

Family Resource Center Program Evaluation Report

March 2020



www.frcma.org

Family Resource Center Program Evaluation Report: Calendar Year 2019
Prepared by the University of Massachusetts Medical School

Recommended Citation:

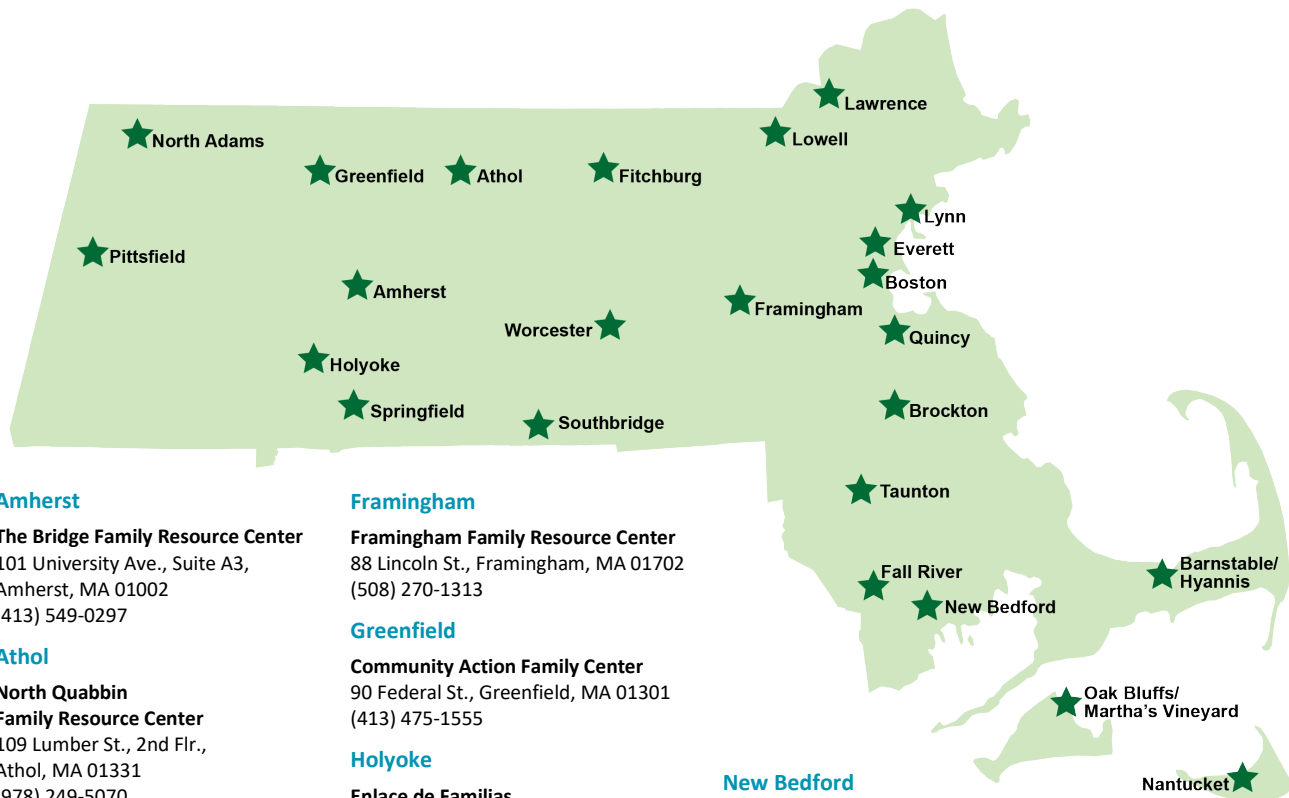
Henry, A. D., Pratt, C., Miller, K. F., & Tedesco, R. (2020, February). *Massachusetts Family Resource Center Program Evaluation Report: Calendar Year 2019*. Shrewsbury MA: Commonwealth Medicine, University of Massachusetts Medical School.

Table of Contents

Table of Contents.....	1
Locations of Massachusetts Family Resource Centers.....	3
Executive Summary	4
I. Background.....	6
The Family Resource Center Network	6
The Family Resource Center Conceptual Framework.....	6
II. Ongoing Evaluation of the Family Resource Centers	7
Evaluation Goals	7
Data Sources	7
Data Collection and Analysis Methods	8
III. Families and Family Members Served by FRCs	9
Number of Families Served by FRCs in 2019	9
Number of Family Members Served by FRCs in 2019.....	10
Household Characteristics of New Families Served by FRCs	10
Estimating Homelessness Among Families Served by FRCs.....	11
IV. Characteristics of Adults Served by FRCs	12
Demographic Characteristics of Adults.....	12
Education, Employment, Income, Basic Needs, and Health of Adults.....	13
V. Characteristics of Children and Youth Served by FRCs	15
Demographic Characteristics of Children and Youth	15
Education, Employment, Basic Needs, and Health of Children and Youth.....	16
Characteristics of Children Requiring Assistance (CRA).....	18
VI. Services and Programs Provided by FRCs.....	19
Sources of Referral to FRCs in 2019	19
Reasons for Visits to FRCs.....	20
Individualized Services and Supports Provided by FRCs.....	21
Classes, Groups, Workshops, and Other Programming Provided by FRCs	23
Family Member Satisfaction with FRC Services	24
VII. Tracking FRC Outcomes	25
Pilot Outcome Evaluation Approach.....	25
Data Collection Methods	26
FRC Staff Report Using REDCap.....	26
Family Member Surveys.....	26
Findings.....	27
FRC Staff Report on Family Member Outcomes in REDCap	27
Family Member Responses to Outcome Surveys.....	31
Summary of Pilot Findings	34
FRC Staff Report of Outcomes.....	34
Family Member Responses to Outcome Surveys.....	35

