

# Family Resource Center Program Evaluation Report



March 2018

Family Resource Center Program Evaluation Report: Calendar Year 2017  
**Prepared by the University of Massachusetts Medical School**

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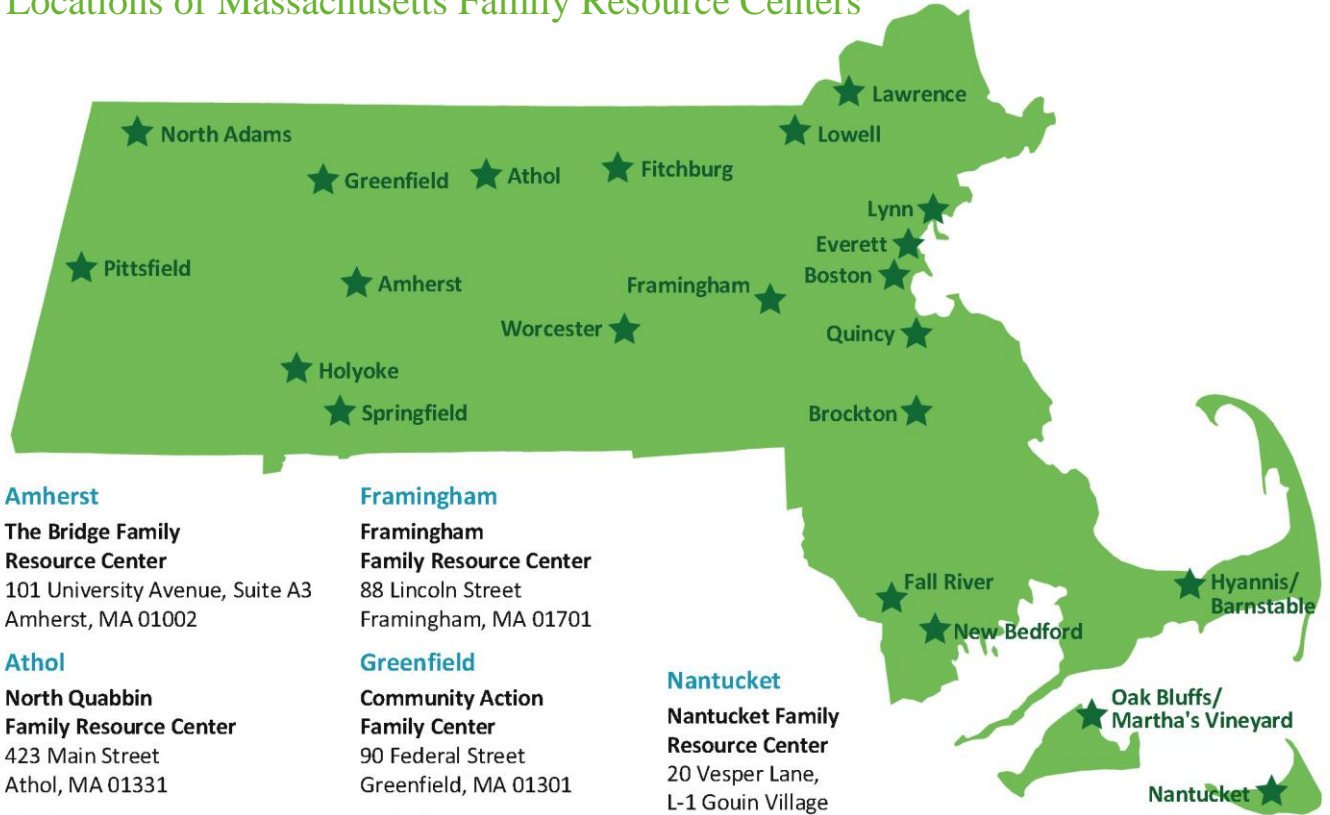
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## Locations of Massachusetts Family Resource Centers



### Amherst

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

### Athol

**North Quabbin Family Resource Center**  
423 Main Street  
Athol, MA 01331

### 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

### Everett

**Everett Family Resource Center**  
548 Broadway  
Everett, MA 02149

### Fall River

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

### Fitchburg

**MOC Fitchburg Family Resource Center**  
356B Broad Street, 4th Floor  
Fitchburg, MA 01420

### Framingham

**Framingham Family Resource Center**  
88 Lincoln Street  
Framingham, MA 01701

### Greenfield

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

### Holyoke

**Holyoke Enlace de Familias Family Resource Center**  
299 Main Street  
Holyoke, MA 01040

### 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

**Family Forward Resource Center Centerboard, Inc.**  
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

**Gandara Center Springfield Family Resource Center**  
18 Gaucher Street  
Springfield, MA 01109

### Worcester

**Worcester Connections Family Resource Center**  
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 22 FRCs across the Commonwealth, including at least one in each Massachusetts county. Under an Interdepartmental Service Agreement with DCF, the University of Massachusetts Medical School (UMMS) provides data management and reporting, communication support and program evaluation services to the FRC Network.

The 2017 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 2017, the FRCs third year of operation**. In addition, the **2017 Annual Report includes a special section describing the efforts that FRCs made to provide services and supports to families from Puerto Rico that were displaced by Hurricane Maria and evacuated to Massachusetts** in late 2017.

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 47 of the Acts of 2017, the report presents information on:

- The number of families, children and adults served by the FRCs in 2017;
- 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 2017;
- Program outcomes and client feedback;
- Efforts to share information and data between centers.

Data derived from the FRC Database shows:

- A total of **10,729 unduplicated families** received services from the FRCs in 2017, a 43% increase over the number of families served in 2016. Over **9,000 were new families**, not previously served in 2015 or 2016. The largest numbers of families were served by the Worcester, Pittsfield, Lawrence, Springfield, and New Bedford FRCs.
- Over two-thirds of families served lived in **single-parent households**, and approximately half included two or more children.
- Over **18,000 unique individuals** – both adults and children – sought FRC services in 2017, a 50% increase over the number served in 2016.
- The overwhelming majority (84%) of adults, ages 18 and over, served by FRC in 2017 were **parents**, and **74% were female**. About 30% of adults represented racial minorities and over 55% were Hispanic or Latino. The notable increase in the number of Hispanic/Latino adults served is due to the services provided to families from Puerto Rico.

- 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; 36% reported income from disability or low income benefits (SSDI/SSI, TAFDC/EAEDC); and 13% reported no source of income.
- The majority of adults (69%) and children (78%) served by FRCs are enrolled in **MassHealth** and 20% of adults reported **involvement with DCF**.
- Among children and youth (ages 0 to 17) served by the FRCs, a **slight majority (51%) were male**. The racial and ethnic composition of children and youth were similar to that of adults. As with adults, there was an increase in the number of children/youth who were Hispanic/Latino due to the influx of families from Puerto Rico.
- Almost one-quarter of children served had **missed more than eight days of school** in the past 10 weeks.
- **Seven percent of youth age 17 and under were teen parents**, a notable increase compared to the 3% seen in 2016.
- Twenty-four percent of children and youth were living in families needing **basic assistance with food** and 34% were in families needing **assistance with clothing**; 12% were **homeless**.
- **Disability is common** among adults and children served by the FRCs, with 28% of adults and 31% of children and youth experiencing some type of disabling condition. Thirty-six 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 **38% 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, human services agencies, and schools. 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 2017.

- The FRC Database shows over **26,500 separate instances of service provision** to adults and/or children between January and December 2017. **This represents a substantial increase over the 16,000 instances of services in 2016**. The most common services provided included **individual and family support, housing services, school supports and school liaison services, mental health services, and CRA-related services**.
- Other common services included equipment and materials, transportation services, childcare services, food and nutrition 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 2017**, suggesting that the FRCs are filling a vital need in the communities they serve.
  - 7,304 adults attended **evidence-based parenting classes**
  - 6,546 adults and youth attended **life skills workshops**
  - 6,062 adults and youth attended **mutual self-help groups**
  - 4,378 adults and youth attended **education groups**
  - 20,712 adults, children and youth participated in **recreational activities** and other events.

In collaboration with the Massachusetts Executive Office of Health and Human Services, DCF, and other state agencies, FRCs across the Commonwealth provided substantial assistance and support to adults, children, and families displaced by Hurricane Maria. **Between October and December of 2017, FRCs provided services to 1,585 families, including 3,806 family members from Puerto Rico displaced by the hurricane**. This number does not include families and individuals who were provided support via telephone or email. The most common services

provided to families included individual and family support; equipment and materials; housing services; and food and nutrition services.

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. There was a notable increase in the volume of services provided to families in 2017 compared to 2016.

Efforts to assess family members' satisfaction with FRC services were implemented in late 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

This document is issued pursuant to line item 4000-0051 of Chapter 47 of the Acts of 2017, which reads in full:

*4000-0051. 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: (i) be consistent with the requirements of section 16U of chapter 6A of the General Laws; (ii) demonstrate adherence to an evidence-based model of service; and (iii) 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 2017 contract with a third party administration service organization to oversee the execution of, and agency's compliance with, subsection (b) of said section 16U of said chapter 6A; provided further, that the executive office shall provide biannual progress updates to the secretary of administration and finance, the joint committee on children, families and persons with disabilities and the house and senate committees on ways and means; provided further, that not later than March 15, 2018, 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..... \$500,000*

## 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, educational support to cultural and arts-related events, and other opportunities. A main purpose of the FRCs is to support families so that their children may continue residing at home and attending their community schools, “strengthen the relationships between children and their families” and “provide coordinated, comprehensive, community-based services for children who are at risk of dropping out of school, committing delinquent acts or otherwise engaging in behaviors that may reduce their chances of leading healthy, productive lives.”<sup>1</sup> Providing services and supports to families with Children Requiring Assistance (CRAs)<sup>2</sup> is a significant component of FRC activities.

This report is required by line item 4000-0051 of Chapter 47 of the Acts of 2017:

*“... 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, 2018, 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; ...”*

*“You all made me feel that I had the opportunity to parent the right way if I learned how...this information was amazing to me.”*

*– Parent, Fitchburg FRC*

### The Family Resource Center Network

The FRCs are operated by community-based, non-profit social service agencies across the state and are overseen by the Massachusetts Department of Children and Families (DCF). **FRCs began operation in early 2015, originally with 18 FRCs, with at least one in each of Massachusetts’ 14 counties.** There are two distinct FRC program models: Full-service Family Resource Centers and Micro Family Resource Centers. Full-service FRCs provide all mandated services, including, but not limited to, information and referral, evidence-based parenting groups, grandparent support groups, assessment, service planning, and mentoring. In 2015, 12 full-service FRCs were established 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. Also in 2015, Micro-FRCs were established in Fall River, Fitchburg, Lynn, Martha’s Vineyard, Nantucket, and North Adams.

In May 2017 contracts were signed with three additional Micro-FRCs located in Athol, Framingham and Holyoke, with service beginning on or before August 1, 2017. In addition, a contract was signed with a fourth Micro-FRC, located in Everett, in July 2017. The Everett site began providing services in December 2017. **As of the end of 2017, the four new sites were fully operational, bringing the total number of FRCs across the Commonwealth to 22.** All FRCs are required to undergo a review process to assure their readiness to provide comprehensive services to families and their children prior to beginning service delivery.

<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.

## The University of Massachusetts Medical School Role with the FRCs

The University of Massachusetts Medical School (UMMS) has served as the Administrative Services Organization (ASO) for the FRCs, providing program management support, data management and reporting, communication support, and program evaluation services to the FRC Network. As of July 1, 2017, DCF began providing program management support to the FRCs. Data management and reporting, communication support, and program evaluation services continue to be provided by UMMS.

## 2017 Special Initiative: The FRC Response to Hurricane Maria

**On September 20, 2017, Hurricane Maria made landfall in Puerto Rico**, unleashing winds reaching 150 miles per hour, torrential downfalls that deposited up to 30 inches of rain in one day, and widespread flooding onto the island. The storm caused extensive power outages, impassable roads, and downed buildings – afflicting residents with limited to no access to clean water, electricity, food, housing, or health care. Even 30 days after landfall, the Federal Emergency Management Agency (FEMA) estimated that only 21% of the island had electricity. As of February 2, 2018, the whole island still did not have access to electricity, with approximately 20% still waiting for regular and sustained electricity. Facing a months-long recovery, in which food, water, electricity, education, and health care would be difficult if not impossible to access, many Puerto Ricans left for the mainland, including relocating to Massachusetts, Texas, Florida, New York and other states.

As a response to the multiple hurricanes in the fall of 2017, **Massachusetts established an Across-Secretariat Interagency Team to support hurricane evacuees that had traveled to Massachusetts**. In October 2017, FRCs were identified by this team as a potential resource to support hurricane evacuees. It is unclear how many persons impacted by Hurricane Maria have arrived in Massachusetts, or indeed the mainland United States as a whole. FEMA has reported over one million registrations for housing assistance and 9,147 approved applications for disaster unemployment assistance, as of January 25, 2018. In Massachusetts, the Department of Elementary and Secondary Education (DESE) reported that as of January 5, 2018 2,440 students from Puerto Rico who were displaced by Hurricane Maria were enrolled in Massachusetts schools. This suggests that are at least a few thousand people who have resettled in the Commonwealth after Hurricane Maria devastated their home.

Between October and December, 2017, **the FRCs served 1,585 displaced families from Puerto Rico displaced by Hurricane Maria**. In this report, we include information and data on the significant efforts undertaken by the FRCs to support these families and individuals (beginning on page 34).

### 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 make sure 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 22 FRCs during calendar year 2017, the FRCs third full year of operation. Specifically, the report includes information required by Chapter 47 of the Acts of 2017, as well as other information that provides a full picture of the activities of the FRC in serving families. The 2017 Annual Report includes information on:

- The number of families, children and adults served by the FRCs in 2017;
- Characteristics of adults served by the FRCs;
- Characteristics of children and youth served by the FRCs;
  - Characteristics of children/youth designated as CRA or at-risk for CRA compared to non-CRA children/youth
- The types of programs and services provided by the FRCs in 2017;
  - Most common services provided to families with children/youth designated as CRA
  - Most common services provided to families referred from specific agencies/organizations, including courts, schools and DCF
- Special section on the efforts the FRCs made to support families and individuals displaced by Hurricane Maria;
- Program outcomes and client feedback; and
- Efforts to share information and data between centers.

## Data Sources

The majority of the data presented in this evaluation report are derived from an electronic Client Relationship Management (CRM) system developed by UMMS to support FRC operations. 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 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 data from two FRC Client Satisfaction Surveys.

## 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 2017 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 2018, and summary statistics were generated by the UMMS evaluation staff. In addition, 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 (available in both print and online versions) 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 2017 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; the specific efforts FRCs made to serve families and individuals displaced by Hurricane Maria; qualitative reports of successes achieved by the FRCs; and family member satisfaction with services from January 1 through December 31 of 2017, the FRCs third year of operation.**

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

### Number of Families Served by FRCs in 2017

There has been notable growth in the numbers of families served by the FRCs since their inception in 2015. FRCs served just over 4,750 unduplicated families in 2015 (Henry, Long-Bellil & Gettens, March 2016) and just over 7,500 unduplicated families in 2016 (Henry, Gettens, Pratt & McGlinchy, March 2017). However, in 2017, **the FRCs served a total of 10,729 unduplicated families, including 9,002 new families** (i.e., not previously served in 2015 or 2016). Approximately 84% of families served in 2017 were new families. Figure 1 shows the **growth in the number of new families** served by the FRCs over their first three years in operation, by quarter from January 2015 through December 2017.

