Families and Children Engaged in Services Chapter 240 of the Acts of 2012



8th Annual Report of the Families and Children Requiring Assistance Advisory Board on Recommendations relative to the Implementation of Section 16U of Chapter 6A



January 30, 2021

Families and Children Engaged in Services; Chapter 240 of the Acts of 2012: Report on Recommendations Relative to the Implementation of Section 16U of Chapter 6A

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1. Letter from the Board Chairs

Since opening their doors in 2015, the Family Resource Centers (FRCs) have grown to be a bedrock provider of essential services in their communities, anticipating and responding to the unique needs of children and families.¹ Over the past 6 years, over 74,500 family members across all counties in Massachusetts have been served through the FRCs family support and strengthening programs. For that same time period, the number of *new* family members served more than doubled.

The resilience, resolve and resourcefulness of the exceptional teams at the Family Resource Centers were clearly tested during 2020 when Massachusetts, indeed the nation, confronted a worldwide pandemic that robbed families of loved ones, abruptly shut down our communities, derailed the economy and lay bare long simmering systemic disparities and inequities. The communities served by FRCs had among the highest COVID-19 infection rates in the state and bore the brunt of the necessary emergency responses implemented to prevent and control the spread of the virus. Individuals who live in these communities were hit the hardest by the severe restrictions of movement resulting in loss of income and employment, closure of schools, limited access to community-based services, food and housing insecurity and social isolation.

Over the past year, the Board has heard presentations directly from managers and staff at the FRCs, concerning their truly impressive and tireless efforts to meet the needs of their community members. The Board would like to commend and highlight these efforts, and thank the staff for their tireless dedication and can-do problem solving skills. Although pressed to their limits and beyond during the pandemic, the FRC staff members never stopped delivering services and help to families and children. With a solid and well-earned reputation as a trusted community resource, FRCs partnered with community leaders to share knowledge with families, caregivers and children on how to prevent the spread of COVID 19 as well as to disseminate messages on self-care, mental health, children's behaviors and home activities. The FRCs quick and effective adaptations to operations as well as their outreach and support to already engaged <u>and</u> new families enabled those families to cope *safely* by reducing stressors, increasing positive parenting supports and prioritizing the well-being of children.

Remarkably, in the first surge of the pandemic (March – July), the FRCs served <u>more</u> families on a monthly basis compared to the same time period in 2019. More than 7,300 families turned to the FRCs for the most basic of needs including food and nutrition, financial assistance and housing. Through a combination of in-person and remote outreach, FRCs provided over 30,000 individualized services and supports to family members between March and July. To underscore this significance, FRCs provided slightly more than 38,000 instances of service *in all of 2019*. Safety protocols were

¹ [As mandated by the law, the Families and Children Requiring Assistance Advisory Board ("Advisory Board") comprised of child welfare stakeholders (see Appendix 3: Advisory Board Members) serves to advise the Executive Office of Health and Human Services (EOHHS) on the law's implementation, collect data, and make recommendations to the Governor and select legislators for program funding. This report fulfills the Advisory Board's requirement to submit an annual report to the Governor and select legislators.]

established allowing several FRCs to continue to offer food pantries, and FRCs provided 4,448 instances of food and nutrition assistance to families between March and July. Again, this represents an 85% increase than instances of food and nutrition assistance provided during *all of 2019*. Over 12,500 individuals attended events related to food. Using technology, FRCs found new ways to provide parenting classes, support groups, health and fitness activities, tutoring and enrichment for children.

The FRCs ingenuity and determination was on full display during the pandemic and ensured that children and families received critical supports while protecting the health and safety of staff and the community. Today, the necessary safety protocols established in those early months, have become standard operating procedures. As such, the Advisory Board recommends that on-going expenses associated with PPE, sanitation, technology and safety modifications be factored into the contractual obligations.

Repeatedly, FRCs have been called upon during times of emergency to fulfill roles and responsibilities not originally envisioned in their mission. FRCs played a critical role in the Commonwealth's response to Hurricane Maria, the Lawrence Gas Disaster, and the south shore flooding. COVID-19 is no exception. During these unprecedented times, the Department of Housing and Community Development (DHCD) turned to the FRCs to be the main points of contact for screening and referring families to the Massachusetts Emergency Transitional Assistance Reserve (METAR) program. METAR provides rental assistance to first time, Emergency Housing Assistance (EA) eligible households who are facing housing instability and eviction due to COVID. The Advisory Board hopes to capitalize on this partnership to engage a representative from the Administration who can give voice to a comprehensive, rapid response aimed at preserving access to stable housing and preventing homelessness for families served by the FRCs.

The protests here in Massachusetts and across the country in the wake of the murder of George Floyd sparked a nationwide dialogue about the impact of systemic racism and how to make change. FRCs and their community partners engaged in dialogue related to race and equity at both the local and statewide level. FRCs have affirmed their commitment to creating and sustaining a supportive environment for all children and families regardless of race, ethnicity, religion, sexual orientation or gender identity. The Advisory Board supports the ongoing efforts of the FRCs across the state to engage in local and statewide discussions and trainings related to these issues and looks forward to updates on ongoing efforts to promote anti-racist, pro-equity policies and programs at each FRC.

With strong administrative and legislative support, FRC funding increased more than 132% from FY2015 to FY2021. Despite the demands of the pandemic, the Department of Children and Families successfully expanded into three additional communities over the course of the 2020. With FRCs in Great Barrington, Plymouth and Ware, there are now 27 FRCs, many of which are located in close proximity to DCF area offices and juvenile courthouses. All but three of FRCs are full services centers, providing among other services assessment, evidence-based parenting classes and information and referral services. The FRCs in Nantucket, Plymouth and Ware are micro-centers offering the same services as the other 24 FRCs at reduced operating hours. The Advisory Board

appreciates the Commonwealth's commitment to developing culturally responsive, community-based FRCs that are accessible to families and individuals and fully supports expanding the system by initially establishing micro-FRCs. In this upcoming year, the Advisory Board recommends that DCF carefully monitor utilization at the micro-FRCs to determine when to move toward establishing a fully operational service center.

While it is gratifying that the Commonwealth's state leaders recognize the value and skills of the FRCS, the Advisory Board remains concerned that FRCs are not adequately staffed or resourced to assume this ongoing emergency response role. The Board respectfully requests that consideration be given to engaging FRC providers to discuss their role and the resources necessary to prepare, respond and recover from state emergencies.

Since calendar year 2012, there has been a 26% reduction in CRA filings statewide. A preliminary review of CRA case filings in Fiscal Year 2020 (which includes the pandemic months of March-June) indicates a 31% decrease from the previous year, suggesting that the pandemic, and the resulting disruption in systems across the board, has had a dramatic impact on identifying and responding to the needs of at-risk children. As the pandemic subsides, we expect all systems, and the FRCs in particular, will be facing the enormous task of helping children and families address the fallout from the past year.

The Advisory Board was fortunate to have members of the Child Trauma Task Force present their report, *Protecting our Children's Well-Being During Covid-19: Recommendations for Supporting Children and Families Who Have Experienced Trauma and Stress During the Pandemic* and takes note that the pandemic has had an immeasurable toll on children – a social, emotional and academic nightmare whose repercussions will be felt for years to come. As schools and systems of care throughout the Commonwealth return to more normal operations, the Advisory Board anticipates an increasing need among children and families who have experienced depression, anxiety and trauma during the pandemic for services. The Board strongly recommends the Commonwealth prepare to provide increased funding to the FRCs to respond and address this potential tragedy.

