

# Family Resource Center Program Evaluation Report



March 2017

Family Resource Center Program Evaluation Report: Calendar Year 2016  
**Prepared by the University of Massachusetts Medical School**

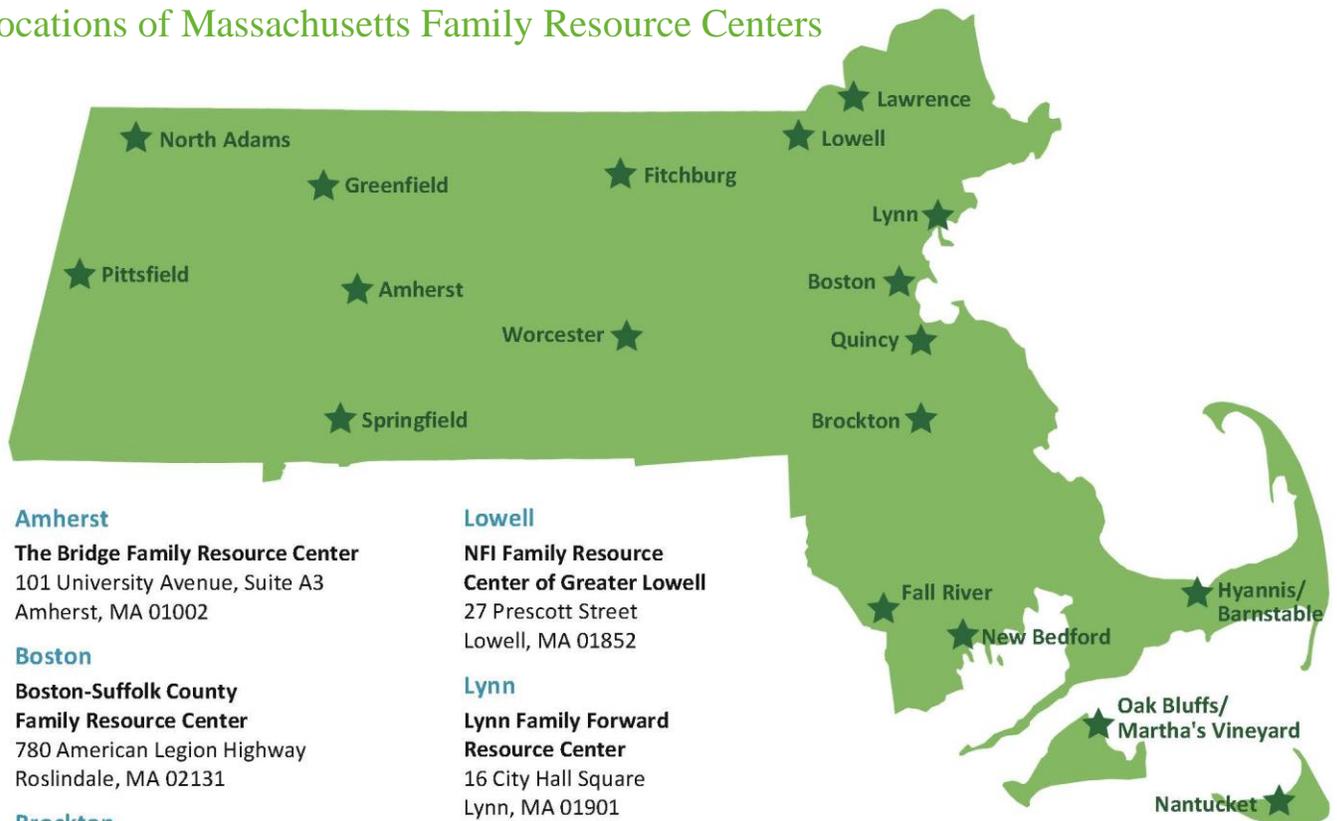
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## Locations of Massachusetts Family Resource Centers



### Amherst

**The Bridge Family Resource Center**  
101 University Avenue, Suite A3  
Amherst, MA 01002

### Boston

**Boston-Suffolk County  
Family Resource Center**  
780 American Legion Highway  
Roslindale, MA 02131

### Brockton

**The Family Center –  
Community Connections of Brockton**  
1367 Main Street  
Brockton, MA 02301

### Fall River

**Family Service Association**  
45 Rock Street  
Fall River, MA 02720

### Fitchburg

**MOC Fitchburg Family Resource Center**  
76 Summer Street, Suite 210  
Fitchburg, MA 01420

### Greenfield

**Community Action Family Center**  
90 Federal Street  
Greenfield, MA 01301

### Hyannis/Barnstable

**Cape Cod Family Resource Center**  
29 Bassett Lane  
Hyannis, MA 02601

### Lawrence

**Family & Community Resource Center**  
530 Broadway  
3rd Floor, Suite 301  
Lawrence, MA 01841

### Lowell

**NFI Family Resource  
Center of Greater Lowell**  
27 Prescott Street  
Lowell, MA 01852

### Lynn

**Lynn Family Forward  
Resource Center**  
16 City Hall Square  
Lynn, MA 01901

### Nantucket

**Nantucket Family Resource Center**  
20 Vesper Lane  
L-1 Gouin Village  
Nantucket, MA 02554

### New Bedford

**The Family Resource and  
Development Center**  
128 Union Street, 3rd Floor  
New Bedford, MA 02740

### North Adams

**The Family Place**  
61 Main Street  
2nd Floor, Suite 218  
North Adams, MA 01247

### Oak Bluffs/Martha's Vineyard

**Island Wide Youth Collaborative:  
A Massachusetts Family  
Resource Center**  
111 Edgartown Road  
Oak Bluffs, MA 02557

### Pittsfield

**Family Resource Center,  
Berkshire Children and Families**  
480 West Street  
Pittsfield, MA 01201

### Quincy

**Quincy Family Resource Center**  
1120 Hancock Street  
Quincy, MA 02169

### Springfield

**The Springfield Family Support Programs  
Family Resource Center**  
18 Gaucher Street  
Springfield, MA 01109

### Worcester

**Worcester Connections  
Family Resource Center of YOU, Inc.**  
484 Main Street  
Suite 460 4th Floor  
Worcester, MA 01608

Website: [www.frcma.org](http://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 18 FRCs across the Commonwealth, including at least one in each Massachusetts county. An Administrative Services Organization (ASO) provides program management and oversight, data management and reporting, training and professional development, communication support and program evaluation services to the FRC Network.

The 2016 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; qualitative reports of successes achieved by the FRCs, and family member satisfaction with services **from January 1 through December 31 of 2016, the FRCs second year of operation.** The majority of the 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.

The overall purpose of the evaluation is to provide continuous feedback and to assess the impact that FRC services and participation have with families. Ongoing evaluation information can be used to provide continuous program feedback to assess quality, improve services, and identify family member outcomes. As required by Chapter 133 of the Acts of 2016, the report presents information on:

- The number of families, children and adults served by the FRCs in 2016;
- Characteristics of adults served by the FRCs;
- Characteristics of children and youth served by the FRCs;
- The types of programs and services provided by the FRCs in 2016;
- Program outcomes and client feedback;
- Efforts to share information and data between centers.

Data derived from the FRC Database shows:

- A total of **7,504 unduplicated families** received services from the FRCs in 2016, a 58% increase over the number of families served in 2015. Over **6,700 were new families**, not previously served in 2015. The largest numbers of families were served by the Worcester, Springfield, Pittsfield, and Lowell FRCs.
- Over two-thirds of families served lived in **single-parent households**, and over half included two or more children.
- Over **12,000 unique individuals** – both adults and children – sought FRC services in 2016, more than double the number served in 2015.
- The overwhelming majority (87%) of adults, ages 18 and over, served by FRC in 2016 were **parents**, and **75% were female**. About 30% of adults represented racial minorities and over 40% were Hispanic or Latino.
- Data suggest that many of the **families served by the FRCs struggle with challenges related to housing and other basic needs**, unemployment and limited income. Over one-third of adults served were unemployed or out of the labor force; 30% reported income from disability or low income benefits (SSDI/SSI, TAFDC/EAEDC); and 12% reported no source of income.
- The majority of adults (67%) and children (74%) served by FRCs are enrolled in **MassHealth** and 23% of adults reported **involvement with DCF**.

- Among children and youth (ages 0 to 17) served by the FRCs, a **slight majority (52%) were male**. The racial and ethnic composition of children and youth were similar to that of adults. Almost one-quarter of children served had **missed more than eight days of school** in the past 10 weeks. About 3% were teen parents.
- Twenty percent of children and youth were living in families needing **basic assistance with food** and 24% were in families needing **assistance with clothing**; 9% were **homeless**.
- **Disability is common** among adults and children served by the FRCs, with 27% of adults and 35% of children and youth experiencing some type of disabling condition. Forty percent of children receive school-based supports through an Individualized Education Plan or 504 Plan.
- Data available in the FRC Database suggest that as many as **42% of children and youth served by the FRCs are CRA or at-risk for being a CRA**. Children and youth identified as CRA or having CRA-related issues are more likely to be older and male, to have a disability and to have poorer health and mental health than those not identified as CRA or having CRA-related issues.

The most common sources of referral to the FRCs were friends and family, DCF, schools, and human services agencies. Families sought FRC assistance for a wide variety of reasons. The range of services and supports provided points to the extensive and varied needs of the families who sought FRC services during 2016.

- The FRC Database shows over **16,000 separate instances of service provision** to adults and/or children between January and December 2016. The most common services provided included **individual and family support, CRA-related services, school supports and school liaison services, housing services and equipment and materials**.
- Other common services included mental health services, transportation services, food and nutrition assistance, holiday assistance and employment services.
- Thousands of parents, children and youth took advantage of the **parenting classes, groups, workshops, recreational activities and other programming offered by the FRCs in 2016**, suggesting that the FRCs are filling a vital need in the communities they serve.
  - 5,396 adults attended **evidence-based parenting classes**
  - 4,428 adults and youth attended **mutual self-help groups**
  - 4,068 adults and youth attended **life skills workshops**
  - 9,424 adults, children and youth participated in **recreational activities** and other events.

While direct measures of program outcomes are not currently available in the FRC Database, a preliminary examination of the service delivery data suggest that families often seek a small number of key services from FRCs and 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 data suggest that FRCs are assessing families' needs and quickly providing services and resources to respond to these needs. Efforts to assess family members' satisfaction with FRC services were recently implemented in October 2016. **Satisfaction survey data show that families' satisfaction with both FRC services and programming is very high**. In addition, **success stories** from each FRC provide qualitative evidence of the programs' positive impacts on families.

## I. Legislative Mandate

The following annual report is issued pursuant to line item 4000-0051 of Chapter 133 of the Acts of 2016:

*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 2016 contract with a third party administration service organization to oversee the execution of, and agency's compliance with, subsection (b) of section 16U of chapter 6A of the General Laws; 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, 2017, the executive office shall file a biannual report with the house and senate committees on ways and means; provided further, that the report shall detail 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*

## II. 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, and educational support to cultural and arts-related events and other opportunities. The 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.”<sup>1</sup> Providing services and supports to families with a child or children designated as a *Child Requiring Assistance (CRA)*<sup>2</sup> or potentially at risk of being a CRA, is a significant component of FRC activities.

### Family Resource Center Network

The FRCs are operated by community-based social service agencies across the state and are overseen by the Massachusetts Department of Children and Families (DCF). FRCs began operation in early 2015; there are a total of 18 FRCs, with at least one in each of Massachusetts’ 14 counties. There are two distinct FRC program models: Full-service Family Resource Centers (n=12) and Micro Family Resource Centers (n=6). 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. Full-service FRCs are located in Amherst, Barnstable, Boston, Brockton, Greenfield, Lawrence, Lowell, New Bedford, Pittsfield, Quincy, Springfield, and Worcester. Micro-FRCs also provide all mandated services, but at a reduced staffing and service delivery level. Micro FRCs operate in Fall River, Fitchburg, Lynn, Martha’s Vineyard, Nantucket, and North Adams. Prior to beginning service delivery, all FRCs underwent a review process to assure their readiness to provide comprehensive services to families and their children; all FRC were approved to provide services in 2015.

Since January 2015, the University of Massachusetts Medical School (UMMS) has served as the Administrative Services Organization (ASO) for the FRCs. In calendar year 2016, UMMS provided program management and oversight, data management and reporting, training and professional development, communication support, and program evaluation services to the FRC Network.

*Little do they know they saved not only my life but my son's life because now I get to give my son the world, something I never imagined was possible. Everything I once was so scared to live for. Everything I thought I was never capable of is now a dream come true. I'm not only a daughter, a sister, a friend or a woman in recovery. I am a mother and without [the FRC] I don't think that I would have realized how strong of a woman I truly am. I'm forever one thankful person because of [FRC] — because of them I can live the life I truly believe I deserve to live today!"*

— Mother

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

<sup>2</sup> 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.

### III. Evaluation Design

UMMS has worked with DCF to develop and implement an independent evaluation of the FRC Network. The evaluation seeks to assess the overall effectiveness of the FRCs, ensure that the FRCs operate in accordance with applicable standards, provide data to inform efforts to enhance services, and ensure that the FRCs are responding to and meeting the needs of the community. Overall, the evaluation is designed to be an ongoing appraisal of the effectiveness of the FRCs to promote positive outcomes for youth and families in the communities that they serve.

#### Evaluation Goals

The overall purpose of the evaluation is to provide continuous feedback and to assess the impact that FRC services and participation have with families. Ongoing evaluation information can be used to provide continuous program feedback to assess quality, improve services, and identify family member outcomes.

