

Family Resource Center Program Evaluation Report



March 2016

Family Resource Center Program Evaluation Report

Prepared by the University of Massachusetts Medical School

Recommended Citation:

Henry, A. D., Long-Bellil, L., & Gettens, J. (2016, March). *Massachusetts Family Resource Center Program Evaluation Report: Calendar Year 2015*. Shrewsbury MA: Center for Health Policy and Research, University of Massachusetts Medical School.

Table of Contents

Executive Summary	2
I. Background.....	4
II. Evaluation Design	5
III. Number of Families and Individuals Served by FRCs in 2015	7
IV. Characteristics of Adults Served by FRCs	8
V. Characteristics of Children and Youth Served by FRCs	13
VI. Reasons for Visit and Referral to FRCs	17
VII. Providing and Connecting Families to Services	19
VIII. FRC Groups and Other Programming	21
IX. FRC Staff Trainings	22
X. Summary	23
References.....	24
Appendix A: Completion of Readiness Reviews	25
Appendix B: FRC DCF Monthly Reports – Cumulative Data Tables, 2015.....	27

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 a joint effort of the Executive Office of Health and Human Services and the 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 to the FRC Network.

The 2015 FRC Program Evaluation Report covers the period of January through December 2015, and provides a baseline, descriptive profile of the adults and children seeking FRC services, as well as the services provided by the FRCs during the first year of operation. The data presented in this report are derived from two sources: 1) FRC Monthly Reports, which are aggregated reports compiled by the FRCs and submitted to DCF and the ASO on a monthly basis; and 2) the FRC Database, an electronic Client Relationship Management (CRM) system which allows for individual, client-level data collection and case management. These two sources of data show:

- A total of **4,589 unduplicated families** received services from the FRC in 2015, with the largest numbers served by the Springfield and Worcester FRCs.
- Over **5,200 unique individuals** – both adults and children – sought FRC services during this period.
- The overwhelming majority of adults (ages 18 and over) served by FRC in 2015 were parents, primarily female, with almost **65% representing single parent households**. Over one-third of adults represented racial minorities and over one-third were Hispanic or Latino.
- Among children and youth (ages 0 to 17) served by the FRCs, a **slight majority (54%) were male**. The racial and ethnic composition of children and youth were similar to that of adults. Over 2% 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 25% were in families needing **assistance with clothing**; 18% of adults served were **homeless**.
- Preliminary data collected by the FRCs suggest that many of the **families served struggle with challenges related to housing and other basic needs**, unemployment and limited income.
- **Disability is common** among adults and children served by the FRCs, with a quarter to one-third experiencing some type of disabling condition. Over one-third (38%) of children receive school-based supports through an Individualized Education Plan or 504 plan.
- Many adults and children served by FRCs are enrolled in **MassHealth**. About one-third of families receive benefits from the **Department of Transitional Assistance** and about 15% are involved with DCF.
- FRCs received about **700 CRA referrals** in 2015, with half coming from the courts.

The range of services and supports provided by the FRCs, either directly or through referrals to other organizations, point to the extensive and varied needs of the families who sought FRC services during this first year of operation.

- FRCs provided over **15,000 discrete services and supports** to families, including equipment, other material supports, assistance with food, transportation, and other basic needs.
- The almost **8,800 referrals to external service providers** highlight the critical needs of FRC families for assistance with housing, as well as many other services.

- Thousands of parents, children and youth took advantage of the **self-help, parent-child and parenting groups and other programming offered by the FRCs in 2015**, suggesting that the FRCs are filling a vital need in the communities they serve.
 - 2,366 parents were enrolled in a total of 205 **evidence-based parenting groups** in 2015; 738 evidence-based parenting group sessions were offered during the year.
 - FRCs offered 72 support groups for **grandparents raising grandchildren**, holding 190 sessions.
 - 2,293 parents were enrolled in a total of 210 **parent-child groups** in 2015. Over 1,400 parent-child group sessions were offered.
 - 2,668 parents and/or youth were enrolled a total of 301 **mutual self-help groups**. Over 1,100 individual self-help group sessions were held over the year.
 - 1,581 parents, along with 2,303 children and youth, were enrolled in a total of 126 **cultural or arts-related events**.
 - 1,839 parents were enrolled in 200 **educational groups** on a wide variety of family and individual support topics. A total of 578 sessions were offered.

Over time, as longitudinal and other data become available, evaluation efforts will focus increasingly on questions related to families' satisfaction with FRC services and the capacity of FRCs to support positive development and outcomes for the children, youth and families they serve.

I. Background

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/arts-related events and other opportunities. FRCs also provide services specific to Children Requiring Assistance (CRA)¹ who are having serious problems at home and at school such as running away or truancy, or who are sexually exploited, as required by Chapter 240 of the Acts of 2012 (Chapter 240).

Theoretical Framework

The FRC model is based primarily on the Five Promises framework. This framework was originally developed by the America's Promise Alliance (www.americaspromise.org), a collaborative effort between nonprofits, businesses, communities, educators and ordinary citizens. It was modified by the Massachusetts Executive Office of Health and Human Services (EOHHS) and outlines five key supports and goals intended to promote positive youth development outcomes: 1) health and mental health; 2) safety and housing; 3) school and work; 4) civic and community engagement; and 5) caring adults. The FRC model also incorporates elements of the Strengthening Families - Protective Factors Framework (Center for the Study of Social Policy, 2016), the Systems of Care (Stroul, 2002), and the Positive Youth Development (The Colorado Trust, 2004) frameworks. Taken together, these frameworks align with the overarching Systems of Care model that guides the Commonwealth's approach to the provision of child welfare and children's mental health services.

"I want to give my thanks to the Family Resource Center for helping me and my daughter out with the services we needed. Thank you for helping me study for my permit, holiday help, counseling for my daughter and all the different workshops. Thank you for taking the time to help me and my children get the resources we need. You have been a big help! Thank You!" – Mother

Family Resource Center Network

The FRCs are a joint effort of the EOHHS and the Massachusetts Department of Children and Families (DCF). Following a competitive procurement process, contracts were signed in early 2015 with a total of 18 FRCs², including at least one FRC in each of Massachusetts's 14 counties. There are two distinct FRC program models: Full-service Family Resource Centers (n=12) which provide all EOHHS-mandated services, including, but not limited to, information and referral, evidence-based parenting groups, grandparent support groups, assessment, service planning, and mentoring; and Micro Family Resource Centers (n=6) which also provide all EOHHS-mandated services at a reduced staffing and service delivery level. Full-service FRCs are located in Amherst, Barnstable, Boston, Brockton, Greenfield, Lawrence, Lowell, New Bedford, Pittsfield, Quincy, Springfield, and Worcester. Micro FRCs have been established in Fall River, Fitchburg, Lynn, Martha's Vineyard, Nantucket, and North Adams.

An Administrative Services Organization (ASO) contract was awarded through a competitive procurement to the University of Massachusetts Medical School (UMMS). As the ASO, UMMS provides program management and oversight, data management and reporting, training/professional development, communication support, and program evaluation to the FRC Network.

Prior to beginning service delivery, each FRC completed readiness reviews for the DCF and the ASO; until readiness reviews were completed, FRCs could offer only a limited set of services to families. Upon approval of the reviews, FRCs were able to begin providing comprehensive services to families and their children at the levels built into their approved rates. Table A1 in Appendix A shows the dates that each FRCs' readiness review was approved.

¹ 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.

² A number of FRCs existed prior to 2015 with a different configuration of services, while others did not become operational until the second half of the year.

II. Evaluation Design

EOHHS and DCF have worked with UMMS to develop and implement an independent evaluation of the FRC Network. The ultimate purpose of the evaluation is 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. The FRC evaluation design is grounded in the theoretical frameworks underpinning the FRCs. For example, the domains guiding the identification of significant indicators and outcomes are based on the Five Promises Framework. Similarly, the Strengthening Families and Systems of Care frameworks guide the inclusion of measures of social connection, concrete supports, and culturally/linguistically competent services. Overall, the evaluation is designed to be an ongoing appraisal of the effectiveness of the FRCs to promote positive youth and family development at individual, setting, and systems levels.