To stabilize and address the needs of youth identified as CRA or experiencing CRA related issues, the Advisory Board was pleased to see an increase in the FRC budget to expand the Mental Health Advocacy Program for Kids (MHAP for Kids) to all FRCs. Employing a team of dedicated and skilled attorneys, MHAP works in collaboration with FRC staff to assist families to begin or improve special education services, secure and coordinate community-based mental health services, collaborate with DCF, the Department of Mental Health (DMH) and the Department of Developmental Services (DDS) and access health insurance coverage. An evaluation conducted by the Boston University School of Public Health found that MHAP significantly improved the overall mental health of children and reduced parental rates of depression and family conflict. Additionally, school attendance was improved and use of emergency mental health services by children decreased. The Advisory Board strongly supports continued funding to support statewide availability of this service at FRCs.

Since becoming fully operational in April 2015, the Runaway Assistance Program (RAP), designed to provide a safe place where police officers may place a runaway youth when the juvenile court is closed, has served 183 youth. The last three years has seen a significant decrease in the number of youths served by RAP. During calendar year 2020, only 3 youth were served. The reduction in youth served through RAP may be related to the COVID 19 pandemic, increased utilization of the child abuse hotline, and increased utilization of federal homeless and runaway youth programs. EOHHS, DCF and other stakeholders are working together to understand utilization trends and review resources.

The Advisory Board applauds the Baker-Polito Administration, EOHHS, and DCF in particular for their unwavering commitment to the success of the FRCs and respectfully requests that investments in FRCs be prioritized during budget deliberations. Chapter 240 of the Acts of 2012 envisioned a strong, network of integrated community one-stop service centers offering a comprehensive array of supports and programming to children and families in need. The Family Resource Centers (FRCs) have continuously demonstrated an exceptional capacity to respond to community needs, promote collaboration and help families navigate the system of care.

Finally, the Board recognizes the outstanding work done in partnership by staff at EOHHS, DCF, the juvenile court and other stakeholder agencies. We express our sincere appreciation to all and, in particular, Senate President Karen Spilka, the primary sponsor of the bill that became Chapter 240, for the steadfast dedication to secure the necessary funding for the FRCs. This hard work and cooperation are surely part of the reason why the FRCs have been so successful and are key to the health and well-being of our children and families. We look forward to the future success of the FRCs with the continued support of the legislature and the administration.

Sincerely,/s//s//s/Mary A. McGeown*Hon.Co-ChairCo-CFamilies and Children RequiringFamiliesAssistance Advisory BoardAssis

/s/ Hon. Joan M. McMenemy** Co-Chair Families and Children Requiring Assistance Advisory Board

* Mary McGeown is the Executive Director of the Massachusetts Society for the Prevention of Cruelty to Children.

** Judge McMenemy is the First Justice of the Berkshire Juvenile Court. Judge McMenemy abstains from making any specific recommendations regarding funding or legislation due to the requirements of the Code of Judicial Conduct.

2. Family Resource Center Overview

Family Resource Centers (FRCs) are community-based, culturally responsive programs focused on equity, that provide a variety of services to children and families, including evidence-based assessment, evidence-based parent education, parent and youth mutual self-help support groups, information and referral, grandparent support groups, mentoring, educational support, support for cultural and arts events, and other services. FRCs were intentionally designed to have no eligibility requirements, and to provide community based, and convenient access to services. Any person, with any issue, can walk into any FRC and receive either direct services onsite, or information and referral to other programs.

FRCs provide services specific to Children Requiring Assistance (CRA) as required by Chapter 240 of the Acts of 2012 (Chapter 240). These include family and individual services to children who are truant, runaways from home, refusing to obey the reasonable and lawful commands of their parents, or victims of commercial sexual exploitation. FRCs work to help children, where appropriate, avoid involvement in the juvenile and adult corrections systems.

Though not originally designed for this purpose, FRCs have also provided critical support to disaster relief efforts including Hurricane Maria relief efforts, response to the Lawrence Gas Disaster, and COVID-19 community support efforts.

The Department of Children and Families (DCF), with support from the Executive Office of Health and Human Services (EOHHS), provides oversight of the FRCs. The University of Massachusetts Medical School (UMMS) serves as the Administrative Services Organization (ASO) for the FRCs. The ASO provides a range of program support activities, including data collection and reporting, evaluation, training and technical assistance.

3. Program Locations

FRCs are located in each of the 14 Massachusetts counties, with a total of 27 FRCs across the Commonwealth, (*see Appendix 1*). FRC locations include:

- Amherst
- Athol
- Boston
- Brockton
- Everett
- Fall River
- Framingham

- Fitchburg
- Greenfield
- Great Barrington
- Holyoke
- HoryokeHyannis
- Lawrence
- Lowell

• Nantucket

• New Bedford

• North Adams

• Oak Bluffs

Pittsfield

• Lynn

- Plymouth Quincy
 - Southbridge
 - Springfield
 - Taunton
 - Ware
 - Worcester

FRCs are intentionally located in areas of high need. Locations were based on DCF analysis of poverty rates, school discipline data, crimes against persons rates, DCF caseload data, child population, child maltreatment data, single parent families, and housing and unemployment indicators and other data. FRCs have close proximity to DCF Area Offices and to the Juvenile Courts, (*see Figures 1a &1b*).

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Figure 1a: FRCs and proximity to City/Town of DCF Area Offices

Figure 1b: FRCs and proximity to Courts



4. FRC Program Models

EOHHS and DCF have developed two FRC program models: Full-Service FRCs and Micro-FRCs:

- 1. a Full-Service FRC is one location that provides all required services, (assessment, evidence based parenting classes, information and referral, etc...)
- 2. a Micro-FRC is one location that provides all required services, at reduced hours, staffing and caseload levels.

Nantucket, Plymouth and Ware operate Micro-FRC models. All of the remaining sites are Full-Service FRCs.

5. FRC Rates (FY17-FY20)

Per Regulation 101 CMR 414.00, below are the FRC monthly rates. From 2017 to 2019, rates for Full Service FRCs increased by 4%; Micro-FRCs rates increased by 18%, (see Figure 2a and 2b).

Figure 2a: Full-Service Family Resource Center ModelFull Service FRC ModelApril 1, 2017April 1, 2019July 1, 2019			
Monthly Rate	\$47,479	\$47,630	\$49,362
Annual Rate	\$569,748	\$571,560	\$592,344

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Micro-FRC Model	April 1, 2017	April 1, 2019	July 1, 2019
	1 /	Cost Adjustment	CAF, plus .3
		Factor (CAF) only	Clinician/Family Partner
Monthly Rate	\$21,628	\$21,697	\$25,538
Annual Rate	\$259,536	\$260,364	\$306,456

Figure 2h. Micro-Family Resource Center Model

Rates will be reviewed again by July 1, 2021.

6. FRC Budget (FY14-FY21)

In FY2021 the legislature allocated \$17,450,000 in budget line item # 4800-0200 to DCF and \$500,000 in budget line item # 4000-0051 to EOHHS to implement FRCs and other Chapter 240 requirements. This represents a \$500,000 increase in non-earmarked funds for FRCs as compared to the prior fiscal year. Funding for FRCs has increased 132% from FY2015 to FY2021, (see Figure 3).