The goals of the evaluation are to:

1. Track service provision via outputs, indicators, and outcomes across all FRCs;
2. Provide continuous program feedback to FRCs as well as the ASO, EOHHS, and DCF;
3. Assess implementation of various evidence-based parenting programs;
4. Describe the demographic characteristics, individual and family health and functioning, and service needs of adults and children seeking FRC services and supports; and
5. Assess the relationship between the activities of the FRCs and individual, family, and community outcomes.

This report provides descriptive information reflecting the activities of the 18 FRCs during calendar year 2016, the FRCs second full year of operation. As required by Chapter 133 of the Acts of 2016, the report presents information on:

- The number of families, children and adults served by the FRCs in 2016;
- Characteristics of adults served by the FRCs;
- Characteristics of children and youth served by the FRCs;
- The types of programs and services provided by the FRCs in 2016;
- Program outcomes and client feedback; and
- Efforts to share information and data between centers.

#### Data Sources

The data presented in this report are primarily derived from an electronic Client Relationship Management (CRM) system developed by UMMS to support FRC operations. Prior to this year's report, data had come from a combination of a paper-based system of monthly reports submitted to DCF and data that was compiled using a customized CRM Database developed specifically for the FRCs. This is the first annual report that utilizes only information that was available in the CRM Database.

UMMS Information Technology staff customized a commercially available customer relationship management system to provide the FRCs with a client-level case management and data collection system and to support program operations at both the individual FRC and statewide levels. **The FRC Database** includes standardized data collection forms designed specifically to support both FRC operational and quality improvement efforts. The forms collect family member (adult and child) basic demographic information and reasons for the visit to the FRC; information on education, employment and income; physical and mental health status; safety and basic needs; and agency and civic involvement. The FRC Database also includes a set of forms based on validated measures designed to assess family and child/youth functioning, as well as family needs and strengths. The Database also

includes forms to document families' support plans, service provision and participation in FRC programs and events. The FRC Database is hosted on a UMMS secure server; UMMS is responsible for ensuring the security and confidentiality of the data. Individual FRCs are only able to access their own data; UMMS evaluation staff have access only to de-identified data for evaluation purposes.

In addition to data extracted from the FRC Database, this report includes qualitative information reflecting FRC activities – in the form of FRC Success Stories – as well as preliminary data from two FRC Client Satisfaction Surveys launched in mid-2016.

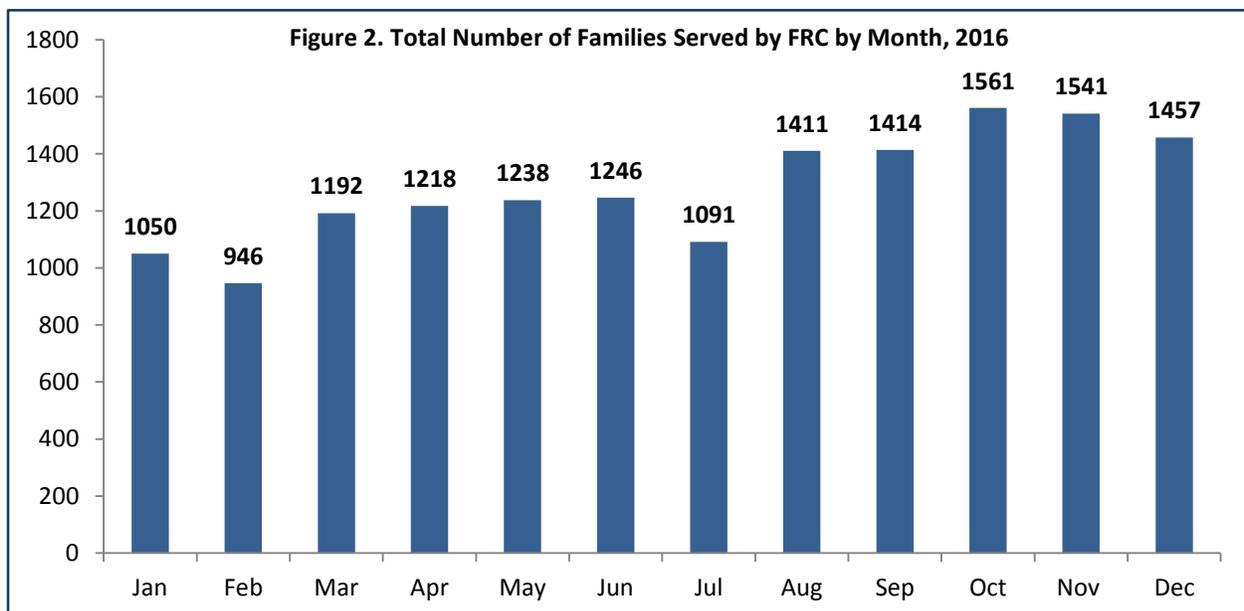
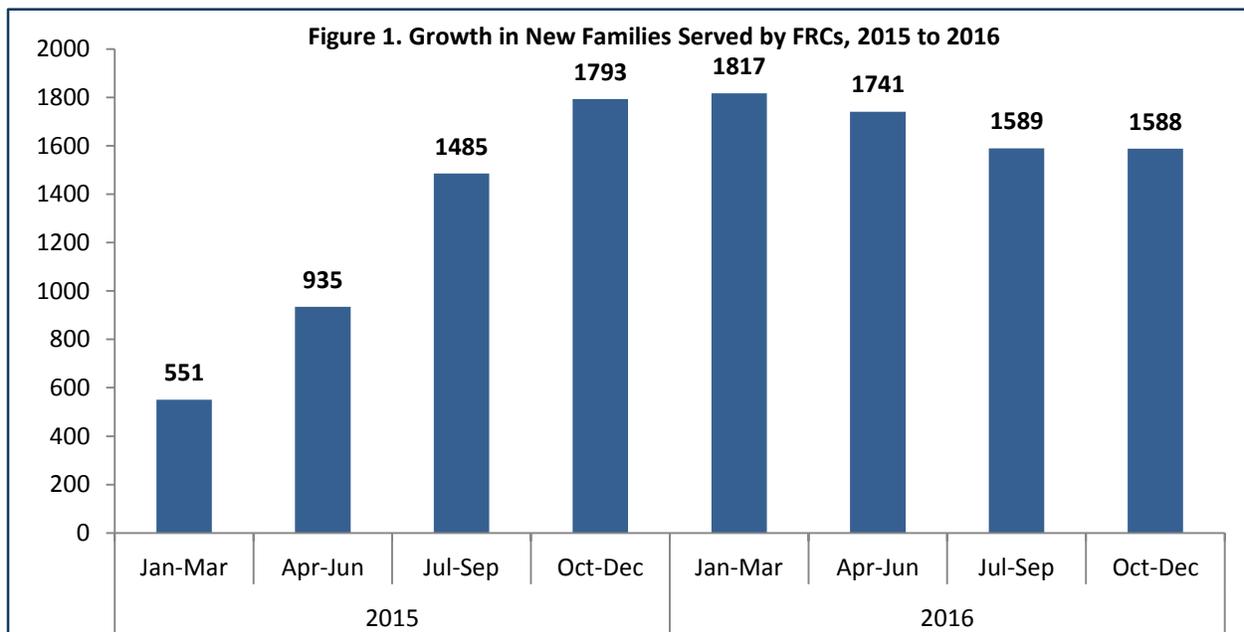
### Data Collection and Analysis Methods

Data is collected directly from family members and entered into the FRC Database by staff at each FRC. UMMS ASO staff work closely with the FRCs to help ensure timely and accurate data entry. Included in the 2016 Annual Report are data from the FRC Family Member Intake Forms, Adult and Child Screening Forms, FRC Service Provision Forms, and Event Participation Forms. De-identified data were provided to the UMMS evaluators in January 2017, and summary statistics were generated by the UMMS evaluation staff. FRCs provided de-identified success stories to the UMMS evaluators; stories were reviewed and edited for clarity and to ensure total anonymity by the UMMS evaluation team. FRC staff provided Satisfaction Surveys to family members to offer them an opportunity to anonymously rate their satisfaction with FRC services. FRC staff provided completed surveys to the UMMS evaluators; satisfaction data were compiled by the evaluation team. **The 2016 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; qualitative reports of successes achieved by the FRCs; and family member satisfaction with services from January 1 through December 31 of 2016, the FRCs second year of operation.**

## IV. Families, Children and Adults Served by FRCs

### Number of Families Served by FRCs in 2016

There has been notable growth in the numbers of families served by the FRCs since their inception in 2015, with FRC serving 58% more families in 2016 than in 2015. In 2015, FRCs served just over 4,750 unduplicated families (Henry, Long-Bellil & Gettens, March 2016). However, in 2016, **the FRCs served a total of 7,504 unduplicated families, including 6,735 new families** (i.e., not previously served in 2015). Over 89% of families served in 2016 were new families. Figure 1 shows the **growth in the number of new families** served by the FRCs over their first two years in operation, by quarter from January 2015 through December 2016. Figure 2 shows the total number of families served by the FRCs by each month in 2016.



The number of families served by FRCs was highest in the late summer and fall (September – November), likely coinciding with the beginning of the school year, and lowest in winter (January and February) and mid-summer (July). The largest number of families was served by the Worcester (n=1,014), Springfield (n=665), Pittsfield (n=654), and Lowell (n=603) FRCs. Table A1 in Appendix A shows the number of families served across all FRCs. (A count of the number of individuals served by FRCs by cities and towns is shown in Table A5 in Appendix A).

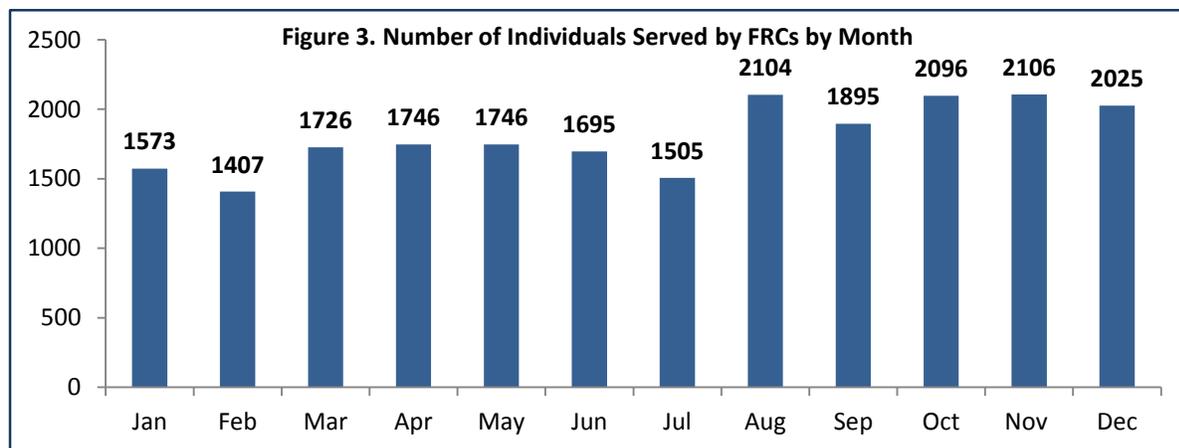
### Household Characteristics of New Families Served by FRCs

As noted above, the FRCs **enrolled 6,735 new families between January and December 2016**. Table 1 shows the household characteristics of the new families served in 2016. **About two-thirds of new families served (68%) lived in single-parent households**. Over half of the families served (52%) included two or more children; about one-third included one child. More than half of families (58%) lived in households with three or more members. These household characteristics are very similar to those observed of families served in 2015.

**Table 1. Household Characteristics of New Families Served by FRCs (n=6,735)**

Characteristics		%
<b>Household Type</b>	Single-Parent	68
	Two-Parent	28
	Multi-Parent	1
	Multi-Generational	3
<b>Number of Children/Youth in Household</b>	0 Children	13
	1 Child	35
	2-3 Children	43
	4-5 Children	8
	6 or more	1
<b>Number of Household Members</b>	1-2	42
	3-5	55
	6 or more	3

**The FRCs served 12,038 individuals in 2016; approximately 59% were adults and 41% were children.** These individuals include adults and children newly served by the FRCs in 2016, as well as those who first enrolled in 2015 and continued to receive services in 2016. Figure 3 shows the number of individuals served by the FRCs January to December 2016, and provides an indication of the volume of activity within the FRCs by month.



## V. Characteristics of Adults Served by FRCs

### Demographic Characteristics of Adults

Adults<sup>3</sup> include individuals age 18 and older who received at least one service from an FRC in 2016. Demographic information from the **Family Member Intake Forms** was available for 5,982 adults served during 2016 (Table 2). Most (87%) were birth or adoptive parents; 69% were between the ages of 18 and 40; almost three-quarters were women; and 60% were single. The majority of adults identified themselves as White (70%); 22% identified as Black or African-American. Over 40% were Hispanic or Latino. English was the primary language for 71% of adults; 21% identified Spanish as their primary language.

**Table 2. Demographic Characteristics of Adults Served by FRCs (n=5,982)**

Characteristics		%
<b>Parental/Caregiver Status</b>	Birth/Adoptive Parent	87
	Stepparent/co-parent	2
	Grandparent	4
	Kinship Caregiver	1
	Foster Parent	<1
	Teen Parent	<1
	Other/Not Applicable	6
<b>Age</b>	18-30	35
	31-40	34
	41-50	19
	51-and over	12
<b>Gender</b>	Male	25
	Female	74
	Other	1
<b>Marital Status</b>	Single	60
	Married	24
	Partnered	10
	Divorced/Separated	6
	Widowed	2
<b>Race</b>	White	70
	Black/African-American	22
	Asian	3
	American Indian/Alaska Native	2
	Native Hawaiian/Pacific Islander	1
	Other	6
<b>Ethnicity</b>	Hispanic/Latino	43
<b>Primary Language</b>	English	71
	Spanish	21
	Other	7

<sup>3</sup> 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 12,038 individuals receiving services from FRCs in 2016, 5,982 were identified as adults age 18 and over. Age or date of birth was missing for 1,951 people (16% of all individuals). These individuals could not be classified as adults or children.