Evaluation Goals

The overall purpose of the evaluation is to provide continuous feedback and to assess the impact of FRC participation of 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, and fidelity to, various evidence-based parenting programs (e.g., Parenting Journey, Nurturing Parenting Programs, etc.);
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 baseline, descriptive information regarding characteristics of adults and children seeking FRC services, and the services provided by FRCs in 2015, the FRC's first year of operation. Over time, as longer term outcome data become available, evaluation efforts will focus increasingly on questions related to FRC program efficacy, and the capacity of FRCs to support positive youth and family development and outcomes.

Data Sources

The data presented in this evaluation report are derived from two sources: 1) FRC Monthly Reports; and 2) the FRC Database, an electronic Client Relationship Management (CRM) system.

- The FRC Monthly Reports are compiled by the FRCs and submitted as excel files to DCF and the ASO Program Director at UMMS on a monthly basis. These aggregated paper reports are intended to provide an unduplicated count of families (parents, other caregivers and children) served; the sources of referrals to the FRC; support services provided by the FRC, Parenting, Mutual Self-Help and Parent-Child Groups, as well as educational and cultural activities offered by the FRC; and referral made by the FRC to external service providers. The reports also provide documentation of trainings completed by FRC staff. (Over time, these paper reports will be phased out as the electronic FRC Database is fully implemented.)
- Using a commercially available customer relationship management system, the FRC CRM System was customized by UMMS Information Technology (IT) staff to provide the FRCs with a client-level case management and data collection system (the FRC Database) and to support program operations at both the individual FRC and statewide levels. The FRC Database includes standardized data collection forms that were designed specifically to support both FRC operational and evaluation efforts. The forms collect family member (adult and child) basic demographic information and reasons for 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 established and validated measures

designed to assess family and child/youth functioning. Finally, the FRC Database includes a tool designed to assess family needs, as well as forms to document families' service plans and service provision. The data collection forms include:

- Family Member Intake Forms
 - Adult and Child Screening Forms
 - The Family Survey, based on the Protective Factors Survey (Friends National Resource Center for Community Based Child Abuse Prevention, 2011)
 - The McMaster Family Assessment Problem Solving Scale (Epstein, Baldwin & Bishop, 1983)
 - The Youth Development Questionnaire, based on the Youth Participation Survey (The Colorado Trust, 2004)
 - The Family Strengths and Needs Assessment, a strengths-based assessment of both family and child needs (Lyons, 2015)
 - Family Support Plan
 - Service Provision
- 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; the UMMS ASO Program Director is able to access the full database for operational monitoring. UMMS Evaluation staff have access only to de-identified data for evaluation purposes.

Data Collection and Analysis Methods

FRC Monthly Reports were submitted by the 12 full-service and six micro-service FRCs between January and December of 2015³. Reports were compiled and summarized by UMMS evaluators to provide unduplicated counts of the number of families served, the referral sources, and the services and programming provided by the FRCs on a statewide and individual FRC basis. Tables displaying these statewide and individual FRC counts are provided in Appendix B (See Appendix Tables B1 – B6).

Development of the FRC Database and the accompanying data collection forms were completed in May and June of 2015. Data collection forms were piloted with five FRCs in May 2015, and modifications were made to the forms based on this pilot. Staff at all 18 FRC sites received initial training in the use of the data collection forms in the early summer of 2015 by the ASO Program Director and began to use the data collection forms as of July 1, 2015 to gather information on families served by the FRC. The formal rollout of the FRC Database occurred in December 2015, at which time FRCs began to enter data into the electronic Database. The ASO Program Director provided the FRCs additional training and support in use of the Database during this period, with a focus on entering intake and screening information that had been collected.

The ASO Program Director, UMMS IT staff and evaluators worked together to specify and define the set of data elements to be included in the initial baseline descriptive evaluation. De-identified data were provided to the evaluators in January and February 2016. Summary descriptive statistics were generated for the data included in the *Family Member Intake Forms and the Adult and Child Screening Forms*. Data from these forms provide **an initial profile of the individuals — adults and children — seeking assistance from the FRCs**. Family Member Intake Forms were completed for 5,203 individuals; Adults Screening Forms were completed for 580 adults and Child Screening Forms were completed for 363 children⁴.

Over time, more comprehensive data related to the functioning of families, children and youth served by the FRCs, as well as their strengths and service needs, will become available in the FRC Database. This information will be incorporated into future evaluation reports.

³ Individual data elements were sometimes missing within both the Member Intake Forms and the Adult/Child Screening Forms, with some forms only partially completed.

⁴ As noted above, because some FRCs did not become fully operational until the second half of 2015, data available from these FRCs for the earlier part of the year are limited.

III. Number of Families and Individuals Served by FRCs in 2015

The FRC Monthly Reports indicate that a total of 4,589 unduplicated families received services from the FRC in 2015, with the largest numbers served by the Springfield (n=825) and Worcester (n=687) FRCs. Table B1 in Appendix B shows the number of families served across all FRCs. (For a count of the number of individuals served by FRCs by cities and towns across the Commonwealth, see Table B7 in Appendix B.)

As noted above, the FRC Database included Family Member Intake Forms for 5,203 unique individuals, including both adults and children. Adults included individuals ages 18 and older and children included those ages 0 to 17, as determined by age or date of birth recorded on the Intake Form. Information from the Family Member Intake Forms and the Adult and Child Screening Forms provide a baseline profile of adults and children served by the FRCs in 2015, presented below.

A couple came to the FRC seeking parenting education and support. The mother shared that she is the friend of a couple that have been receiving services and support at the program for a long time. She said that the reason she convinced her husband to come here to get help is because they are struggling with their son, and she has seen the “big change” with her friend, her husband and their children. She shared that she is impressed with how the entire family has positively changed.

IV. Characteristics of Adults Served by FRCs

Demographic and Household Characteristics of Adults

Information from the **Family Member Intake Forms** provided basic demographic characteristics of adults (n=2,420), shown in Table 1. Most (81%) adults served by the FRCs were birth or adoptive parents; 70% were between the ages of 18 and 40; more than three-quarters were women; and over half were single. About two-thirds of adults (65%) identified their race as White, and 25% identified themselves as Black or African-American. Over one-third were Hispanic or Latino. English was the primary language for 70% of adults; 22% identified Spanish as their primary language.

Table 1. Demographic Characteristics of Adults Served by FRCs (n=2,420)

Characteristics		%
Parental/Caregiver Status*	Birth/Adoptive Parent	81
	Step-Parent	2
	Grandparent	6
	Kinship Caregiver	1
	Co-Parent	2
	Foster Parent	1
	Teen Parent	.1
Age	18-30	36
	31-40	34
	41-50	18
	51-60	9
	61 and over	4
	31-40	34
Gender	Male	24
	Female	76
	Other	.3
Marital Status*	Single	55
	Married	25
	Partnered	8
	Divorced/Separated	11
	Widowed	2
Race*	White	65
	Black/African American	25
	Asian	5
	American Indian/Alaska Native	2
	Native Hawaiian/Pacific Islander	2
	Other	7

*Values missing for 15% or more of sample

Table 1. (Cont.) Demographic Characteristics of Adults Served by FRCs (n=2,420)

Characteristics		%
Ethnicity*	Hispanic/Latino	37
	Female	76
	Other	.3
Primary Language	English	70
	Spanish	22
	Other	8

*Values missing for 15% or more of sample

Household characteristics of adults served by FRCs are shown in Table 2. Almost two-thirds of adults (64%) lived in single parent households. The majority of households (59%) included two or more children; 29% had one child. Two-thirds of adults lived with households with three or more members.