Agency	FY2014 GAA*	FY2015 GAA	FY2016 GAA	FY2017 GAA
# of FRCs	0	14	18	22
DCF	\$0	\$5,227,963	\$7,398,054	\$9,978,898
EOHHS	\$850,000	\$2,500,000	\$2,500,000	\$500,000
Total	\$850,000	\$7,727,963	\$9,898,054	\$10,478,898

Figure 3. FRC Allocations FY2014-FY2021

Agency	FY2018 GAA	FY2019 GAA	FY2020 GAA	FY2021 GAA
# of FRCs	22	24	27	27
DCF	\$9,731,116	\$15,050,000**	\$16,500,000**	\$17,450,000**
EOHHS	\$500,000	\$500,000	\$500,000	\$500,000
Total	\$10,231,116	\$16,550,000***	\$17,000,000	17,950,000

Figure 3: FRC Allocations FY2014-FY2021 (cont.)

*GAA- General Appropriations Act

This funding includes an earmark to the Juvenile Court Mental Health Project. *This funding includes a \$1M supplemental appropriation (Chapter 142 of the Acts of 2019)

7. FRC Activity Data Included in this Report

Data for this report related to FRC activities was extracted from the UMMS ASO's FRC Database. Preliminary data from calendar year CY2020, (see Section 9) are included where available; note: CY2020 data may change, pending additional analysis. In addition to the CY2020 data included in this report, updated data from CY2019 is included in the Appendix, derived from the midyear evaluation report completed by UMass in March 2020, (*see Appendix 2*).

8. Background

a. Chapter 240 of the Acts of 2012

Chapter 240 of the Acts of 2012, (Chapter 240), entitled "An Act Regarding Families and Children Engaged in Services" became effective on November 5, 2012. Chapter 240 provided comprehensive steps to reform the former Children in Need of Services (CHINS) program, which served children who had run away from home, repeatedly failed to attend school, struggled with behaviors at home or in school, or had been sexually exploited. The law now refers to these children as "Children Requiring Assistance."

Chapter 240 mandated significant changes to the former CHINS court process by encouraging children and their families to seek assistance from the Executive Office of Health and Human Services (EOHHS), rather than go before the juvenile court. The law required the EOHHS Secretary to establish a "network of child and family service programs," and "family resource centers," throughout the Commonwealth to provide community-based services to families with children requiring assistance. Family Resource Centers (FRCs) are community-based, culturally responsive programs focused on equity, that provide evidence-based parent education classes, youth and parent support groups, early childhood services, information and referral, educational support, and other opportunities and services for families.

Chapter 240 also established a *Families and Children Requiring Assistance Advisory Board* (Advisory Board). The Advisory Board is chaired by appointees from the Governor, the Chief Justice of the Juvenile Court and the legislature. Advisory Board members include representatives of state agencies, the juvenile court, the legislature, advocacy organizations, non-profits, and parents; (*see Appendix 3 for a complete list of Advisory Board Members and Staff; see Appendix 4 for the Advisory Board Meeting* *Schedule 2020*). The Advisory Board's duties include advising EOHHS, collecting and reporting data, and monitoring implementation of the legislation.

Section 34(d) of Chapter 240 requires that the Advisory Board report "... in writing to the governor, the child advocate, the house and senate committees on ways and means, the joint committee on children and families and persons with disabilities and on the joint committee on the judiciary on the progress made relative to the implementation of the pilot program under section 35 and on the progress made relative to the implementation of section 16U of chapter 6A of the General Laws..." This report meets that requirement.

b. Brief Chronology (CY2014-CY2020)

From CY2013-CY2020, the Advisory Board engaged in significant efforts to support implementation of Chapter 240.

In CY2013, Advisory Board members participated in multiple public dialogue sessions sponsored by EOHHS These sessions provided the Advisory Board and EOHHS with community input regarding development program design and rates for FRC services. In CY2014, informed by the public dialogue sessions, EOHHS and DCF released two Request for Responses (RFRs): one RFR to establish 14 FRC sites across the Commonwealth, and one RFR to develop a single statewide Administrative Services Organization (ASO).

In CY2015, EOHHS in partnership with DCF signed contracts with 17 FRCs, at least one in each county. Later that year, DCF contracted for four additional FRCs, and EOHHS in partnership with MassHealth and DCF established the Runaway Assistance Program. In CY2016, EOHHS contracted with University of Massachusetts Mass Medical School (UMMS) to serve as the ASO. By the end of CY2016, FRCs had served over 11,000 family members.

In CY2017, DCF added four additional sites resulting in a total of 22 FRCs operational across the Commonwealth. By the end of the calendar year, the FRCs had served a cumulative total of over 33,000 family members.

In in the latter part of CY2017 and throughout CY2018, FRCs played a key role in serving survivors from Hurricane Maria who had fled to Massachusetts. The number of individuals served, and services provided, increased substantially. By the end of the year, the FRCs had served a cumulative total of over 48,000 family members since inception.

In CY2019, one additional site was added and a cumulative total of over 62,000 family members were served. In CY2020, the Commonwealth was hit by the global COVID-19 pandemic. As they did with Hurricane Maria, FRCs have played a key role in the Commonwealth's response to the pandemic, (see Section 9). In CY2020 several cities erupted into unrest with thousands protesting racial inequity. FRCs, in partnership with Community Connections sites worked to promote equity in their communities, (see Section

10. An additional FRC was added in CY2020 and a cumulative total of over 74,000 family members were served.

9. COVD-19 Pandemic

On March 10, 2020, Governor Charlie Baker declared a State of Emergency in Massachusetts to support the Commonwealth's response to the outbreak of COVID-19 Coronavirus. On March 23, 2021, the Governor issued an emergency order requiring all businesses and organizations that did not provide "COVID-19 Essential Services" to close their physical workplaces and facilities to workers, customers and the public as of Tuesday, March 24. Included within the list of "Essential Services" were organizations that employ workers "…who support food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals…", which included the FRCs.

Agency heads from each of the FRC vendors determined what services could be provided safely onsite and what services could be provided remotely. Over one third of the FRC sites are significantly engaged in face to face work with families. Two thirds of the FRCs continue to provide virtual services.

As they did with their response to Hurricane Maria, FRCs have played a critical role in their community's response to COVID-19. Most of the FRC services including counseling, assessment, parenting classes, support groups and information and referral continued virtually on-line. Many of the FRCs became a hub within their communities for providing food, diapers, personal protective equipment (PPE), clothing and other emergency assistance items for the neediest families. When families could not come to the FRC these items were delivered to families' doorsteps.

The UMMS ASO collected and reported data regarding the FRC response to COVID-19 in attached document: *"Family Resource Center Network/Responding to the COVID-19 Pandemic," September 2020.* This report, (*see Appendix 5*) summarizes the efforts of the FRCs to respond to the pandemic between March and July 2020. Key findings from the report included:

- FRCs served a total of 7,377 families between March and July 2020, and for the most part, served more families on a monthly basis than were served during the same time period in 2019, (*see Figure 4*).
- There was a notable increase in the number of families served in April, reflecting the dedicated efforts made by FRCs to outreach to families in the period immediately following the state of emergency, (*see Figure 4*).



Figure 4: Families Served by FRCs March-July2020 (compared to 2019)

- In total, FRCs conducted active outreach efforts to over 4,200 families.
- FRCs served a total of 10,629 individual family members between March and July 2020. Despite the shut-down, there was no drop-off in the number of families or family members served in this period compared to 2019.
- FRCs served 2,933 new families between March and July 2020
- Equity remained a focus through the pandemic. From March 2020 through July 2020, there was a slight increase in the percent of non-white family members served compared to 2019, (*see Figure 5*).