**The large increase in new families served between October and December 2017 is due services provided by the FRCs to the 1,585 families displaced by Hurricane Maria. These families account for almost 18% of all new families served by the FRCs in 2017.**

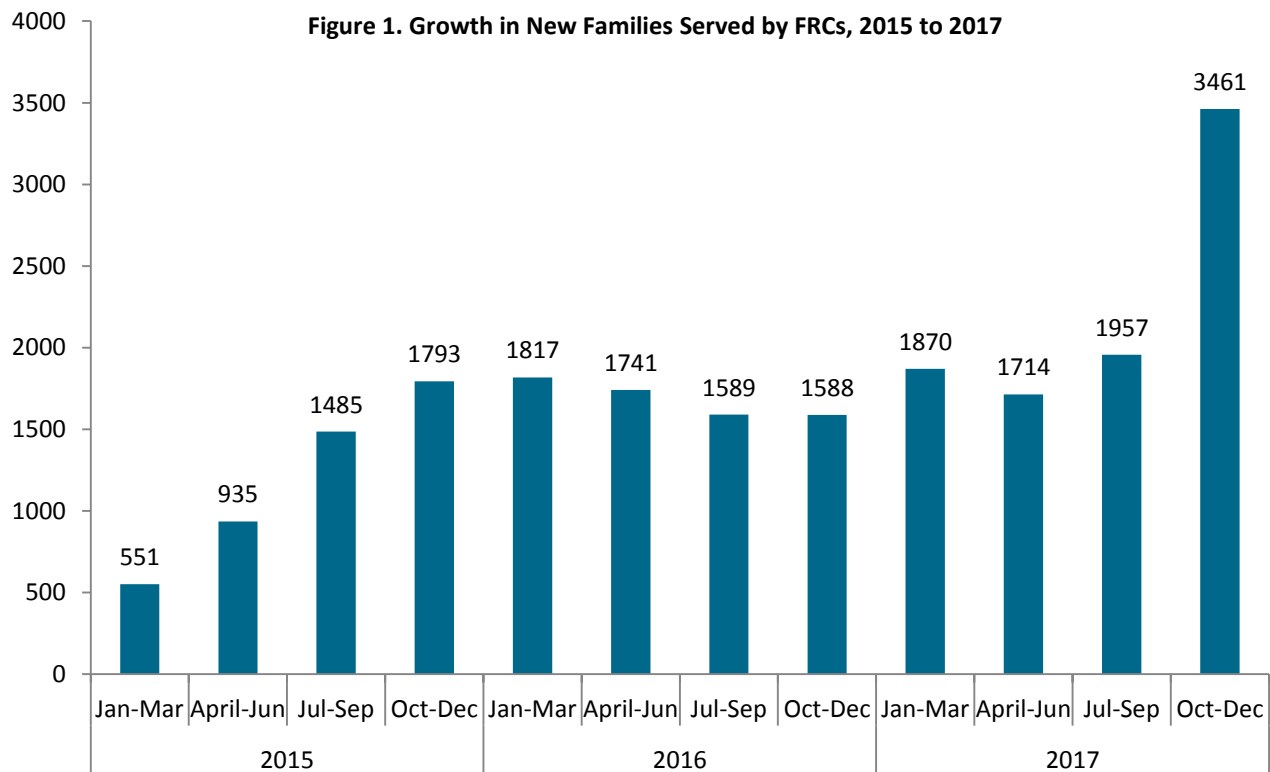
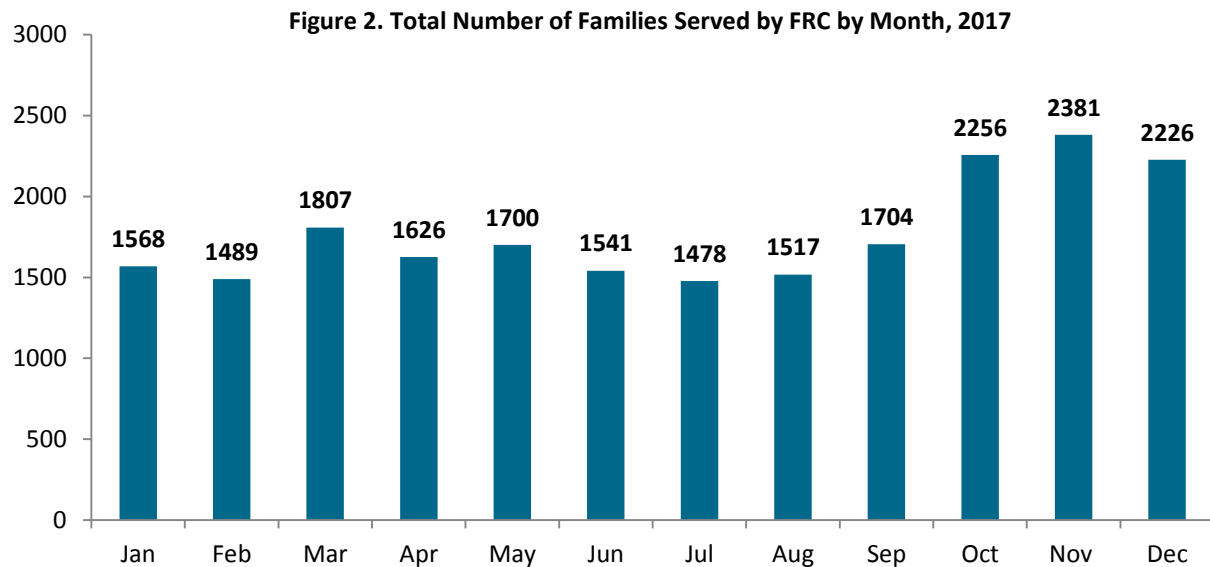


Figure 2 below shows the total number of families served by the FRCs by each month in 2017. As noted above, a total of 10,729 families were served by the FRCs in 2017. The number of families served by FRCs was highest in the fall (October – November) and lowest in winter (January – February) and summer (June – August). Again, the notable increase in the number of families served in October, November and December 2017 is due to the large number of displaced families served by the FRCs during this time period. **Almost 15% of all families served in 2017 were those displaced by Hurricane Maria.**



Among FRCs, the Worcester FRC served the largest number of families (n=1,056), followed by the Pittsfield (n=1,032), Lawrence (n=934), Springfield (n=815), and New Bedford (n=800) FRCs. Table A1 in Appendix A shows the number of families served across all FRCs. In addition, a count of the number of individuals served by FRCs by cities and towns is shown in Table A4 in Appendix A.

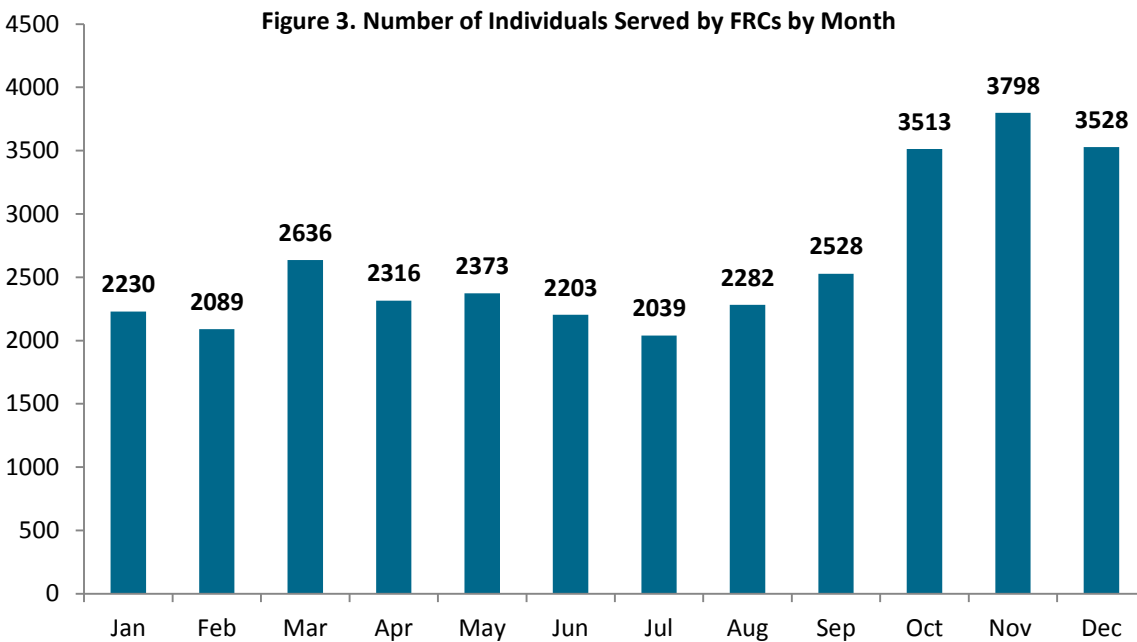
### Household Characteristics of New Families Served by FRCs

As noted above, the FRCs **enrolled 9,002 new families between January and December 2017**. Table 1 shows the household characteristics of the new families served in 2017. **About two-thirds of new families served (68%) lived in single-parent households.** Almost half of the families served (49%) included two or more children; about one-third included one child. More than half of families (55%) lived in households with three or more members. These household characteristics are very similar to those observed of families served in 2015 and 2016.

**Table 1. Household Characteristics of New Families Served by FRCs (n=9,002)**

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	18
	1 Child	33
	2-3 Children	42
	4-5 Children	6
	6 or more	1
<b>Number of Household Members</b>	1-2	45
	3-5	53
	6 or more	2

The FRCs served 18,197 individuals in 2017, about a 50% increase over the number of individuals served in 2016 (n=12,038). Approximately 61% of the individual served by FRCs were adults and 39% were children. These individuals include adults and children newly served by the FRCs in 2017, as well as those who first enrolled in 2015 or 2016 and continued to receive services in 2017. Figure 3 shows the number of individuals served by the FRCs from January to December 2017, and provides an indication of the volume of activity within the FRCs by month.



Again, there is a notable increase in the number of individuals served by the FRCs between October and December in 2017. On average, FRCs served 2,300 individuals per month between the months of January and September, and an average of 3,600 individuals between October and December, 2107. Thus, FRC served an additional 1,300 individuals per month during the period they were providing services to families displaced by Hurricane Maria.



## 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 2017. Demographic information is collected by the FRCs using the **Family Member Intake Form**; information was available for 10,018 adults served during 2017 (Table 2). Most adults (84%) were birth or adoptive parents; 66% were between the ages of 18 and 40; almost three-quarters were women; and 59% were single. The majority of adults identified themselves as White (72%); 21% identified as Black or African-American. Over half (55%) were Hispanic or Latino. English was the primary language for 58% of adults; 36% identified Spanish as their primary language.

**Table 2. Demographic Characteristics of Adults Served by FRCs (n=10,018)**

Characteristics		%
<b>Parental/Caregiver Status</b>	Birth/Adoptive Parent	84
	Stepparent/co-parent	1
	Grandparent	4
	Kinship Caregiver	1
	Foster Parent	<1
	Teen Parent	<1
	Other/Not Applicable	10
<b>Age</b>	18-30	34
	31-40	32
	41-50	18
	51-and over	16
<b>Gender</b>	Male	27
	Female	72
	Other	<1
<b>Marital Status</b>	Single	59
	Married	26
	Partnered	10
	Divorced/Separated	5
	Widowed	2
<b>Race</b>	White	72
	Black/African-American	21
	Asian	3
	American Indian/Alaska Native	1
	Native Hawaiian/Pacific Islander	1
	Other	4
<b>Ethnicity</b>	Hispanic/Latino	55
<b>Primary Language</b>	English	58
	Spanish	36
	Other	6

<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 18,197 individuals receiving services from FRCs in 2017, 10,018 were identified as adults age 18 and over. Age or date of birth was missing for 1,783 people (10% of all individuals). These individuals could not be classified as adults or children.

For the most part, the demographic characteristics of adults served in 2017 mirror those of adults served in 2016. However, there were some notable differences. **In 2017, there were substantial increases in the percentage of adults who identified as Hispanic/Latino (55% versus 43% in 2016) and in those whose primary language was Spanish (36% versus 21% in 2016). In addition, there was a slight shift in the ages of adults served in 2017 compared to 2016; overall adults were slightly older in 2017.** In particular, the percentage of adults age 51 and over increased from 12% in 2016 to 16% in 2017. These differences in demographic characteristics between 2017 and 2016 can largely be attributed to the influx of families to the FRC Network in 2017 from Puerto Rico due to Hurricane Maria.

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

The **FRC Adult Screening Form** provides more in-depth information than the Family Member Intake Form, including information on adults' education, employment and income, housing, health, and safety characteristics. Screening forms are generally completed for an adult family member with a higher level of need for FRC services and supports. **Adult Screening Forms** were completed for 4,089 adults (about 41% of all adults) served by the FRCs in 2017. Education, employment and income characteristics are shown in Table 3. A slight majority of adults (58%) had completed high school or GED; 14% reported less than a high school education. Fewer than 40% were employed full- or part-time; 15% were homemakers; and 40% were unemployed or out of the labor force. Wages and salaries were the most common form of income (39%); 34% reported income from public cash benefits including SSI, SSDI, TAFDC and EAEDC, and 13% reported no source of income. These characteristics are very similar to those of adults served by the FRCs in 2016.

**Table 3. Education, Employment and Income: Adults Served by FRCs (n=4,089)**

Characteristics		%
<b>Highest Level of Education</b>	Less than high school	14
	High school/GED	58
	Associate/Bachelor degree	15
	Graduate degree	3
	Other	10
<b>Employment Status</b>	Employed full-time	24
	Employed part-time	13
	Homemaker	15
	Unemployed	36
	Out of Labor Force	4
	Other	6
<b>Sources of Income</b>	Wages/Salary	39
	SSI/SSDI	18
	TAFDC/EAEDC	16
	No income	13
	Social Security Retirement/Pension	4
	Child Support/Alimony	4
	Disability Insurance	2
	Unemployment Insurance	1
	Other	6

As shown in Table 4 below, over three quarters (77%) of adults lived in their own home or apartment, while the other quarter (24%) were homeless. There was a notable increase in the percentage of adults who were homeless from 2016 (at 16%) to 2017.

**Table 4. Housing and Basic Needs: Adults Served by FRCs (n=4,089)**

Characteristics	%
<b>Housing Status</b>	
Lives in own home/apartment	77
Homeless but sheltered	20
Homeless	4
<b>Basic Needs</b>	
Needs assistance with food	34
Needs assistance with clothing	31

About a third of adults reported needing assistance with basic needs such as food and clothing; again, these percentages are higher than were reported in 2016 (23% and 24%, respectively). **As with other characteristics, these differences in housing status and basic needs are likely attributable to the families and individuals that were displaced by Hurricane Maria.**

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 5). More than a quarter of the adults (28%) reported having a disability; the most common types of disability reported were mental or emotional (13%) and medical or physical (13%). The majority (67%) reported their overall health as good or excellent; 28% reported that they had a health condition requiring regular care. Over 75% reported seeing a doctor or nurse practitioner in the past year; and 63% had seen a dentist. A majority of adults (69%) were MassHealth members; 29% were involved with DTA and 20% were involved with DCF. These characteristics are very similar to those seen in 2016.

**Table 5. Disability, Health, Health Care Needs/Use, and Agency Involvement: Adults Served by FRCs (n=4,089)**

Characteristics	%
<b>Has a Disability</b>	28
Type of disability:	
Mental/Emotional	13
Medical/Physical	13
Developmental	2
Visual	1
Hearing	1
<b>Overall Physical/Mental Health</b>	
Excellent	11
Good	56
Fair	27
Poor	5
<b>Health Care Need and Use</b>	
Has condition requiring regular care	28
Has seen doctor/NP in last 12 months	78
Has seen dentist in last 12 months	63
<b>Agency Involvement</b>	
MassHealth	69
Department of Transitional Assistance (DTA)	29
Department of Children and Families (DCF)	20
Other Agencies (DMH, DYS, DDS, other)	6

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. Only a small percentage reported that they had witnessed violence (2%), and only 5% requested a domestic violence referral.

**Table 6. Safety at Home, Work and Neighborhood: Adults Served by FRCs (n=4,089)**

Characteristics		%
<b>Feels safe at home</b>	Strongly Agree/Agree	83
	Neutral	8
	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	79
	Neutral	12
	Disagree/Strongly Disagree	9
	Has witnessed violence	2
	Involved with the court	24
	Would like domestic violence referral	5

## 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 2017. Demographic information from the **Family Member Intake Forms** was available for 6,396 children and youth served during 2017 (see Table 7). FRCs served substantial numbers of children across all age groups. In 2017, 55% of children served by the FRCs were between the ages of 6 and 15. FRCs served slightly more male children than female children (51% vs. 48%). **Of note, 7% of youth were identified as parents, more than double the estimated 3% who were identified as parents in 2016.** This increase may be due to an increase in young parents coming into the FRCs for services and/or may be attributable to improved data collection on the part of the FRCs.

Over two-thirds (70%) of children and youth were White; 23% were Black/African-American; and over half (54%) were Hispanic or Latino. English was the primary language for 70% of children and youth, and 25% spoke Spanish as their primary language. **As with adults, the percentages of children and youth who identified as Hispanic or Latino and who spoke Spanish as their primary language were substantially higher in 2017 compared to 2016.** (42% of children/youth identified as Hispanic/Latino and 11% had Spanish as their primary language in 2016).

**Table 7. Demographic Characteristics of Children and Youth Served by FRCs (n=6,396)**

Characteristics		%
<b>Age</b>	0-5	27
	6-10	28
	11-14	27
	15-17	19
<b>Gender</b>	Male	51
	Female	48
	Other	1
<b>Marital Status</b>	Married/Partnered	2
<b>Parental Status</b>	Birth/Adoptive Parent	7
<b>Race</b>	White	70
	Black/African-American	23
	Asian	5
	American Indian/Alaska Native	<1
	Native Hawaiian/Pacific Islander	2
	Other	5
<b>Ethnicity</b>	Hispanic/Latino	54
<b>Primary Language</b>	English	70
	Spanish	25
	Other	5

<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 18,197 individuals receiving services from FRCs in 2017, 6,396 were identified as children or youth ages 0 to 17. Age or date of birth was missing for 1,783 people (10% of all individuals). These individuals could not be classified as adults or children/youth.

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

As with the adult form, the **Child Screening Form** provides information on children’s education, employment, housing, disability, health and safety characteristics, and tends to be completed for a child/youth with a higher level of need for FRC services and supports. **Child Screening Forms** were completed for 2,007 children and youth (about 31% of all children/youth) served by the FRCs in 2017. Education, employment, and housing characteristics are shown in Table 8. Almost all children and youth (95%) were currently enrolled in school; 36% 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 (4%) were employed. The vast majority of children and youth (88%) were in families living in their own home or apartment; 12% were homeless. Almost a quarter of children and youth were living in families needing basic assistance with food and one-third were in families needing assistance with clothing. As with adults, there was an increase in the percentage of children and youth who were in families that were homeless and needed assistance with basics like food and clothing that can be attributed to the services to families displaced by Hurricane Maria. Otherwise, these characteristics are very similar those seen in 2016.