Table 2. Household Characteristics of Adults Served by FRCs (n=2,420)

Characteristics		%
Household Type	Single Parent	64
	Two-Parent	32
	Multi-Parent	1
	Multi-Generational	3
Number of Children/Youth in Household*	0 Children	12
	1 Child	29
	2-3 Children	46
	4-5 Children	12
	6 or more	1
Number of Household Members*	1-2	34
	3-5	56
	6 or more	10

*Values missing for 15% or more of sample

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

Adult Screening Forms were completed for 530 adults (about 22% of all adults) served by the FRCs in 2015. Screening Forms provided information on adults' education, employment and income, housing, health and safety characteristics. Education, employment and income characteristics are shown in Table 3. The majority (60%) had completed high school or GED; 13% reported less than a high school education. Fewer than 40% were employed full or part-time; 15% were homemakers and 36% were unemployed. Wages/salaries were the most common form of income (42%); 32% reported income from public cash benefits including SSI, SSDI, TAFDC and EAEDC, and 10% reported no source of income.

Table 3. Education, Employment and Income: Adults Served by FRCs (n=580)

Characteristics		%
Highest Level of Education	Less than high school	13
	High school/GED	60
	Associate/Bachelor degree	14
	Graduate degree	2
	Other	10
Employment Status	Employed full-time	22
	Employed part-time	17
	Homemaker	15
	Unemployed	36
	Out of Labor Force	4
	Other	5
Sources of Income	Wages/Salary	42
	SSI/SSDI	22
	TAFDC/EAEDC	14
	No income	10
	Social Security Retirement/Pension	3
	Child Support/Alimony	2
	Disability Insurance	2
	Unemployment Insurance	1
Other	4	

As shown in Table 4, the large majority (82%) of adults lived in their own home or apartment, while 18% were homeless. Almost one-quarter reported needing assistance with basic needs such as food and clothing.

Table 4. Housing and Basic Needs: Adults Served by FRCs (n=580)

Characteristics		%
Housing Status	Lives in own home/apartment	82
	Homeless but sheltered	14
	Homeless	4
Basic Needs	Needs assistance with food	23
	Needs assistance with clothing	24

The Adult Screening Form also provided information on the disability and health status of those served by the FRCs, shown in Table 5. More than a quarter of the adults (28%) reported having a disability; the most common type of disability reported was mental or emotional at 14%. The majority (65%) reported their overall health as good or excellent; 25% reported that they had a health condition requiring regular care. About 60% reported seeing a doctor or nurse practitioner in the past year; only about half had seen a dentist.

Table 5. Disability, Health and Health Care Needs/Use: Adults Served by FRCs (n=580)

Characteristics	%
Has a Disability	28
Type of disability: Mental/Emotional	14
Medical/Physical	11
Visual	3
Developmental	2
Hearing	2
Overall Physical/Mental Health*	
Excellent	15
Good	50
Fair	29
Poor	6
Health Care Need and Use	
Has condition requiring regular care	25
Has seen doctor/NP in last 12 months	61
Has seen dentist in last 12 months	49

*Values missing for 20% or more of sample

Additionally, Adult Screening Forms provided information on adults' sense of safety at home, at school or work, and in their neighborhoods (See Table 6). 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. Over one-quarter reported that they had witnessed violence; only 2% requested a domestic violence referral.

Table 6. Safety at Home, Work and Neighborhood: Adults Served by FRCs (n=580)

Characteristics	%
Feels safe at home*	
Strongly Agree/Agree	75
Neutral	16
Disagree/Strongly Disagree	10
Feels safe at school/work*	
Strongly Agree/Agree	71
Neutral	16
Disagree/Strongly Disagree	10
Feels safe in neighborhood*	
Strongly Agree/Agree	68
Neutral	16
Disagree/Strongly Disagree	16
Has witnessed violence	27
Involved with the court	13
Would like domestic violence referral	2

*Values missing for 20% or more of sample

Community and Agency Involvement among Adults

Finally, the Adult Screening Forms provided information about adults' involvement in their communities and also their involvement with state agencies. Overall, adults reported very little involvement with community organizations, with 5% reporting involvement with faith-based organizations and 3% reporting involvement with fine/performing arts, community service/volunteer activities, or sports activities.

A substantial number of adults reported involvement with various state agencies or programs. Over 60% were MassHealth members; 33% received benefits from the Department of Transitional Assistance and 15% were involved with the Department of Children and Families. Only a small percentage of adults reported involvement with other Massachusetts state agencies.

V. Characteristics of Children and Youth Served by FRCs

Demographic Characteristics of Children and Youth

Information from the **Member Intake Forms** provided basic demographic characteristics of children and youth ages 0 to 17 (n=1,942), shown Table 7. FRCs served substantial numbers of children across all age groups; the largest was 11-14 year-olds at 35%. FRCs served slightly more male children than female children (54% vs. 45%). A small percentage of youth (3%) were teen parents. Over two-thirds (68%) of children and youth were White; 21% were Black/African-American; 32% were Hispanic or Latino. English was the primary language for 82% of children and youth; 12% reported Spanish as their primary language.

Table 7. Demographic Characteristics of Children and Youth Served by FRCs (n=1,942)

Characteristics		%
Age	0-5	23
	6-10	27
	11-14	35
	15-17	15
Gender	Male	54
	Female	45
	Other	.4
Marital Status	Married	1
	Partnered	.4
	Divorced/Separated	1
Parental Status	Birth/Adoptive Parent	3
Race*	White	68
	Black/African American	21
	Asian	7
	American Indian/Alaska Native	1
	Native Hawaiian/Pacific Islander	.4
	Other	8
	Ethnicity*	Hispanic/Latino
Primary Language*	English	82
	Spanish	12
	Other	6

*Values missing for 39% or more of sample

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

Child Screening Forms were completed for 363 children and youth (about 19% of all children/youth) served by the FRCs in 2015. Screening Forms provided information on children's education, employment, housing, health and safety characteristics. Education, employment and housing characteristics are shown in Table 8. Almost all children and youth (92%) were currently enrolled in school; 38% were on an Individualized Education Plan (IEP) or 504 plan. Over 20% had missed more than eight days of school in the past 10 weeks. Only a small number were employed. The majority of children and youth (86%) were in families living in their own home or apartment; 14% 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.

Table 8. Education Employment, Housing: Children and Youth Served by FRCs (n=363)

Characteristics		%
Educational Status	Currently enrolled in school	92
	Dropped out	2
	Suspended/Excluded/Alternative Program	1
	Other	5
	On an IEP	30
	On a 504 Plan	8
	Missed > 8 school days in past 10 weeks	21
Employment Status	Has a job	3
Family Housing Status/Basic Needs	Living in own home/apartment	86
	Homeless but sheltered	12
	Homeless	2
	Family needs assistance with food	20
	Family needs assistance with clothing	25

Child Screening Forms also provided information on the disability and health status of children and youth, shown in Table 9. Almost 40% of children and youth had a disability; of these, 35% had a mental or emotional disability. Overall health was good or excellent for the majority (74%) of children/youth; however, almost 30% had a condition requiring regular medical care. Most children and youth (80%) had seen a doctor or nurse practitioner in the past year and nearly three-quarters had seen a dentist. Concerns about alcohol or drug use were reported for 15% of children and youth. Additionally, 17% had used mobile/crisis teams and 12% had experienced a psychiatric hospitalization.

Table 9. Disability, Health and Health Care Use: Children and Youth Served by FRCs (n=363)

Characteristics		%
Has a Disability		39
Type of Disability:	Mental/Emotional	35
	Developmental	8
	Autism	6
	Medical/Physical	5
	Hearing	2
	Visual	1
Overall Physical/Mental Health	Excellent	18
	Good	56
	Fair	21
	Poor	6
	Good	56
Health Care Use and Needs	Has condition requiring regular care	29
	Has seen doctor/NP in last 12 months	80
	Has seen dentist in last 12 months	71
	Concerns about alcohol/drug use	15
	Ever used mobile crisis team	17
	Ever had psychiatric hospitalization	12

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, although sense of safety at school and in neighborhood was lower than for home. More than a third of children/youth (36%) had witnessed violence and 25% were involved with the court system. Only a tiny percentage (.3%) reported gang involvement (Table 10).