## Education, Employment, Income, Housing, Health and Safety Characteristics of Adults

**Adult Screening Forms** were completed for 2,625 adults (about 44% of all adults) served by the FRCs in 2016. Adult Screening Forms provided information on adults' education, employment and income, housing, health, and safety characteristics. Education, employment and income characteristics are shown in Table 4. A slight majority of adults (57%) had completed high school or GED; 14% reported less than a high school education. Fewer than 40% were employed full or part-time; 18% were homemakers and 33% were unemployed or out of the labor force. Wages and salaries were the most common form of income (41%); 30% reported income from public cash benefits including SSI, SSDI, TAFDC and EAEDC, and 12% reported no source of income.

**Table 4. Education, Employment and Income: Adults Served by FRCs (n=2,625)**

Characteristics		%
<b>Highest Level of Education</b>	Less than high school	14
	High school/GED	57
	Associate/Bachelor degree	15
	Graduate degree	4
	Other	11
<b>Employment Status</b>	Employed full-time	25
	Employed part-time	13
	Homemaker	18
	Unemployed	29
	Out of Labor Force	4
	Other	6
<b>Sources of Income</b>	Wages/Salary	41
	SSI/SSDI	17
	TAFDC/EAEDC	13
	No income	12
	Social Security Retirement/Pension	3
	Child Support/Alimony	3
	Disability Insurance	2
	Unemployment Insurance	1
	Other	8

As shown in Table 5, the large majority (84%) of adults lived in their own home or apartment, while 16% were homeless. Almost one-quarter reported needing assistance with basic needs such as food and clothing.

**Table 5. Housing and Basic Needs: Adults Served by FRCs (n=2,625)**

Characteristics		%
<b>Housing Status</b>	Lives in own home/apartment	84
	Homeless but sheltered	13
	Homeless	3
<b>Basic Needs</b>	Needs assistance with food	23
	Needs assistance with clothing	24

The **Adult Screening Form** also provided information on the disability and health status, as well as state agency involvement, of those served by the FRCs (Table 6). More than a quarter of the adults (27%) reported having a disability; the most common type of disability reported was mental or emotional, at 14%. The majority (66%) reported their overall health as good or excellent; 27% reported that they had a health condition requiring regular care. Over 70% reported seeing a doctor or nurse practitioner in the past year; over half (57%) had seen a dentist. A majority of adults (67%) were MassHealth members; 27% were involved with DTA and 23% were involved with DCF.

**Table 6. Disability, Health, Health Care Needs/Use, and Agency Involvement: Adults Served by FRCs (n=2,625)**

Characteristics	%
<b>Has a Disability</b>	27
Type of disability:	
Mental/Emotional	14
Medical/Physical	12
Visual	2
Developmental	2
Hearing	1
<b>Overall Physical/Mental Health</b>	
Excellent	13
Good	53
Fair	29
Poor	5
<b>Health Care Need and Use</b>	
Has condition requiring regular care	27
Has seen doctor/NP in last 12 months	73
Has seen dentist in last 12 months	57
<b>Agency Involvement</b>	
MassHealth	67
Department of Transitional Assistance (DTA)	27
Department of Children and Families (DCF)	23
Other Agencies (DMH, DYS, DDS, other)	7

Additionally, **Adult Screening Forms** provided information on adults' sense of safety at home, at school or work, and in their neighborhoods (See Table 7). In general, the majority of adults reported feeling safe in their environment, although sense of safety was slightly lower for neighborhoods than for home or work. Only a small percentage reported that they had witnessed violence (7%), and only 4% requested a domestic violence referral.

**Table 7. Safety at Home, Work and Neighborhood: Adults Served by FRCs (n=2,625)**

Characteristics		%
<b>Feels safe at home</b>	Strongly Agree/Agree	82
	Neutral	9
	Disagree/Strongly Disagree	9
<b>Feels safe at school/work</b>	Strongly Agree/Agree	77
	Neutral	19
	Disagree/Strongly Disagree	4
<b>Feels safe in neighborhood</b>	Strongly Agree/Agree	77
	Neutral	13
	Disagree/Strongly Disagree	11
	Has witnessed violence	7
	Involved with the court	27
	Would like domestic violence referral	4

## VI. Characteristics of Children and Youth Served by FRCs

### Demographic Characteristics of Children and Youth

Children and youth<sup>4</sup> include individuals ages 0 to 17 who received at least one service from an FRC in 2016. Demographic information from the **Family Member Intake Forms** was available for 4,105 children and youth served during 2016 (see Table 8). FRCs served substantial numbers of children across all age groups. In 2016, almost 60% of children served by the FRCs were between the ages of 6 and 15. FRCs served slightly more male children than female children (52% vs. 48%). A small percentage of youth (3%) were teen parents. Over two-thirds (67%) of children and youth were White; 23% were Black/African-American; 42% were Hispanic or Latino. English was the primary language for 83% of children and youth; 11% reported Spanish as their primary language.

**Table 8. Demographic Characteristics of Children and Youth Served by FRCs (n=4,105)**

Characteristics		%
<b>Age</b>	0-5	21
	6-10	30
	11-14	29
	15-17	20
<b>Gender</b>	Male	52
	Female	48
	Other	<1
<b>Marital Status</b>	Married/Partnered	<1
<b>Parental Status</b>	Teen Parent	3
<b>Race</b>	White	67
	Black/African-American	23
	Asian	6
	American Indian/Alaska Native	1
	Native Hawaiian/Pacific Islander	2
	Other	7
<b>Ethnicity</b>	Hispanic/Latino	42
<b>Primary Language</b>	English	83
	Spanish	11
	Other	6

### Education, Employment, Housing, Health and Safety Characteristics of Children and Youth

**Child Screening Forms** were completed for 1,254 children and youth (about 31% of all children/youth) served by the FRCs in 2016. Screening Forms provided information on children's education, employment, housing, health and safety characteristics. Education, employment and housing characteristics are shown in Table 9. Almost all children and youth (95%) were currently enrolled in school; 40% were on an Individualized Education Plan (IEP) or 504 Plan. Almost one-quarter had missed more than eight days of school in the past 10 weeks. A small number (5%) were employed. The vast majority of children and youth (91%) were in families living in their own home or apartment; 9% were homeless. One-fifth of children and youth were living in families needing basic assistance with food and one-quarter were in families needing assistance with clothing.

<sup>4</sup> 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 12,038 individuals receiving services from FRCs in 2016, 4,105 were identified as children or youth ages 0 to 17. Age or date of birth was missing for 1,951 people (16% of all individuals). These individuals could not be classified as adults or children/youth.

**Table 9. Education Employment, Housing: Children and Youth Served by FRCs (n=1,254)**

Characteristics		%
<b>Educational Status</b>	Currently enrolled in school	95
	Dropped out	1
	Suspended/Excluded/Alternative Program	2
	Other	2
	On an Individualized Education Plan (IEP)	33
	On a 504 Plan	7
	Missed > 8 school days in past 10 weeks	24
<b>Employment Status</b>	Has a job	5
<b>Family Housing Status/Basic Needs</b>	Living in own home/apartment	91
	Homeless but sheltered	8
	Homeless	1
	Family needs assistance with food	20
	Family needs assistance with clothing	24

Child Screening Forms also provided information on disability and health status of children and youth, shown in Table 10. Thirty-five percent of children and youth had a disability; of these, 28% had a mental or emotional disability. Overall health was good or excellent for the majority (72%) of children and youth; however, almost 30% had a condition requiring regular medical care. Most children and youth (85%) had seen a doctor or nurse practitioner in the past year and 77% had seen a dentist. Concerns about alcohol/drug use were reported for 12% of children and youth; 17% had used mobile crisis teams and 11% had experienced a psychiatric hospitalization. As with adults, the majority of children and youth were MassHealth members (74%); 22% were involved with DTA and 17% were involved with DCF. Nine percent of children and youth were involved with the courts.

**Table 10. Disability, Health, and Health Care Needs/Use, and Agency Involvement: Children and Youth Served by FRCs (n=1,254)**

Characteristics		%
<b>Has a Disability</b>		35
Type of Disability:	Mental/Emotional	28
	Developmental	5
	Autism	5
	Medical/Physical	5
	Hearing	1
	Visual	1
<b>Overall Physical/Mental Health</b>	Excellent	13
	Good	59
	Fair	24
	Poor	4
<b>Health Care Use and Needs</b>	Has condition requiring regular care	29
	Has seen doctor/NP in last 12 months	85
	Has seen dentist in last 12 months	77

	Concerns about alcohol/drug use	12
	Ever used mobile crisis team	17
	Ever had psychiatric hospitalization	11
<b>Agency Involvement</b>	MassHealth	74
	Department of Transitional Assistance (DTA)	22
	Department of Children and Families (DCF)	17
	Courts	9
	Other Agencies (DMY, DYS, DDS, other)	9

Additionally, the Child Screening Forms provided information on children and youth's sense of safety at home, at school/work, and in their neighborhoods; their experiences related to violence; and whether they had a history of detention or arrest. In general, the majority of children/youth reported feeling safe in these environments; however, sense of safety at school and in the neighborhood was lower than for home. More than a third of children/youth (35%) had witnessed violence and 26% were involved with the court system. Only 2% reported gang involvement (Table 11).

**Table 11. Safety at home, school and neighborhood: Children and Youth Served by FRCs (n=1,254)**

Characteristics		%
<b>Feels safe at home</b>	Strongly Agree/Agree	86
	Neutral	7
	Disagree/Strongly Disagree	7
<b>Feels safe at school/work</b>	Strongly Agree/Agree	70
	Neutral	18
	Disagree/Strongly Disagree	12
<b>Feels safe in neighborhood</b>	Strongly Agree/Agree	74
	Neutral	13
	Disagree/Strongly Disagree	13
	Has witnessed violence	35
	Has been in situation where exploited	9
	Involved with the court	26
	Involved with gang	2

Table 12 shows the percent of children and youth (9%) who had been detained by the police or arrested. Of these, 50% had been charged with an offense or crime and 24% had been designated as a CRA.

**Table 12. History of Detention and Arrest: Children and Youth Served by FRCs (n=1,254)**

Characteristics		%
<b>Has been detained/arrested</b>		9
Reported status of arrested/detained youth:	Charged with offense/crime	50
	CRA	24
	Care and protection	16
	On probation	8
	Family court	2

### Identification and Characteristics of *Children Requiring Assistance (CRA)*

As noted in the introduction to this report, 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 assessed as a CRA are routinely 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 is receiving a *specific* CRA service. Using receipt of a specific CRA service as an indicator allows us to identify only **406 children/youth as CRA**, approximately 10% of children/youth served by the FRCs in 2016. In order to identify both CRA children/youth and those with CRA-related issues, the UMMS evaluation team reviewed the data collection forms and data elements included in the FRC Database to develop a set of elements that could be used as CRA indicators. Table 13 below shows the data elements from the FRC Database that were used to identify children and youth as CRA or having CRA-related issues, as well as the number of children/youth with this indicator in the database.

**Table 13. Data Elements Used to Identify Children and Youth as CRA or Children with CRA-related issues**

Data Collection Form	Section/Major Questions	Data Element Included to Indicate Children/Youth as CRA or CRA-related issues
<b>Family Intake Form</b>	2. Reason for Visit	<ul style="list-style-type: none"> <li>• Child has difficulty following rule (n=876)</li> <li>• Child has missed school (n=493)</li> <li>• Child has run away (n=122)</li> <li>• Sent by court (n=360)</li> <li>• Sent by school (n=591)</li> </ul>
	3. Referral Source	<ul style="list-style-type: none"> <li>• Referred by court/probation officer (n=349)</li> <li>• Referred by school (n=684)</li> <li>• Referred by DYS (n=3)</li> </ul>
<b>Child Screening Form</b>	1. Educational Status	<ul style="list-style-type: none"> <li>• Enrolled in alternative program (n=20)</li> <li>• Suspended from school (n=4)</li> <li>• Missed more than 8 days of school (n=269)</li> </ul>
	3. Safety	<ul style="list-style-type: none"> <li>• Child has been/is being exploited (n=91)</li> <li>• Child is involved in court (n=275)</li> <li>• Child has been detained/arrested (n=95)</li> <li>• CRA is reason for detained/arrested (n=27)</li> <li>• Child is involved with gang (n=22)</li> </ul>
	5. Agency Involvement	<ul style="list-style-type: none"> <li>• Child is involved with DYS (n=15)</li> <li>• Child is involved with court (n=107)</li> </ul>
<b>Service Provision Form</b>	D. Educational Services	<ul style="list-style-type: none"> <li>• School liaison involvement (n=172)</li> </ul>
	H. Program Services	<ul style="list-style-type: none"> <li>• CRA assessment (n=283)</li> <li>• CRA service plan (n=189)</li> <li>• CRA-related referral to LMHC (n=172)</li> </ul>

Using the set of indicators shown in Table 13, we were able to identify **1,715 children and youth who has at least one indicator**, suggesting that as many as 42% of the children and youth served by FRCs in 2016 were CRA or having CRA-related issues ( $1,715 \div 4,105 = .418$  or 42%). As shown in Table 14 below, there were statistically significant differences between children and youth identified as CRA or having CRA-related issues and those children and youth not identified as CRA or having CRA related issues on a number of demographic, disability, and

health characteristics.