**Table 8. Education Employment, Housing: Children and Youth Served by FRCs (n=2,007)**

Characteristics	%	
<b>Educational Status</b>	Currently enrolled in school	95
	Dropped out	1
	Suspended/Excluded/Alternative Program	1
	Other	2
	On an Individualized Education Plan (IEP)	30
	On a 504 Plan	6
	Missed > 8 school days in past 10 weeks	23
<b>Employment Status</b>	Has a job	4
<b>Family Housing Status/Basic Needs</b>	Living in own home/apartment	88
	Homeless but sheltered	11
	Homeless	1
	Family needs assistance with food	24
	Family needs assistance with clothing	34

Child Screening Forms also provided information on disability and health status of children and youth, shown in Table 9 below. Thirty-one percent of children and youth had a disability; of these, 24% had a mental or emotional disability. Overall health was good or excellent for the majority (77%) of children and youth; however, almost 30% had a condition requiring regular medical care. The vast majority of children and youth (92%) had seen a doctor or nurse practitioner in the past year and 85% had seen a dentist. Concerns about alcohol/drug use were reported for 11% of children and youth; 14% had used mobile crisis teams and 9% had experienced a psychiatric hospitalization. As with adults, the majority of children and youth were MassHealth members (78%); a quarter were involved with DTA and 13% were involved with DCF. Eight percent of children and youth were involved with the courts.

**Table 9. Disability, Health, and Health Care Needs/Use, and Agency Involvement: Children and Youth Served by FRCs (n=2,007)**

Characteristics	%
<b>Has a Disability</b>	31
Type of Disability:	
Mental/Emotional	24
Developmental	5
Autism	4
Medical/Physical	4
Hearing	1
Visual	1
<b>Overall Physical/Mental Health</b>	
Excellent	14
Good	63
Fair	19
Poor	4
<b>Health Care Use and Needs</b>	
Has condition requiring regular care	27
Has seen doctor/NP in last 12 months	92
Has seen dentist in last 12 months	85
Concerns about alcohol/drug use	11
Ever used mobile crisis team	14
Ever had psychiatric hospitalization	9
<b>Agency Involvement</b>	
MassHealth	78
Department of Transitional Assistance (DTA)	25
Department of Children and Families (DCF)	13
Courts	8
Other Agencies (DMH, DYS, DDS, other)	7

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. Almost a third of children/youth (32%) had witnessed violence and 21% were involved with the court system. Only 1% reported gang involvement (Table 10).

**Table 10. Safety at home, school and neighborhood: Children and Youth Served by FRCs (n=2,007)**

Characteristics		%
<b>Feels safe at home</b>	Strongly Agree/Agree	87
	Neutral	8
	Disagree/Strongly Disagree	5
<b>Feels safe at school/work</b>	Strongly Agree/Agree	76
	Neutral	16
	Disagree/Strongly Disagree	8
<b>Feels safe in neighborhood</b>	Strongly Agree/Agree	83
	Neutral	10
	Disagree/Strongly Disagree	7
	Has witnessed violence	32
	Has been in situation where exploited	6
	Involved with the court	21
	Involved with gang	1

Table 11 shows below the percent of children and youth (8%) who had been detained by the police or arrested. Of these, 42% had been charged with an offense or crime and 37% had been designated as a CRA. **At 37%, the percentage of arrested/detained children and youth who were designated CRA is quite a bit higher than in 2016 (at 24%).** This may be due to increased efforts on the part of FRC to identify children/youth in this high priority population.

**Table 11. History of Detention and Arrest: Children and Youth Served by FRCs (n=2,007)**

Characteristics		%
<b>Has been detained/arrested</b>		8
Reported status of arrested/detained youth:	Charged with offense/crime	42
	CRA	37
	Care and protection	11
	On probation	9
	Family court	1



## 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 **681 children/youth as CRA**, approximately 11% of children/youth served by the FRCs in 2017. 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 12 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.

**Table 12. Data Elements Used to Identify Children and Youth as CRA or as having 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=1,102)</li> <li>• Child has missed school (n=656)</li> <li>• Child has run away (n=127)</li> <li>• Sent by court (n=475)</li> <li>• Sent by school (n=795)</li> </ul>
	3. Referral Source	<ul style="list-style-type: none"> <li>• Referred by court/probation officer (n=469)</li> <li>• Referred by school (n=1,001)</li> <li>• Referred by DYS (n=7)</li> </ul>
<b>Child Screening Form</b>	1. Educational Status	<ul style="list-style-type: none"> <li>• Enrolled in alternative program (n=14)</li> <li>• Suspended from school (n=9)</li> <li>• Missed more than 8 days of school (n=404)</li> </ul>
	3. Safety	<ul style="list-style-type: none"> <li>• Child has been/is being exploited (n=99)</li> <li>• Child is involved in court (n=356)</li> <li>• Child has been detained/arrested (n=134)</li> <li>• CRA is reason for detained/arrested (n=48)</li> <li>• Child is involved with gang (n=18)</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=137)</li> </ul>
<b>Service Provision Form</b>	D. Educational Services	<ul style="list-style-type: none"> <li>• School liaison involvement (n=293)</li> </ul>
	H. Program Services	<ul style="list-style-type: none"> <li>• CRA assessment (n=452)</li> <li>• CRA service plan (n=324)</li> <li>• CRA-related referral to LMHC (n=269)</li> </ul>

Note: These numbers include a small number of youth age 18 (n=88) who were identified in the FRC Database as being CRA

Using the set of indicators shown above, we were able to identify **2,360 children and youth age 0 to 17 who has at least one indicator**, suggesting that as many as 37% of the children and youth served by FRCs in 2017 were CRA or have CRA-related issues ( $2,360 \div 6,396 = .368$  or 37%). As shown in Table 13 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 on a number of demographic characteristics. Compared to those not identified as CRA, children and youth identified as CRA/CRA-related were significantly more likely to be older and male, to be non-white and to speak English as their primary language.

**Table 13. Demographic Characteristics of CRA vs. non-CRA Children and Youth (n=6,396)**

Characteristics	CRA or CRA-related		p	
	Yes (n=2,360)	No (n=4,036)		
<b>Demographic Characteristics</b>		<b>%</b>	<b>%</b>	
<b>Age</b>	0-5 years	8	37	<.0001
	6-10 years	25	30	
	11-14 years	38	20	
	15-17 years	29	13	
<b>Gender</b>	Male	55	49	.0002
	Female	45	50	
<b>Race</b>	White	67	72	.005
	Non-White	33	28	
<b>Primary Language</b>	English	81	62	<.0001
	Non-English	19	38	

Note: Youth age 18 (n=88) who were identified as CRA are excluded from this analysis.

We also examined whether children/youth identified as CRA or having CRA-related issues differed on disability and health characteristics compared to those not identified as CRA. Information on disability and health come from the **Child Screening Form**. As noted above, the Child Screening Form is only completed on a subset of children served by the FRCs, most likely those with a higher level of need. In 2017, only 31% of children/youth had a screening form completed. We found that 55% of children/youth who were CRA or had CRA-related issues had a Child Screening Form completed, however only 16% of non-CRA children/youth had a screening form completed.

As shown in Table 14 we found a number of differences in disability and health characteristics of children and youth identified as CRA or having CRA-related issues compared to non-CRA children/youth. While statistically significant, these findings should be viewed somewhat cautiously. Because the Child Screening Form is completed so infrequently for non-CRA children/youth, the data might not be representative of non-CRA children/youth.

**Table 14. Disability and Health Characteristics of CRA vs. non-CRA Children and Youth (n=1,922)**

Characteristics	CRA or CRA-related			
		Yes (n=1,287)	No (n=635)	p
<b>Disability Characteristics</b>				
<b>Has Disability</b>	Yes	34	24	<.0001
	No	66	76	
<b>If yes,</b>				
<b>Mental/Emotional/Behavioral disability</b>	Yes	27	17	<.0001
	No	73	83	
<b>Health Characteristics</b>				
<b>Overall Health</b>	Excellent/Good	73	85	<.0001
	Fair/Poor	27	15	
<b>Has Health Condition Requiring Care</b>	Yes	31	20	<.0001
	No	69	80	
<b>Alcohol/Drug Use Concerns</b>	Yes	13	5	<.0001
	No	87	95	
<b>Ever Used Mobile Crisis</b>	Yes	17	8	<.0001
	No	83	92	
<b>Ever Had Mental Health Hospitalization</b>	Yes	12	5	<.0001
	No	88	95	
<b>Educational Supports</b>				
<b>Has Individualized Ed Plan/504 Plan</b>	Yes	37	26	<.0001
	No	63	74	

Note: Youth age 18 (n=88) who were identified as CRA are excluded from this analysis.

Those identified as CRA were more likely to have a disability than non-CRA children and youth, and those identified as CRA were more likely to have a mental/emotional/behavioral disability than 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 2017

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. We also present information on services provided to certain subgroups served by FRCs, specifically services provided to families with a child/youth identified as a CRA, and services provided to families referred to an FRC by DCF, schools, and/or courts.

### 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 2017. A number of adults visited FRCs because of specific concerns about a child; 14% reported concerns about a child's difficulty with following rules, and a smaller percentage reported concerns about a child missing school (7%) or running away (2%). Eleven percent of adults reported being sent to the FRC by an agency, 9% reported being sent by a school, and 8% 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. **Of note, a third of adults sought assistance related to housing and/or rent, up from 23% in 2016.** Almost one-quarter of adults sought assistance for health and/or mental health concerns, 21% sought assistance for family hardship and/or financial concerns, and 20% sought parenting information or education.

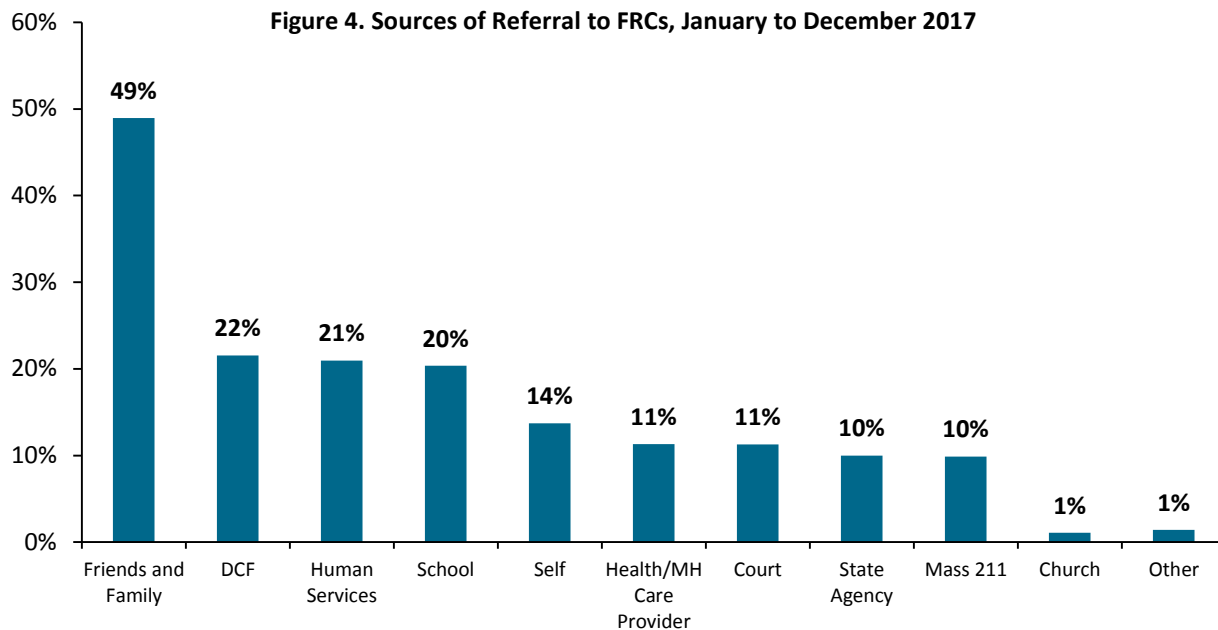
**Table 15. Reasons for Visits Reported by Adults Seeking FRC Services in 2016 (n=8,470\*)**

Reasons for Visits	%	
<b>Specific Child Concerns</b>	Child has difficulty following rules	14
	Child has missed days at school	7
	Child has history of running away	2
<b>Sent by Agency/Court/School</b>	Agency	11
	School	9
	Court	8
<b>Seeking Information/Services/Assistance**</b>	Housing/Rent	33
	Health/Mental Health Concerns	22
	Family Hardship/Financial Concerns	21
	Parenting/Parenting Education	20
	School Issues/Information	15
	Employment/Job Concerns	10
	Transportation	8
	Child Care Information	5
	Continuing Education for Caregiver	5
	Afterschool Information	3
	Substance Use Concerns	2
	Immigration/Legal Concerns	2
	Other	24

\*Includes adults who identified at least one reason for FRC visit. Reason for visit was missing for 27% of all adults who were newly served by the FRCs from January to December 2017. \*\* Adults could identify multiple needs; so these percentages exceed 100%.

## Sources of Referral to FRCs

The over 9,000 new families served by the FRCs in 2017 were referred from a variety of sources. As shown in Figure 4 below, almost half of adult reported that they were referred to the FRCs by friends and family members.



Other common sources of referral were DCF (22%), human service agencies (21%), and schools (20%).

Table A1 in Appendix A shows the greatest number of referrals to the FRCs from DCF were in Springfield (n=245), Worcester (n=154), New Bedford (n=132), and Fitchburg (n=127). The greatest number of referrals from schools were in Lowell (n=366), Cape Cod (n=266), Lawrence (n=265), and Quincy (n=229). New Bedford had the largest number of court referrals (n=161), followed by Brockton (n=141), and Quincy (n=114).

## Individualized Services and Supports Provided by FRCs

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. **Overall, the data show a substantial increase in individualized services and supports provided by the FRC from 2016 to 2017.** Between January and December 2017, FRCs provided a total of **over 26,700 separate instances of service provision to adults and/or children**, compared to 16,000 in 2016. (Table A2 in Appendix A shows service provision by FRC in 2017.)

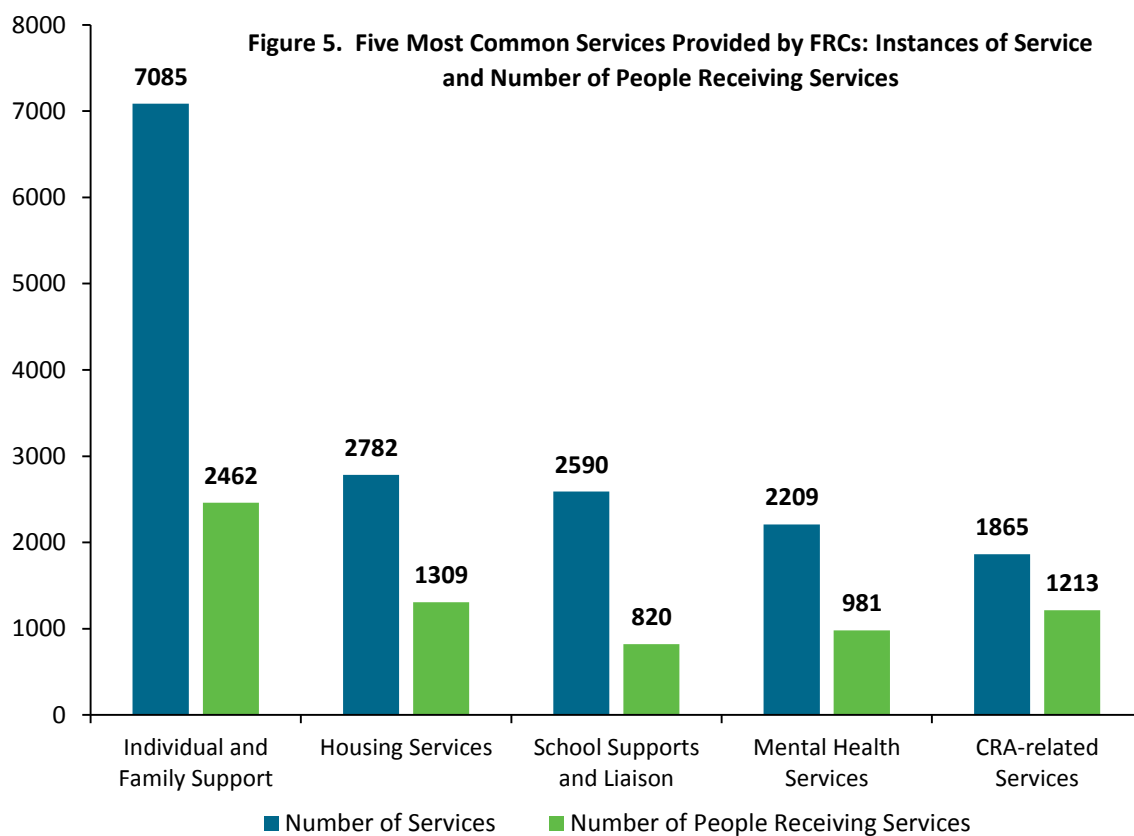
A count of total instances of service provision is a useful indicator of the volume of service activity within the FRCs. However, in this approach people may be counted more than once.<sup>5</sup> An unduplicated count<sup>6</sup> of individuals shows that **FRCs provided individualized services to 12,004 adults and children between January and December 2017.** Again, this is a substantial increase over the 8,152 adults and children served in 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. Within each of these service categories,

<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.