Table 10. Safety at home, school and neighborhood: Children and Youth Served by FRCs (n=363)

Characteristics		%
Feels safe at home*	Strongly Agree/Agree	82
	Neutral	7
	Disagree/Strongly Disagree	10
Feels safe at school/work*	Strongly Agree/Agree	70
	Neutral	19
	Disagree/Strongly Disagree	11
Feels safe in neighborhood*	Strongly Agree/Agree	72
	Neutral	17
	Disagree/Strongly Disagree	18
	Has witnessed violence	36
	Has been in situation where exploited	7
	Involved with the court	25
	Involved with gang	.3

*Values missing for 25% or more of sample

Table 11 shows responses to questions about having been detained or arrested or under some form of state supervision. Twelve percent of children and youth had been detained by the police or arrested. Of these, just under half (45%) had been charged with an offense or crime and approximately one in seven (14%) were on probation. Over one-third (36%) of those detained or arrested had been designated as a CRA.

Table 11. History of Detention and Arrest: Children and Youth Served by FRCs (n=363)

Characteristics		%
Has been detained/arrested		12
Reported status of arrested/detained youth:	Charged with offense/crime	45
	CRA	36
	On probation	14
	Care and Protection	5

*Values missing for 25% or more of sample

Community and Agency Involvement among Children and Youth

Finally, the Child Screening Forms provided information about children and youth's involvement in their communities and also their involvement with state agencies. Few children/youth reported involvement in community activities; the most common types of activities were sports (15%), fine/performing arts (8%), and community service/volunteer activities (3%).

Many children and youth were involved with various state agencies. The majority of children and youth (70%) were MassHealth members; 30% were in families receiving benefits from the Department of Transitional Assistance; 15% were involved with the Department of Children and Families; and 2% were involved with the Department of Mental Health. About 9% of children and youth were reported to be involved with the Courts; otherwise, few children and youth were involved with other state, city or town agencies.

VI. Reasons for Visit and Referral to FRCs

Reasons for Visit

Families reached out to FRCs for a wide variety of questions and concerns. Table 12 shows the reasons for visits reported by adults on the **Member Intake Form**. A number of adults visited FRCs because of specific concerns about a child; 22% reported concerns about a child's difficulty with following rules, and a smaller percentage reported concerns about a child missing school or running away. Sixteen percent of adults reported being sent to the FRC by an agency and 10% 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. Twenty-two percent of adults sought parenting information or parenting education and 18% sought information related to school concerns. One-quarter of adults sought assistance related to health and/or mental health concerns; 26% sought assistance related to housing and/or rent, and 22% sought assistance related to family hardship and/or financial concerns.

Table 12. Reasons for Visits Reported by Adults Seeking FRC Services (n=1,856*)

Reasons for Visits		%
Specific Child Concerns	Child has difficulty following rules	22
	Child has missed days at school	8
	Child has history of running away	4
Sent by Agency/Court/School	Agency	16
	Court	10
	School	8
Seeking Information/Services/Assistance**	Parenting/Parenting Education	22
	School Issues/Information	18
	Child Care Information	8
	Afterschool Information	6
	Health/Mental Health Concerns	25
	Substance Use Concerns	4
	Housing/Rent	26
	Family Hardship/Financial Concerns	22
	Employment/Job Concerns	11
	Continuing Education for Caregiver	9
	Transportation	7
	Immigration/Legal Concerns	4
	Other	25

*Includes adults ages 18 and over who identified at least one reason for FRC visit. Among all adults (n=2,420), reason for visit was missing for 23% of sample.

** Adults could identify multiple needs; so these percentages exceed 100%.

Sources of Referral

As previously noted, the **FRC Monthly Reports** indicate that 4,589 unduplicated families were served by the FRCs in 2015. The Monthly Reports also provide information on the sources of referrals to the FRCs (see Appendix B, Table B1). The varied sources of referral to the FRCs are shown in Figure 1 below. The largest source of referrals was self-referral at 17%, followed by the schools (16%), DCF (15%), friends and family (13%), human services providers (10%), and the courts (9%).

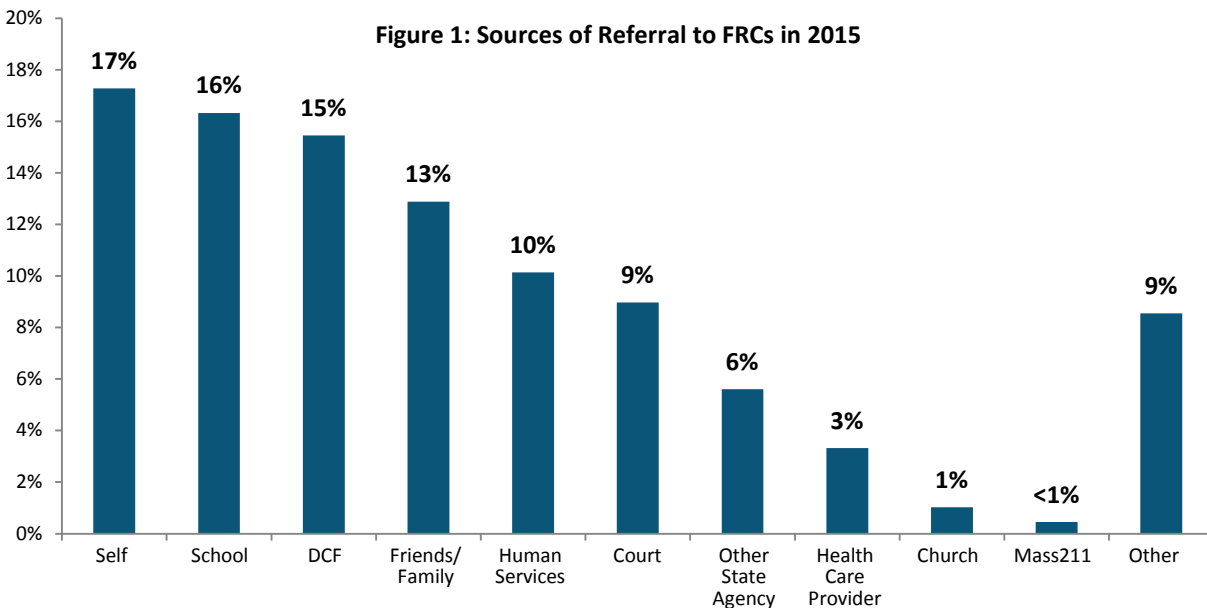
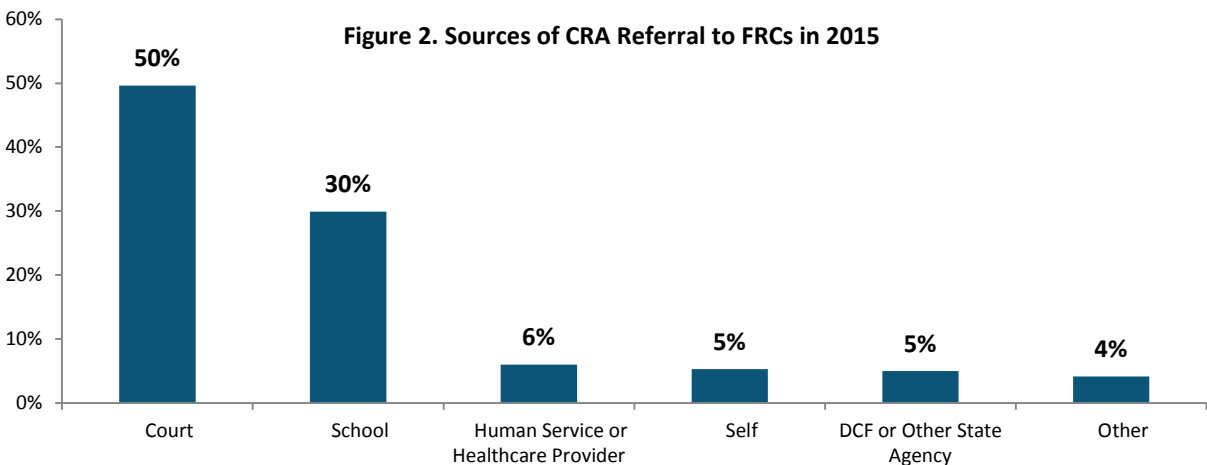


Table B1 in Appendix B shows the greatest number of referrals to FRCs from DCF were in New Bedford (n=142), Worcester (n=139), Fitchburg (n=116) and Springfield (n=115). The greatest number of referrals from schools were in Fall River (n=147), Brockton (n=111) and New Bedford (n=101). Springfield had the largest number of court referrals (n=106), while FRCs in other communities had 50 or fewer referrals from the court system.