Figure 5: Race/Ethnicity of Family Members Served by FRCs March-July 2020

RACE	
White	68%
Black/African American	26%
Asian	3%
Native American	1%
Other	2%
ETHNICITY	
Hispanic	45%
Non-Hispanic	55%

- FRCs provided an especially high level of individualized services and supports to family members between March and July 2020, recording over 30,000 separate instances of service. For comparison, FRCs provided 38,467 instances of service in all of 2019.
- Notably, FRCs provide 4,448 instances of food/nutrition assistance to families between March and July, compared to just over 2,400 instances of food/nutrition assistance during all of 2019.
- Additionally, the FRCs continued to serve families through multiple events, including food drives, food distribution, drives for and distribution of diapers and other infant/baby items, classes and other group activities. Over 12,500 individuals attended events related to food alone, (*see Figure 6*). Most FRCs continued to offer parenting classes, parenting support groups, and a variety of family recreational and social activities using virtual methods.

Food Related Events	12,596
Parenting Groups/Classes	3,288
Family Activities	2,244
Infant/Baby Items	1,095

Figure 6: FRC Event Attendance, March to July 2020

Utilizing the virtual model for groups allowed for unique, cross-city collaboration among FRCs. These collaborations have made groups and classes more accessible to families from multiple communities. Additionally, several FRCs have worked with their local schools and parents to set up remote "learning hubs" for students attending school remotely.

As cited in the UMMS report, "...During this global challenge that has impacted everyone, the FRCs never missed a step and have continued to be a resilient and vital resource in Massachusetts communities."

Figure 7: Photo Gallery- FRCs in Action During COVID-19















10. Racial Equity

Following the death of George Floyd at the hands of police on May 25, 2020 in Minneapolis, several cities, including multiple cities in Massachusetts, erupted in protest. The incident generated a local, national and global dialogue on race, equity, injustice and systemic racism.

The FRCs are committed to creating and sustaining a positive and supportive environment for all children and families regardless of race, ethnicity, religion, sexual orientation, or gender identity. In order to ensure FRCs operate anti-racist/pro-equity environments, the FRCs, in partnership with DCF and UMass Medical School, have undertaken three major efforts:

- 1. FRCs across the state participated in half day learning sessions on *Race, Trauma and Resilience*. These sessions, which took place statewide from the Cape to the Berkshires, reached hundreds of community providers.
- 2. All FRCs participated in meetings related to race and equity with the Massachusetts Juvenile Detention Alternative Initiative (JDAI). A film developed by JDAI entitled "*Seeing Racial and Ethnic Disparities (RED)*" was viewed by participants and followed up with facilitated discussions regarding race and equity.
- 3. In 2021, FRCs are participating in a five session learning series on racial equity. This series, run in partnership between DCF, UMass Medical School, and JDAI, has a goal of creating and promoting anti-racist/pro-equity policies, programs, and environments for all FRCs and the clients that come to each location.

11. Family Resource Center Progress

a. Family Resource Center Progress CY2015-CY2020

FRCs have experienced significant growth since their launch in 2015. Over 74,600 family members across all counties in Massachusetts have been served to date. The cumulative number of family members served from CY2015-CY2020 has increased more than tenfold (5,276 to 74,634); the number of new family members served each year has more than doubled (5,276 to 12,614) in the same time period, (*see Figure 8*).

(Note: CY2020 data is preliminary/subject to change as additional data becomes available later in the month, pulled from FRC Database on 1/11/21).

In CY2020 (as of 1/3/2021) there were 7,705 new families served and 12,614 new family members served, (*see Figure 8*).



Figure 8: Cumulative (Total) and New Family Members Served by FRCs from CY2015-CY2020)

In CY2020, (including new & returning families as of 1/4/2020), there were a total of 12,559 total families served, and a total of 19,748 total family members served.

b. Family Resource Center Progress - Summary Data, CY2020

• As referenced, there were 7,705 new families served in CY2020. The number of new families served, by each FRC, is outlined below, (*see Figure 9*).

New Families Served by FRCs in CY2020		
Total	7,724	
Amherst	78	
Athol	362	
Boston	364	
Brockton	316	
Cape Cod	358	
Everett	981	
Fall River	235	
Fitchburg	439	
Framingham	209	

New Families Served by FRC	Cs in CY2020
Great Barrington*	57
Greenfield	118
Holyoke	116
Lawrence	314
Lowell	221
Lynn	632
Martha's Vineyard	81
Nantucket	100
New Bedford	421
North Adams	78
Pittsfield	220
Plymouth*	293
Quincy	530
Southbridge	108
Springfield	432
Taunton	419
Ware*	35
Worcester	207

* Great Barrington, Plymouth, Ware FRCs opened Summer 2020

• There were 12,614 new family members served in CY2020. The number of new family members served, by each FRC, is outlined below, (*see Figure 10*).

New Family Members Served by FRCs in CY2020		
Total	12,672	
Amherst	175	
Athol	557	
Boston	581	
Brockton	412	
Cape Cod	551	
Everett	2,382	
Fall River	378	
Fitchburg	496	
Framingham	467	
Great Barrington*	76	
Greenfield	167	
Holyoke	251	
Lawrence	453	

Figure 10: New Family Members Served by FRCs in CY2020

343
662
140
145
659
123
238
468
1,079
145
768
558
62
336

^{*} Great Barrington, Plymouth, Ware FRCs opened Summer 2020

- Many FRC adult clients faced significant challenges. Characteristics of adults (age 18 and over) served by FRCs in CY2020 (at intake) include:
 - 27% employed full- or part-time
 - o 39% unemployed/out of labor force/homemaker/other
 - o 10% homeless or homeless but sheltered
 - o 40% MassHealth members
 - o 17% involved with Department of Children and Families
 - o 19% involved with Department of Transitional Assistance

Figure 11: Characteristics of Adults served by FRCs in CY2019



- The sources of referrals of new families to FRCs in CY2020 were as follows:
 - 15% friends or family members
 - o 12% Department of Children and Families
 - 8% self-referred
 - o 8% schools, pre-schools, early intervention programs
 - o 6% health care providers, including mental health providers and pediatricians
 - o 5% courts
 - <1% social service agencies
 - 1% Department of Transitional Assistance
 - o 1% Mass211
 - o 15% other sources
- There were a total of 103,490 units of service provided to family members through FRCs, including individualized services (e.g. assistance with housing) and services provided in a group setting (e.g. parenting class).
- The unduplicated number of adults participating in FRC services (by service) type included:
 - Evidence-Based Parenting Education Programs: 1,144 adults
 - Mutual Self-Help Groups: 443 adults
 - Life Skills Workshops/Trainings: 393 adults
 - o Education Programs: 967 adults

Training for staff to deliver evidence-based trainings continued throughout the year, (see Appendix 6 for a complete list of staff trainings).

• About 58% of individuals identified as Hispanic, Latinx or another ethnicity, (see *Figures 12 & 13*).