**Table 14. CRA vs. non-CRA Children and Youth: Demographic, Disability and Health Characteristics (n=4,105)**

Characteristics	CRA or CRA-related Issues		p	
	Yes (n=1,715)	No (n=2,390)		
<b>Demographic Characteristics</b>		<b>%</b>	<b>%</b>	
<b>Age</b>	0-5 years	7	31	.0001
	6-10 years	23	35	
	11-14 years	39	22	
	15-17 years	65	12	
<b>Gender</b>	Male	58	48	.0001
	Female	42	52	
<b>Race</b>	White	71	63	.0001
	Non-White	29	37	
<b>Primary Language</b>	English	84	81	.02
	Non-English	16	19	
<b>Disability Characteristics</b>				
<b>Has Disability</b>	Yes	39	27	.0001
	No	61	73	
<b>If yes,</b>				
<b>Developmental disability</b>	Yes	4	8	.005
	No	96	92	
<b>Mental/Emotional/Behavioral disability</b>	Yes	32	19	.0001
	No	68	81	
<b>Health Characteristics</b>				
<b>Overall Health</b>	Excellent/Good	66	82	.0001
	Fair/Poor	34	18	
<b>Has Health Condition Requiring Care</b>	Yes	32	24	.005
	No	68	76	
<b>Alcohol/Drug Use Concerns</b>	Yes	16	6	.0001
	No	84	94	
<b>Ever Used Mobile Crisis</b>	Yes	21	9	.0001
	No	79	91	
<b>Ever Had Mental Health Hospitalization</b>	Yes	14	4	.0001
	No	86	96	
<b>Educational Supports</b>				
<b>Has Individualized Ed Plan/504 Plan</b>	Yes	43	30	.0001
	No	57	70	

Compared to those not identified as CRA/CRA-related, children and youth identified as CRA/CRA-related (referred to as CRA in the rest of this section) were significantly more likely to be older and male, to be white and to speak English as their primary language. Those identified as CRA were more likely to have a disability than non-CRA children and youth. A mental/emotional/behavioral disability was more common and a developmental disability was less common among CRA children and youth compared to their non-CRA counterparts. 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 ever had a mental health hospitalization compared to non-CRA children and youth. Finally, children and youth identified as CRA were more likely to have an IEP or 504 plan than non-CRA children and youth.

## VII. Services and Programs Provided by FRCs in 2016

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 reasons families visit FRCs, the sources of referrals to FRCs, and the wide variety of services and programs offered to families by FRCs across the Commonwealth.

### Reasons for Visit to FRCs

Families seek FRC services for a variety of reasons and concerns. Table 15 shows the reasons for visits reported by adults who were newly served by the FRCs in 2016. A number of adults visited FRCs because of specific concerns about a child; 18% reported concerns about a child's difficulty with following rules, and a smaller percentage reported concerns about a child missing school (8%) or running away (3%). Fifteen percent of adults reported being sent to the FRC by an agency, 13% reported being sent by a school, and 9% reported being sent by the court.

Other common reasons that adults reported visiting FRCs were related to seeking information, services or other kinds of assistance. Thirty percent of adults sought parenting information or parenting education, a notable increase from the 22% of adults seeking parenting information/education in 2015 (Henry, et al., 2016). Almost one-quarter of adults sought assistance related to housing and/or rent, 22% sought assistance related to health and/or mental health concerns, and 19% sought assistance related to family hardship and/or financial concerns.

**Table 15. Reasons for Visits Reported by Adults Seeking FRC Services in 2016 (n=4,291\*)**

Reasons for Visits	%	
<b>Specific Child Concerns</b>	Child has difficulty following rules	18
	Child has missed days at school	8
	Child has history of running away	3
<b>Sent by Agency/Court/School</b>	Agency	15
	School	13
	Court	9
<b>Seeking Information/Services/Assistance**</b>	Parenting/Parenting Education	30
	Housing/Rent	23
	Health/Mental Health Concerns	22
	Family Hardship/Financial Concerns	19
	School Issues/Information	16
	Employment/Job Concerns	8
	Child Care Information	6
	Continuing Education for Caregiver	6
	Transportation	6
	Afterschool Information	4
	Substance Use Concerns	4
Immigration/Legal Concerns	4	
Other	22	

\*Includes adults who identified at least one reason for FRC visit. Reason for visit was missing for 19% of all adults who were newly served by the FRCs from January to December 2016. \*\* Adults could identify multiple needs; so these percentages exceed 100%.

### Sources of Referral to FRCs

The over 6,700 new families served by the FRCs in 2016 were referred from a variety of sources. As shown in Figure 4 below, 25% of adult reported that they were referred to the FRCs by friends and family members. Other common sources of referral were DCF (19%), schools (14%) and human service agencies (12%).

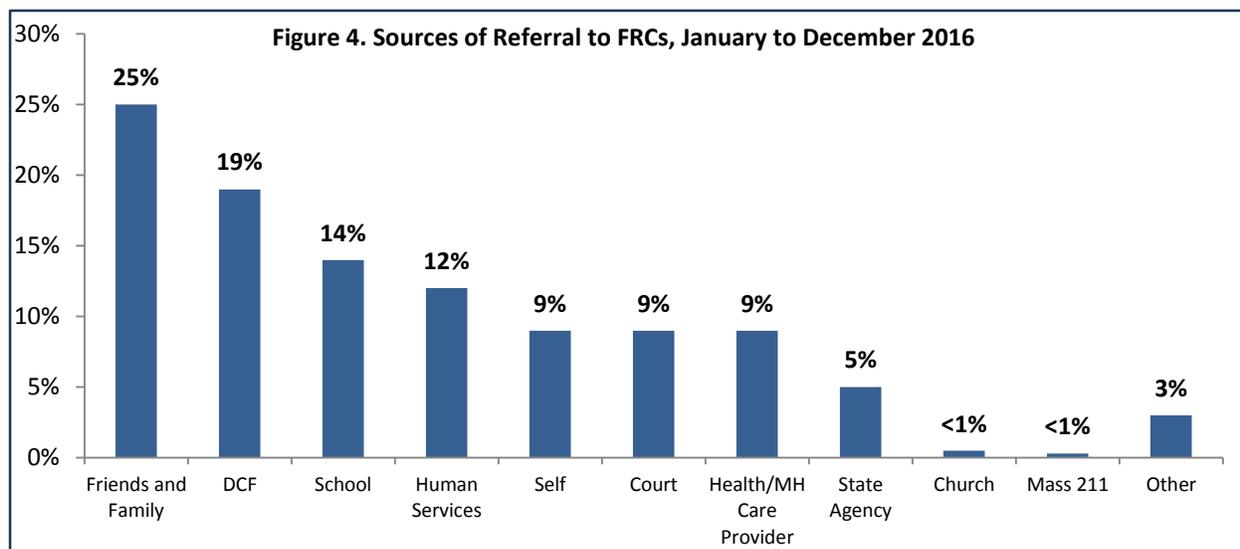


Table A1 in Appendix A shows the greatest number of referrals to the FRCs from DCF were in Worcester (n=251), Springfield (n=235), Fitchburg (n=110), and New Bedford (n=106). The greatest number of referrals from schools were in Lowell (n=302), Cape Cod (n=294), Quincy (n=184), and Worcester (n=156). Quincy had the largest number of court referrals (n=110), followed by Worcester (n=105), and Brockton (n=100).

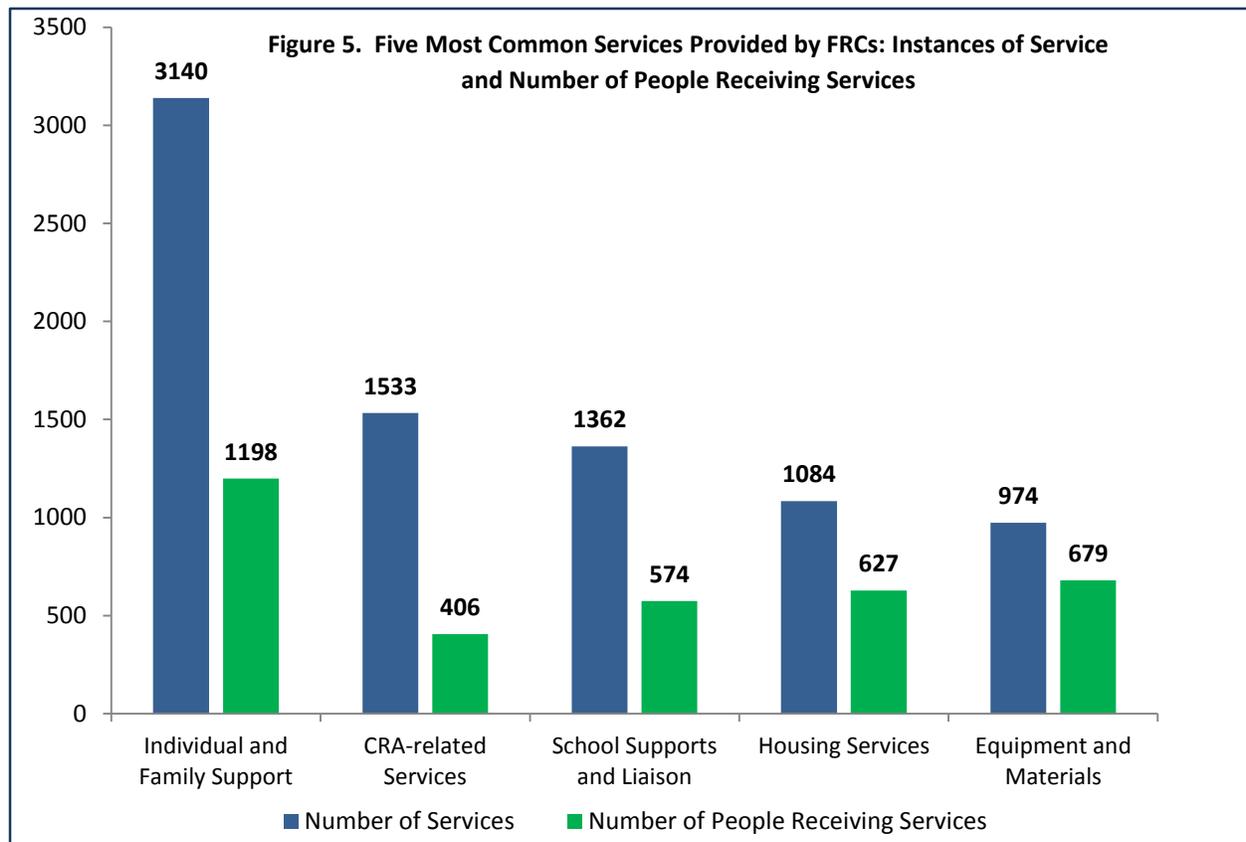
### Individualized Services and Supports Provided by FRCs to Children, Adults and Families

FRCs offer families a comprehensive set of individualized services and supports to families seeking FRC assistance. FRCs may provide services at the Center's site and may also connect families to other service providers in their communities as needed. Information on the services provided to families is recorded by FRC staff using the **Services Provision Form** in the FRC Database. **These data show a total of over 16,000 separate instances of service provision to adults and/or children between January and December 2016.** A count of total instances of service provision is a useful indicator of the volume of service activity within the FRCs. However, in this approach people may be counted more than once.<sup>5</sup> An unduplicated count<sup>6</sup> of individuals shows that **FRCs provided individualized services to 8,152 adults and children between January and December 2016.** Figure 5 below shows the five most common services provided by FRC, including the number of separate instances of service provision and the unduplicated count of the number of individuals receiving that service. The most common types of services provided by FRCs included:

- 3,140 instances of **individual and family supports** provided to 1,198 individuals;
- 1,533 **CRA-related services**, such as assessment, CRA service plans and CRA-related referrals to clinicians provided to 406 individuals;
- 1,362 **school supports and liaison services** provided to 574 individuals;
- 1,084 instances of **housing services**, including referrals for organizations that provide rental assistance, provided to 627 individuals; and
- 974 instances of **equipment and materials** including clothing, school supplies, diapers, and car seats, provided to 679 individuals.

<sup>5</sup> For example, if a parent was provided with diapers for three months in a row, this would be counted as three separate instances of service provision and the parent would be counted three times.

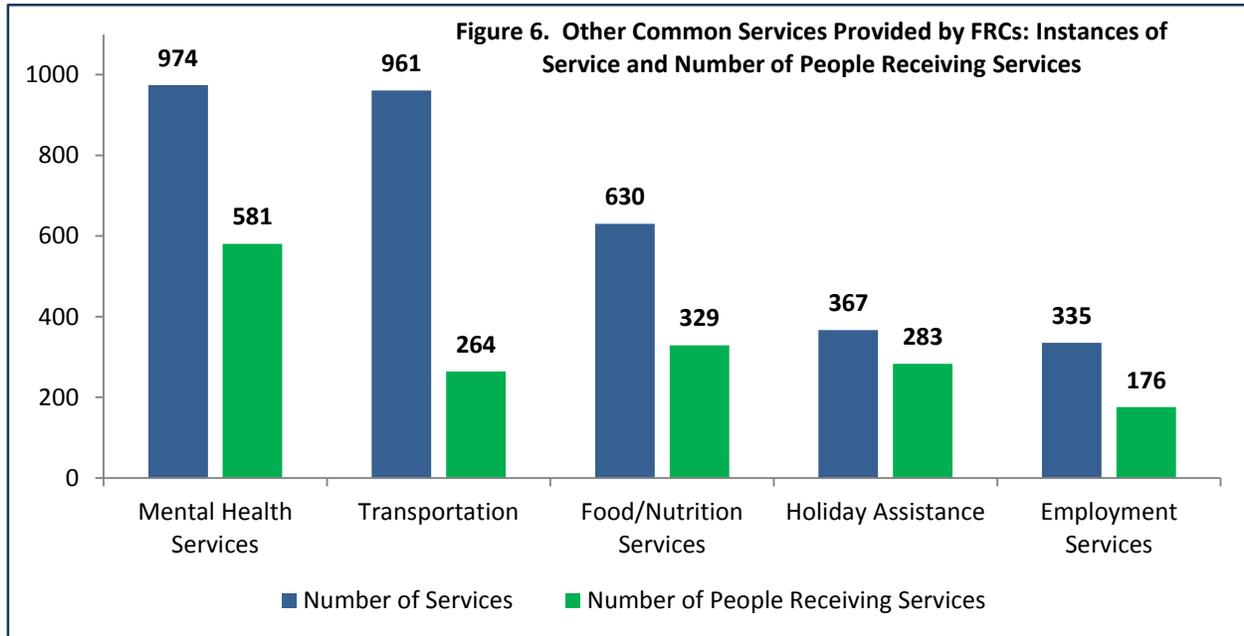
<sup>6</sup> To derive an unduplicated count of the number of individuals provided services, adults and children are counted only one time within a category of service.