Child Requiring Assistance (CRA) Referrals to FRCs

A total of 699 CRA referrals were made to the FRCs in 2015. Half of the referrals were from the courts and 30% came from schools, with the rest from a variety of sources (see Figure 2).

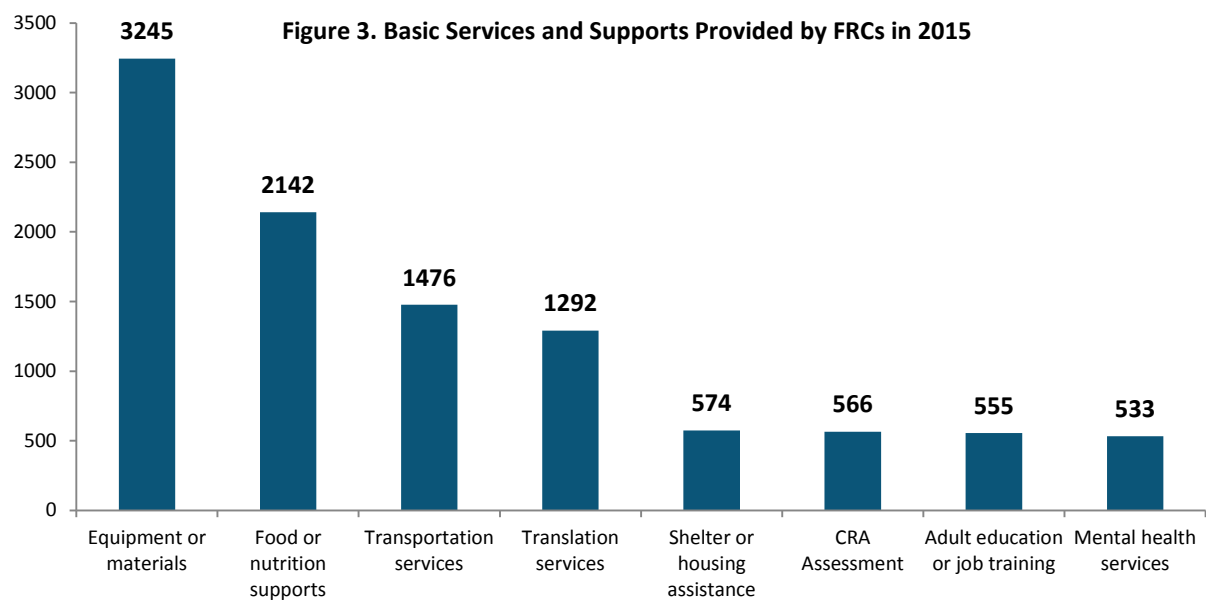


VII. Providing and Connecting Families to Services

FRCs offer families a comprehensive set of services and supports, providing services and supports at the FRC site and also connecting families to other service providers in their communities as needed.

Basic Services and Supports

Data from the **FRC Monthly Reports** shows that FRCs provided a wide range of over 15,000 discrete services and supports to families in 2015 (see Appendix B, Table B2). The most common services provided included equipment and materials such as clothing, school supplies, diapers and car seats; food or nutrition supports; and transportation services. Translation services were also in high demand, followed by housing, CRA assessment, adult education and job training, and mental health services (Figure 3). Other commonly provided services are shown in Appendix B, Table B2.

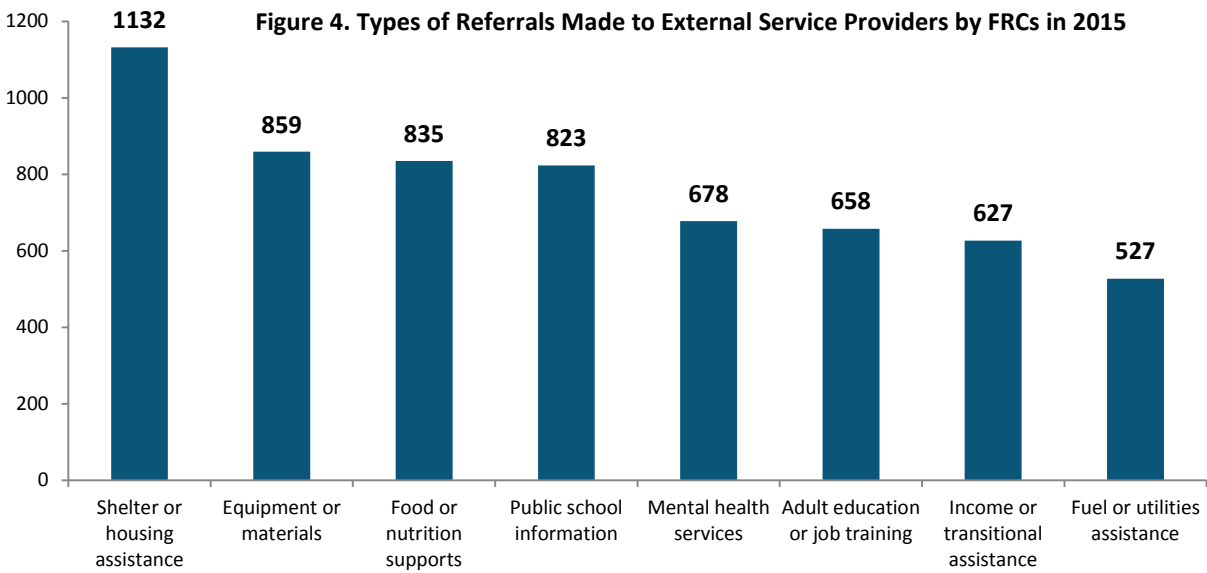


The FRCs providing the largest number of services and supports included Springfield (2,844 services), New Bedford (2,351 services), Brockton (2,028 services) and Amherst (1,782 services).

Referrals to External Service Providers

In addition to the direct services they provide, the FRCs also assist families in accessing services offered by external service providers in the community. The Monthly Reports show that FRCs made 8,799 referrals to external service providers in 2015 (See Appendix B, Table B3). The most common types of referrals to external providers were for shelter or housing assistance, followed by equipment or materials, food or nutrition supports, public school information, mental health services, adult education or job training, income or transitional assistance, and fuel or utilities assistance (Figure 4).

A young man in his early twenties came to the FRC with a multitude of struggles. He was living in a wet shelter, which made it hard for him to maintain his sobriety. With the help of FRC staff, he was referred to a recovery home. He later called the FRC worker with great enthusiasm to report that that he was accepted to the recovery home and was very happy to be there. He thanked the FRC for helping him, and said that he would like to stay in touch.



FRCs making the largest number of referrals to external providers included the Springfield (1,666 referrals), New Bedford (1,290 referrals), Brockton (966 referrals), Fitchburg (935 referrals), and Lawrence (938 referrals) FRCs.