Ethnicity and Race Served by FRCs in CY2020				
Ethnicity				
Not Hispanic	5,651			
Mexican	170			
Puerto Rican	2,169			
Cuban	28			
Another	2,585			
Hispanic/Latinx/Spanish				
Ethnicity				
Other- Ethnicity	2,861			

Figure 12:	Ethnicity and	Race of	Individuals	Served by	FRCs in	CY2020
	2	1.00000		20.100.09	1100 000	012020

Race	
White	5.761
Black/African American	1,823
American Indian	81
Asian Indian	89
Chinese	66
Filipino	10
Japanese	15
Native Hawaiian	13
Korean	21
Guamanian	9
Vietnamese	17
Samoan	7
Other- Pacific Islander	104

Figure 13: Ethnicity of people seeking services from FRCs in 2020





Figure 14:Race of people seeking services from FRCs in CY2020

• Three quarters (3/4) of the individuals served by FRCs in CY2020 were identified as female, just over 1/4 were male, and less than 1% were Transgender, Non-Binary or other, (*see Figures 15 & 16*).

Figure 15: Number by gender served by FRCs in CY2020

Gender served by FRCs in CY2019			
Male	5,915		
Female	12,557		
Transgender	36		
Non-binary	12		
Other	16		



Figure 16: % of gender served by FRCs in CY2020

12. Data from the Administrative Office of the Juvenile Court and the Office of the Commissioner of Probation, (see Appendix 7 for full report)

a. CRA Case Filings CY2019

• There was a total of 5091 CRA cases filed in the Juvenile Court in CY2019. This represents a 26% reduction in CRA filings from CY2012, (*see Figure 16*).



Figure 16: CRA filings by CY16 to CY19, and Case Type

• From CY2016 to CY2019, CRA filings for Habitual Offender increased by 3.5% and Truancy increased 1.5%. Filings for Stubborn Child and Runaways decreased by over 11% and 15% respectively, (*see Figure 17*).

	CY2016	CY2017	CY2018	CY2019	CY2018- 2019 percent + /-	CY2016- 2019 percent + /-
Stubborn	2938	2905	2681	2610	-2.6%	-11.2%
Runaway	495	458	382	419	9.7%	-15.4%
Truancy	1538	1505	1534	1561	1.8%	1.5%
Habitual Offender	480	537	498	497	-0.2%	3.5%
Sexually Exploited	3	5	7	4	-42.9%	33.3%
Total	5454	5410	5102	5091	-0.2%	-6.7%

Figure 17: CRA filings by CY16 to CY19, and Case Type

• In CY2019, 51% of CRA cases filed in court involved "stubborn" child CRA cases; 31% involved truancy; 10% involved habitual offenders; 8% involved runaways; less than one percent involved sexual exploitation, (*see Figure 18*). These percentages remain virtually unchanged from the prior year.



Figure 18: CRA filings by Case Type CY2019

• Over half of all CRA cases filed statewide, were in the Court Divisions of Suffolk, Middlesex and Essex, (*see Figure 19*).



Figure 19: Total CY2018 CRA filings by Court Division

• The number of CRA Case Types by Court Division varies significantly.

Ct Division	Stubborn	Runaway	Truancy	Habitual	S.E.	Totals
Barnstable	107	11	38	22	1	179
Berkshire	96	41	18	25	0	180
Bristol	193	69	206	114	0	582
Essex	462	58	187	47	0	754
Fr/Hamp	81	5	63	25	0	174
Hampden	201	39	65	22	0	327
Middlesex	455	54	146	41	0	696
Norfolk	169	9	112	37	0	327
Plymouth	154	15	63	16	0	248
Suffolk	350	47	503	75	0	975
Worcester	342	71	160	73	3	649
Totals	2610	419	1561	497	4	5091

Figure 20: CRA filings by Court Division and Case Type for CY2019

• Fifty one percent (51%) of CRA filings in 2019 involved youth who were identified as Black or Hispanic, (*see Figure 21*).



Figure 21: CRA CY18 Filings, Ethnicity and Race of Youth

• From CY16 to CY19, the number of youth identified as Hispanic increased by 30% and the number of youth identified as Black increased by 15%, as compared to an 8% decrease in youth identified as White. The number of youth with no reported race or ethnicity decreased by over 50% in the same time period, (*see Figure 22*).

Race/ Ethnicity	CY2016	CY2017	CY2018	CY2019	% +- CY2016- CY2019
Hispanic	1350	1485	1598	1752	30%
Black	711	786	806	820	15%
White	1656	1697	1762	1530	-8%
Other	110	128	192	222	102%
Not Reported	1627	1314	744	767	-53%
Total	5454	5410	5102	5091	-7%

Figure 22: CRA filings by Ethnicity/Race, CY16 to CY19

• The majority of CRA filings involved youth age 14-16, (see Figure 23).



b. CRA Cases Disposed of in 2019

The following are excerpts from **Appendix 7**: *Child Requiring Assistance Periodic and Annual Report, January 1, 2019- December 31, 2019...Submitted By: Chief Justice Amy L. Nechtem, Juvenile Court and Commissioner Edward J. Dolan, Office of the Commissioner of Probation.* The report is a summary of the 4,462 Children Requiring Assistance (CRA) cases that terminated between January 1, 2019 and December 31, 2019.

Demographics

In the 2019 calendar year, there were 4,462 Child Requiring Assistance (CRA) cases terminated. This figure is eleven percent lower than the previous year (n = 5,013).

A child requiring assistance can be no younger than six and no older than 18 at the time of a CRA filing, and this was reflected in the CY 2019 data, where the age of CRA applicants ranged from six to 18 years old. Like CY 2018, the average age of a CRA youth was approximately 15 years old.

Of the terminated CRA cases, 43% were female, 56% were male and an additional .4 percent (n=20) were other. Gender was not known in thirteen cases.

In CY 2019, CRA termination summaries changed their race and ethnicity field from one combined category, to two separate categories, in order to maintain consistency with other reporting methods. As can be observed from the charts (below), a CRA youth is more likely to be White (55%) and Non-Hispanic (55.4%)



Figure 24: Race of cases terminated in CY2019

Figure 25: Ethnicity of cases terminated in CY2019



County of CRA Application

CRA cases are filed in every county in the Commonwealth, with the Suffolk (19.4%), Essex (15.1%) and Middlesex (14.7%) accounting for roughly half of all CRA cases. These three counties were responsible for half of the CRA cases last year as well.

CRA Process

Adults with different roles and responsibilities may apply for a CRA petition. The most common applicant was a parent, legal guardian or custodian (58.7%), followed by a school (40%), police (.6%) or other (.7%). The CRA petition is filed at the Clerk's Office. It is the Clerk's role, prior to submitting the CRA petition, to inform the applicant of any Family Resource Center that may be in the area. Family Resource Centers (FRCs) are community-based, culturally competent programs that provide a variety of services to children and families, without requiring court involvement.

In 2019, it was reported that at least 8% of CRA youth were referred to an FRC prior to their current case. If the applicant prefers to go forward with the filing, as opposed to using an FRC, the Court may accept the petition and later hold a Preliminary Hearing.

At the Preliminary Hearing, all information about the case is gathered and it is the Court's opportunity to hear from the parents, the child and Probation. At the Preliminary Hearing, the court can do one of three things: it can decline the application if no probable cause is

found (19.2% in 2019), it can decline the application and order informal assistance (49.7%), or it can accept the application and schedule a fact-finding hearing (31.2%).

A dismissal means that the case is over, no further action is taken and the record is expunged.