As shown in Figure 6 below, other common services provided by the FRCs included:

- 974 instances of **mental health services** provided to 581 individuals;
- 961 instances of referrals for **transportation services** provided to 264 individuals;
- 630 **food and nutrition services** provided to 329 individuals;
- 367 instances of **holiday assistance** provided to 283 individuals; and
- 335 instances of **employment services** provided to 176 individuals.

Other services provided by FRCs in 2016 included child care services, legal assistance, income assistance, assistance accessing health care services, and assistance with fuel and utilities. Table A2 in Appendix A shows the instances of service provision across all service categories for each FRC. The FRCs providing the largest number of individualized services and supports in 2016 included Worcester (2,859 services), New Bedford (1,284 services), Greenfield (1,259 services), Martha's Vineyard (1,226 services), and Springfield (1,002 services).



**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. Figure 7 shows the total attendance at the various programs offered across all FRCs in 2016.

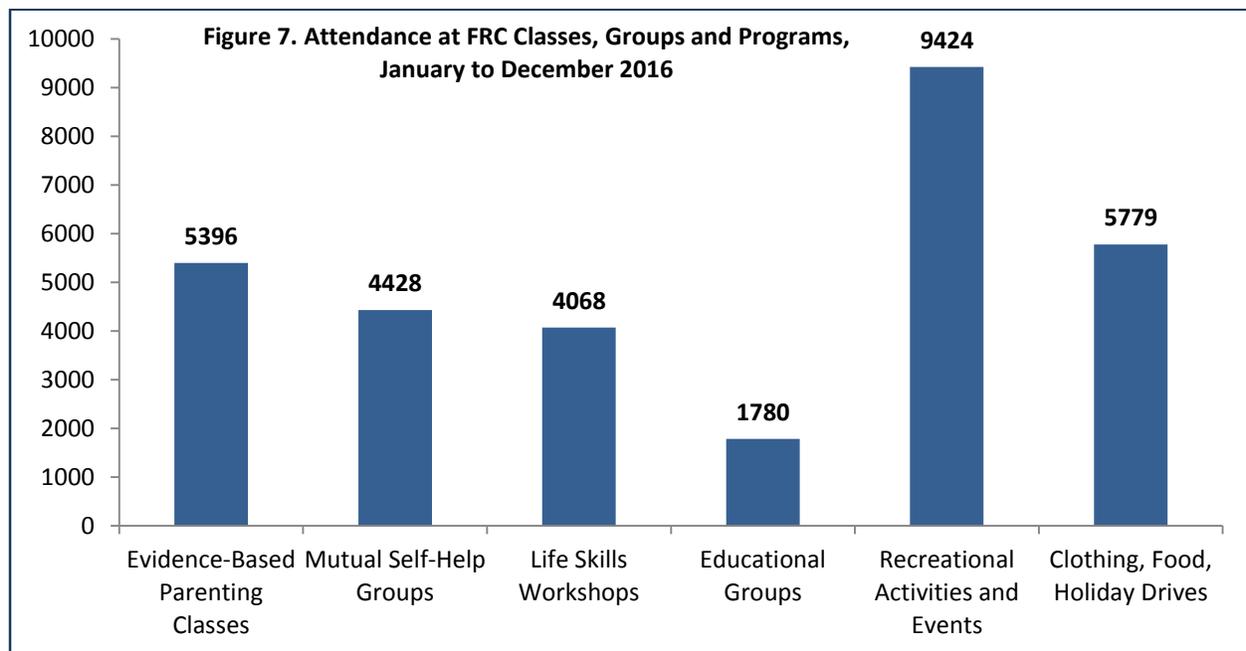


Table A3 in Appendix A shows attendance at classes, groups, workshops, and programs in 2016 for each FRC.

Six different types 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). As the ASO, UMMS coordinated numerous trainings in 2016 for FRC staff to learn to facilitate evidence-based classes (additional information about trainings is provided in the next section). The parenting classes most commonly offered by FRCs in 2016 included Nurturing Parents/Nurturing Fathers; Parenting Journey, and Active Parenting.

**Mutual self-help groups** offered by FRCs in 2016 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 families take advantage of. Finally, a number of FRCs offer regular clothing, food, and holiday drives to provide necessities to families in need.

## VIII. FRC Program Outcomes and Client Feedback

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. Services and supports provided by FRCs range from CRA-related services; to assistance with housing, transportation and employment; to school liaison and mental health services; to the provision of materials goods, food and equipment. In addition, thousands of parents, children and youth took advantage of the self-help, parent-child, and parenting groups, recreational and cultural events, and other programming offered by the FRCs in 2016. Both the demographic information on the adults and children served by the FRC as well the data on FRC services make it clear that the FRCs are assisting families with high needs and are likely filling a vital role in the communities they serve. At this time, the data routinely collected and tracked in the FRC Database – i.e., demographic and other descriptive information on adults and children seeking services as well as service delivery information – do not provide direct evidence of program *outcomes* – i.e., the effectiveness of the FRCs in helping to improve the lives of the families they serve.

However, the service delivery data can shed light on the intensity and duration of service provided to families by the FRCs, which in turn can help inform the development of outcome tracking strategies that may be used by the FRCs going forward. We present information on **service intensity and duration** below. In addition, in October 2016, FRCs began collecting **client satisfaction** data using brief paper and on-line surveys designed to capture family members' satisfaction with FRC services as well as programming and events. We provide the initial results of the client satisfaction surveys in this report. Finally, stories of successes achieved by the FRC provide qualitative evidence of the programs' impacts on families. A number of **success stories** are also provided in this section of the report (and success stories from each FRC are provided in Appendix B).

### Examining FRC Service Intensity and Duration

As a first step in assisting the FRCs to more effectively track program outcomes, the UMMS evaluation team analyzed the service delivery data (specifically dates of service delivery) available in the FRC Database to examine patterns in the intensity and duration of services provided to families by the FRCs. Intensity of services is defined as the number of days of service provided to an adult or child 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. Using this approach, we examined intensity and duration of services for 6,442 individuals who had at least one recorded date of service following their intake date. As shown in Table 16, 47% of adults/children received one day of service after intake, and 32% received two to five days of service. Only 9% of individuals had 11 or more days of service. These data suggest that intensity is relatively low, with most people receiving only a few days of service. Also shown in Table 16, FRC services also appear to be of relatively short duration, with just over 50% of adults/children receiving all services within the first 30 days after intake, and 70% receiving all services within the first three months of intake.

**Table 16. Intensity and Duration of Services to Adults/Children (n=6,442)**

Service Intensity		Service Duration	
Days of Service	%	Length of Service	%
1 day	47	1 day	22
2 to 5 days	32	21 to 30 days	29
6 to 10 days	12	31 to 90 days	19
11 or more days	9	91 to 180 days	12
		181 or more days	18

These findings should be considered preliminary, as additional data on service intensity and duration will become available over time as the FRCs continue to become more consistent in tracking service delivery data. However, these data, coupled with the fact that almost 90% of families served in 2016 were new families (i.e. not served in 2015), suggest that FRC services are of relatively 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.

If these patterns of service intensity and duration hold up over time, the most meaningful outcomes to assess for families with relatively short-term involvement with an FRC are their satisfaction with services and their perceptions that the FRC was responsive to their needs. For the smaller percent of families that receive services of greater intensity or for longer periods of time, it would make sense to develop a set of relevant outcomes measures that the FRCs can reasonably track. Over the next year, the UMMS evaluation team will work with DCF and the FRCs to develop a set of outcome indicators.

### Results of FRC Family Member Satisfaction Surveys

As noted above, FRCs began to collect data on families' satisfaction with service starting in October 2016. Two versions of satisfaction surveys – available in both paper and on-line versions – were implemented; one survey assesses family members' *satisfaction with services*, the other assesses *satisfaction with parenting classes and workshops*. Both versions of the satisfaction surveys asked the responding family member to indicate the service or class/workshop being rated, and to rate their level of satisfaction with the service or class/workshop. Between October 2016 and January 2017, 173 surveys were completed for services and 189 surveys were completed for classes and workshops. (Surveys submitted through January 31, 2017 were included to allow for the lag time between receiving services and completing a satisfaction survey). Results of the Satisfaction with Services Survey are shown below. Table 17 shows the type and number of services rated, which included support groups, information and referral services and a range of other services.

**Table 17. Type/Number of Services Received by Family Members Completing Satisfaction Survey (n=173)**

Service Type	Number
Support Groups	70
Information and Referral	51
Child Education Programs	23
Sports and Recreation Events	21
Life Skills Workshops	19
Arts/Cultural Events	14
Children Requiring Assistance Youth Family Support Plan	14
Adult Educational Programs	10
Children Requiring Assistance Youth Assessment	9
Play Groups	9
Other	64

Satisfaction with services was assessed with a set of nine items; the first eight items were rated using a four-point scale (agree completely, agree, disagree, and disagree completely) and the last item (*"Have you/your family received the services you need?"*) was rated as yes/no. Table 18 shows the percent of survey respondents who agreed or agreed completely with the statement (for the first eight items), and the percent of respondents who indicated that they received the services they needed.

**Table 18. Satisfaction with Services among Family Members Completing Satisfaction Surveys (n=173)**

Services Satisfaction Survey Items	%
The location is convenient to me	98
Offered convenient hours of service	98
Offered programs that fit my needs	96
I am satisfied with the quality of programs offered	99
The staff treated me and my family with respect	99
The services were helpful to me and my family	99
I have gained new parenting skills from the programs I attended	83
Overall, I am very satisfied with the services provided by FRC	98
Have you and your family received the services you needed?	94

Results of the Satisfaction with Classes and Workshops Survey are shown in Tables 19 and 20. Table 19 shows the type and number of classes and workshops that were rated, which included a variety of evidence-based parenting classes and parenting workshops.

**Table 19. Type/Number of Classes Attended by Family Members Completing Satisfaction Surveys (n=189)**

Class/Workshop Types	Number
Parenting Journey I	30
Guiding Good Choices	14
Nurturing Parenting Program	12
Nurturing Fathers' Program	11
Active Parenting of Teens	10
Parenting Journey II	5
Parenting Wisely	4
Parenting in America	2
Other	111

Satisfaction with classes and workshops was rated with a set of 10 items. The first eight items were rated with a five-point scale (strongly agree, agree, not sure, disagree, and strongly disagree). Overall satisfaction was rated on a four-point scale (very helpful, helpful, somewhat helpful and not helpful) and likeliness of recommending the class or workshop to other families was rated on a 4-point scale (very likely, likely, somewhat unlikely, not likely at all). Table 20 shows the percent of survey respondents who agreed or strongly agreed with the statement (for the first eight items), and the percent of respondents who rated the class/workshop as very helpful or helpful and the percent who said they were very likely or likely to recommend the class to others.

**Table 20. Satisfaction with Classes/Workshops Among Family Members Completing Satisfaction Survey (n=189)**

Class/Workshop Satisfaction Survey Items	%
Covered useful material	97
Suited my needs and interests	95
Helped to increase my knowledge and skills as a parent	96
Was well organized	96
I could easily understand the workshop or class	96
The activities helped me understand what I was being taught	95
The materials provided were useful	96
The number of sessions of the workshop worked for me	92
<b>Overall, how would you rate this workshop or class?</b>	
Very helpful/helpful	94
<b>How likely are you to recommend this workshop to other individuals or families?</b>	
Very likely/likely	96

### FRC Family Success Stories

Stories of successes achieved by the FRCs provide important qualitative evidence of the programs' impacts on families. The five stories below, from FRCs across the Commonwealth, provide insights into the complexities of the lives of the families using the FRCs, the varied types of services that the FRCs offer, and the impacts that FRCs can have on parents and their children. (Appendix B provides additional stories, representing all 18 FRCs).

#### *The Bridge Family Resource Center, Amherst*

A mother of four children came into the center on our Grand Opening Day in 2015. She mentioned that her children enjoyed arts and crafts and we invited them to the Kid's Art Class the following week. Over time, we learned more about the needs of the family and discovered that all four of the children had been removed by DCF in the past. The family was getting help from Child Behavioral Health Initiative services but the mother was still struggling to meet the needs of her kids, especially her oldest daughter who had recently been hospitalized for depression and suicidal thoughts. The entire family was struggling with the effects of trauma from the DCF removal and domestic violence from the mom's past relationship with one of their fathers. As we got to know this family, we were able to offer a variety of supports. The oldest daughter has received CRA assessment and services; we helped get her connected to a partial hospitalization program and an individual therapist who she is making progress with. She is also participating in our teen leadership group and continues to receive help from our school liaison to encourage and support school attendance. The second oldest child has begun coming to our monthly LGBT youth meet-up, gets homework support at the center, and has participated in several community service projects. We have helped the family with navigating housing issues when they faced an eviction, get financial help when electricity was shut off, and navigate MassHealth when one child lost his coverage.