Recommendations	35
VIII. Efforts to Share Information and Data Between Centers	36
Data Sharing with FRCs and DCF	36
The Program Management and Practice Development (PMPD) Meeting Schedule for 2019	36
FRConnect and QuickConnect	37
FRC Staff Training	37
Types of Trainings Offered to the Family Resource Centers	37
Training Attendees	39
Satisfaction with Trainings	39
IX. Summary	42
References	44
Appendix A: Cumulative and Individual FRC Data Tables, 2019	45
Appendix B: Legislative Mandate for FRC Evaluation	57
Appendix C: FRC Family Success Stories, 2019	58

Locations of Massachusetts Family Resource Centers



Amherst

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

Athol

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

Boston

**Boston-Suffolk County
Family Resource Center**
53 Dimock St., Lower Level,
Roxbury, MA 02119
(617) 469-8501

Brockton

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

Everett

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

Fall River

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

Fitchburg

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

Framingham

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

Greenfield

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

Holyoke

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

Hyannis / Barnstable

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

Lawrence

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

Lowell

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

Lynn

**Family Forward Resource Center –
Centerboard, Inc.**
103 Johnson St., Lynn, MA 01902
(339) 883-2401

Nantucket

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

New Bedford

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

North Adams

The Family Place
61 Main St., Suite 218,
North Adams, MA 01247
(413) 663-7588

Oak Bluffs / Martha's Vineyard

Island Wide Youth Collaborative
111 Edgartown Rd.,
Oak Bluffs, MA 02557
(508) 693-7900 x406

Pittsfield

18 Degrees
480 West St.,
Pittsfield, MA 01201
(413) 442-5333

Quincy

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

Southbridge

**YOU Inc. – Southbridge Family
Resource Center**
328 Main St., Southbridge, MA 01550
(508) 765-9101

Springfield

**Gándara Center –
Springfield Family Resource Center**
18 Gaucher St., Springfield, MA 01109
(413) 733-7699

Taunton

Taunton Family Resource Center
37 Main St., Taunton, MA 02780
(774) 501-2633

Worcester

**YOU, Inc. Worcester
Family Resource Center**
484 Main St., Suite 460, 4th Fl.,
Worcester, MA 01608
(508) 796-1411

Website: www.frma.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.

FRCs are overseen by the Massachusetts Department of Children and Families (DCF). Currently there are 24 FRCs across the Commonwealth, with plans for three new FRCs to launch in 2020. 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 2019 Annual Report provides a statewide summary of descriptive information regarding characteristics of adults and children served by FRCs, the types of services that the FRCs provided, notable changes in family member characteristics and service delivery, family member satisfaction with services, and findings from a pilot outcome evaluation examining outcomes for family members in six areas.

The data presented in this report is derived from the FRC Database, an electronic client relationship management 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 data also includes family members' ratings on the FRC satisfaction surveys. Additionally, this report includes quantitative data on family outcomes, including outcomes reported by FRC staff and family members' responses to surveys examining their experiences with FRC services in six key areas.

The purpose of the evaluation is to provide continuous feedback and to assess the impact that FRC services and participation have on families. Ongoing evaluation information is used to provide continuous program feedback to assess quality, improve services, and identify family member outcomes. As required by Chapter 41 of the Acts of 2019 (see Appendix B), the report presents information on:

- The number of families, adults, and children served by the FRCs in 2019;
- Characteristics of adults, children, and youth served by the FRCs;
- The types of programs and services provided by the FRCs in 2019;
- Program outcomes and client feedback; and
- Efforts to share information and data between centers.

Data derived from the FRC Database shows:

- A total of 10,869 unique families received services from the FRCs in 2019, compared to 12,286 in 2018; 8,031 were new families, while 9,464 new families were served in 2018.
 - Beginning in late 2017 and continuing through 2018, FRCs served an increased number of families due to Hurricane Maria. FRCs served 2,700 families from Puerto Rico displaced by the Hurricane. In 2019, FRCs saw a return to a normal service pattern which likely explains the decrease in the number of families served.
- Almost 70% of new families were in single-parent households; 40% of households had two or more children, while 32% reported no children living in the household.
- FRCs served 18,395 unique individuals – both adults and children – in 2019, approximately an 8% decrease from 2018.
 - 82% of adults, ages 18 and over, served by FRC in 2018 were parents; 75% were female.
 - 47% of adults identified as Latinx and 24% identified Spanish as their primary language. The percent of Latinx and Spanish-speaking family members served by FRCs decreased in 2019 compared to 2017 and 2018.