If informal assistance is ordered, the child works with Probation to receive help and sometimes, outside referrals for additional services. Three things can likely happen once a child starts meeting with Probation for informal assistance. Within the first 90 days, the judge may dismiss the case (39.1%), they may extend informal assistance an extra 90 days (26.7%) or schedule a Fact-Finding Hearing (31.9%). Of those cases scheduled for a Fact-Finding Hearing, 51.5% were dismissed prior to the hearing.

Type of CRA Case

[Of the terminated cases,] there are five types of CRAs. The most common type of CRA is a Stubborn Child (51.5%), followed by Truants (32.2%), School Offenders (9.1%), Runaways (7.1%) and Sexually Exploited Children (.0%, n=1). This breakdown in CRA type is consistent with previous years.

Insurance Status

Another variable that is collected on the CRA termination profile is the insurance status of the youth. Seventy percent of all youth (n=3,139) reported having some type of insurance, with 2,597 (82.7%) receiving MassHealth, 481 7(15.3%) receiving private and additional 61 (1.9%) who did not disclose their insurance type. In addition, insurance status was not known or reported for 1,314 youth and nine youth (.2%) reported to be uninsured.

13. Runaway Assistance Program 2020

The Runaway Assistance Program (RAP) is a program to assist police officers who are dealing with runaways during the hours that juvenile court is closed, (evenings, weekends and holidays). RAP provides a safe place where police can bring a runaway child, age 17 and under. If the police officer determines a child cannot be safely delivered to a parent or other responsible adult, (including DCF), the police officer may dial "2-1-1" from any phone. The officer will be directed to a Runaway Specialist who can assist the officer in identifying a safe location for the runaway child.

RAP is a collaborative program funded by DCF with three primary components:

- *Mass211*: Mass211 is a 24/7 information and referral service accessed by dialing "2-1-1" from any phone. Mass211 provides police officers with access to RAP. Mass211 acts as the "dispatcher" for RAP.
- *Emergency Service Programs* (ESPs): ESPs provide a safe location where a police officer can bring a runaway child. The ESP conducts an assessment of the child. EOHHS utilizes 21 ESP community-based locations for RAP.

• *Non-secure Alternative to Lock-up Programs* (ALPs) Non-secure ALPs provide a licensed placement for a runaway child during the hours that juvenile court is closed, (evenings weekends and holidays). ALPs transport a runaway child to court on the next working day that court is open. Four ALP providers cover all geographic regions of the state.

Fully operational in April of 2015, RAP has served 183 youth since that time. Most youth participating in the program were assessed by a clinician at an ESP and then either placed in a licensed facility by ALP staff, placed by DCF, or returned to the custody of a parent or other responsible adult.

In 2020, there continued to be a significant drop in the number of youth served by RAP, (*see Figure 26*). EOHHS, DCF and other stakeholders are currently collaborating to understand utilization trends and examine resources related to runaways and other youth who come in contact with police after hours (evenings, holidays and weekends). Anecdotal information indicates that the reduction in youth served through RAP may be related to the COVID-19 pandemic, increased utilization of the child abuse hotline, and increased utilization of federal homeless and runaway youth programs.

Year	Dates	# of runaway youth served
CY2015	3/3/15-12/31/15	51
CY2016	1/1/16-12/31/17	53
CY2017	1/1/17- 12/31/17	44
CY2018	1/1/18 - 12/31/18	19
CY2019	1/1/19-12/31/19	15
CY2020	1/1/20- 12/31/20	3
Total	3/3/15-12/31/19	185

Figure 26: # of runaway youth served CY2015 to CY201
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14. Mass211 CY2020

Chapter 240 requires that the EOHHS Secretary provide a mechanism for the clerk of the juvenile court to obtain information and make referrals to FRCs or community-based services programs, if available, and any other entity available to provide services to children or families. Mass211 provides this function for EOHHS and the courts (note: courts may also refer directly to FRCs). Mass211 is an information and referral service for children, youth and families offered by the EOHHS. This service is available to all families across the Commonwealth, including families and Children Requiring Assistance (CRA) who have been referred by the juvenile court. Families can dial 2-1-1 from any phone and be connected to a trained information and referral specialist, anytime of the day or night. Additionally, as referenced, Mass211 provides 24/7 availability to local police departments that request assistance in placing runaway youth.

In CY2020, 22,146 families with children aged 6-18 called Mass211; this number is more than doubled from the 9,561 families who called Mass211 in 2019. The increase in calls is likely attributed to COVID-19 response efforts. Of the total calls, 832 callers were requesting information directly related to a CRA-related issue, (runaways, truants, children who are having serious problems at home or at school, and/or exploited youth); this number is up 32% from 628 callers in CY2019. Most callers were identified by Mass211 as requesting information that could help to prevent a family issue from escalating to a more serious problem. Over 81% of callers seeking support from Mass211 were mothers or fathers; 9% were grandparents. Nearly 45% of callers were from families with four or more members, (*see Figure 27*).

Reported Category	QTR 1	QTR 2	QTR 3	QTR 4	CY2020 Totals
# Of Family Assistance Calls (from families with children 6 to 18 years old)	2788	3857	4860	10641	22,146
# Of Intervention Service CRA Related Calls	178	81	332	241	832
Total CRA and Families Assistance Calls	2966	3938	5192	10882	22,978
211 Caller Relationship to Youth	Q1	Q2	Q3	Q4	CY2020 Total
Mother	75.1%	71.8%	63.8%	67.6%	70%
Father	9.8%	8.3%	11.2%	17.2%	11.6%
Grandparent	4.1%	15.2%	9.7%	8.2%	9.3%
Guardian	0.00%	0.00%	4.7%	2.4%	2%
Social Service/Gov. Agency	9.5%	0.00%	3.7%	0.00%	3.3%
Unrelated 3rd party	1.1%	0.00%	0.00%	4.6%	1.4%
Relative	0.53%	0.00%	4.7%	0.00%	1.3%
Health Care Provider	0.00%	4.2%	0.00%	0.00%	1%
Sibling	0.00%	0.00%	0.00%	0.00%	0.00%
Caller Family Size	Q1	Q2	Q3	Q4	CY2020 Total
2 Family Members	20.8%	32%	28%	13%	23.5%
3 Family Members	22.2%	25.6%	20.3%	47.2%	28.8%
4 Family Members	26.2%	29%	29.6%	11.7%	24%
5 or More Family Members	30.1%	12.9%	17.1%	25%	21%
Single Person (1)	0.74%	0.61%	5.5%	3.3%	3%

Figure 27: Reported Category/211 Caller Relationship to Youth/Caller Family Size

Program Name:	Total:
Boston-Suffolk County Family Resource Center	50
The Springfield Family Resource Center	45
Community Connections of Brockton/The Family Center	31
Worcester Connections Family Resource Center	20
Family Service Association	16
Eliot Family Resource Center	14
Family & Community Resource Center	13
NFI Family Resource Center	12
Wayside Family Resource Center	12
Fitchburg Family Resource Center	11
Youth Opportunities Upheld (Y.O.U. Inc.)	9
Quincy Family Resource Center	8
Bay State Community Services (BSCS)	5
Centerboard	5
Making Opportunity Count	4
Behavorial Health Inc.	2
The Bridge Family Resource Center	2
United Way of Greater New Bedford	2
Berkshire Family Resource Center	1
Enlace de Familias	1
Total:	263