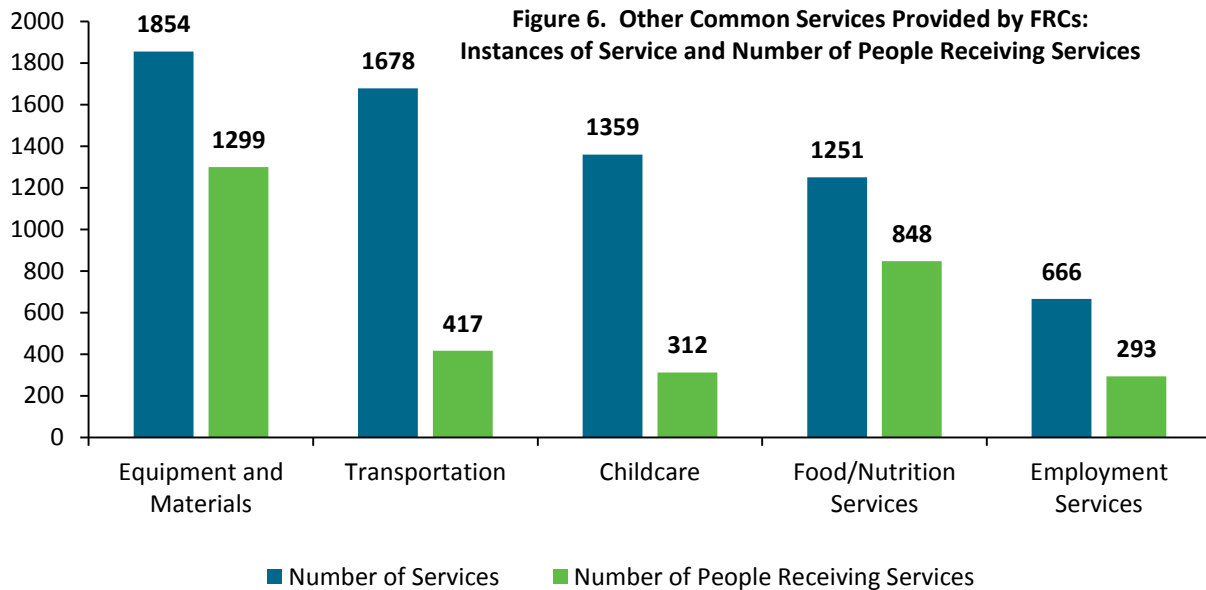
the number of service instances and the number of individuals served increased substantially from 2016 to 2017. The most common types of services provided by FRCs included:

- 7,085 instances of **individual and family supports** provided to 2,462 individuals;
- 2,782 instances of **housing services**, including referrals for organizations that provide rental assistance, provided to 1,309 individuals;
- 2,590 **school supports and liaison services** provided to 820 individuals;
- 2,209 **mental health services** provided to 981 individuals; and
- 1,865 **CRA-related services**, such as assessment, CRA service plans, and CRA-related referrals to clinicians provided to 1,213 individuals.



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

- 1,854 instances of **equipment and materials** including clothing, school supplies, diapers, and car seats, provided to 1,299 individuals;
- 1,678 instances of referrals for **transportation services** provided to 417 individuals;
- 1,359 instances of **child care services**, both emergency and ongoing, provided to 312 individuals;
- 1,251 **food and nutrition services** provided to 848 individuals; and
- 666 instances of **employment services** provided to 293 individuals.



Other services provided by FRCs in 2017 included legal assistance, assistance accessing health care services, holiday assistance, income assistance, assistance with translation, 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 2017 included Greenfield (4,715 services), Worcester (3,607 services), Lowell (2,608), New Bedford (2,462 services), Boston (2,298 services), and Brockton (1,856 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 2017.

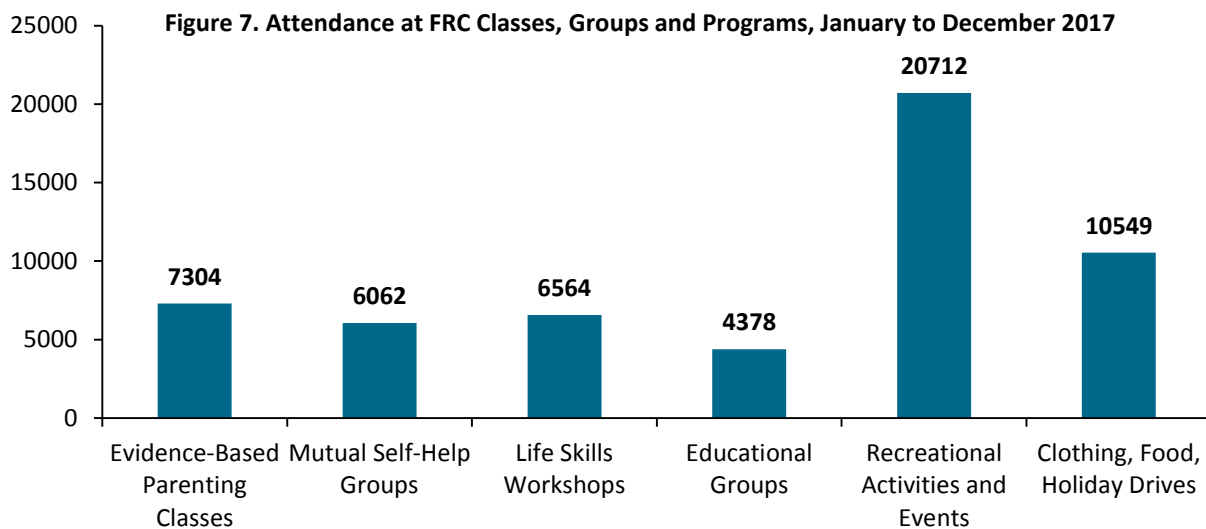


Table A3 in Appendix A shows attendance at classes, groups, workshops, and programs in 2017 for each FRC.

A variety of **parenting classes** that follow an *evidence-based practice* are offered by FRCs around the state. These evidence-based classes are ones with established curricula that have been formally recognized by the National Registry of Evidence-based Programs and Practices maintained by the US Substance Abuse and Mental Health Services Administration (SAMHSA). DCF coordinated numerous trainings in 2017 for FRC staff to learn to facilitate evidence-based classes (additional information is provided in the training section beginning on page 46). The parenting classes most commonly offered by FRCs in 2017 included Nurturing Parents/Nurturing Fathers, Parenting Journey, and Active Parenting.

**Mutual self-help groups** offered by FRCs in 2017 included parent and grandparent support groups, as well as substance use recovery and prevention groups. **Life skills workshops** covered topics such as domestic violence, stress and anger management, age-specific parenting issues, and other parenting classes. **Educational groups** included adult and youth education activities and school supports. Throughout the year, FRCs offer a variety of **recreational activities and cultural events, playgroups, and holiday parties**, which are designed to provide peer support opportunities for parents and youth. These events and activities help them develop connections and relationships within their community. Finally, a number of FRCs offer regular clothing, food, and holiday drives to provide necessities to families in need.

### Services to Families with Children Designated as CRA or CRA-Related Issues

As defined above, *children requiring assistance* (CRA) are children between the ages of 6 and 18 who repeatedly run away from home; repeatedly disobey their parent, legal guardian or custodian to the degree that it interferes with the ability to care for/protect the child; repeatedly disobey school regulations; are habitually truant; or are sexually exploited. Providing services and supports to families with CRA is a significant component of FRC activities. Families with children who have been formally designated as a CRA are often referred to FRCs for services by the courts. In addition, families with children with CRA-related issues might be referred by courts, schools, or other agencies as a prevention or early intervention effort.

FRCs are contractually required to offer specific services to families with children who are formally designated as CRA. FRCs are expected to arrange for these families to meet with the FRC's Family Partner and Mental Health Clinician and to offer these families the opportunity to participate in a CRA-focused assessment and service planning process. FRC Clinicians are expected to complete the Family Strengths and Needs Assessment (FSNA)<sup>7</sup> with families that agree to participate in the process. The FSNA is family service planning tool that considers both family and child circumstances and is used by the FRC staff to engage families in identifying and prioritizing service and support needs. Families with children who have CRA-related issues, but are not formally designated as CRA, may also be offered these CRA-focused assessment and planning services. As the assessment process is completed, FRCs may provide mental health and other support services to families on a time-limited basis, but are more likely to refer families to clinicians and other resources in the community that can serve the family on an ongoing basis.

To examine services provided by FRCs to families with children designated as CRA and identified as having CRA-related issues, we used the same data elements to identify these children as described above on pages 22-24.<sup>8</sup> We examined the extent to which the FSNA was completed with these families, and identified the most common services provided to both adults and children in these families compared to non-CRA families (that is, families with children who were not designated as CRA or CRA-related issues). The analyses included children and youth up to age 18, with 681 children/youth designated as CRA; 1,767 children/youth identified as having CRA-related issues; and 4,181 children/youth identified as non-CRA.

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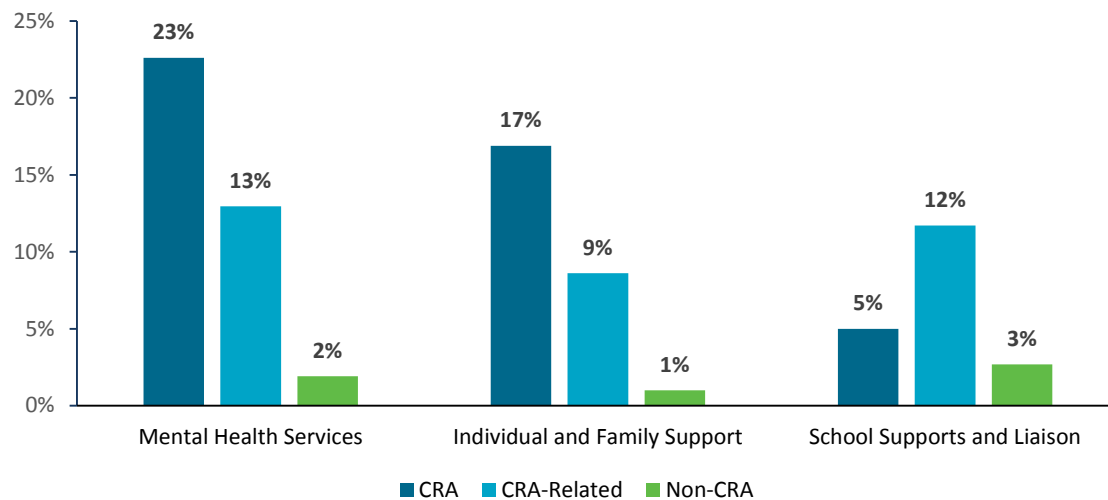
<sup>7</sup> The FSNA is the family version of the Child and Adolescent Needs and Strengths (CANS) and the Family Advocacy and Support Tool (FAST). FRC Mental Health Clinicians must be trained and certified to administer the CANS in order to complete the FSNA with families. CANS training and certification is required of all clinicians who provide behavioral health assessment to children and youth enrolled in MassHealth. The CANS and FSNA tools were developed by Dr. John Lyons. More information about these tools can be found at: <https://praedfoundation.org/>

<sup>8</sup> As noted above, we found 88 18-year-olds who were designated as CRA or identified as having CRA-related issues. Because the definition of CRA extends to age 18, we included 18-year-olds as children in these analyses.



We found that a FSNA had been completed with 74% of the families with a child/youth designated as CRA (n=681) served by the FRCs in 2017. By comparison, 18% of the families with a child/youth with CRA-related issues had a FSNA completed, and only 5% of families with a non-CRA child/youth had a FSNA completed. The most common services<sup>9</sup> provided to CRA, CRA-related and non-CRA children/youth, and the percentage of children/youth in each group provided services by the FRC are shown in Figure 8. **Not surprisingly, children/youth designated as CRA or CRA-related were more likely to use mental health services, individual and family support, and school supports/liaison than non-CRA children/youth.**

**Figure 8: Most Common Services Provided to Children/Youth:  
CRA vs. CRA-Related vs. Non-CRA**



We also examined the most common services used by adults in families with a child/youth identified as CRA or as having CRA-related issues compared to families without a child/youth identified as CRA (non-CRA). Figure 9 show the most common services provided by FRCs to adults and the percentage of adults in each group provided services. Similar to the services provided to children, **adults in families with a child/youth identified as CRA or CRA-related were much more likely to use individual and family supports, mental health services, and school supports and liaison services than adults in non-CRA families.**

<sup>9</sup> Excludes specific CRA services such as CRA assessment, CRA service plan and CRA referral to LMHC because evidence of receipt of these services in the FRC database is used to designate a child/youth as CRA.

**Figure 9. Most Common Services Provided to Adults:  
CRA vs. CRA-Related vs. Non-CRA Families**

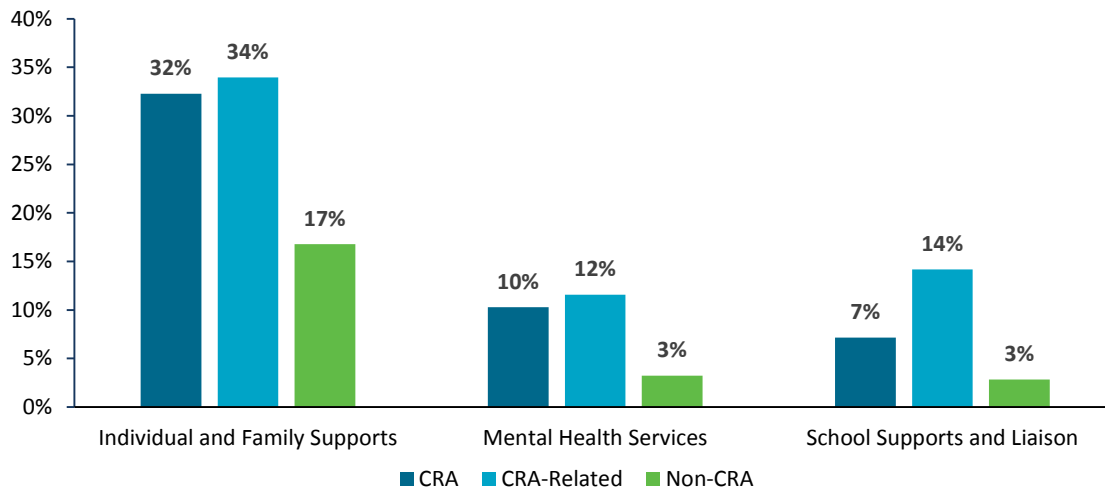
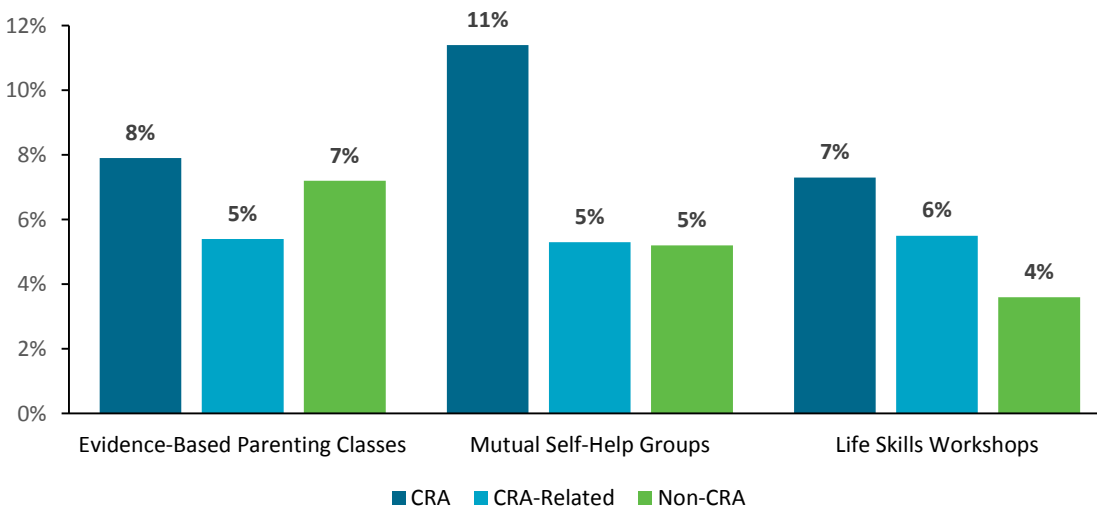


Figure 10 below shows the percentage of adults in each group participating in parenting classes, mutual self-help groups and workshops. **Adults in families with a child/youth designated as a CRA were twice as likely as adults in the other two groups to participate in mutual self-help groups.**

**Figure 10. Percent of Adults Attending Parenting Classes, Self-help Groups and Workshops: CRA vs. CRA-related vs. Non-CRA Families**

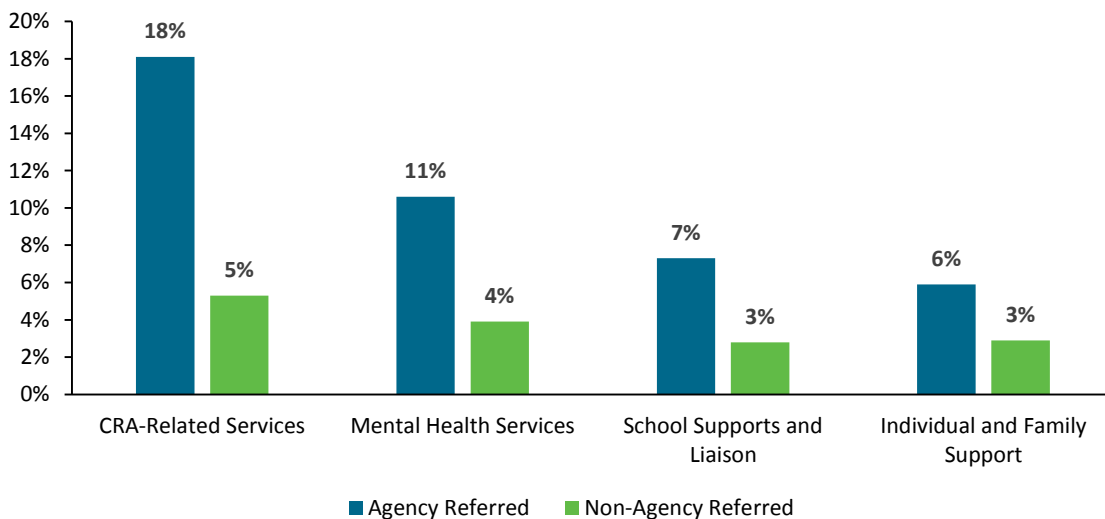


### Services to Families Referred to FRCs by DCF, Schools and Courts

We also examined the services provided to adults and children/youth in families referred to the FRC by the Department of Children and Families, schools or the courts, to determine if families referred by these agencies are more likely to use specific types of services than other families. The analysis included 2,391 adults and 2,125 children/youth referred to the FRCs by these agencies and 6,327 adults and 3,702 children/youth not referred by DCF, schools or the courts.