The most changed person in the family however is mom. She has completed several Parenting education classes and she is an active member of our parent advisory committee and volunteers with us 10 hours a week. She runs the Kid's Art Class that she once timidly brought her children to. She insists that the children's parents "relax and have a cup of coffee" while she is working with their children and is always telling them how great their kids do in the class. She is a totally different person then when she walked in the door. She is now getting therapy to help her manage her past trauma, and is a role model for other parents.

*Family & Community Resource Center, Lawrence*

A father was referred to the program from his children's high school. He had decided that he was going to file a CRA as both his children had been skipping school and not following rules at home and school. Our family partner and school liaison have been working with the younger daughter and the father reported that he has observed a very positive change in her. At the time, he was still having problems with his older daughter. However, two weeks later he reported that he was going to wait on the CRA filing because he was starting to see some changes in her as well. The father just graduated from our most recent Parenting Wisely program for parents of teenagers.

*Family Resource Center, Berkshire Children and Families, Pittsfield*

A single mom came into the FRC seeking support for her teenage son who was having extreme difficulties following rules at home and also had significant challenges in school. Mom is a domestic violence survivor and identified her inability to handle confrontational situations and lack of confidence to have her voice heard as a result. The family partner worked with the mom on building her confidence and increasing self-care practices. Mom was referred to the Parenting Children with Difficult Behaviors Support Group offered by the FRC clinician and family partner, and has been an active member every week. A referral was also made for the Intensive Care Coordination program (ICC) to support the youth involved. Mother and son recently graduated from the ICC program. The youth is now performing better in school, receiving improved grades as well as demonstrating increased cooperation at home. He continues individual therapy as well as in-home therapy. Mom is now feeling more confident advocating for herself and the needs of her family. Mom also continues to attend weekly support groups and has been able to make social connections that she did not have before.

*Quincy Family Resource Center*

We had a mother whose teen attended the *Teens in Action Get a Grip* summer session; the mom brought the youth in and was visibly upset. The family partner asked how she was doing and the caregiver immediately began to cry. She shared that she had just spent all her food stamps, filled up the refrigerator at home with food, and the refrigerator died that night. She lost all the food and had no money to purchase any more food until next month's food stamps arrived. We were able to feed them at that time as we had plenty of food from the group meeting. We gave her a grocery gift card for food for the next couple of days, and assisted her in reaching out to a local mental health organization to have an emergency food drop that day at her home and a local group to sign up with their food pantry. We also helped her in reaching out to SNAP to report what happened and to apply for emergency food stamps. Additionally, we applied to an emergency fund and through that, a refrigerator was purchased and delivered within two days for the family.

*The Family Resource and Development Center, New Bedford*

One of our court-referred CRA youth has done a complete turnaround as a result of supports from our clinician and our family partner. This family was living in a very volatile domestic violence situation. The mom was supported by the clinician and family partner, and the family has moved to their own apartment, the son made the high school basketball team, mom has a job, and all are doing very well.

## IX. Efforts to Share Information and Data between Centers

### Data Sharing with FRCs and DCF

As the ASO for the Family Resource Center Network, UMMS has the responsibility 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 DFC and EOHHS. However, the ASO provides each FRC with reports of their data on a monthly basis, and engages in a range of activities to help improve the quality of the data collected on an ongoing basis. The ASO 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 on a monthly basis for each FRC, and year-to-date data is also provided to DCF by the ASO.

The ASO has also worked with DCF to 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, the launch of a new web portal for the FRCs (FRConnect), and ongoing training of FRC staff in evidence-based practices.

### Monthly PMPD Meetings and FRC Site Visits

Together with DCF, the ASO Program Director conducts monthly Program Management and Practice Development (PMPD) meetings with FRCs, designed to promote collaboration and cross-learning across center. These meetings include program managers and directors, with ad hoc involvement from FRC clinicians, school liaisons, and family partners when appropriate. The meetings generally focus on specific operational or programmatic issues and are conducted via conference call and quarterly in-person meetings. PMPD meetings topics in 2016 included trainings on Youth Substance Use, My Life/My Choice, and DBT, and discussion on the FRC evaluation, family support plans, safety, success stories, monthly reporting, and database changes.

Additionally, as part of overall quality assurance and improvement, DFC and the ASO have begun to implement annual site visits to each FRC. The purpose of the site visits is to determine:

- What is working well with the FRCs and how to build on successes;
- What have been the challenges and how to make needed changes to address the challenges;
- Total number of families and family members receiving services;
- Who is being served at each FRC;
- What services are being provided to family members, with a focus on CRA-related services;
- What group events and activities are offered in each community;
- Staffing – how have the roles been implemented, what are the successes and challenges with each role; and
- Community outreach efforts.

Site visits have been scheduled with all 18 FRCs and will take place in February and March of 2017. The DCF and ASO will meet with all FRC staff, the Program Directors and Managers and contract person responsible for overseeing the ongoing work of the FRCs. Other visits in the future will be set up with family members through discussion groups to hear directly from families about the work of the FRCs.

### Intranet Web Portal – FRConnect

To facilitate information and data sharing between FRCs, a web portal was created. Called *FRConnect*, it is a password-protected site —accessible only to FRC, DCF, and ASO staff — and includes resources, event calendars, and message boards. 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. Events have included talks, clothing giveaways, upcoming webcasts, 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; scenarios that other FRCs could model; and
- Resources that they have used and think others could benefit from – articles, fact sheets, web links.

Additionally, a new communication vehicle will soon push out news, information, and resources to the FRCs. Called QuickConnect, it is a regular eblast that will alert the FRC staff to what's new on FRConnect or the FRC website, and provide a further method for sharing activities and events that are planned at the various FRCs. QuickConnect can also serve as a tool to share success stories and best practices.

### FRC Staff Training

As the ASO for the FRC Network, UMMS has planned and organized trainings to meet various contractual, operational and skills-based needs of the network. During 2016, there were 27 Evidence-Based Parenting (EBP) Program Facilitator trainings and 17 Skills-Based trainings. In 2016, 27 EBP program facilitator trainings were conducted regionally on nine different EBP programs. The trainings in order of frequency were:

- 5 Parenting Journey I
- 4 Guiding Good Choices
- 4 Nurturing Families
- 3 Active Parenting of Teens
- 3 Nurturing Families in Treatment and Recovery
- 3 Parenting Journey II
- 2 Parenting in America
- 2 Nurturing Fathers
- 1 Say It Straight

In total, 194 facilitators were trained in the above EBP trainings in 2016. In most cases, staff were trained as facilitators in more than one EBP program. For all trainings, attendees were asked to rate their satisfaction with the training, including overall value of the training, using an UMMS standard evaluation form. Overall satisfaction among the participants with the formal trainings provided by UMMS has been high (McGlinchy, 2016).

Based on FRC contracts, planned programming by FRCs, and recommendations from the ASO, DCF and EOHS, 17 skills-based trainings were developed and conducted during 2016. The trainings in order of frequency were:

- 4 Mindfulness in Trauma Informed Care
- 2 Building Resilience in Kids (BRiK): Art from the Heart
- 2 Commercial Sexual Exploitation of Children
- 2 DBT Skills Workshop Facilitator Training
- 2 Facilitation Skills
- 2 Trauma Informed Care
- 1 Safety Training
- 1 Understanding, Preventing and Treating School Refusal and Truancy workshop
- 1 Youth Substance Abuse

For the majority of skills-building sessions, facilitators utilized a UMMS standard evaluation form developed for FRC trainings to assess satisfaction with the trainings (four organizations that facilitated trainings used evaluations designed specifically for each unique session). Regardless, overall satisfaction with the skills-based trainings has been high (McGlinchy, 2016). The ASO also sponsored FRC staff to attend other trainings and events relevant to their work, such as Motivational Interviewing, Teen Mental Health Summit, and The Children's Trust Annual Conference.

## X. Summary

During their second 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 2016, FRCs provided services to 7,504 families, including over 6,700 new families, an increase of 58% over the number of families served in 2015. From January to December 2016, FRCs provided services to over 12,000 individuals; 59% of those served were adults and 41% were children. The number of individuals served in 2016 was more than double the number served in 2015.

Demographic and health characteristics of adults and children served by the FRCs in 2016 are very similar to those served in 2015. The overwhelming majority of adults seeking FRC services in 2016 were parents, primarily female, with 68% representing single parent households. Thirty percent of adults represented racial minorities, and 43% were Hispanic or Latino. Data collected by the FRCs suggest that many struggle with challenges related to housing and other basic needs (e.g. food or clothing), income, and employment. Data showed that only 38% of adults served by FRC are employed full- or part-time; 30% receive some form of public cash assistance; 12% may be without any source of income; and 16% may be homeless. Over one-quarter of adults have some type of disabling condition, with mental or emotional conditions being most common.

Among children and youth served by the FRCs in 2016, a slight majority (52%) was male; the racial and ethnic composition of children and youth were similar to that of adults. About 3% were teen parents. Over 20% of children served had missed more than eight days of school in the past 10 weeks. Data collected by the FRCs suggest that 40% of children and youth receive school-based supports through an IEP or 504 Plan. Consistent with this, about one-third were identified as having a disabling condition, with mental or emotional conditions being most common. Seventeen percent of children/youth had used a mobile crisis team at some point and 11% had ever experienced a psychiatric hospitalization.

A majority of adults and children served by FRCs were enrolled in MassHealth, and about one-quarter of adults reported involvement with DCF.

Using a set of data elements available in the FRC Database, the UMMS evaluation team was able to identify children and youth as *Children Requiring Assistance (CRA)* or as potentially “at-risk” for being a CRA. Using this approach, we estimate that about 42% of children and youth served by FRCs are CRA or as having CRA-related issues. Children and youth identified as CRA/having CRA-related issues differed significantly from those not identified as CRA/having CRA-related issues on a number of demographic, disability and health characteristics. These findings provide additional evidence that FRCs are serving families with a high level of need.

Families are referred to FRCs from many different sources and families seek FRC services for a wide variety of reasons. The comprehensive range of services and supports provided by the FRCs points to the extensive and varied needs of the families who sought FRC services in 2016. In addition to providing general individual and family support, FRCs provided CRA-related services, school support, housing services, equipment and materials, mental health services, transportation assistance, employment, and other services to thousands of children and adults across the state. Additionally, thousands of parents, children and youth took advantage of the parenting classes, self-help groups, life skills workshops, and recreational and other programming offered by the FRCs in 2016. A preliminary examination of FRC service delivery data suggest that families often seek a small number of key services from FRCs and 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 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 and qualitative evidence of FRC effectiveness in the form of *success stories* provides further evidence that FRCs are filling a vital need in the communities they serve.

The quality and quantity of data collected by the FRCs and reported via the FRC Database has improved substantially over the past year. Ongoing operational support to the FRC Network will continue to improve data collection efforts at the FRC sites. Over the next year, the UMMS evaluation team will continue to work with DCF and the FRCs to develop a set of relevant outcomes measures that can reasonably be tracked by the FRCs.

## References

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## Appendix A: Cumulative and Individual FRC Data Tables, 2016

**Table A1: Families Served by and Sources of Referrals to FRCs (January – December 2016)**

	Amherst	Barnstable	Boston	Brockton	Fall River	Fitchburg	Greenfield	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Worcester	All FRCs	Monthly Average
<b>Total number of families participating</b>	299	413	336	341	254	282	377	522	603	257	147	52	524	363	654	401	665	1,014	7,504	625
<b>Number of new families participating</b>	227	412	311	332	248	238	345	499	541	242	114	52	435	283	569	363	595	929	6,735	561
<b>Referral Sources for New Families</b>																				
Friend/family	170	46	115	98	62	29	130	199	131	109	27	7	119	164	74	48	234	236	1,998	
School	59	301	53	43	126	29	23	119	314	3	70	18	80	47	61	184	37	172	1,739	
DCF	40	37	10	21	33	110	20	76	83	19	28	4	106	80	84	37	235	251	1,274	
Court	42	35	31	100	89	47	51	77	37	3	10	3	67	10	25	110	95	105	937	
Community agency	88	52	42	27	85	5	50	53	131	28	2	0	59	71	39	37	42	119	930	
Self	21	51	28	15	39	46	43	38	39	14	11	0	60	21	12	19	117	91	665	
Mental health provider	66	59	89	9	20	0	34	28	42	0	42	15	7	6	7	82	17	19	542	
Social/Print media	13	1	4	4	4	0	11	0	3	208	1	0	1	12	6	2	135	26	431	
Other state agency	31	5	20	39	40	7	8	9	25	13	1	0	44	14	8	10	69	49	392	
Health care provider	11	27	14	5	19	1	3	11	8	0	7	9	34	2	4	17	9	11	192	
Faith based organization	0	1	0	13	3	0	3	2	2	1	1	0	0	2	2	1	0	4	35	
Mass211	0	1	3	0	1	2	0	2	0	0	0	0	0	1	0	3	3	5	21	