Figure 28: Mass211 FRC (Chapter 240 related and other) Referrals 2020



15. Appendices

- Appendix 1: FRC Programs, Contracted Agency, Locations, Current Program Model and Start Date
- Appendix 2: Family Resource Center Program Evaluation Report, March 2020), prepared by the University of Massachusetts Medical School. [See Link]
- Appendix 3: Advisory Board Members and Staff 2020
- Appendix 4: Advisory Board Meeting Schedule 2020.
- Appendix 5: Family Resource Center Network/Responding to the COVID-19 Pandemic, prepared by the University of Massachusetts Medical School, September 2020. [See Link]
- Appendix 6: Chronology of FRC staff trainings coordinated by DCF 2020
- Appendix 7: Child Requiring Assistance Periodic and Annual Report, January 1, 2019- December 31, 2019...Submitted By: Chief Justice Amy L. Nechtem, Juvenile Court and Commissioner Edward J. Dolan, Office of the Commissioner of Probation. [See Attached]

Appendix 1: FRC Programs, Contracted Agency, Locations, Program Model and Start Date

Tier 1 Sites				
Family Resource Center Name	Contract Agency	City/County	Current Model (2019)	Start Date
The Springfield Family Support Programs Family Resource Center	Gandara Mental Health Center	Springfield/ Hampden	Full	3/20/2015
The Family Center- Community Connections of Brockton	United Way of Greater Plymouth Count	Brockton/ Plymouth	Full	3/26/2015
Family Resource Center, Berkshire Children and Families	18 Degrees	Pittsfield/ Berkshire	Full	3/27/2015
Quincy Family Resource Center	Baystate Community Services	Quincy/ Norfolk	Full	3/27/2015
Family & Community Resource Center	Family Services of Merrimack Valley	Lawrence/ Essex	Full	3/31/2015
The Bridge Family Resource Center	Clinical & Support Options	Amherst/ Hampshire	Full	4/1/2015
YOU, Inc. Worcester Family Resource Center	Youth Opportunities Upheld (YOU, Inc.)	Worcester/ Worcester	Full	4/2/2015
The Family Resource and Development Center	United Way of Greater New Bedford	New Bedford/ Bristol	Full	4/23/2015
Community Action Family Center	Community Action Pioneer Valley	Greenfield/ Franklin	Full	4/27/2015
Boston-Suffolk County Family Resource Center	Home for Little Wanderers	Boston/ Suffolk	Full	4/29/2015
NFI Family Resource Center of Greater Lowell	NFI Massachusetts, Inc. (NF)	Lowell/ Middlesex	Full	5/6/2015
Island Wide Youth Collaborative: A Massachusetts Family Resource Center	Martha's Vineyard Community Services	Oak Bluffs/ Dukes	Full	5/8/2015/
Cape Cod Family Resource Center	Family Continuity (FCP, Inc.)	Hyannis/ Barnstable	Full	6/12/2015
Nantucket Family Resource Center	Family Continuity (FCP, Inc.)	Nantucket/ Nantucket	Micro	6/12/2015

The Family Place	Northern Berkshire Community Coalition	North Adams/ Berkshire	Full	7/23/2015
MOC Fitchburg Family Resource Center	Montachusett Opportunity Council	Fitchburg/ Worcester	Full	7/30/2015
Lynn Family Forward Resource Center	Centerboard, Inc.	Lynn/ Essex	Full	8/5/2015
Family Service Association	Family Services Association of Greater Fall River, Inc.	Fall River/ Bristol	Full	9/2/2015
North Quabbin Family Resource Center	Valuing Our Children	Athol/ Worcester	Full	5/1/2017
Everett Family Resource Center	Eliot Community Human Services, Inc.	Everett/ Middlesex	Full	5/1/2017
Wayside Framingham Family Resource Center	Wayside Youth & Family Support Network	Framingham/ Middlesex	Full	5/1/2017
Enlace Family Resource Center	Enlace de Familias de Holyoke/Holyoke Family Network Inc.	Holyoke/ Hampden	Full	5/1/2017
Taunton Family Resource Center	Old Colony YMCA	Taunton/ Bristol	Full	10/1/2019
YOU, Inc. Southbridge Family Resource Center	YOU, Inc.	Southbridge/ Worcester	Full	1/1/2020
Great Barrington Family Resource Center	Clinical Support Options	Great Barrington/ Berkshire	Full	4/1/2020

Plymouth Family Resource Center	Bay State Community Services	Plymouth /Plymouth	Micro	4/1/2020
Ware Family Resource Center at Behavioral Health Network	Behavioral Health Network	Ware/ Hampshire	Micro	5/1/2020

Appendix 2: Family Resource Center Program Evaluation Report, March 2020), prepared by the University of Massachusetts Medical School. [Click here to access]

Appendix 3: Advisory Board Members and Staff 2020

	Seat	Member Name
1	Juvenile Court Judge Appointed by The Chief Justice of The Juvenile Court	The Honorable Joan M. McMenemy (Co-Chair)
2	Private Provider of Services to Families with Children who have Behavioral Needs	Mary McGeown (Co-Chair) MSPCC
3	Commissioner, DCF (or designee)	Jose Monteiro
4	Commissioner, DESE (or designee)	Rachelle Engler Bennett
5	Commissioner, DMH	Carol Murphy on behalf of Commissioner Joan Mikula
6	Commissioner, DPH	Craig S. Andrade
7	Commissioner, DYS (or designee)	Commissioner Peter J. Forbes
8	DCF Adolescent Social Worker Approved by The Regional Director of The Area Pilot Program	(vacant)
9	DMH Case Manager Approved by The Regional Director of The Area Pilot Program	(vacant)
10	Director, Office of Medicaid (or designee)	Kenneth Spicer
11	District Attorney (DA)	Alice Casey on behalf of Middlesex DA Marian Ryan
12	House Minority Leader Appointee	Representative Kimberly Ferguson
13	Senate Minority Leader Appointee	Susan Todd
14	Senate President Appointee	Senator Karen Spilka
15	Office of the Child Advocate (or designee)	Maria Mossaides
16	A Member of a Municipal Police Department	James Holland
17	A Parent Who is Not an Employee of the Commonwealth	Marcia Winfrey

Families and Children Requiring Assistance Advisory Board Members

18	Independent Education Advocate	Michael Gregory
19	Probation Officer, Assigned to a Juvenile Court, Appointed by Commissioner of Probation	John Millett
20	Speaker of the House of Representatives Appointee	Representative Paul Donato
21	Chair of the Board of the Committee for Public Counsel Services (or designee)	Carol Rosensweig

FACRA Advisory Board Staff:

- Glenn Daly, Director, Office of Children Youth and Families (CYF), EOHHS
- Catherine Quirion, Policy Associate, Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)
- Nancy Scannell, Director of External Affairs, MSPCC

Appendix 4: Advisory Board Meeting Schedule 2020

The Advisory Board met on four occasions in 2020 to assist EOHHS in implementing Chapter 240; all meetings were held 11:00 AM- 1:00 PM (see below). Due to the COVID-19 pandemic, the March meeting was cancelled, and all subsequent meetings were held using the Zoom remote platform. Advisory Board meetings were held:

- Thursday, January 16 2019, (EOHHS, One Ashburton Place, Boston)
- Thursday, May 14, 2020 (via Zoom)
- Thursday, September 17, 2020 (via Zoom)
- Thursday, November 12, 2020 (via Zoom)

Appendix 5: Family Resource Center Network/Responding to the COVID-19 Pandemic, prepared by the University of Massachusetts Medical School, September 2020. [Click here to access]