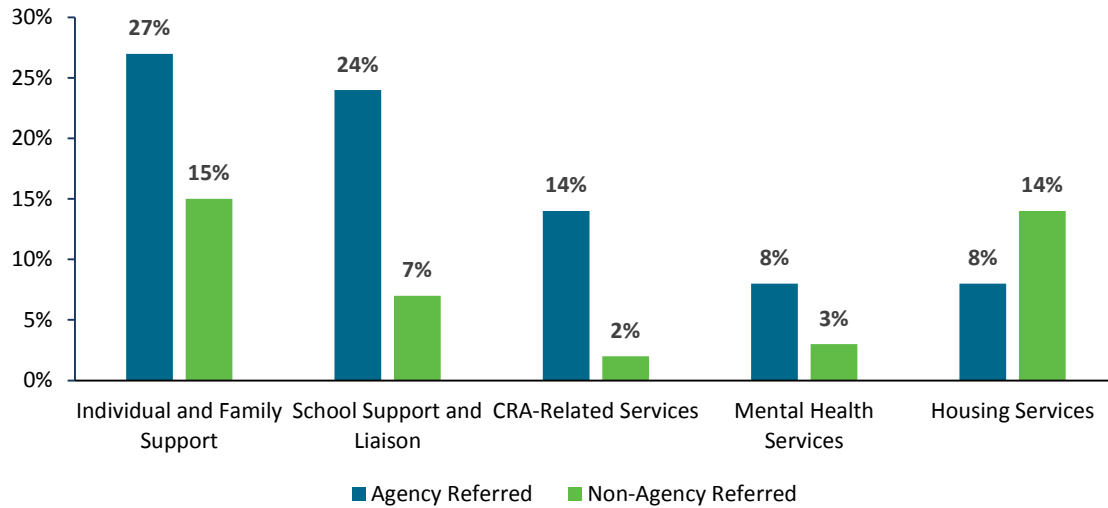
There were some notable differences in the types of services FRCs provided to agency-referred and non-agency referred children and youth. Children and youth in families referred to the FRCs by DCF, schools, or the courts were more likely to be provided CRA-related services, mental health services, school support, and individual and family support than non-agency referred children/youth (Figure 11). For example, **18% of agency-referred children/youth were provided CRA related services such as a CRA assessment, a CRA service plan and/or a CRA referral to a mental health clinician compared to only 5% of non-agency referred children/youth.**

**Figure 11. Most Common Services Provided to Children/Youth:  
Agency Referred vs. Non-Agency Referred**



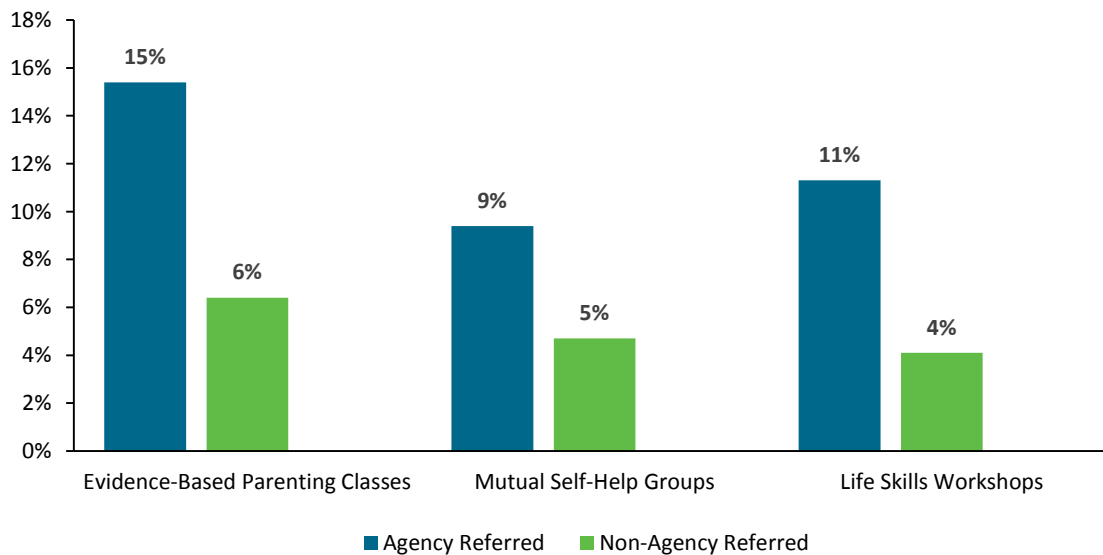
Similarly, there were differences in the types of services provided to agency-referred and non-agency referred adults. Adults referred to the FRCs by DCF, schools and the courts were more likely to be provided individual and family support services, school supports and liaison services, CRA-related services, and mental health services than non-agency referred adults. For example, 27% of agency referred adults were provided individual and family support services compared to 15% of non-agency referred adults. Conversely, non-agency referred adults were more likely to be provided housing services than agency-referred adults (see Figure 12 below).

**Figure 12. Most Common Services Provided to Adults: Agency Referred vs. Non-Agency Referred**



Adults referred to the FRCs by DCF, schools and the courts were also more likely to attend evidence-based parenting classes, mutual self-help groups, and life skills workshops than non-agency referred adults. For example, 15% of agency-referred adults attended evidence-based parenting classes compared to 6% of non-agency referred adults.

**Figure 13. Percent of Adults Attending Classes, Groups and Workshops: Agency Referred vs. Non-Agency Referred**



## VIII. Special Efforts to Serve Families Displaced by Hurricane Maria

Beginning in October of 2017, EOHHS and DCF reached out to FRC directors to discuss the feasibility of providing services to families and individuals displaced by the devastating hurricane in the Caribbean. Through this process, the interagency team learned many of the FRCs were already providing services to evacuees, particularly in communities with high Puerto Rican populations (e.g. Holyoke, Springfield, and New Bedford). On November 8, 2018, the Baker Administration sent Hurricane Resources Guidance to all 351 municipalities that identified FRCs as a key support for hurricane evacuees who were living in Massachusetts. MA 2-1-1, a state-funded information and referral call center operated by the United Way that connects callers to health and human services resources in each Massachusetts community, was designated as the single point of intake in the Commonwealth for evacuees and their families. Upon receiving a call, 2-1-1 conducted an intake and immediate needs assessment. If the evacuee needed services or support, he or she was referred to a Family Resource Center in the region of the state in which the evacuee intended to reside.

In response to this new coordinated effort, the FRCs developed an infrastructure to support these families both individually within their community and as part of the statewide network. **Between October and December 2017, the FRCs provided services to over 1,585 families, including 3,806 family members, who had been displaced by Hurricane Maria.**<sup>10</sup>

Individually, FRCs brought together community partners to identify gaps in services and develop processes to facilitate referrals and support networks. This individual programmatic effort to meet emerging needs was exemplified by the Holyoke FRC, where they created a daily orientation for evacuees to attend to learn about the resources and processes in Massachusetts for accessing supports and services. After the orientation, families would visit tables with representatives from various state and local community services where they could ask questions and apply for benefits all in one place. Across the state, the FRCs created processes like the example above that leveraged the support of the community and helped families access the supports they needed.

As a network, the FRCs participated in weekly hurricane support task force calls, where representatives from Massachusetts Emergency Management Agency (MEMA), Executive Office of Health and Human Services (EOHHS), Department of Transitional Assistance (DTA), Office of Labor and Workforce Development (EOLWD), Department of Housing and Community Development (DHCD), Executive Office of Elder Affairs (EOEA), Department of Elementary and Secondary Education (DESE), and others discussed unmet needs and system challenges to develop proactive solutions to meet the needs of these individuals and families. DCF – as the entity with oversight of the FRC network – along with EOHHS and other partners created statewide processes and protocols for handling Red Cross emergency placement requests, helping to connect over 65 families and individuals who would otherwise have been homeless with emergency Red Cross placements. DCF, in conjunction with partners including EOHHS, FEMA and MEMA, also applied for and was awarded 22 Immediate Disaster Case Managers (IDCMs) through FEMA and the Administration of Children and Families. The IDCMs were assigned to the 10 FRCs that were seeing the largest volume of families in the state. In an effort to have a seamless process, the FRCs created procedures to integrate the new IDCMs into their current practices for supporting the evacuees. The IDCMs assisted families in the FEMA process, including applying for benefits, appealing decisions, and identifying next steps. In addition, the IDCMs provided general case management support to these families. As part of the statewide initiative, the IDCMs will be part of an effort to contact every family receiving FEMA benefits in Massachusetts to identify their plan in order to help the partners (EOHHS, DCF, and MEMA) develop a proactive plan in supporting the longer term needs of the displaced families. Additionally, DCF participates in the Across-Secretariat Interagency Team, representing the FRCs and reporting out on identified challenges, needs and successes.

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<sup>10</sup> The numbers of families and individuals served noted above reflects families and individuals who came to the FRCs for services and for whom intake information was available in the FRC Database. These numbers do not include individuals who might have been provided information and support via the telephone or email. It also does not include individuals who might have been seen by FRC staff on-site at shelters, hotels/motels, or other temporary housing. Through these efforts, the FRCs served approximately 500 additional displaced individuals who were not captured in the FRC Database.

The FRCs have created new infrastructure, policies, and practices to support the unique needs and challenges of families displaced by natural disasters. Their existing infrastructure provided them with the knowledge and ability to offer individualized support to families regardless of their need. FRCs adapted their typical approach to services to implement a more enhanced triage system to quickly and efficiently identify the families' needs and connect them with needed supports. Additionally, the FRCs found that the intensity that they needed to work with these families exceeded the average support they typically provided to families accessing resources at the FRC. This intensive support helped to provide immediate relief to families who were experiencing an array of needs. **The largest number of displaced families were served by the FRCs in Holyoke (n=515), Boston (n=214), New Bedford (n=208), Springfield (n=133) and Lawrence (n=120).**

### Characteristics of Adults and Children Displaced by Hurricane Maria

Tables 16 and 17 below show demographic characteristics of the adults and children displaced by Hurricane Maria who were served by the FRCs. The majority of adults were single female parents or caregivers. As a group, these adults were slightly older than those typically served by FRCs, with 26% age 51 and older. Spanish was the primary language for 95% of the adults.

**Table 16. Demographic Characteristics of Displaced Adults Served by FRCs (n=1,639)**

Characteristics		%
<b>Parental/Caregiver Status</b>	Birth/Adoptive/Step Parent/Kinship Caregiver	66
	Grandparent	4
	N/A or Other	30
<b>Age</b>	18-30	34
	31-40	25
	41-50	16
	51-60	11
	61 and over	15
<b>Gender</b>	Male	29
	Female	70
	Other	<1
<b>Marital Status</b>	Single	61
	Married	25
	Partnered	11
	Divorced/Separated	4
	Widowed	1
<b>Race</b>	White	90
	Black/African-American	10
	Other	<1
<b>Ethnicity</b>	Hispanic/Latino	100
<b>Primary Language</b>	English	5
	Spanish	95
	Other	<1

Over 60% of the displaced children served by the FRC were ages 10 and under. As with the adults, Spanish was the primary language for 95% of these children.

**Table 17. Demographic Characteristics of Displaced Children and Youth Served by FRCs (n=777)**

Characteristics		%
<b>Age</b>	0-5	36
	6-10	30
	11-14	20
	15-17	14
<b>Gender</b>	Male	50
	Female	50
<b>Parental Status</b>	Birth/Adoptive/Co-Parent	5
<b>Race</b>	White	89
	Black/African-American	11
<b>Ethnicity</b>	Hispanic/Latino	100
<b>Primary Language</b>	English	5
	Spanish	95
	Other	<1

### FRC Supports Provided to Displaced Families

The FRCs have been a critical resource for those affected by Hurricane Maria who have relocated to the Commonwealth. They have not only provided access to essential basic needs (i.e. food, weather appropriate clothing, and housing), but also assisted families in finding appropriate medical care, accessing community resources, enrolling in school, and securing employment.

Data collected by the FRCs show that the most common services provided to these families included:

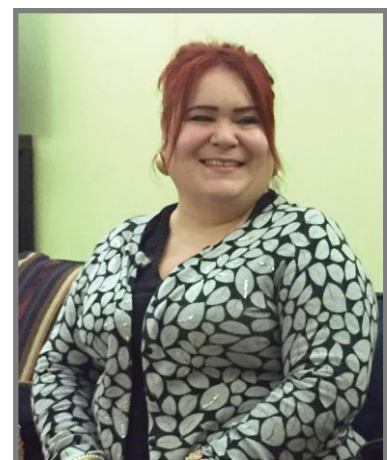
- Individual and Family Support
- Equipment and Materials
- Housing Services
- Food and Nutrition Services
- Health Care Services
- Transportation, Income, and Employment Assistance

As the few stories below illustrate, the services and supports provided by the FRCs have made a huge difference in the lives of these families.

#### Brunilda's story

Hurricane Maria damaged Brunilda's home to the extent that it was no longer habitable. In November, she and her 18 and 20 year old sons arrived in Holyoke, choosing it because her mother was living there.

In Puerto Rico, Brunilda was in transition between careers, needing further education to continue in her job as a property reposessor. She was working part-time as a massage therapist and make-up artist at a spa. Her oldest son was in his second year in college, studying engineering. Her younger son, who has special needs, was getting ready to graduate high school with friends that he had been to school with since elementary. Both sons speak fluent English.



Coming to Holyoke, they were able to stay with her mother, who lived in HUD housing, for only 10 days. Her mother, after doing some research before the family came, heard about the Holyoke FRC, and Brunilda went there soon after she arrived. Working with the staff there, she was able to get signed up for MassHealth, applied for food stamps, and got a list of available housing. They also found her hotels which would accept FEMA payments.

Brunilda made lots of calls to landlords looking for appropriate housing. Her son has a therapy dog to help with his special needs, and many landlords would not allow animals. She identified an apartment complex that she thought would be ideal for her family, and after a number of calls, went in person to talk to the property owner, thinking if he met her, he may be more likely to help her. He told her she didn't qualify, and she replied that if she didn't qualify there, she wouldn't qualify anywhere – and asked him to take a risk with her. She told him that she knew that if the rent wasn't paid, she'd be evicted. After thinking about it some more, he said yes – but he wouldn't have an available 3-bedroom unit until spring.

After receiving a letter from him to confirm that she had secured housing, she applied for rental assistance. She was denied by FEMA, and called the FRC for help. The FRC called other social service agencies, and one asked to meet her. She brought all the necessary documentation, and they were so impressed by her preparation that they agreed to help subsidize part of the rent, and paid the first and last month's payment and security deposit.

The FRC has helped Brunilda get appliances and furnishings lined up for her new home, and food has always been available when needed. The staff also provide much needed emotional support. On one occasion, the program director stayed until after 9 p.m. in order to secure them a place to stay for the night. The family has stayed in a number of hotels since they have come here.

Brunilda and her family are looking forward to moving into their new apartment in late March. Her youngest son attends a gateway program at Holyoke Community College and has finished his high school courses, got his diploma, and has started taking college classes. Her oldest son is working part-time and making plans to go back to school.

Brunilda and her family are very appreciative of the FRC and all the support they have received in Massachusetts from the various social service agencies and state programs. She also said it's important for families to play a role in putting together their new life, paraphrasing President John F. Kennedy: "It's not what your country can do for you, it's what you can do for yourself and your country."

### **José's story**

As a result of water damage leading to mold issues that made his daughters' asthma worse, José and his family left Puerto Rico in December 2017 and relocated to Holyoke. José, his wife, and two daughters currently call a hotel room their home. When they first moved here, they stayed with friends temporarily until they were able to get FEMA-sponsored housing. They learned about the Holyoke FRC through the church their friends belonged to.

The FRC helped them apply for emergency food stamps, MassHealth, and other benefits. José has a disability and is unable to work anymore, so the staff helped him connect with the Social Security Administration to transfer those benefits to him here. The Center also provided the family with food, and gave the kids winter clothes, coats, and toys.