**Table A2: Services Provided by FRCs (January – December 2016)**

	Amherst	Barnstable	Boston	Brockton	Fall River	Fitchburg	Greenfield	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Worcester	ALL FRCs
<b>Total number of services provided</b>	<b>1,285</b>	<b>179</b>	<b>690</b>	<b>242</b>	<b>213</b>	<b>370</b>	<b>1,417</b>	<b>1,191</b>	<b>1,210</b>	<b>127</b>	<b>1,350</b>	<b>45</b>	<b>1,402</b>	<b>1,055</b>	<b>856</b>	<b>707</b>	<b>1,054</b>	<b>3,132</b>	<b>16,525</b>
Individual/family support	59	5	73	11	6	76	444	99	153	28	260	12	523	186	74	11	11	1,110	3,140
School	45	37	73	10	12	1	83	66	78	8	179	0	187	35	197	10	73	268	1,362
Housing/shelter	28	18	170	23	30	36	134	31	69	5	27	1	64	45	47	24	78	254	1,084
Equipment/materials (clothing, car seats, etc.)	4	4	68	24	34	37	69	106	139	14	8	0	200	20	100	4	72	110	1,013
Mental health services	78	18	39	30	17	2	147	32	152	33	160	7	52	7	21	45	51	84	974
Transportation	207	3	4	4	1	0	80	2	12	0	32	0	3	41	8	3	84	477	961
CRA Assessment	35	0	56	19	13	33	18	142	146	2	0	2	24	10	14	27	48	144	733
Food/nutrition	9	7	12	18	6	9	28	15	93	0	47	0	23	3	13	20	306	21	630
CRA Service Plan	16	0	17	20	6	7	5	92	102	1	0	2	12	3	3	34	44	107	471
Holiday assistance	62	7	29	3	3	2	44	109	12	3	13	0	55	11	4	6	0	4	367
Employment	21	4	11	6	3	9	119	10	13	4	25	0	6	1	16	6	41	40	335
Childcare (emergency or ongoing)	10	3	8	3	0	1	2	0	24	1	93	0	2	33	56	0	72	26	334
CRA-related referral to LMHC/MSW	43	0	15	1	0	0	6	9	92	2	0	1	13	0	3	28	51	70	334
Legal	17	5	22	36	11	0	7	5	16	0	24	2	17	3	4	6	22	66	262
Income/transitional assistance	18	3	9	6	11	3	4	10	7	0	103	0	3	4	9	6	12	12	202
Health care	14	0	9	5	2	2	8	3	17	0	63	0	9	8	4	16	16	6	182
Fuel assistance/utilities	9	2	56	7	4	5	26	1	3	0	24	0	9	5	4	1	5	18	179
Services for children with special needs	53	0	1	2	15	0	6	0	10	0	27	4	1	9	5	3	6	16	158
Child abuse/neglect services	53	0	0	0	0	0	4	0	2	0	2	2	65	0	0	0	3	6	137
Substance use services	1	2	2	3	12	0	7	1	3	0	78	12	1	3	0	3	2	5	134

Table A2 (cont.): Services Provided by FRCs (January – December 2016)

	Amherst	Barnstable	Boston	Brockton	Fall River	Fitchburg	Greenfield	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Worcester	All FRCs
<b>Total number of services provided</b>	1,285	179	690	242	213	370	1,417	1,191	1,210	127	1,350	45	1,402	1,055	856	707	1,054	3,132	16,525
Domestic violence	39	2	9	1	2	1	6	3	22	1	9	0	5	4	1	3	5	8	121
Translation services	0	0	0	0	0	7	3	1	0	0	45	0	9	0	3	0	0	2	70
Family planning, pregnancy, and breastfeeding support)	0	0	0	0	0	0	9	2	0	1	1	0	0	0	0	0	0	4	17
Child development information	1	0	3	0	0	0	0	0	1	0	6	0	1	0	3	0	0	1	16
Other	463	59	4	10	25	139	158	452	44	24	124	0	118	624	267	451	52	273	3,287

**Table A3: Attendance at Evidence-Based Parenting, Life Skills, Education, Mutual Self-Help Groups, Recreational Activities/Events and Drives (January – December 2016)**

	Amherst	Barnstable	Boston	Brockton	Fall River	Fitchburg	Greenfield	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Worcester	All FRCS
<b>Evidence-based parenting groups</b>	362	425	21	0	308	386	613	423	367	32	0	454	34	233	197	20	324	1,197	5,396
Nurturing Parents/Fathers	174	0	13	0	111	237	606	127	279	0	0	292	0	200	43	0	207	396	2,685
Parenting Journey	146	352	8	0	0	149	0	190	58	0	0	113	34	0	140	0	117	698	2,005
Active Parenting	37	73	0	0	197	0	0	0	30	0	0	32	0	16	0	20	0	103	508
Parenting Wisely	0	0	0	0	0	0	0	90	0	0	0	0	0	17	0	0	0	0	107
Guiding Good Choices	5	0	0	0	0	0	7	0	0	32	0	17	0	0	14	0	0	0	75
Positive Parenting Program	0	0	0	0	0	0	0	16	0	0	0	0	0	0	0	0	0	0	16
<b>Life skills groups</b>	269	156	0	18	25	910	78	289	1,265	0	0	52	0	6	60	0	733	207	4,068
Domestic violence	23	0	0	0	0	0	0	0	983	0	0	0	0	0	0	0	12	0	1,018
Stress/anger management	45	124	0	0	25	0	0	0	18	0	0	0	0	0	0	0	710	0	922
Age-specific parenting	0	0	0	0	0	897	0	0	0	0	0	0	0	0	0	0	0	0	897
Parenting classes/workshops	46	20	0	6	0	13	71	289	66	0	0	10	0	6	53	0	0	207	787
Positive Solutions	0	0	0	12	0	0	0	0	193	0	0	0	0	0	0	0	0	0	205
Peace Jam	140	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	140
Household/finance management	0	12	0	0	0	0	7	0	5	0	0	42	0	0	7	0	11	0	84
Be Proud! Be Protective!	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Poetry/Story Walk	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
<b>Education Groups</b>	52	0	15	0	0	0	0	480	82	0	166	0	0	0	0	0	974	11	1,780
Adult/Youth Education	49	0	15	0	0	0	0	480	3	0	166	0	0	0	0	0	717	6	1,436
School Support	3	0	0	0	0	0	0	0	79	0	0	0	0	0	0	0	257	5	344
<b>Mutual self-help Groups</b>	354	0	9	9	18	446	360	545	134	0	182	517	1	162	191	179	830	491	4,428
Parent support groups	290	0	0	0	11	446	318	545	121	0	54	384	1	85	66	142	766	483	3,712
Grandparents' support group	64	0	9	9	7	0	42	0	13	0	3	133	0	77	125	37	5	8	532

Sub Use Recovery/Prevention groups	0	0	0	0	0	0	0	0	0	0	125	0	0	0	0	0	59	0	184
<b>Recreational activities/events</b>	2,347	701	569	0	442	0	795	928	1,233	415	47	504	0	152	135	0	651	505	9,424
Recreational activities/events	1,514	471	555	0	421	0	738	483	985	415	47	356	0	152	135	0	351	169	6,792
Playgroups	833	230	14	0	21	0	20	265	208	0	0	63	0	0	0	0	0	336	1,990
Holiday party	0	0	0	0	0	0	37	180	40	0	0	85	0	0	0	0	300	0	642
<b>Drives (clothing, holiday, food, etc.)</b>	0	30	10	35	0	54	2,197	0	43	0	0	0	0	0	0	197	3,213	0	5,779

**Table A4: FRC Staff Trained in Evidence Based Practices by FRCs (2015-2016)\***

	Amherst	Barrstable	Boston	Brockton	Fall River	Fitchburg	Greenfield	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Worcester	All FRCs
<b>Total number of FRC staff trained</b>	26	21	27	10	11	6	18	13	32	4	6	5	24	8	27	29	18	15	300
Number of FRC staff trained in 2015	13	11	14	2	3	5	8	10	15	3	2	3	7	0	14	15	13	7	145
Number of FRC staff trained in 2016	13	10	13	8	8	1	10	3	17	1	4	2	17	8	13	14	5	8	155

*\*FRC staff could be counted more than once if they attended multiple trainings*

**Table A5: Individuals Served by FRCs by Massachusetts Cities and Towns (January – December 2016)**

#	City	#	City	#	City	#	City	#	City	#	City
3	Abington	17	Chicopee	69	Greenfield	13	Marstons Mills	49	Quincy	39	Vineyard Haven
3	Acushnet	11	Chilmark	31	Hadley	9	Mashpee	25	Randolph	2	W. Hyannisport
13	Adams	2	Clarksburg	1	Hanson	3	Methuen	2	Readsboro	1	Wales
2	Agawan	10	Clinton	9	Harwich	11	Middleboro	1	Revere	3	Waltham
132	Amherst	3	Colrain	5	Haverhill	2	Milford	1	Rochdale	26	Ware
3	Aquinnah	2	Cotuit	8	Hingham	1	Millbury	4	Rockland	12	Wareham
1	Assonet	3	Dalton	7	Holbrook	3	Millers Falls	2	Rutland	2	Watertown
1	Auburn	6	Dartmouth	1	Holden	4	Milton	8	Sandwich	2	Webster
2	Avon	1	Dedham	15	Holyoke	2	Monroe	4	Savoy	1	Wellesley
3	Baldwinville	8	Dennis	1	Hudson	4	Montague	2	Scituate	3	Wellfleet
4	Becket	7	Dennis Port	3	Hull	2	Mullbury	4	Sheffield	3	West
26	Belchertown	14	Dracut	1	Huntington	1	N. Attleboro	2	Shelburne	2	West
2	Belmont	10	Easthampton	49	Hyannis	25	Nantucket	1	Shirley	18	West Tisbury
2	Bernardston	51	Edgartown	16	Indian Orchard	270	New Bedford	12	Shrewsbury	4	Westboro
5	Billerica	1	Egremont	1	Lake Pleasant	88	North Adams	6	Shutesbury	5	Westfield
241	Boston	3	Erving	2	Lanesboro	23	Northampton	3	Somerset	1	Westford
6	Bourne	5	Everett	70	Lawrence	2	Northbridge	4	South Deerfield	6	Westport
1	Boylston	4	Fairhaven	5	Lee	2	Northfield	2	South Easton	39	Weymouth
33	Braintree	85	Fall River	2	Leeds	8	Norwood	6	Southampton	3	Whitman
5	Brewster	25	Falmouth	1	Leicester	63	Oak Bluffs	7	Southbridge	6	Wilbraham
1	Bridgewater	126	Fitchburg	4	Lenox	3	Orange	11	Spencer	1	Williamsburg
160	Brockton	24	Florence	48	Leominster	1	Osterville	442	Springfield	5	Williamstown
2	Burlington	2	Florida	6	Leverett	2	Otter River	1	Sterling	6	Winchendon
1	Buzzards Bay	2	Forestdale	69	Greenfield	1	Oxford	9	Stoughton	1	Woonsocket
14	Centerville	1	Foxborough	30	Lowell	1	Palmer	21	Sunderland	346	Worcester
1	Chelsea	2	Franklin	4	Ludlow	1	Pawtucket	1	Swansea	20	Yarmouth
10	Chelmsford	1	Freetown	79	Lynn	1	Pelham	2	Taunton	1,280	Missing
15	Chelsea	39	Gardner	2	Mainspring	1	Pembroke	1	Templeton		
1	Cherry Valley	1	Gill	1	Mansfield	2	Petersham	2	Tewksbury		
1	Chesapeake	3	Grafton	1	Marion	226	Pittsfield	1	Townsend		
5	Cheshire	5	Granby	4	Marlboro	2	Plainville	20	Turners Falls		
1	Chesterfield	5	Great Barrington	1	Marshfield	6	Plymouth	1	Uxbridge		

## Appendix B: FRC Family Success Stories

### *The Bridge Family Resource Center, Amherst*

A mother of a young man had reached out for CRA services because her son who was depressed and suicidal was currently finishing an inpatient stay. Before going into the facility he had been aggressive towards her and her husband. Our clinician and family partner met with this mother for over two hours listening to her story of feeling hopeless that her son would ever be well. Her biggest fear was that he would come home from the hospital and they would continue to have blowouts at home and that he would try to hurt himself again. Our family partner had an out of the box idea: bring him to the FRC directly from the hospital. We had Ping Pong scheduled for our afternoon activity and he could see the space and meet a few of the staff. He came with his parents a few days later very begrudgingly. While his parents met again with our clinician to get In-Home Therapy (IHT), and Intensive Care Coordination (ICC) services set up, he sat on the couch watching as several other youth and a few staff played Ping Pong, laughed, and had a good time. He did not crack a smile and he did not say a word. He did however agree to a game of Ping Pong and played, then sat down again ignoring the rest of the group. This young man has come a long way since then. He is currently one of the most active members of our PeaceJam group (teen leadership and community service). He and his parents have been seeing a family therapist and getting wraparound services for over a year. He has a peer mentor that he meets with weekly and sometimes talks so much their sessions run over. He is working part-time for the park service (his life-long dream) and attending classes at community college. Things with his parents are not perfect but they have moments together that are good and there is no more aggression, fighting, or screaming. He has not been back to the hospital since and his mother says that the FRC saved her son's life.

### *The Family Resource and Development Center, New Bedford*

One of our court-referred CRA cases has done a complete turnaround as a result of supports from our clinician and our family partner. This family was living in a very volatile domestic violence situation. The mom was supported by the clinician and family partner, and the family has moved to their own apartment, the son made the high school basketball team, mom has a job, and all are doing very well.