Appendix 6: Chronology of FRC staff trainings coordinated by DCF 2020

Chrohology of The start trainings (evidenced based and other)	provided by Der.
Basic Rights in Special Education (presented in Spanish)	January 8, 2020
Active Parenting: First Five Years	January 14, 2020
Nurturing Families	January 14, 15, 16, 2020
Staying Focused: Strategies for Working with Trauma Reactive	
Clients	January 22, 2020
Parenting Journey I	January 27-31, 2020
Active Parenting: 4th Edition	January 28, 2020
Nurturing Fathers	January 29, 30, 31, 2020
Essential Skills for Working with Adolescents	January 31, 2020

Chronology of FRC staff trainings (evidenced based and other) provided by DCF:_

Active Parenting of Teens	February 4, 2020
Active Parenting: Cooperative Parenting and Divorce	February 11, 2020
Understanding IEPs (presented in Spanish)	February 14, 2020
CSEC: Understanding and Responding to Victims	February 18, 2020
DV/Substance Misuse and Trauma	February 21, 2020
Working with Kinship Families and Grandparents Raising Grandchildren	February 28, 2020
Human Trafficking Advanced Clinical Training	March 2, 2020
Active Parenting: First Five Years	March 3, 2020
CSEC: Understanding and Responding to Victims	March 9, 2020
Active Parenting: 4th Edition	March 10, 2020
Nurturing Families	March 10, 11, 12, 2020
Active Parenting of Teens	March 31, 2020
Active Parenting: Cooperative Parenting and Divorce	April 7, 2020
Coping with Children's Anxiety (and Our Own) During Covid-19	April 10, 2020
Understanding the Updated DESE Guidance	April 15, 2020
DBT Individual Therapy (part 2)	April 17, 2020
Coping with Children's Anxiety (and Our Own) During Covid-19	April 17, 2020
From Gloom to Zoom: Leading a Dynamic Training, Meeting, or Group via Video Conference	April 21, 2020
Active Parenting: First Five Years	April 21, 2020
Impact of Trauma on Learning	April 22, 2020
From Gloom to Zoom: Leading a Dynamic Training, Meeting, or Group via Video Conference	April 23, 2020
From Gloom to Zoom: Leading a Dynamic Training, Meeting, or Group via Video Conference	April 27, 2020
Active Parenting of Teens: Families in Action	April 28, 2020
Nurturing Families	April 28, 29, 30, 2020
From Gloom to Zoom: Leading a Dynamic Training, Meeting, or Group via Video Conference	April 29, 2020
Special Education: Transition Age Youth	April 30, 2020
From Gloom to Zoom: Leading a Dynamic Training, Meeting, or Group via Video Conference	May 1, 2020
Active Parenting: 4th Edition	May 5, 2020
CSEC: Understanding and Responding to Victims	May 5, 2020
Using the AAPI to Build Protective Factors in Families	May 11, 2020
Active Parenting of Teens	May 12, 2020
Nurturing Fathers	May 12, 13, 14, 2020
Anxiety and School Avoidance in Youth	May 15, 2020
Nurturing Families	May 19, 20, 21, 2020
Self-Care and Resiliency	May 20, 2020
DBT Individual Therapy (part 3)	May 22, 2020
Introduction to Psychological First Aid	May 27, 2020
MIRA: Basic Rights for Immigrant Families	June 1, 2020

Nurturing Fathers	June 2, 3, 4, 2020
Suspension and Discipline in Special Education	June 4, 2020
MIRA: Creating a Family Preparedness Plan for Undocumented	
Immigrants	June 8, 2020
DBT Individual Therapy (part 4)	June 12, 2020
Nurturing Families Through Recovery	June 12 & 15, 2020
MIRA: Local, State, and National Resources for Undocumented	1. 15 2020
Immigrants	June 15, 2020
Active Parenting: 4th Edition Finding and Building a Foundation for Wellness & Resiliency	June 16, 2020
During the Challenges of COVID-19	June 16, 2020
Supporting LGBTQ+ Youth and Families	June 18, 2020
Essentials of Self-Care in Clinical Practice: Going Beyond	June 10, 2020
Mindfulness	June 19, 2020
MIRA: Understanding Public Charge	June 22, 2020
Active Parenting of Teens	June 23, 2020
MIRA: Understanding Pathways to Citizenship for Undocumented	
Immigrants	June 29, 2020
Public Benefits, Employment, and the Impact of COVID-19	June 30, 2020
Assessments and Evaluations in Special Education	July 7, 2020
Understanding Adverse Childhood Experiences (ACES)	July 27, 2020
Nurturing Families	July 21, 22, 23, 2020
Domestic Violence, Child Welfare, and the Role You Play	July 22, 2020
SBIRT, Motivational Interviewing, and Substance Use Series	August 12, 18, 19, 2020
Domestic Violence, Child Welfare, and the Role You Play	August 13, 2020
Regression, IEPs, and Returning to School	August 20, 2020
Parenting Journey Virtual Adaptation Series (part 1)	August 21, 2020
Nurturing Families in Recovery	August 28 & 31, 2020
Nurturing Programs and Engaging Our Families in the Era of	
COVID-19	August 31, 2020
Alternatives to Discipline/Restorative Justice	September 16, 2020
Youth Substance Use Series	September 14, 21, 28, 2020
Parenting Journey I	September 14-18, 2020
Parenting Journey I	September 21-25, 2020
Facilitation Skills 101	September 24, 2020
Parenting Journey Virtual Adaptation Series (part 2)	September 30, 2020
Time Management Skills	October 1, 2020
How to Start a Grandparents Raising Grandchildren Support Group -	
Even During a Pandemic!	October 1 & 8, 2020
Parenting Journey I	October 5-9, 2020
Active Parenting: 4th Edition	October 6, 2020
Nurturing Families Facilitator Training	October 6, 7, 8, 2020
Motivational Interviewing: Foundational Skills	October 9, 2020
View From All Sides Conference	October 15, 2020

Parenting Journey I	October 19-23, 2020
Nurturing Fathers	October 20, 21, 22, 2020
Parenting Journey I	October 26-30, 2020
Motivational Interviewing: Building on the Basics	November 6, 2020
Active Parenting: First Five Years	November 10, 2020
Nurturing Families in Recovery	November 13 & 16, 2020
Making A Difference Virtual Conference	November 17, 2020
Active Parenting of Teens: Families in Action	November 17, 2020
Basic Rights in Special Education	November 18, 2020
Parenting Journey II	November 30- December 4, 2020
Navigating the IEP	December 1, 2020
Active Parenting: 4th Edition	December 1, 2020
From Gloom to Zoom: Leading a Dynamic Training, Meeting, or Group via Video Conference	December 3, 2020
Understanding, Managing, & Treating Non-Suicidal Self-Injury	December 4, 2020
Nurturing Birth, Foster, and Kinship Families	December 8, 9, 10, 2020
Active Parenting of Teens	December 8, 2020
Parenting Journey Virtual Adaptation Series (part 3)	December 9, 2020
Active Parenting: Cooperative Parenting and Divorce	December 15, 2020
From Gloom to Zoom 2: Taking Your Skills a Step Further	December 17, 2020

Appendix 7: Child Requiring Assistance Periodic and Annual Report, January 1, 2019-December 31, 2019...Submitted By: Chief Justice Amy L. Nechtem, Juvenile Court and Commissioner Edward J. Dolan, Office of the Commissioner of Probation. [See Attached]