One of the girls is in 6th grade, and the other in kindergarten. Both are going to school now, and learning English. The 6th grader is in a special classroom with other children who were evacuated from Puerto Rico, and is thankful to have a teacher who speaks Spanish. She is getting very good grades. The kindergarten teacher is very impressed with the progress the younger child has made. The family plans to remain in the area so the children can continue





with their education, and the whole family can learn English. José's wife was going to school to become a dental assistant prior to the hurricane, but is not sure now what she will do.

The family is finding it challenging to get more permanent housing due to the upfront costs. José has a letter confirming their eligibility for housing, but there are limited units available. The FRC is helping them in the search, as well as with applying for financial support to help with the rental costs. The Center has also helped source furnishings for an apartment, such as beds and sofas.

José has also become an advocate for the Center, sharing information on the services available to other evacuees at the hotel where the family is living, and anyone else he meets that needs help. He said their experience with the staff has been marvelous, particularly the program director, and has no regrets about coming there to get services. He wishes more people can learn about how helpful the FRC is to hurricane evacuees.

### **Yaritza's story**

Hurricane Maria caused significant damage to Puerto Rico's infrastructure. In Yaritza's case, the lack of electricity for her ventilator meant her parents had to wait in 18-hour lines to get gas to power a generator.

Yaritza is a young woman who has lived with muscular dystrophy since she was seven years old, and has been using a wheelchair since she was 10. She has a bachelor's degree in English, and likes to write and sing; she has videos of her performances on YouTube. Her family had lived in Springfield for a period of time, but moved back to Puerto Rico six years ago.

After struggling to live with the limited electrical resources, Yaritza and her parents made the decision to come back to the Springfield area. She had a brother who was still living there, and many friends. Friends in the area told them about the Springfield FRC, and Yaritza called them to see if they could help her coordinate a move back.

Over a series of conference calls, Yaritza worked with the Center staff to apply for assistance, including a place to stay and medical benefits. It was difficult to find a place for the family to live as it needed to be somewhat wheelchair accessible. But because the electrical situation was so challenging and was impacting her health, in November she made the decision to come to Springfield before a home could be found.

When the family arrived, they stayed the first night in a car as there was no wheelchair-accessible hotel rooms available that would accept FEMA payments. One was found in Hartford, so the family moved there temporarily. The FRC staff worked with Yaritza to find a place, and eventually, they found an apartment in Springfield that was somewhat accessible. They didn't have enough money to pay for the first and last month's rent plus the security deposit, so the staff identified a local social services agency that was able to provide it to them.

The FRC worked with a local health care system to get the loan of a hospital bed for the new apartment – Yaritza had been sleeping sitting up in the hotel bed because of her respiratory condition. The health care system also provided some medical supplies to help her get settled. Her insurance will be providing her with a new bed soon, as well as a new ventilator – she had brought a rented one from Puerto Rico with her as she could not risk any disruptions, and it needs to be returned.

The apartment is lacking a handicap accessible bathroom, and has a number of steps leading to their front door, but it was the best available at that time. The FRC staff is helping them look for something more accessible and permanent. The staff has also provided them with food, clothing, and furnishings.

Yaritza's parents are grateful to be here, but are experiencing health concerns due to the stress. Yaritza cannot stay home alone, and requires 24-hour care. The Center staff is working with the family to ensure access to medical care and also group support.

The family plans to remain in Springfield. Yaritza would love to pursue a master's degree in psychology and counseling, and volunteer to teach English to adults. She is very grateful to the Springfield FRC, calling her case manager "an angel that came to the family." The case manager has worked with them since the beginning, and

checks in with them regularly. She said “it’s a pleasure to help this family, it’s what I like to do, and Yaritza always has a smile no matter how difficult things are.”

### **Lizbeth’s story**

After Hurricane Maria, Sheylibeth (Lizbeth) had no job, and her 19 year old daughter’s college closed. Compounding the challenges, it was difficult to get medical care for her 12 year old son who has epilepsy. Searching on Google for a pediatric neurologist who was located near various family members, she found one in Lowell that specialized in treating children like her son. So she decided to make the move.

The family arrived in January, and moved in temporarily with Lizbeth’s cousin, who is disabled and lived in a Section 8 studio apartment. After seeing the neurologist, he referred her to a health clinic for primary care purposes. The pediatrician there, after hearing the family’s story, told them that the apartment was not a good environment for her son, and referred her to the Lowell FRC to help get more appropriate housing and other supports.



Lizbeth went to the FRC that day, and applied for Red Cross emergency housing. She left for another doctor’s appointment, and when she came back to the Center a little later, found out she had been approved and that there was a hotel room available for them. The same day, the Center staff helped her fill out applications for more permanent housing, and provided the family with clothing, including coats and boots, and food. The staff also helped Lizbeth apply for MassHealth, and she was informed the next day that she was eligible.

Lizbeth’s daughter was studying for her bachelor’s degree in criminal justice and forensics, and had nine more months before she would receive her degree. Luckily, although the school is no longer physically open, they are providing the coursework online and she is continuing her education. She is also learning English, and through the FRC is seeing a psychologist to help with trauma. Lizbeth’s son is in the 6th grade, and is finding school challenging. None of the teachers there speak Spanish, so other kids translate for him and try to help him.

In Puerto Rico, Lizbeth worked for the court system as a property reposessor. Unfortunately, her job is gone as the system is no longer doing repossessions because of the hurricane. She is frustrated with not working, but comes to the Center every day to work on housing applications and for the community aspect. She currently has 17 applications pending for housing.

While she would like to return to Puerto Rico, Lizbeth’s children want to stay here, and her main priority right now is having access to the neurology specialist for her son. In five years, she would like to see herself working, speaking English, with her own home and the children settled. She envisions her daughter moving ahead professionally, and her son doing well in school.

Lizbeth recommends anyone seeking help to go to an FRC – the same day she came to the Center, she left with support. She shared that the staff make her feel welcome, are empathetic to what she is going through, and treat her with respect. She also said evacuee families need to understand that not everything is going to be handed to them, and they need to put in the effort and work hard to get themselves settled here – it’s a process that they need to have patience for.

## IX. 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 2017. 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.

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 results of the client satisfaction surveys completed in 2017 in this report. Finally, testimonials from families and stories of successes achieved by the FRC provide qualitative evidence of the programs' impacts on families. (Success stories from each FRC are provided in Appendix B).

### Examining FRC Service Intensity and Duration

As a way of assisting DCF and the FRCs to more effectively track program outcomes, we 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. We examined intensity and duration of services for 6,930 individuals who had at least one recorded date of service following their intake date. As shown in Table 16, 50% of adults/children received one day of service after intake, and 33% received two to five days of service. Only 5% 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 18, FRC services 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 almost 80% receiving all services within the first three months of intake.

**Table 18. Intensity and Duration of Services to Adults/Children (n=6,930)**

Service Intensity		Service Duration	
Days of Service	%	Length of Service	%
1 day	50	1 day	27
2 to 5 days	33	2 to 30 days	31
6 to 10 days	11	31 to 90 days	21
11 or more days	5	91 to 180 days	10
		181 or more days	10

These data, coupled with the fact that 84% of families served in 2017 were new families (i.e. not served in 2015 or 2016), 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. This same pattern of service intensity and duration was observed in 2016. Given this, 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. The UMMS evaluation team are working with DCF to develop a set of outcome indicators as well as program benchmarks that will help to articulate service expectations for the FRCs.

## 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 January 1 and December 31, 2017, 574 surveys were completed for services and 654 surveys were completed for classes and workshops. Results of the Satisfaction with Services Survey are shown below. Table 19 shows the type and number of services rated, which included support groups, information and referral services and a range of other services.

**Table 19. Type/Number of Services Received by Family Members Completing Satisfaction Survey (n=574)**

Service Type	Number
Support Groups	273
Information and Referral	212
Life Skills Workshops	107
Children Requiring Assistance Youth Family Support Plan	75
Sports and Recreation Events	72
Child Education Programs	71
Children Requiring Assistance Youth Assessment	67
Adult Educational Programs	49
Play Groups	46
Arts/Cultural Events	44
Other	128

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 somewhat, disagree somewhat, and disagree completely) and the last item (*"Have you/your family received the services you need?"*) was rated as yes/no. Table 20 shows the percent of survey respondents who agreed somewhat 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 20. Satisfaction with Services among Family Members Completing Satisfaction Surveys (n=576)**

Services Satisfaction Survey Items	%
The location is convenient to me	96
Offered convenient hours of service	98
Offered programs that fit my needs	98
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	98
Overall, I am very satisfied with the services provided by FRC	99
Have you and your family received the services you needed?	95

Results of the Satisfaction with Classes and Workshops Survey are shown in Tables 21 and 22. Table 21 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 21. Type/Number of Classes Attended by Family Members Completing Satisfaction Surveys (n=654)**

Class/Workshop Types	Number
Parenting Journey I	77
Nurturing Parenting Program	70
Active Parenting	69
Nurturing Fathers' Program	59
Guiding Good Choices	37
Parenting Wisely	29
Parenting in America	13
Parenting Journey II	7
Other	297

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 22 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 22. Satisfaction with Classes/Workshops among Family Members Completing Satisfaction Survey (n=654)**

Class/Workshop Satisfaction Survey Items	%
Covered useful material	99
Suited my needs and interests	97
Helped to increase my knowledge and skills as a parent	97
Was well organized	97
I could easily understand the workshop or class	98
The activities helped me understand what I was being taught	97
The materials provided were useful	98
The number of sessions of the workshop worked for me	95
<b>Overall, how would you rate this workshop or class?</b>	
Very helpful/helpful	97
<b>How likely are you to recommend this workshop to other individuals or families?</b>	
Very likely/likely	96

## Impact of FRCs on Families

The words of people directly served by the FRCs provide important qualitative evidence of the programs' impacts on families. Below we provide brief testimonial statements from FRC clients across the Commonwealth that speak to the value and meaning of the FRCs for the people that use their services. In addition, in Appendix B, we provide more in-depth stories, one from each FRC, that 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.

*"I'll always be appreciative of the support I received from you. I'm going to write a song about my experience and when I become famous I'll dedicate the track to the FRC."*

– FRC Client, Boston

*"You guys are so good. The guy that helped me was awesome. He was so patient and kind with my son and me. He treated us like we were his family. I am hoping to get more services from you guys in the future."*

– FRC Client, Brockton

*"Please accept my sincerest gratitude for the wonderful clothes, school materials, and toys. The children are so happy! You made their lives! Thank you for your help and for all that you do!"*

– FRC Client, Fall River

*"You all made me feel that I had the opportunity to parent the right way if I learned how, this information was amazing to me."*

– FRC Client, Fitchburg

*"I'm thankful the CRA gave me the time that needed to process and talk about my feelings."*

– FRC Client, Lawrence

*"Thank you for taking the time out of your schedule to meet with me. I am so very thankful to you for listening to all my concerns about my son. It was so very nice to talk to someone who understands what I am going through and giving me some great advice and supports. I am so very thankful that a company like NFI exists and for the help that they provide. Thank you so much for your time and I look forward to meeting with you again."*

– FRC Client, Lowell

*"Please continue running the LGBTQ Teen Support Groups! We love it!"*

– FRC Client, Quincy

*"... I am very grateful for the FRC. When I didn't have food they have supported me with food. When I was in need of clothing they supported me with clothing. My husband, myself, and my 4 children are very grateful for this program and the services that they offer."*

– FRC Client, Springfield

*"I am sorry to be so tearful, but these are tears of joy – I passed the test and now I'm a certified CNA!"*

– FRC Client, Worcester

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

### Data Sharing with FRCs and DCF

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 DCF and EOHHS. However, UMMS 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. UMMS has created standard reports for all FRCs to be able to download their data at any time. In addition, FRC directors and managers have also been trained to create reports to meet their individual center needs. Aggregate data is shared with DCF on a monthly basis for each FRC, and year-to-date data is also provided to DCF by UMMS.

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

### Monthly PMPD Meetings and FRC Site Visits

The Program Management function of the FRCs was transitioned to DCF in calendar year 2017. The Department after an extensive search hired a full-time Family Resource Centers Director to provide programmatic and contract oversight to the network of FRCs across the Commonwealth. To this end, DCF limited disruption to technical support provided to the FRCs and created an infrastructure to efficiently and effectively manage the network. The role of the Director has played a critical role in executing the plan. The following outlines some of the strategies employed:

- Meeting with the FRCs to identify challenges and opportunities to improve the system;
- Creating infrastructure specific to supporting the FRCs around working with evacuees impacted by Hurricane Maria;
- Conducting an assessment of the Program Management and Practice Development (PMPD) meeting process;
- Implementing a new PMPD meeting structure to maximize the network's participation;
- Prioritizing future PMPD statewide agenda topics and creating regional forums to operationalize themes discussed at the statewide level; and
- Working with the Training Program Coordinator to develop a comprehensive training evaluation plan.

In addition, DCF worked to assist in the start-up of four new Family Resource Centers (Athol, Everett, Holyoke, and Framingham), including providing technical assistance, participating in contract negotiations, and conducting readiness reviews.

DCF has started the planning process for several quality improvement initiatives to strengthen the network, including:

- Creating School Liaison and Clinician/Family Partner cohort meetings to identify emerging best practices and identify additional training and supports needed to strengthen the roles;
- Developing a new staff orientation and training curriculum for all new FRC staff and leadership to create a consistent, network-wide framework to enhance the capacities of the FRCs' programming when new staff join the centers; and
- Partnering with the ASO to look at data collection systems, tools, and processes to identify inefficiencies and strengthen data integrity.

## Intranet Web Portal – FRConnect

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

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

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

## FRC Staff Training

In 2017, training responsibility for the FRCs transitioned from UMMS to DCF. A Training Program Coordinator was hired to maintain program consistency and minimize operational disruption in providing a wide array of trainings to support the needs of FRCs across the Commonwealth. This past year, the Coordinator completed a needs assessment to determine how best to support the FRCs in the appropriate delivery of evidence-based programming and evidence-informed practices by conducting trainings that utilize national trends and best practice relevant to the work of the FRCs. The Coordinator also completed analysis of training gaps to determine areas where additional trainings are needed.

## Types of Trainings Offered to the Family Resource Centers

There were 37 individual trainings offered to Family Resource Center staff. Offerings included Evidence-Based Parenting (EBP) education program trainings to develop facilitators in required curricula (ranging from one to five full days, depending on training module), skill building trainings to cultivate competence in a variety of specialized subject matter needs, and workshops and presentations to provide FRC leadership and staff with a greater knowledge of community and statewide supports that enhanced services provided to youth and families. Trainings included:

- 21 Evidence-Based Practice trainings
- 6 Skill-Building trainings
- 10 PMPD Workshops and Presentations

The Evidence-Based Practice training topics included:

- Nurturing Families
- Nurturing Fathers
- Nurturing Families in Substance Abuse Treatment and Recovery
- Parenting Journey I
- Parenting Journey II
- Parenting in America



- Sober Parenting Journey
- Active Parenting of Teens
- Active Parenting in Stepfamilies

Skill Building training topics included:

- Understanding and Responding to Victims of Commercial Sexual Exploitation
- Motivational Interviewing
- Creating and Sustaining Grandparent Support Groups
- Youth Substance Use
- Trauma Informed Care
- Special Education: Understanding Basic Rights and IEPs

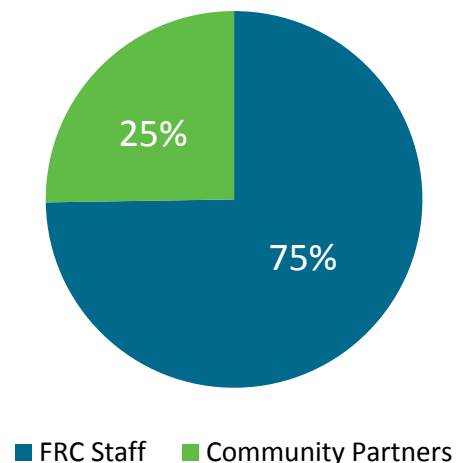
Workshops and presentation topics included:

- Health Law Advocates
- Trauma Training Curriculum for Parents
- Parenting Journey Groups Technical Support
- Interagency Council on Housing and Homelessness
- Grandparents Raising Grandchildren
- The Adult-Adolescent Parenting Inventory (AAPI)
- Department of Housing and Community Development: Understanding the Massachusetts Shelter System
- The Federation for Children with Special Needs
- Supporting Survivors and Mitigating the Effects of Secondary Trauma in Staff
- FEMA: Supporting Puerto Rican Evacuees of Hurricane Maria

### Training Participants

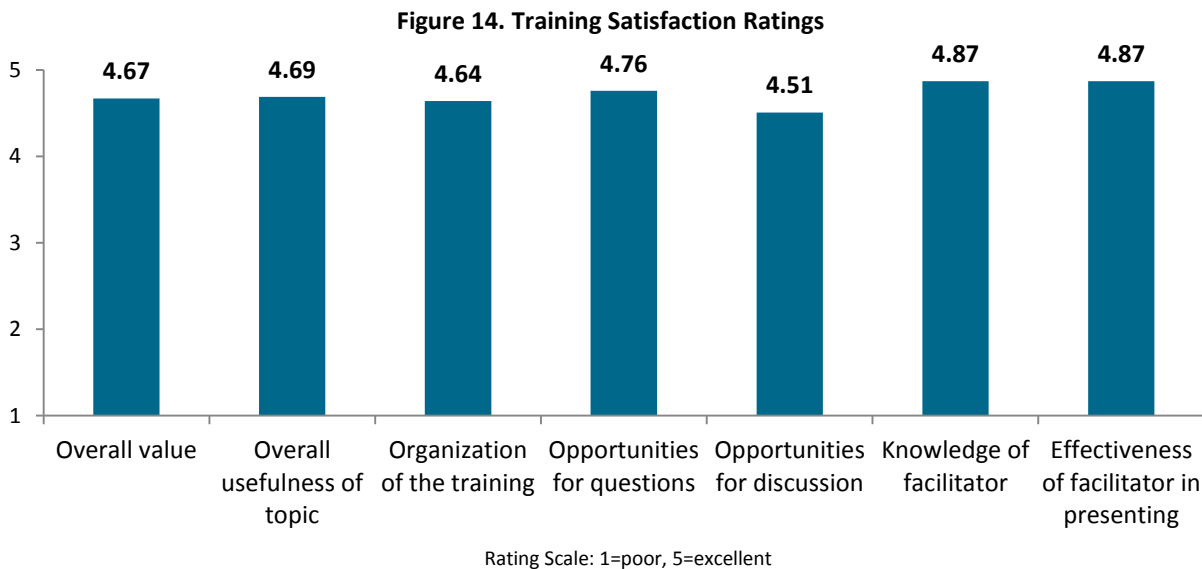
More than 98 participants attended EBP and skill-building trainings this past year. Additionally, multiple FRC staff attended the Nurturing Families and Nurturing Fathers facilitator trainings and workshops and presentations provided at the PMPD meetings. A typical PMPD meeting has over 40 FRC staff in attendance. Training opportunities are available first to FRC staff and then to community partners when extra seats are available. As shown in Figure 14, 25% of training participants in 2017 were community partners. This collaboration has been an essential part of the training component as many of the FRCs rely on community partners to co-facilitate EBP education programs as well as to expand communities' capacity to provide specialized services to meet the needs of the youth and families they support.