VIII. FRC Groups and Other Programming

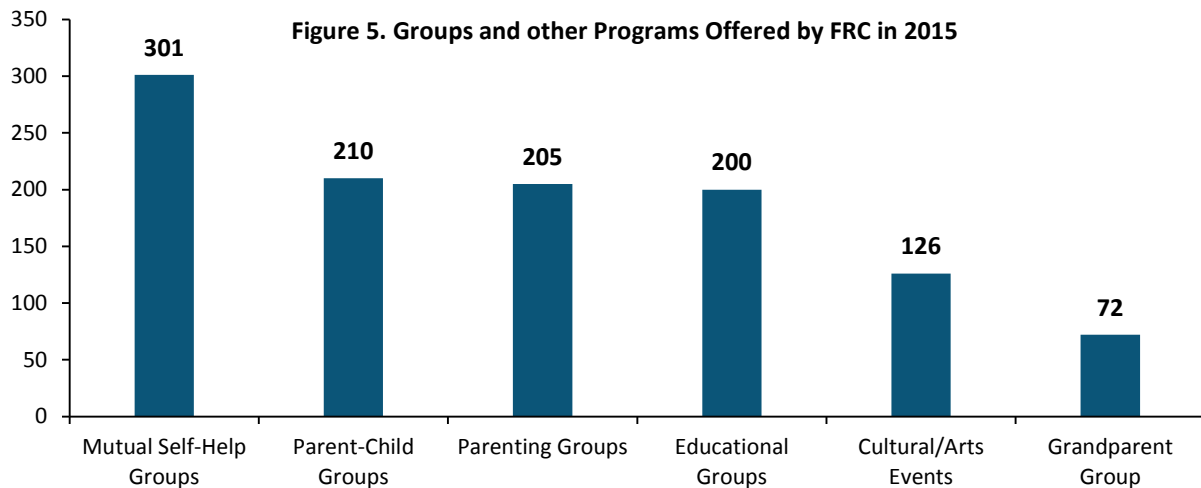
In addition to the individual services and supports they provide to families, FRCs offer a mutual self-help groups for parents and youth, evidence-based parenting groups, as well as educational groups and cultural/arts events for parents and children. The numbers of the various types of groups offered by FRCs in 2015 are shown in Figure 5, and additional information about FRC programming is provided in Appendix B, Table B4.

“This group is the one place I feel comfortable enough to be myself.”
– Participant in LGBTQ teen group

Mutual Self-Help and Parent-Child Groups

During 2015, FRCs provided a total of 301 mutual self-help groups. Over 1,100 individual self-help group sessions were held over the year, and a total of 2,668 parents and/or youth were enrolled in these groups (see Appendix B, Table B4).

FRCs offered childcare and transportation for a majority of the self-help groups and food was offered at nearly all of the groups. Additionally, FRCs offered 72 support groups for grandparents raising grandchildren, holding 190 sessions of these grandparents groups between during 2015.



FRCs also offered 210 parent-child groups in 2015. Over 1,400 parent-child group sessions were offered, with a total of 2,293 parents enrolled. Food was offered at most sessions and transportation assistance was offered for nearly half of the groups offered.

Evidence-Based Parenting Groups

In addition to mutual self-help groups, six different types of parenting groups that follow an *evidence-based practice* are offered by FRCs around the state. The evidence-based groups 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). (Additional information about the parenting groups is provided in the next section.)

A total of 205 evidence-based parenting groups were provided in 2015 (see Appendix B, Table B4); 738 evidence-based parenting group sessions were offered during the year, with 2,366 enrolled. Childcare and transportation assistance were offered to support more than three-quarters of these parenting groups and nearly all of the groups offered food.

Educational Groups and Cultural/Arts Events

During 2015, the FRCs offered 200 educational groups on a wide variety of family and individual support topics. A total of 578 sessions were offered and 1,839 parents were enrolled (see Appendix B, Table B5). About half of these groups offered childcare and transportation and nearly two-thirds offered food. In addition, FRCs provided 126 cultural or arts-related events (see Appendix B, Table B5). A total of 1,581 parents were enrolled in cultural or arts events along with 2,303 children and youth. Of the FRCs that offered events, transportation and food were consistently offered.

IX. FRC Staff Trainings

As the ASO, UMMS has implemented an extensive training program to equip the FRC staff with the knowledge and skills they need to serve families seeking FRC services. UMMS has conducted a series of formal off-site trainings on a variety of parenting and related topics. Evidence-based parenting groups are one of the core services offered by the FRCs, and preparing FRC staff to facilitate these parenting groups was a high priority for the UMMS training program. UMMS conducted needs assessments to inform the content and delivery of the trainings for these evidence-based training programs.

Between April and November 2015, UMMS offered a total of 17 trainings regionally across the state on evidence-based parenting programs, and trained 92 FRC staff as facilitators of one or more of the programs. Trainings included:

- 5 Parenting Journey trainings
- 5 Nurturing Families trainings
- 4 Active Parenting of Teens trainings
- 1 Nurturing Fathers training
- 1 Guiding Good Choices training
- 1 Nurturing Families in Treatment and Recovery

Overall satisfaction among the participants with the formal trainings provided by UMMS has been high. Using a 5-point Likert scale to assess satisfaction (1=Poor, 2=Fair, 3=Satisfactory, 4=Good, 5=Excellent), an average of 77% of participants rated trainings as good or excellent (across all trainings).

In total, FRC staff participated in 408 training sessions from April through December 2015 (see Appendix B, Table B6). These included formal trainings on the evidence-based parenting groups offered by UMMS and additional trainings available from a variety of other community and professional organizations.

In addition to the formal training program, the FRC Program Director has implemented in-person, on-site Program Management and Practice Development (PMPD) meetings with FRCs, designed to promote collaboration and cross-learning. These meetings occur monthly with 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 2015 included sharing best practices among school liaisons; effective methods for collaborating with court systems; data collection and reporting, review and feedback; presentation and discussion on use of the FRC Database; and discussions on the CRA process across FRCs.

UMMS also facilitated three *learning collaboratives* with FRCs in 2015. Learning collaboratives provide opportunities for EOHHS, DCF, FRCs, and UMMS program staff to gain an improved understanding of the challenges that FRCs face in their roles, an opportunity for sharing best practices, and increased awareness of the needs of the people served by the FRCs. The first two learning collaboratives focused largely on FRC operation and data collection. They also gave FRC staff an opportunity to provide input on FRC needs and areas in which they could use additional support from other FRCs, UMMS, DCF or EOHHS. The third learning collaborative provided training to FRC staff on trauma-informed care. Over two sessions, FRC staff participated in a five-hour training focused on childhood trauma and resources for working with families impacted by trauma. Between 55 and 85 FRC staff participated in the three collaboratives. Overall satisfaction with the learning collaboratives among participating staff was high.

Finally, FRCs serve a broad array of families and individuals, some of whom may be in a state of crisis at various points during their relationship with the FRC. To ensure that FRCs are able to operate safely, UMMS hosted a safety training for FRC directors on developing or revising safety policies for FRC staff.

X. Summary

Using data from two sources – the FRC Monthly Reports and the FRC Database – collected during the first year of FRC operations, this report provides a **baseline profile of the adults and children** seeking assistance from the FRCs, as well as the **services, supports and programming that FRCs offered** to families in calendar year 2015. During this startup phase, the FRCs provided a substantial and varied array of services to over **4,500 families in Massachusetts cities and towns**. Over 5,200 individuals — adults and children — were served by the FRC in 2015, with adults (ages 18 and over) comprising about 54% and children and youth (ages 0 to 17) about 46% of those served.

The overwhelming majority of adults seeking FRC services in 2015 were parents, primarily female, with almost 65% representing single parent households. Over one-third represented racial minorities, and over one-third were Hispanic or Latino. Preliminary 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. These data suggest that only about 40% of adults served by FRC are employed; 36% receive some form of public cash assistance; 10% may be without a source of income; and 18% 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 2015, a slight majority (54%) were 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. Preliminary data collected by the FRCs suggest that one-third or more 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. About one in seven youth had used a mobile crisis team at some point or experienced a psychiatric hospitalization.

A majority of adults and children served by FRCs were enrolled in MassHealth. About one-third of families were receiving benefits from the Department of Transitional Assistance, and about 15% were involved with the Department of Children and Families. FRCs received about 700 referrals for CRA in 2015, with half coming from the courts.

The comprehensive range of services and supports provided by the FRCs, either directly or through referrals to other organizations, point to the extensive and varied needs of the families who sought FRC services during this first year of operation. In terms of discrete services, FRCs provided many families with equipment and other material supports, assistance with food, transportation and other basic needs. The referrals that the FRCs made to external service providers highlight the critical needs of FRC families for assistance with housing, as well as many other services, including mental health services, adult education and job training, and income assistance. Additionally, thousands of parents, children and youth took advantage of the self-help, parent-child, and parenting groups and other programming offered by the FRCs in 2015, suggesting that the FRCs are filling a vital need in the communities they serve.

