggling to return to work and visited the FRC looking for support. She was in the frustrating cycle of not being able to go to work without childcare for her young child.

The FRC connected her to the local veteran's group and advocated on her behalf to get the help she needed. She learned that had several programs that could help her, and that they also had specialized support that she qualified for. Afterward, the FRC continued to work with her on finding referrals for childcare. After many attempts, she was able to enroll her daughter in a long-standing daycare center in the community and began actively looking for a full-time job. She came into the center one day and thanked the FRC staff for all their help and support.

Lynn Family Resource Center

The Lynn FRC successfully collaborated with several community partners around the north shore during 2018. The FRC worked closely with the Lynn Community Connection Coalition to identify community needs and to run evidence-based parenting groups. Solid connections were made within the Lynn Juvenile Court System, Lynn, Swampscott and Salem Public Schools, Lynn Police, and Salem and Lynn DCF. In addition, the FRC provided two Commercial Sexual Exploitation of Children evidence-based groups for young girls who are at risk of being exploited called "My Life My Choice" and will launch a mentoring program in 2019 thanks to a grant that was won.

Nantucket Family Resource Center

One of the FRC staff reached out to a client after a big storm hit this island. The staffer found out that this client experienced a lot of flooding, and that her family basically lost everything –clothes, furniture, bedding, etc. The FRC was able to provide some clothes, sheets and tableware for the family. They will still need more items once they are able to move back into their home after repairs are done, but the client was beyond moved knowing that she was able to get clothes for her young daughter.

New Bedford Family Resource Center

A mother with a vision impairment moved to New Bedford seeking shelter and a safe environment for her family after Hurricane Maria. For several months she and her family lived in a motel with help from FEMA. During this time the mother connected with the FRC and began working with a family support worker to find permanent housing.

The mother faced many challenges throughout the process but remained resilient and kept a positive attitude. Eventually, everything began to fall into place. With some assistance, she was able to find an affordable apartment. While the apartment was not a perfect match because of her vision impairment, it was a step in the right direction. The FRC advocated for the family to maintain their place on the Emergency Housing list so that their needs could be more fully met in the future.

North Adams Family Resource Center

An FRC staff member facilitated a Parenting Journey class with another team member for the first time. Their first session as a pair went very well and they both said they were impressed with all the participants in the group. At every session the participants would come engaged and ready to learn. The team was also surprised by how open this group was to sharing their personal stories and working toward improving their parenting knowledge. By the end of the workshop, nine participants graduated from the group. What also stood out to staff was the bond that was created among the participants by the end of the workshop – during the last session, each group member shared their contact information.

Martha's Vineyard Family Resource Center

A single mother with significant mental health issues sought help through the FRC case manager. She was given assistance to stabilize her family and her high school son received the resources he needed to deal with his mother's illness.

Pittsfield Family Resource Center

A youth came in for a CRA assessment after being referred by her school. She had a history of drinking and poor school performance, was sullen and hopeless during the assessment, and did not have goals or interest in any activities. She did not want to be connected to any services but agreed to a mentor through a community partner and to a referral for mental health services. She meets with her mentor regularly now and attends counseling. Her mood and school performance have improved, and her mentor reports she has goals to go to college and find a job.

Quincy Family Resource Center

A family came to the FRC seeking assistance after losing everything due in a flooding incident. They soon found an apartment in New Hampshire and moved in promptly. The family then returned to the FRC to donate new baby items as a way of thanking the FRC for their generosity.

Springfield Family Resource Center

A client arrived in Springfield in February after Hurricane Maria. She lost everything from her home in Puerto Rico. She was devastated and lost in what she had to do to be successful in Springfield. The FRC contacted various community partners, and one provide a deposit and four months' rent for an apartment as well as funds for furniture.

After a long search working with the FRC, the client was able to find an apartment and a job. She is more than grateful with services that were provided by the FRC. She loves her new home and says she thought that peace and hope was taken away from her with the hurricane – but thanks to the FRC, hope and peace of mind returned to her life.

Worcester Family Resource Center

A family from Puerto Rico relocated to Worcester after Hurricane Maria and reached out to the FRC. They received several different supports. With assistance from the FRC, they found stable housing in an apartment and the family has been integrating in to the Worcester community through employment, school enrollment, and local groups/activities. Family members who were presenting with trauma-reactive symptoms due to their experiences with Hurricane Maria have continued to attend mental health services obtained through referrals from the FRC and are seeing great benefit from these services.