**Figure 14. Training Participants in 2017**



## Training Satisfaction

In 2017, the Training Program Coordinator utilized an existing training evaluation system developed by UMMS to evaluate participant satisfaction with the training offerings. Training satisfaction was overwhelmingly positive, with 100% of respondents reporting that they were satisfied with the overall value of the training, usefulness of topics discussed, and effectiveness of the facilitators in presenting; over 70% rated the overall value of the trainings as “excellent.” Figure 14 below shows the average ratings by training participants across multiple trainings.



Feedback from training participants included:

- *“This program is so good and basic that you can see how many families could benefit.”*
- *“Great material. I can’t wait to have a chance to use [it] in my work.”*
- *“Glad I signed up for this training!”*
- *The most helpful part of this training was the “group process and all of the different ideas that maybe one individual couldn’t...think of.”*
- *“It was very engaging. Love it.”*
- *“Such great speakers!”*

## XI. Summary

During their third 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 2017, FRCs provided services to 10,729 families, including over 9,000 new families – an increase of 43% over the number of families served in 2016. From January to December 2017, FRCs provided services to over 18,000 individuals; 61% of those served were adults and 39% were children. The number of individuals served in 2017 represents a 50% increase over the number served in 2016. Particularly noteworthy are the efforts made by a number of FRCs between October and December 2017 to provide assistance to families from Puerto Rico who were displaced by Hurricane Maria and evacuated to Massachusetts. In this short period of time, the FRCs provided services to 1,580 families and over 3,800 individual family members.

The overwhelming majority of adults seeking FRC services in 2017 were parents, primarily female, with 68% representing single parent households. Almost 30% of adults represented racial minorities, and 55% were Hispanic or Latino. The substantial increase between 2016 and 2017 in the number of Hispanic/Latino adults served is due to efforts made by the FRCs to assist families displaced by Hurricane Maria.

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 37% of adults served by FRC are employed full- or part-time; 34% receive some form of public cash assistance; and 13% may be without any source of income. In 2017, about one-quarter of the adults served by FRC were homeless and over one-third needed assistance with basic needs such as food and clothing. The percentages of adults needing assistance with housing, food and clothing were notable higher in 2017 compared to 2016. Again, these increases are likely due, at least in part, to the services provided by the FRCs to families displaced by Hurricane Maria.

Additional data shows:

- Over one-quarter of adults have some type of disabling condition, with mental or emotional conditions being most common, and over 30% report their health as fair or poor.
- Among children and youth served by the FRCs in 2017, a slight majority (51%) was male; the racial and ethnic composition of children and youth were similar to that of adults. As with adults, there was a notable increase in the number of children/youth identifying as Hispanic or Latino, from 42% in 2016 to 54% in 2017.
- About 7% of youth age 17 and under served by the FRCs in 2017 were teen parents, more than double the percentage seen in 2016 (3%). This notable increase may be due to an increase in young parents coming into the FRCs for services and/or may be due to improved data collection on the part of the FRCs.
- Over 20% of children served by the FRCs in 2017 had missed more than eight days of school in the past 10 weeks. Data collected by the FRCs suggest that about 36% 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. Fourteen percent of children/youth had used a mobile crisis team at some point and about 9% had ever experienced a psychiatric hospitalization.
- A large majority of both adults and children served by FRCs were enrolled in MassHealth; 69% of adults and 78% of children were MassHealth members. About 20% of adults and 13% of children/youth were reported to have 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 37% 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 most common sources of referral to the FRCs include friends and family members, DCF and other human services agencies, schools, health care providers and the courts. 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 2017. In addition to providing general individual and family support, FRCs provided housing services, school supports, mental health services, CRA-related services, equipment and materials, transportation assistance, childcare services, food and nutrition services, employment services, and other assistance to thousands of children and adults across the state. In total, FRCs provided over 26,700 separate instances of service to adults and children during 2017, a substantial increase over the 16,000 instances of service provided in 2016. 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 2017.

We found that adults and children from certain high-priority groups were more likely to be provided certain types of services compared to other adults/children. For example, in families with a child/youth designated as a CRA or as having CRA-related issues, we found that both adults and children were more likely to be provided individual and family supports, mental health services, and school supports and liaison services than children and adults in non-CRA families. Adults in families with a child/youth designated as a CRA were twice as likely to participate in mutual self-help groups as other adults.

We also found differences in the types of services provided to adults and children who were referred to FRCs by DCF, schools and/or the courts (agency-referred) compared to those not referred by these agencies. Agency-referred adults and children were much more likely to be provided individual and family supports, CRA-related services, mental health services, and school supports and liaison services compared to non-agency referred adults and children. In addition, agency-referred adults were much more likely to participate in parenting classes, self-help groups and life skills workshops than non-agency referred adults.

These differences we observed in the services FRCs provide to children and adults from high-priority (versus non-high priority) groups provide further evidence that the FRCs are serving their target population of high need families.

An 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 service delivery data suggest that FRCs are assessing families' needs and quickly providing services and resources to respond to these needs. Families' satisfaction with FRC services is extremely high 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 continued to improve over the three years of operation. Ongoing operational support to the FRC Network will continue to improve data collection efforts at the FRC sites. The UMMS evaluation team is currently working with DCF and the FRCs to develop a set of operational benchmarks and relevant outcomes measures that can reasonably be tracked by the FRCs.

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## Appendix A: Cumulative and Individual FRC Data Tables, 2017

**Table A1: Families Served by and Sources of Referrals to FRCs (January - December 2017)**

	Amherst	Athol	Barnstable	Boston	Brockton	Everett	Fall River	Fitchburg	Frammingham	Greenfield	Holyoke	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>	317	325	434	731	503	11	326	340	181	554	562	934	636	260	191	62	800	275	1032	384	815	1056	10718	893
<b>Number of new families participating</b>	209	324	410	642	432	11	279	274	181	428	562	821	492	211	109	57	639	157	860	357	667	880	8991	749
<b>Families Displaced by Natural Forces</b>	15	2	3	214	49	3	20	24	52	5	515	120	33	19	0	2	208	0	9	75	133	79	1580	132
<b>Referral Sources for New Families</b>																								
Friend/family	177	63	80	259	214	7	83	69	23	371	652	432	133	123	52	9	237	77	158	44	240	252	3755	
School	72	4	266	69	124	2	159	8	32	52	86	265	366	1	97	16	130	58	103	229	21	196	2356	
Community agency	84	17	89	60	44	0	183	11	58	121	88	208	130	73	12	0	144	29	63	25	18	106	1563	
DCF	41	35	40	42	30	0	81	127	31	59	14	98	124	43	25	0	132	102	88	44	245	154	1555	
Court	81	0	13	70	141	0	72	34	9	76	13	29	50	6	7	1	161	20	42	114	67	109	1115	
Self	15	198	31	25	16	0	112	36	17	39	20	60	27	16	29	4	52	17	17	32	129	64	956	
Mental health provider	77	14	30	171	4	3	58	2	16	31	13	11	39	6	66	11	19	4	15	26	15	27	658	
Other state agency	16	3	7	35	22	6	16	19	1	23	91	71	30	10	1	0	119	10	10	15	64	56	625	
Mass211	3	0	1	45	79	1	19	32	65	0	12	43	14	20	0	0	5	0	2	48	127	59	575	
Health care provider	21	1	6	13	15	15	36	0	3	12	9	8	23	1	9	10	27	1	19	5	10	15	259	
Social/Print media	13	0	6	9	0	0	1	0	0	16	9	1	4	32	1	0	11	16	9	4	38	12	182	
Faith based organization	0	1	0	1	11	0	5	1	0	3	4	18	2	1	0	0	2	1	2	3	3	13	71	

**Table A2: Services Provided by FRCs (January - December 2017)**

	Amherst	Athol	Barnstable	Boston	Brockton	Everett	Fall River	Fitchburg	Framingham	Greenfield	Holyoke	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Worcester	All FRCs
<b>Total number of services provided</b>	<b>479</b>	<b>313</b>	<b>54</b>	<b>2298</b>	<b>1856</b>	<b>10</b>	<b>1328</b>	<b>256</b>	<b>14</b>	<b>4715</b>	<b>185</b>	<b>1402</b>	<b>2608</b>	<b>110</b>	<b>1924</b>	<b>63</b>	<b>2462</b>	<b>958</b>	<b>1199</b>	<b>74</b>	<b>802</b>	<b>3607</b>	<b>26717</b>
Individual/family support	26	4	1	80	252	0	136	106	5	1297	0	397	1066	0	603	14	992	661	156	8	66	1215	7085
Housing/shelter	11	69	2	516	178	0	151	21	0	628	1	116	195	13	41	6	205	47	17	5	173	387	2782
School	125	14	21	269	175	0	145	4	1	274	12	18	69	45	277	0	514	32	214	0	17	364	2590
Mental health services	96	7	7	406	186	0	109	10	0	217	0	59	403	3	292	22	127	17	39	5	54	150	2209
Equipment/materials	2	11	7	221	125	0	355	43	0	124	55	208	179	8	3	1	166	21	114	7	61	143	1854
Transportation	17	11	1	108	65	0	2	0	0	329	0	1	12	0	52	0	17	17	47	11	107	881	1678
Childcare (emergency or ongoing)	0	4	0	106	13	0	11	0	0	538	0	0	24	2	139	0	10	7	461	0	5	39	1359
Food/nutrition	4	85	6	29	142	4	53	4	0	359	105	30	42	4	70	9	87	5	8	3	153	49	1251
CRA Assessment	55	0	0	193	73	0	53	25	4	7	0	323	73	5	0	0	37	46	35	1	17	27	974
Employment	18	9	0	19	32	0	11	2	0	358	5	7	17	23	14	4	64	6	7	1	19	50	666
Legal	4	9	1	47	164	0	32	2	0	120	0	11	65	1	31	0	17	7	1	0	33	95	640
Health care	9	16	0	7	131	1	40	3	0	60	5	2	21	1	82	1	26	2	2	3	30	45	487
CRA Service Plan	7	0	0	31	121	0	44	15	1	30	0	87	93	2	1	0	2	2	12	3	2	23	476
CRA-related referral to LMHC/MSW	11	1	0	33	4	0	15	0	1	2	0	0	215	1	0	1	3	43	25	5	42	13	415
Holiday assistance	1	24	1	33	29	0	20	1	0	30	0	124	6	0	0	0	123	1	0	13	0	1	407
Income/transitional assistance	15	20	2	15	54	1	25	0	0	99	1	8	16	0	49	3	15	2	5	2	3	34	369
Translation services	0	0	0	3	41	0	13	3	2	17	0	3	0	0	166	0	13	0	45	3	0	2	311
Fuel assistance/utilities	9	26	0	94	19	3	15	16	0	45	0	4	2	0	9	0	0	1	7	1	4	25	280

**Table A2 (cont.): Services Provided by FRCs (January - December 2017)**

	Amherst	Athol	Barnstable	Boston	Brockton	Everett	Fall River	Fitchburg	Framingham	Greenfield	Holyoke	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Worcester	All FRCs
<b>Total number of services provided</b>	<b>479</b>	<b>313</b>	<b>54</b>	<b>2298</b>	<b>1856</b>	<b>10</b>	<b>1328</b>	<b>256</b>	<b>14</b>	<b>4715</b>	<b>185</b>	<b>1402</b>	<b>2608</b>	<b>110</b>	<b>1924</b>	<b>63</b>	<b>2462</b>	<b>958</b>	<b>1199</b>	<b>74</b>	<b>802</b>	<b>3607</b>	<b>26717</b>
Services for children with special needs	9	0	5	59	25	1	60	0	0	26	0	0	6	0	17	0	19	37	0	1	1	14	280
Domestic violence	5	1	0	15	12	0	19	1	0	28	1	2	91	0	20	2	5	4	2	0	6	34	248
Child abuse/neglect services	54	0	0	3	3	0	0	0	0	62	0	1	9	0	0	0	16	0	0	0	5	2	155
Substance use services	0	2	0	1	7	0	4	0	0	33	0	0	3	0	58	0	0	0	2	2	4	11	127
Child development information	1	0	0	9	2	0	13	0	0	5	0	1	1	0	0	0	4	0	0	0	0	3	39
Family planning, pregnancy, and breastfeeding support	0	0	0	1	3	0	2	0	0	27	0	0	0	2	0	0	0	0	0	0	0	0	35



**Table A3: Attendance at Evidence-Based Parenting, Life Skills, Education, Mutual Self-Help Groups, Recreational Activities/Events and Drives (January - December 2017)**

	Amherst	Athol	Barnstable	Boston	Brockton	Everett	Fall River	Fitchburg	Frammingham	Greenfield	Holyoke	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Worcester	All FRCs
<b>Evidence-based parenting groups</b>	423	212	433	387	439	0	200	375	118	1011	0	580	488	46	59	120	565	164	358	181	299	846	7304
Nurturing Parents/Fathers	143	212	146	0	195	0	94	145	0	695	0	187	141	0	0	0	449	0	166	181	228	322	3304
Parenting Journey	194	0	44	205	174	0	0	22	118	255	0	295	245	0	29	120	0	112	153	0	53	414	2433
Active Parenting	0	0	243	43	20	0	106	0	0	0	0	0	80	0	0	0	70	0	25	0	2	92	681
Guiding Good Choices	40	0	0	0	0	0	0	109	0	0	0	0	22	46	30	0	0	52	14	0	16	0	329
Parenting Wisely	0	0	0	0	50	0	0	99	0	0	0	98	0	0	0	0	46	0	0	0	0	0	293
Sober Parenting Journey	46	0	0	139	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18	203
<b>Life skills groups</b>	247	76	253	109	253	0	8	233	9	10	0	33	2582	241	0	13	636	137	345	54	1005	302	6546
Domestic violence	3	0	0	0	44	0	0	0	0	0	0	0	2109	0	0	0	0	0	0	0	0	0	2156
Parenting classes/workshops	53	0	253	14	67	0	0	127	9	4	0	33	4	241	0	13	36	132	33	20	361	302	1702
Stress/anger management	35	0	0	95	0	0	8	31	0	6	0	0	11	0	0	0	0	0	153	0	644	0	983
Age-specific parenting	0	0	0	0	72	0	0	75	0	0	0	0	0	0	0	0	457	0	0	0	0	0	604
Positive Solutions	0	0	0	0	70	0	0	0	0	0	0	0	306	0	0	0	0	0	0	0	0	0	376
Household/finance management	0	0	0	0	0	0	0	0	0	0	0	0	135	0	0	0	0	5	123	0	0	0	263
Poetry/Story Walk	0	76	0	0	0	0	0	0	0	0	0	0	0	0	0	0	143	0	36	0	0	0	255
Peace Jam	156	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	156
Be Proud! Be Protective!	0	0	0	0	0	0	0	0	0	0	0	0	17	0	0	0	0	0	0	34	0	0	51
<b>Education Groups</b>	2	0	119	240	515	0	550	0	0	0	0	853	424	348	0	0	806	0	0	54	404	63	4378
Adult/Youth Education	2	0	0	240	405	0	0	0	0	0	0	853	0	348	0	0	0	0	0	0	404	47	2299
School Support	0	0	119	0	110	0	550	0	0	0	0	0	424	0	0	0	806	0	0	54	0	16	2079
<b>Mutual self-help Groups</b>	375	131	182	101	198	0	197	482	7	968	0	448	335	86	13	7	262	75	733	425	400	637	6062
Parent support groups	362	38	93	101	0	0	97	482	7	947	0	366	326	86	4	7	172	8	720	212	350	603	4981
Grandparents' support group	13	93	89	0	198	0	100	0	0	21	0	82	9	0	9	0	90	67	0	41	48	34	894
Sub Use Recovery/Prevention groups	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	172	2	0	187
<b>Recreational activities/events</b>	2279	732	328	666	2619	28	2978	43	226	2814	3	1942	1097	215	0	20	1715	280	1163	790	587	215	20712
Recreational activities/events	1845	631	113	664	2569	28	2929	28	184	1333	0	1235	992	215	0	20	1399	256	738	580	587	148	16466
Playgroups	434	75	215	2	50	0	49	0	0	1463	3	473	96	0	0	0	116	24	310	0	0	7	3317
Holiday party	0	26	0	0	0	0	0	15	42	18	0	234	9	0	0	0	200	0	115	210	0	60	929
<b>Drives (clothing, holiday, food, etc.)</b>	223	452	435	65	1193	0	0	12	47	1773	123	0	89	200	0	0	84	0	146	9	5674	24	10549