As previously noted, the data used in this evaluation come from the initial year of FRC operations. Not all FRCs were fully operational during this period; for at least the first six months of 2015, many were engaged in hiring and training staff and/or establishing new locations for FRC services. Additionally, procedures for collecting data were also under development, which likely contributes to inconsistencies in how data were collected and reported across FRCs and may obscure the number of services offered as well as the number of families services by the FRCs. Ongoing operational support to the FRC Network will help to improve data collection efforts at the FRC sites. Over time, as longitudinal and other data become available, evaluation efforts will be able to focus increasingly on questions related to families' satisfaction with FRC services, adherence of the FRCs to the program model, and the capacity of FRCs to support positive development and outcomes for the children, youth and families they serve.

References

Center for the Study of Social Policy (2016). *The protective factors framework*. Washington DC: Center for the Study of Social Policy. Accessed at www.cssp.org.

Epstein, N., Baldwin, L., & Bishop, D. (1983). The McMaster family assessment device. *Journal of Marital and Family Therapy*, 9(2), 171-180.

Friends National Resource Center for Community-Based Child Abuse Prevention (2011). *The Protective Factors Survey User's Manual*. Chapel Hill NC: Chapel Hill Outreach Training Project, Inc.

Lyons, J. (2015). *Family Strengths and Needs Assessment*. Chicago IL: Praed Foundation.

Stroul, B. (2002). *Issue Brief—System of care: A framework for system reform in children's mental health*. Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

The Colorado Trust (2004). *After-School Initiative's Toolkit for Evaluating Positive Youth Development*. Denver, CO: The Colorado Trust.

Appendix A: Completion of Readiness Reviews

Table A1: Tier 1 Family Resource Centers

Family Resource Center Name	Contract Agency	Community	County	Readiness Review Completed
The Bridge Family Resource Center	Clinical & Support Options	Amherst	Hampshire	4/1/2015
Boston-Suffolk County Family Resource Center	Home for Little Wanderers	Boston	Suffolk	4/29/15
The Family Center- Community Connections of Brockton	United Way of Greater Plymouth County	Brockton	Plymouth	3/26/15
Community Action Family Center	Community Action of Franklin, Hampshire & N. Quabbin Regions	Greenfield	Franklin	4/27/15
Cape Cod Family Resource Center	Family Continuity (FCP, Inc.)	Hyannis	Barnstable	6/12/15
Family & Community Resource Center	Family Services of Merrimack Valley	Lawrence	Essex	3/31/15
NFI Family Resource Center of Greater Lowell	NFI Massachusetts, Inc. (NF)	Lowell	Middlesex	5/6/15
Nantucket Family Resource Center*	Family Continuity (FCP, Inc.)	Nantucket	Nantucket	6/12/15
The Family Resource and Development Center	United Way of Greater New Bedford	New Bedford	Bristol	4/23/15
Island Wide Youth Collaborative: A Massachusetts Family Resource Center*	Martha's Vineyard Community Services	Oak Bluffs	Dukes	5/8/15
Family Resource Center, Berkshire Children and Families	Berkshire Children and Families	Pittsfield	Berkshire	3/27/15
Quincy Family Resource Center	Baystate Community Services	Quincy	Norfolk	3/27/15
The Springfield Family Support Programs Family Resource Center	Gandara Mental Health Center	Springfield	Hampden	3/20/15
Worcester Connections Family Resource Center of YOU, Inc.	Youth Opportunities Upheld (YOU, Inc.)	Worcester	Worcester	4/2/15

* Micro Center Sites

Table A2: Tier 2 – Family Resource Center Micro Sites

Family Resource Center Name	Contract Agency	Community	County	Readiness Review Completed
Family Service Association	Family Services Association of Greater Fall River, Inc.	Fall River	Bristol	9/2/15
MOC Fitchburg Family Resource Center	Montachusett Opportunity Council	Fitchburg	Worcester	7/30/15
Lynn Family Forward Resource Center	Centerboard, Inc.	Lynn	Essex	8/5/15
The Family Place	Northern Berkshire Community Coalition	North Adams	Berkshire	7/23/15

Appendix B: FRC DCF Monthly Reports – Cumulative Data Tables, 2015

Table B1: Families Served by and Sources of Referrals to FRCs (January – December 2015)

	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
Total number of families participating	183	262	192	347	58	249	51	208	306	155	101	58	332	148	200	227	825	687	4,589	382
Referral Sources																				
Self	0	29	17	60	0	12	38	65	26	76	45	15	103	13	1	9	202	162	873	
School	16	59	22	111	147	15	10	46	40	6	22	9	101	39	1	24	80	77	825	
DCF	24	19	8	80	1	116	1	18	42	16	8	2	142	40	1	9	115	139	781	
Friend/family	41	13	30	99	0	0	4	67	45	5	3	13	67	23	0	12	100	129	651	
Human services provider	54	57	61	9	10	2	25	12	85	0	27	6	25	17	0	4	24	94	512	
Court	26	39	20	50	19	40	18	10	9	3	1	2	44	1	2	49	106	14	453	
Other	8	52	6	4	2	0	6	27	3	0	5	18	79	126	0	2	82	12	432	
Other state agency	3	56	2	21	0	1	0	0	10	45	2	8	16	1	0	0	110	8	283	
Healthcare provider	4	9	8	2	10	2	0	2	35	0	0	3	51	0	0	2	38	2	168	
Church	0	8	6	21	0	2	1	6	0	3	0	0	1	2	0	0	0	2	52	
Mass 211	0	3	0	1	0	6	0	1	0	0	0	0	1	0	3	0	4	4	23	

Table B2: Services Provided by FRCs (January – December 2015)

	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
Total number of services provided	1,782	159	485	2,028	85	471	818	821	345	47	935	259	2,351	418	174	338	2,844	996	15,356
Equipment/materials (clothing, car seats, etc.)	888	54	125	427	4	190	358	313	129	16	24	24	94	136	4	15	381	63	3,245
Food/nutrition	286	30	22	681	6	24	68	115	4	4	34	80	116	0	7	22	620	23	2,142
Transportation	74	3	101	73	2	50	25	14	0	3	16	1	42	16	2	3	796	255	1,476
Translation services	1	4	45	114	0	82	8	63	8	0	40	49	847	0	7	3	15	6	1,292
Housing/shelter	13	13	9	144	5	27	13	11	5	0	25	2	0	5	13	36	131	122	574
CRA Assessment	28	8	35	19	1	23	6	13	38	5	0	45	205	1	10	54	47	28	566
Adult education/job training	20	0	6	114	0	0	18	28	3	5	15	0	10	4	7	2	296	27	555
Mental health services	24	2	0	17	10	0	46	16	35	6	270	4	0	0	23	25	19	36	533
Public school information	18	28	1	12	8	2	3	18	46	2	119	1	55	0	14	4	69	30	430
Income/transitional assistance	4	1	0	168	3	0	1	37	0	0	89	0	0	1	5	4	63	22	398
CRA Family Support Plan	17	2	23	23	10	29	9	11	23	5	33	4	22	7	6	60	27	24	335
Childcare (emergency or ongoing)	25	2	80	68	2	0	3	1	1	0	51	0	0	6	17	4	0	17	277
Child development information	2	2	26	61	2	0	0	13	11	0	52	2	0	0	4	0	0	5	180
Services for children with special needs	22	0	0	8	3	0	4	25	1	1	27	1	0	0	1	3	71	17	184
Fuel assistance/utilities	1	6	0	33	1	31	3	4	0	0	9	0	6	8	8	1	15	30	156
Child abuse/neglect services	6	2	0	0	0	0	4	3	0	0	2	35	95	0	2	0	1	3	153
Health care (screenings, insurance, etc.)	7	0	10	5	2	0	1	15	0	0	33	0	0	0	4	5	23	7	112
CRA-related referral to LMHC/MSW	30	0	2	6	7	12	0	0	7	0	1	0	0	0	0	1	11	5	94
Early intervention referrals	0	2	0	9	2	0	19	4	24	0	2	9	1	0	0	0	0	7	79

Table B2 (cont.): Services Provided by FRCs (January – December 2015)