### *Boston-Suffolk County Family Resource Center*

In September 2015, a family who was living in a shelter was introduced to the FRC when they joined the Parenting Journey classes. The youth in the family had witnessed community violence in a past shelter, and the two youngest children live with very clear symptoms of Post-Traumatic Stress Disorder and Separation Anxiety Disorder. In the past year, the mother and her five children have attended family events, Yoga for Teen Girls, Yoga for 5-7 year olds, Job Readiness groups, Communication Skills groups, Family Art Circle, and more.

The youngest child now feels comfortable with our staff and will even stay in childcare for 30 minutes now, a major accomplishment given the level of fear she initially presented with. The children identify the FRC and the services they have been connected to as a place they feel safe and can have fun – and not just a place they process the traumatic events they have endured. While they have not returned to their home community after their housing crisis, they identify as having had a community to be a part of since their move. Recently the family was successfully housed after being homeless for over a year.

### *Fall River Family Service Association*

A mother who enrolled and completed our Active Parenting Class for Toddlers came back months later and shared with the team that she was working toward reunification with her son and needed an apartment. Her son had not been in her custody since her initial engagement with us during her first parenting class. With FRC assistance she was able to find a new apartment and utilized the local community agencies for furniture. She is engaged in counseling and utilizes the gym membership we helped her to get. She participated in FRC Parenting Classes and received individual support from the FRC family partner and family support worker, referrals for mental health services, educational and job services, childcare services, rental assistance, financial assistance, and furniture assistance. Recently, the mother reunified with her son and brought him to the FRC to meet the staff. She reported things are going very well and she was able to obtain individual support and participate in FRC activities.

### ***The Family Place, North Adams***

In February, we had a mother of two young girls taking the Parenting Journey class. Her daughters were in a relative's custody at that time because mom was in a very abusive relationship and struggled with alcohol. During the group, this mother demonstrated an open and honest approach to her parenting, as well as acknowledged the mistakes that she felt she had made. She was a source of encouragement for the other parents battling with addiction, and was able to connect one of the dads who attended with a sponsor for a local Narcotics Anonymous group. Since the group ended, she called to let us know that both of her daughters were coming back home to her in April.

### ***The Springfield Family Support Programs Family Resource Center***

A father was referred to the FRC from the Department of Children and Families to start our eight-week parenting class. He started parenting classes January and received his certificate of completion in March 2016. He was referred from the FRC/DCF Family Advocate to our Nurturing Fathers Program, a substance abuse meeting and a trauma focus group. He started our Nurturing Father Program which he completed, and focused on going to substance abuse meetings. He also engaged in trauma focus groups as part of the referrals.

He says our program went 110% above and beyond to help him with all the services he needed and the knowledge he needed to reunite with his children who are in DCF custody. He said he is very grateful to have been part of the program. He is having unsupervised visits, purchased a new home, and will reunite with his children in that new home in December 2016. He was also proud to say that one of his children is a part of the art therapy group.

### ***Family & Community Resource Center, Lawrence***

A family was referred to the FRC in May 2016 for school liaison support by their Intensive Care Coordination (ICC) team. It was reported that the daughter was having aggressive and explosive behaviors at school, and mom was constantly being called by the school due to her behavior. After the FRC intake was completed, the school liaison began working with the mom on the student's IEP and behavior concerns. The school liaison guided and supported the mom through IEP meetings, writing letters to the school department, and requesting a transfer to a therapeutic school. In June an IEP meeting was held in which the school staff considered the option of transferring her to a therapeutic school. That plan never happened and the school year ended. In September she started the new school year, and on her second week of classes she displayed explosive behavior towards staff and peers. As a result, she was suspended for two weeks. The parents and girl had to attend a hearing before she returned to school. The school liaison attended the hearing with the parents and brought up the option of a therapeutic school that was discussed with school staff back in June. Because this plan was never discussed with the hearing officer he made a decision to reinstate her back to school immediately, and the school staff needed to start the process for the therapeutic school transfer. She started attending the therapeutic school in October, and mom is happy to report that she is doing a great job at school. She is receiving 1:1 services, small group classes, and other therapeutic services. Mom also expressed that she feels very happy that her daughter is much happier, and mom is not overwhelmed with school calls.

### ***Cape Cod Family Resource Center, Hyannis/Barnstable***

A single mother and her two children were living in various campgrounds. They would overstay their welcome at one, and then move to another. We were contacted by the Barnstable school district because school social workers and teachers were concerned for the family. We first met the mother at the school and then ended up supporting her and her family in their quest for housing.

By leveraging our relationships in the community, we were able to get a local restaurant to provide dinner for the family one night, the Salvation Army provided two weeks' worth of food for the family, a national chain provided a camp stove and propane so that the family could prepare their own meals, a consignment shop provided clothes for the children, and a convenience store donated gas cards so that the mother could get back and forth to work. Lastly, concrete items were given to the family such as laundry detergent, books, toys, dog food, and blankets. Today, the family is housed and has not reached back out to us for further support since we last saw them early in the fall.

### ***Community Action Family Center, Greenfield***

During November, we dealt a lot with immigration questions and concerns over the election results. We have been able to work cohesively as a team to get the best information we can for the families we are working with. The office has felt very busy and we are seeing many families return for support and help or refer friends or family here for help. One parent who moved away from our area but is still in contact with a family social worker during her transition stated "I am already in touch with their FRC. I want to volunteer there because I know how you can build a positive community that way." Another client who was referred from the county drug court shared "I don't feel judged, I accessed therapy without feeling like I would be stigmatized or get negative blow-back."

We had another parent who came in and spoke no English; she had recently come to the US on asylum. She had no health insurance for her or her child and needed a physical for her child by the end of the week to enroll in school basketball. The family support worker was able to get a community member in the office the next morning to help with the application and a local doctor who would provide a free physical so the child would not miss the deadline. The family social worker worked with her to secure health insurance for the family -- and the following week the parent brought in homemade food as a thank you to everyone at the FRC!

### ***Nantucket Family Resource Center***

A family of three (mom, dad and school-age child) came to the FRC initially in need of an assessment. After the assessment, a referral was made for the child to receive Child Behavioral Health Initiative and Intensive Care Coordination services. It was also determined that the mom could use some mental health support. As a result of meeting with our FRC team, the parents were educated about the Parenting Journey program, which they both enrolled in and are actively engaged in. Mom has since been in one-on-one outpatient services as well. The family is happily engaged in services and measured improvements are already being seen. Their outlook is bright and they feel that they now have the tools to have a stronger marriage and healthier family structure. The child is also experiencing great improvements at school.

### ***Family Resource Center, Berkshire Children and Families, Pittsfield***

A single mom came into the FRC seeking support for her teenage son who was having extreme difficulties following rules at home and also had significant challenges in school. Mom is a domestic violence survivor and identified her inability to handle confrontational situations and lack of confidence to have her voice heard as a result.

The family partner worked with the mom on building her confidence and increasing self-care practices. Mom was referred to the Parenting Children with Difficult Behaviors Support Group offered by the FRC clinician and family partner, and has been an active member every week. A referral was also made to local clinic for the Intensive Care Coordination program (ICC) to support the youth involved. Since the family partner is employed through the clinic, the mom was able to continue working with the FRC staff that she already developed a relationship with. This made the family's transition into ICC services easier for her and her son. Mom continued to receive interim therapy support with the FRC clinician as her son received support from clinical programming.

Mother and son recently graduated from the ICC program. The youth is now performing better in school, receiving improved grades as well as demonstrating increased cooperation at home. He continues individual therapy as well as in-home therapy. Mom is now feeling more confident advocating for herself and the needs of her family. Mom also continues to attend weekly support groups and has been able to make social connections that she did not have before.

### *Island Wide Youth Collaborative: A Massachusetts Family Resource Center (Oak Bluffs/Martha's Vineyard)*

"I was a born and raised island girl who had got caught up in the midst of addiction. My mental health was uncared for and I was a girl silently screaming for help. That was when I moved to finally take care of the person I once loved but had lost a long time ago. I was lucky to get all the help I did but I still became pregnant very early in my recovery. I don't recommend to anyone who is truly trying to better themselves to get tied up in such a complicated situation! But there I was — three months sober, in a relationship with a guy who claimed to love me, and yet I was still searching for myself. Maybe it wasn't the brightest idea to go through with this pregnancy but for some reason, as scared as I was I knew I was going to go through with it. Had I expected to get into an abusive relationship, had I known I would become homeless with nothing to put in my stomach, maybe, just maybe, I wouldn't have ended up where I once was so terrified to be. My home became my rock bottom; to go back to that place I thought I could never be the mother I set out to be.

"When I walked into IWYC I appeared hopeless, helpless, and empty. Well, that is exactly what I was, I just didn't want to face the facts this was really where I was once again. I also had realized at that moment that I was a single soon-to-be mother with not even a bed to sleep in. I didn't understand how I let things get so bad, how I let them get so far. But here I was running back to the only place I knew and could call home.

"When I was referred to IWYC I didn't have much of anything left. I was scared. I was alone and I didn't know what was going to be the future, that I once held so firmly in my hands, for my son anymore. IWYC may not have known it but they saved my life. They saved me from my own worst nightmare: myself. I wanted so badly to give up, to throw in the towel and believe I was no longer capable of bringing into the world such a fragile and beautiful miracle that I felt I no longer deserved because I couldn't be the mother I once saw myself being. The things they did, the feelings I felt again, the moments I wished of having, started to not be so foggy in my memory anymore. They gave me the faith that I didn't know existed, the love I didn't know how to give because at the end of the day they didn't expect anything in return. They helped me to love myself because all along they loved me until I learned again. They helped me get all my necessities and more. To bend over backwards for someone who couldn't even give anything back in return, they showed me the true value of gratitude. Even though it was their job, they never once let me down as a person. On or off the clock they took my phone call. And for that I could never thank them enough.

"Little do they know they saved not only my life but my son's life because now I get to give my son the world, something I never imagined was possible. Everything I once was so scared to live for. Everything I thought I was never capable of is now a dream come true. I'm not only a daughter, a sister, a friend or a woman in recovery. I am a mother and without IWYC I don't think that I would have realized how strong of a woman I truly am. I'm forever one thankful person because of IWYC — because of them I can live the life I truly believe I deserve to live today!"  
— A mother

### *Quincy Family Resource Center*

A grandparent raising her grandchild contacted the FRC needing assistance for resources for her grandchild. Because of her own medical needs, she is not able to ride public transportation so the FRC team went to see her at her home. We were able to link her with resources in her area for her and her grandchild, such as play groups, afterschool care, and access to clothing and food. We invited her to our Grandparents Raising Grandchildren group which she expressed interest in, and said she would contact us if she wanted to attend so that we could arrange a cab for her. We also invited her to attend the Parent Café and offered to send her back and forth in a cab. When she heard that there was also childcare provided she took us up on the offer. She had a wonderful time and was able to connect with other caregivers during lunch.

### ***Worcester Connections Family Resource Center of YOU, Inc.***

Several months ago our FRC received a referral from a court probation officer. The requested service was Court Diversion for CRA for a 16-year-old female who lives with her grandparent/guardian and was brought in for being a stubborn child. Both youth and grandmother agreed that their communication was at such a low place that they could not resolve any issue without outbursts. Our FRC clinician met with youth and initially she was not open to the idea of meeting with anyone; 'no' to therapy and 'no' to mentoring. The clinician was supportive and described to the youth that if the connection between the therapist and her didn't work out, the youth could request that an alternative counselor be secured. Due to long wait lists a few months passed where there were challenges with transportation and the status of the phone being in service. Persistence and patience paid off, and eventually the youth met with the therapist. The connection proved to be successful and due to that connection the youth agreed to the mentoring. The grandmother reports that these interventions were important in helping resolve their communication and get youth back on a good standing with school.

### ***The Family Center – Community Connections of Brockton***

In December 2015, the FRC hosted 'An Evening of Gratitude.' The evening's festivities were dedicated to staff and vendors who helped the center move from its previous location to our new location on Main Street. "Our move was a huge project and once we set up in our new home, we discovered that we needed to do a lot of updating so that we would be able to effectively help our communities. From the movers, to the phone system installers, computer technicians, and electrician, we thank you," stated Dawn Fontaine, Program Manager. To show appreciation, as well as to demonstrate what the FRC does, all of the vendors and the new neighbors in the building were invited to dinner to meet some of the families we have helped throughout the year. In addition, the FRC received support from a major department store and local non-profit organization who collaborated to provide new coats and snow boots to 115 children.

There was dinner, dessert, activities for the children, and most importantly, smiling faces. One four-year old little girl received a pair of purple boots and had to try them on immediately. As she kicked up her heels she yelled "*Me quedaron perfecto!*" "Thanks to all of the staff at The Family Center and sponsors for making this all possible," said Fontaine. The event was enjoyed by all who attended and the holiday season was made a little brighter through generosity, dedication and passion to help others in the community.

### ***NFI Family Resource Center of Greater Lowell***

At the NFI Family Resource Center of Lowell we always have members looking for holiday assistance. This year we were successfully able to assist 25 families with Christmas presents. In partnership with Community Giving Tree and the Wish Project we were able to provide families with clothing, sports equipment, toys pajamas, bikes and more. The parents were very appreciative and many expressed that they would not have known what to do or how to pull off Christmas for their families without us. In addition, we also had a holiday party that 38 members attended.

### ***Lynn Family Forward Resource Center***

The FRC was able to collect over 80 pairs of sneakers during a sneaker drive and also received over 10 pairs of sneakers named for a famous basketball star. Every youth who brought us a passing report card received sneakers.

### ***MOC Fitchburg Family Resource Center***

The FRC Latino Support Group strategized about how to best give back to their community during this holiday season. They decided to make soft dolls for boys and girls out of gently used clothes. The results were spectacular! The group made 30 dolls. The dolls were given to families during our Clothing Give Away.