**Table A4: Individuals Served by FRCs by Massachusetts Cities and Towns (January – December 2017)**

#	City	#	City	#	City	#	City	#	City	#	City
16	Abington	1593	Boston	49	Dartmouth	7	Grafton	9	Lenox	3	Monroe
2	Acton	100	Bourne	46	Dedham	36	Granby	178	Leominster	1	Monson
18	Acushnet	1	Boxford	19	Deerfield	17	Great Barrington	13	Leverett	213	Montague
154	Adams	3	Boylston	99	Dennis	714	Greenfield	4	Lexington	2	Monterey
14	Agawam	213	Braintree	3	Dighton	5	Groton	5	Leyden	5	Nahant
4	Amesbury	52	Brewster	6	Douglas	1	Groveland	1	Lincoln	165	Nantucket
516	Amherst	32	Bridgewater	73	Dracut	58	Hadley	1	Littleton	9	Natick
30	Andover	3	Brimfield	14	Dudley	3	Hampden	6	Longmeadow	4	Needham
19	Aquinnah	1263	Brockton	1	Dunstable	4	Hancock	1821	Lowell	6	New Ashford
4	Arlington	2	Brookfield	24	East Bridgewater	16	Hanover	55	Ludlow	1797	New Bedford
6	Asburnham	9	Brookline	4	East Brookfield	4	Hanson	11	Lunenburg	1	New Marlborough
1	Ashby	3	Buckland	8	East Longmeadow	1	Hardwick	653	Lynn	4	New Salem
8	Ashfield	5	Burlington	19	Eastham	14	Hatfield	1	Lynnfield	4	Newbury
27	Ashland	10	Cambridge	73	Easthampton	99	Haverhill	16	Malden	4	Newburyport
304	Athol	22	Canton	3	Easton	3	Hawley	5	Mansfield	7	Newton
15	Attleboro	1	Carlisle	179	Edgartown	4	Heath	1	Marblehead	1	Norfolk
19	Auburn	5	Carver	1	Egremont	25	Hingham	4	Marion	818	North Adams
6	Avon	17	Charlemont	16	Erving	6	Hinsdale	51	Marlborough	34	North Andover
5	Ayer	7	Charlton	74	Everett	52	Holbrook	11	Marshfield	3	North Attleboro
548	Barnstable	10	Chatham	20	Fairhaven	12	Holden	97	Mashpee	3	North Brookfield
18	Barre	53	Chelmsford	1221	Fall River	8	Holliston	4	Mattapoissett	1	North Reading
5	Becket	60	Chelsea	158	Falmouth	668	Holyoke	15	Maynard	163	Northampton
1	Bedford	20	Cheshire	461	Fitchburg	9	Hopkinton	4	Medford	9	Northborough
119	Belchertown	1	Chesterfield	29	Florida	3	Hubbardston	2	Medway	15	Northbridge
4	Bellingham	230	Chicopee	10	Foxborough	21	Hudson	5	Melrose	26	Northfield
5	Belmont	23	Chilmark	342	Frammingham	20	Hull	1	Merrimac	3	Norton
1	Berkley	26	Clinton	9	Franklin	3	Kingston	240	Methuen	3	Norwell
2	Berlin	3	Cohasset	10	Freetown	8	Lakeville	48	Middleborough	20	Norwood
21	Bernardston	21	Colrain	112	Gardner	5	Lancaster	3	Middleton	223	Oak Bluffs
15	Beverly	3	Conway	2	Georgetown	15	Lanesborough	72	Milford	99	Orange
27	Billerica	8	Cummington	14	Gill	2169	Lawrence	55	Millbury	17	Orleans
1	Blackstone	21	Dalton	1	Gloucester	22	Lee	1	Millis	1	Otis
4	Bolton	19	Danvers	5	Goshen	5	Leicester	45	Milton	13	Oxford

#	City
5	Palmer
2	Paxton
18	Peabody
12	Pelham
2	Pembroke
5	Pepperell
4	Petersham
5	Phillipston
907	Pittsfield
5	Plainfield
3	Plainville
21	Plymouth
4	Provincetown
595	Quincy
142	Randolph
5	Raynham
1	Reading
1	Rehoboth
41	Revere
1	Richmond
8	Rochester
55	Rockland
1	Rockport
3	Rowley
7	Royalston
4	Rutland
17	Salem
4	Salisbury
68	Sandwich
9	Saugus
5	Savoy
6	Scituate
7	Seekonk

#	City
3	Sharon
9	Sheffield
37	Shelburne
8	Shirley
47	Shrewsbury
19	Shutesbury
30	Somerset
5	Somerville
45	South Hadley
9	Southampton
6	Southborough
67	Southbridge
4	Southwick
36	Spencer
2115	Springfield
7	Sterling
4	Stockbridge
3	Stoneham
67	Stoughton
1	Stow
7	Sturbridge
64	Sunderland
2	Sutton
8	Swampscott
30	Swansea
39	Taunton
6	Templeton
60	Tewksbury
155	Tisbury
11	Townsend
3	Truro
22	Tyngsboro
8	Uxbridge

#	City
4	Wakefield
2	Wales
9	Walpole
6	Waltham
57	Ware
113	Wareham
19	Warren
5	Warwick
7	Watertown
36	Webster
7	Wellesley
6	Wellfleet
4	Wendell
5	West Boylston
8	West Bridgewater
1	West Brookfield
141	West Springfield
4	West Stockbridge
82	West Tisbury
17	Westborough
47	Westfield
12	Westford
2	Westminster
26	Westport
4	Westwood
347	Weymouth
4	Whately
38	Whitman
7	Wilbraham
12	Williamsburg
44	Williamstown
25	Winchendon
1	Windsor

#	City
6	Winthrop
12	Woburn
1943	Worcester
3	Worthington
7	Wrentham
185	Yarmouth
6024	Unknown/None

## Appendix B: FRC Family Success Stories

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

A mother and her son experiencing a challenging relationship started coming to the FRC in December 2016. The son had difficulty building relationships with others, often refusing directions, and had been asked to not return to certain activities in the community because of his behavior towards staff and his peers. The mom felt challenged implementing rules and boundaries because of how aggressive the son would become towards her. The mom has attended two parent support groups at the FRC. She has begun to use the tools that she has learned and implements them at home and while at the center. Her son has become comfortable coming to the FRC, and has become involved in a number of activities. He has even established relationships with the staff. He is attending an anger management group there, and is doing a better job in following directions, engaging appropriately, and is willing to help clean up the room when the group is over.

### *North Quabbin Family Resource Center, Athol*

The Athol Royalston school district's new superintendent has become more involved in collaborating with the FRC on planning a Parent Café. The superintendent planned to bring principals and vice principals representing schools in the district to a planning meeting. The new superintendent is committed to working in partnership with the FRC.

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

This FRC hosted its 3rd Annual Trunk or Treat event in October. Over 150 families participated and more than 25 volunteers brought their decorated cars to display and candy to distribute. The volunteers also helped with facilitating activities available for families. The FRC received donations of Halloween costumes for families; one child was thrilled to be able to dress as a bowl of popcorn, and it brought their family to tears. This is one of this FRC's larger-scale events, and the hope is to increase its size and impact further in future years.

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

A single mother of four children lost her job and was facing eviction came into, and came to the FRC seeking assistance. She worked directly with a staff member who first connected her to resources that addressed basic needs, such as local food and clothing banks. Then she worked with the staff member to conduct a job search, and she applied for several jobs while at the FRC. A few weeks later, she let the staff know she was hired for one of those jobs. She also shared that it was a full-time job that had the option of overtime. She was so proud and happy to be able to pay her rent in full, and is no longer facing the risk of eviction or homelessness.

### *Everett Family Resource Center*

A mother of five came to the FRC seeking information related to fuel assistance. Her youngest son was born prematurely and in need of constant attention, and she was feeling overwhelmed by his needs. During her visit to the FRC, staff called a community agency and assisted her in filling out and sending that organization's enrollment paperwork. Staff was able to refer her son to Early Intervention, helped the mother sign her three-year-old daughter up for Head Start, and gave her information about parenting support groups. The mother revisited the FRC recently to let staff know she had been approved for fuel assistance. She was also in the midst of scheduling a health assessment for her youngest child, and was attending a local food bank where she'd received a very generous food donation.

### *Family Service Association, Fall River*

A grandmother came to the FRC after she found the program's information online. She sought help looking for resources to assist with obtaining guardianship of her grandchildren and moving them from an out-of-state

foster care system to Massachusetts to live with her due to a parental termination of rights situation.

The FRC provided assistance with phone calls, emails, and completion of paperwork related to having her grandchildren move to the state. She also received information on the Grandparents Raising Grandchildren (GRG) support group held at the FRC and referrals for mental health services for all the children. The FRC also helped with: MassHealth questions/applications; navigating the school system and special education services; navigating the foster care system; and clothing. She learned about family activities held at the FRC and scholarships for the children to participate in recreational activities at a local facility. The grandchildren are now living in Massachusetts with her, and all are adjusting and doing well. They attend school and are engaged in clinical services to address trauma and transitions. The grandmother participates in the GRG group, and the family continues to join in activities provided by the FRC, seeking support as needed.

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

A family was in need of clothing for all members, but were unable to attend the FRC's clothing giveaway. While at the FRC a few days later to get the clothing, the mom disclosed that they were living with family, and as part of their DCF Service Plan, the goal was for the family to have their own apartment.

The FRC referred the family to a local housing assistance program to see if they met the requirements for rental assistance. They were approved, and the family were able to get an apartment. The FRC also helped them get furniture through other local social service agencies.

### ***Wayside Framingham Family Resource Center***

A family of three facing eviction came to the FRC. The mother was working two jobs, using Uber for transportation, and the father recently had his work visa revoked. The FRC helped the family navigate the court process, and at the same time assisted them with a housing search and applications for moving in expenses, including first and last month's rent and security deposit. The FRC also made a referral for legal assistance for the immigration issue, and provided the family with needed clothing, food, and fuel assistance referrals. After a few months, the family shared that they had secured housing and reliable transportation, and were working on the immigration issue. They keep in touch with the staff to get updates on FRC programs and events.

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

After a number of students were arrested following an after school fight at a local high school, one of the parents of an involved student contacted the FRC for support. FRC staff attended the arraignments and did outreach to all the parents of those students, offering support within the court system and the school. The school also reached out to the FRC for consultation, and as a result, a stronger relationship has been built. Although the students were suspended, the FRC actively worked for a restorative process to take place between the students to move them forward.

### ***Enlace Family Resource Center, Holyoke***

A high school student that was not successful in school – since his goal was to work – was referred to the FRC's school liaison. She was able to get him the correct supports in order for him stay in school and have a better understanding of how to reach his goals.

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

At the end of the school year, the FRC was contacted by a local school requesting support for two young boys. During recess, one boy injured another during a game when he threw the basketball. The parents of the injured child felt their child was a victim of bullying, and requested the other child be asked to leave the school. FRC staff determined mediation would be the best option for the boys. The FRC School Liaison met with each family and the children to hear their concerns. Afterward, they met with the classroom teacher and the two boys

individually a few weeks prior to the start of school in the fall. The boys did an excellent job of sharing their thoughts, concerns, and ideas for the upcoming year and how they might communicate better with each other. They discussed the importance of respecting each other and asking for help from a trusted adult throughout the school year. Both boys started the year in September successfully. The director of the school sent a card to the FRC, thanking the staff for their time and effort in supporting both families and working towards the goal of returning both boys to school.

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

A mother came into the FRC due to her teenage son struggling in school and at home. The teen was nervous when he came in for an assessment as he hadn't been diagnosed or screened for a neurological disorder in the past. A clinician evaluated the young man and made a referral due to anxiety and low self-esteem. The clinician educated the family about IEP and getting testing for the young man. The mother reported she had no idea the school offered special services for children in need and her son reported he was happy and wants to see the clinician for family updates.

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

A father who was attending the Nurturing Father's Program share that he had a poor relationship with his daughter and really struggled with communication. In the group, different ways of engaging with children were discussed and the group's homework was to try a new strategy for engagement. The father took the homework seriously and that week was able to connect with his daughter "in a way that they haven't done in years". He took her out to eat and "just talked ... without expectations". He has also started a communication journal with his daughter that they can write back and forth to each other when in-person communication becomes difficult.

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

A mom and son came to the Family FRC because the son was struggling in school and was getting suspended often. The dad no longer had any involvement with the son, and the behavior had gotten worse when the dad left the family. The son expressed his wish that he just wanted his dad back. Knowing this was not possible, the FRC suggested using a male mentor to support and listen to him. Another community agency, starting a new mentorship program with their staff, offered assistance, and after hearing the son's story, a number of the male employees immediately volunteered to mentor the son. The son is now back on track with school, and checks in with the FRC regularly to share how he is doing.

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

A local family partner came to the FRC with an ongoing challenge: provide numerous in-need clients with undergarments. FRC staff discovered two Boston area non-profits, who provided more than 30 bras that were given to women on the Cape.

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

A mother who was in recovery and her son who had a child of his own and a new baby on the way visited the FRC looking for supports. The young man and his girlfriend were involved with DCF. They came to the FRC for Nurturing Fathers through a referral from DCF. FRC staff assisted the whole family with various basic needs. The family recently visited the FRC to check in and talk about the progress the family had made. The mother had an awesome job working for a temp agency and she wanted to give back to other families struggling with getting work through her new position as a recruiter for her employment agency. She was excited to also share she would be purchasing a house with her son who was also working for the company.

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

A young mother came into the FRC where she shared her struggles with an addiction to alcohol, as well as her abusive relationship with the father of her children. As a result, DCF became involved and her children were removed from her care. With the goal of regaining custody of her children, she joined the Parenting Journey program where she took on a supportive role to other parents taking the class. She regularly went above and beyond to share the resources that helped her through her struggles. The mother now has full custody of her children, is working full time, and decided to participate in a program to gain safe and sustainable housing. She continues to help others and build a strong and healthy family foundation for her children.

### ***Island Wide Youth Collaborative: A Massachusetts Family Resource Center, Oak Bluffs/Martha Vineyard***

The FRC worked with a young mother who could not secure a full time job due to daycare issues. Through a collaboration with community resources, the FRC was able to help her get a spot for four days a week so that she could go back to work. The FRC case managers have worked with her to build confidence and have stabilized her situation in regards to her weekly income. This young woman is now working towards a goal of becoming a certified nursing assistant.

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

A father was referred by DCF for parenting classes after the stress of his partner's addiction and a family conflict resulted in an altercation with his sister. His infant son was removed from his care. The father began meeting semi regularly with the Men Who are Parenting Group, sees the clinician weekly, and will be meeting with a family support worker to discuss getting connected to concrete resources such as health insurance and transitional assistance. DCF is working with him on reunification with his son and as a result, he is spending more time with the child at home. DCF has also offered to let him adopt his son's half-brother which he has decided to do. He expresses his gratitude that the FRC has helped him feel calmer about parenting.

### ***Quincy Family Resource Center***

A youth with a CRA, who had been involved with the FRC in the past, was referred again for supports and services. He was referred to a Life Skills group at the FRC for teens between 15 and 18 years of age. When his probation officer learned of this from the FRC, the officer mentioned that in the past this youth would get himself to all of his own appointments on his bicycle. The officer was concerned about him being able to get to the group as his bicycle had been stolen. When the FRC heard about this, staff found someone who donated a bicycle, and purchased a bike lock and helmet to give to this youth. This allowed him to not only get himself to groups at the FRC, but to his other appointments as well.

### ***Gandara Center – Springfield Family Resource Center***

A grandparent who was struggling in her relationship with DCF came to a Grandparents Raising Grandchildren support group. She was trying to get custody of her two grandchildren but had a lot of resentment towards DCF because of their involvement in her situation and a past history she had herself with them. FRC staff helped her to understand where DCF was coming from, educated and reassured her of the process, and attended a team meeting with her to help her find answers for some of the questions she had. The client now has a much more positive outlook, is on track to get custody of her grandchildren, and has a much better relationship with her DCF worker. She continues to be a strong member of the grandparents group.

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

A mother grieving the loss of her stillborn child came to the FRC. Before coming, she went to a support group for mothers who miscarried but found that it was not a good fit. FRC staff referred her to individual counseling and to a “Compassionate Friends” support group. This mother, who had two other children, was struggling to deal with her depression while also seeking a suitable apartment. She had a Section 8 voucher which was in danger of expiring because she had no success in finding any apartment within her maximum rent range. The FRC staff worked with her to come up with more ideas for finding an apartment, and explained how the extension process for the Section 8 voucher program worked. A number of months later, she has found suitable housing and emotionally in a brighter place.