	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
Total number of services provided	1,782	159	485	2,028	85	471	818	821	345	47	935	259	2,351	418	174	338	2,844	996	15,356
Substance abuse services	1	0	0	4	0	0	1	0	1	0	61	0	0	0	0	2	0	3	73
Domestic violence services	7	0	0	16	0	1	0	7	2	0	12	1	0	2	1	6	4	13	72
Services for parents with special	1	0	0	0	0	0	3	5	0	0	0	0	0	0	1	1	38	11	60
Family planning, pregnancy, and breastfeeding support	0	0	0	8	0	0	0	1	0	0	10	0	0	0	0	0	0	1	20
Other	307	0	0	18	17	0	225	104	7	0	10	1	858	232	38	86	206	241	2,350

Table B3: Referrals to External Providers for Services (January – December 2015)

	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
Total number of referrals	112	231	571	966	83	953	166	938	155	113	94	31	1,290	347	215	265	1,666	603	8,799
Housing/shelter	15	32	86	161	7	120	24	26	30	31	8	2	140	65	23	50	177	135	1,132
Equipment/materials	16	14	4	110	0	185	17	117	2	0	8	0	122	23	7	4	166	64	859
Food/nutrition	12	32	14	142	2	174	26	76	3	7	12	3	49	24	5	16	214	24	835
Public school information	6	20	51	41	1	6	2	260	1	2	0	0	187	1	29	6	184	26	823
Mental health services	24	18	119	32	16	68	20	16	30	5	10	7	97	2	29	47	83	55	678
Adult education/job training	5	10	26	46	2	50	2	74	13	10	2	0	55	4	13	12	304	30	658
Income/transitional assistance	4	26	36	146	4	73	5	34	9	21	7	1	44	28	14	8	150	17	627
Fuel assistance/utilities	1	16	21	66	4	78	21	39	7	9	1	1	178	20	5	13	27	20	527
Other	3	1	19	0	18	3	31	2	2	0	0	2	48	114	13	58	0	58	372

Table B3 (cont.): Referrals to External Providers for Services (January – December 2015)

	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
Total number of referrals	112	231	571	966	83	953	166	938	155	113	94	31	1,290	347	215	265	1,666	603	8,799
Health care (screenings, insurance, etc.)	5	3	7	24	0	26	4	93	6	3	9	1	40	7	5	7	48	12	300
CRA-related referral to	0	0	15	9	3	7	0	9	27	2	0	0	81	2	5	3	114	16	293
Child development information	3	12	26	54	0	25	2	48	0	2	4	1	1	10	4	4	68	4	268
Child care (emergency or ongoing)	2	8	49	38	9	20	0	0	6	10	11	0	23	7	26	11	11	12	243
Transportation	1	6	9	18	0	23	8	21	1	0	6	0	47	16	5	2	1	27	191
Services for children with special needs	4	5	6	14	0	0	1	22	2	7	1	0	32	6	7	2	44	19	172
Domestic violence services	6	7	6	23	2	11	0	35	7	1	5	3	15	4	1	6	24	15	171
Early intervention referrals	1	7	26	8	0	17	2	19	0	0	0	10	9	2	5	1	2	5	114
Child abuse/neglect services	0	2	11	0	0	7	0	3	1	1	0	0	42	5	1	0	6	11	90
Substance abuse services	1	1	5	1	0	0	0	0	0	0	0	0	31	1	2	3	8	28	81
Services for parents with special needs	1	1	5	1	0	0	0	0	0	0	0	0	31	1	2	3	8	28	81
Translation services	0	1	5	19	0	9	0	1	0	0	0	0	0	0	10	0	2	5	52
Family planning, pregnancy, and breastfeeding support	0	4	0	7	0	19	0	4	0	0	0	0	4	0	5	1	2	4	50
CRA Family Support Plan	0	0	3	0	3	12	0	7	0	1	0	0	0	1	1	4	2	8	42
CRA Assessment	0	0	5	2	12	7	0	0	5	0	0	0	0	0	0	1	0	0	32

Table B4: Evidence-Based Parenting Services, Mutual Self-Help Groups and Parent-Child Groups Offered (January – December 2015)

	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
Evidence-based parenting groups offered	20	9	5	12	3	13	8	30	5	3	2	3	26	7	12	4	22	21	205
Sessions offered, by group type (e.g., Nurturing Families curriculum)	71	29	28	55	6	49	28	125	8	6	10	7	77	27	39	19	86	68	738
Parents enrolled, by group type	106	48	25	128	24	119	84	534	24	12	14	13	349	80	153	49	256	348	2,366
# of groups for which childcare provided	15	4	4	9	2	6	8	27	5	3	1	3	33	1	10	1	18	15	165
# of groups for which transportation provided	18	4	4	9	0	12	8	27	5	3	2	0	21	4	10	1	21	20	169
# of groups for which food provided	20	4	5	12	3	13	8	30	5	3	2	3	26	7	10	1	22	20	194
Mutual self-help support groups offered	28	16	0	26	0	39	19	13	12	17	1	19	19	4	22	34	22	10	301
Sessions offered, by group type	227	60	0	97	0	127	46	41	28	75	6	61	74	12	42	125	74	24	1,119
Parents/teens enrolled, by group type	46	53	0	314	0	1,139	28	149	34	187	5	21	0	9	48	163	277	195	2,668
# of groups for which childcare provided	16	15	0	20	0	25	11	4	9	14	0	18	19	1	7	17	17	9	202
# of groups for which transportation	16	0	0	21	0	31	12	12	7	9	1	5	19	3	5	9	21	10	181
# of groups for which food provided	24	15	0	26	0	39	17	12	8	11	1	14	19	3	14	30	19	9	261
Grandparents groups offered	7	1	0	10	1	2	8	0	4	2	1	0	10	4	8	3	5	6	72
Sessions offered	64	6	0	40	2	2	11	0	0	6	4	0	17	4	16	11	1	6	190
Parent-child groups offered	19	24	0	38	0	8	7	14	11	6	0	8	16	0	11	28	14	6	210
Sessions offered, by group type	100	255	0	65	0	17	20	106	35	24	0	20	40	0	39	115	546	21	1,403
Parents enrolled, by group type	38	57	0	292	0	149	0	366	24	41	0	0	154	0	7	5	1,109	51	2,293
# of groups for which transportation provided	2	0	0	28	0	7	7	14	6	0	0	3	0	0	0	8	11	6	92
# of groups for which food provided	16	0	0	36	0	5	7	14	5	6	0	4	11	0	2	28	12	6	152

Table B5: Educational Groups and Cultural/Arts Events Offered by FRCs (January – December 2015)

	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
Educational groups offered, by group type	30	22	10	11	7	3	5	15	11	7	7	12	10	11	12	0	15	12	200
Sessions offered, by group type (e.g. cooking class)	105	24	24	14	24	3	17	52	20	13	10	37	50	70	61	0	42	12	578
Parents/youth enrolled, by group type	20	10	37	186	37	40	50	318	22	49	255	16	93	35	103	0	336	232	1,839
# of groups for which childcare provided	8	1	9	8	0	1	5	4	6	3	5	9	6	2	1	0	14	12	94
# of groups for which transportation provided	18	0	5	8	1	2	5	5	8	7	7	6	1	9	4	0	15	12	113
# of groups for which food provided	14	0	10	11	5	3	5	12	5	7	4	7	5	3	8	10	9	7	125
Cultural/Arts events offered	34	1	3	4	2	4	7	11	5	4	2	0	11	2	14	4	11	7	126
# of parents attending	84	20	55	87	15	54	112	127	24	68	112	0	349	43	80	44	179	128	1,581
# of children attending	249	16	123	50	12	82	138	204	50	60	25	0	695	75	66	45	274	139	2,303
# of groups for which transportation provided	10	0	1	3	0	3	6	4	0	0	0	0	1	0	10	0	10	5	53
# of groups for which food provided	28	1	2	2	2	3	7	11	3	3	2	0	11	2	12	4	10	6	109

Table B6: FRC Staff Trainings (January – December 2015)

	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
Units of training	34	24	38	15	10	12	42	27	26	9	14	6	14	12	10	34	42	39	408

Table B7: Individuals Served by FRCs by Massachusetts Cities and Towns (January – December 2015)

#	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 Barnstable
26	Belchertown	14	Dracut	1	Huntington Station	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		