- Among children and youth served in 2019, 52% were male and 54% were between the ages 6 and 14. 5% of youth were identified as parents. As with adults, the percentage of children/youth who identify as Latinx and whose primary language is Spanish decreased in 2019 compared to 2017 and 2018.
- Many families served by FRCs in 2019 experienced income-related challenges.
 - 28% of adults were unemployed or out of the labor force; 29% reported income from disability or low-income benefits (SSDI/SSI, TAFDC/EAEDC), and 13% reported no source of income.
 - 59% of adults and 52% of children/youth were enrolled in MassHealth.
 - 30-40% of adults and children/youth were in families needing basic assistance with food and clothing.
- Starting this past year, information on homelessness was collected at intake. An estimated 18% of new families served by the FRCs reported being homeless at intake.
- Disability is common among adults and children served by FRCs. In 2019, 33% of adults and 39% of children experienced some type of disability. More than one-third of adults and children had a condition requiring medical care.
- 87% of children and youth served in 2019 were enrolled in school; 28% had missed more than eight days of school in the 10 weeks prior to coming to the FRC.
 - 36% of children received school-based supports through an Individualized Education Plan or 504 Plan.
 - 20% of children/youth served in 2019 were CRA or at-risk of CRA. Those identified as CRA were more likely to be older, male, have a disability, and be in poorer health than non-CRA children/youth.

The most common sources of referral to the FRCs continue to be friends/family, state agencies, courts, schools. While families seek FRC services for a variety of reasons, housing-related needs and hardship or financial concerns continue to be among the most common reasons families seek FRC assistance.

In 2019, FRCs provided more than 38,400 instances of individualized services to family members, a decrease from the 48,700 services provided in 2018. This decrease is consistent with the lower overall number of families and family members served in 2019 compared to 2018. The most common services provided by FRCs in 2019 included individual and family support, parenting support, equipment/materials, food/nutrition services, recreational activities, mental health services and supports, housing supports, school supports, and holiday assistance. The numbers of food/nutrition, equipment/materials and housing supports provided in 2019 were notably lower than the numbers provided in 2018.

Thousands of parents, children and youth attended parenting classes, groups, workshops, recreational activities, and other programming offered by the FRCs in 2019, suggesting that the FRCs are filling a vital need in the communities they serve.

There was a noteworthy increase in overall attendance across all classes, groups, and programs from 2018 to 2019. Thus, while individualized service provision appears to have decreased from 2018 to 2019 group-based classes and other programming increased over this period.

Satisfaction survey data shows that families' satisfaction with FRC services and programming is very high.

In 2019, a pilot evaluation was conducted to test two methods for collecting data on six key outcomes for family members served by the FRCs. The results of the pilot showed that FRC staff could effectively report on short-term outcomes for families in the areas of mental health status, housing status, parenting, school status, CRA status, and DCF involvement. Responses by family members to mailed surveys asking about these same six outcomes point to positive changes for families and suggest that family members are a better source of information regarding their longer-term outcomes in these areas. This report includes recommendations for a larger scale roll-out of regular outcome data collection efforts.

Finally, this report includes FRC success stories (see Appendix C), providing additional evidence of the programs' positive impacts on families.

I. Background

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

The Family Resource Center Network

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

FRCs began operation in early 2015, originally with 18 FRCs, with at least one in each of Massachusetts’ 14 counties. There are currently 24 FRCs across the Commonwealth. Full-service FRCs are located in Amherst, Athol/North Quabbin, Boston, Brockton, Everett, Fall River, Fitchburg, Framingham, Greenfield, Holyoke, Hyannis/Barnstable, Lawrence, Lowell, Lynn, New Bedford, North Adams, Oak Bluffs/Martha’s Vineyard, Pittsfield, Quincy, Southbridge, Springfield, Taunton, and Worcester. A micro-FRC operates on Nantucket. The newest FRCs in Taunton and Southbridge became operational in late 2019 and early 2020, respectively. An additional full-service FRC in Great Barrington and two new micro-FRCs in Plymouth and Ware will begin operations in 2020.

“Anything that they could help me with, they’ve helped me with...I had issues finding an apartment, I had issues with daycare. Like, you name it, I had issues. They wound up helping me with just about everything.”

– Parent

The Family Resource Center Conceptual Framework

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

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

¹ Chapter 240 of the Acts of 2012, as codified under MGL c.6A, §16U.

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

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

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

II. Ongoing Evaluation of the Family Resource Centers

Evaluators from UMMS work closely with DCF to implement an independent evaluation of the FRC Network. The overall purpose of the evaluation is to provide continuous program feedback to assess quality, improve services, and identify family outcomes.

Evaluation Goals

The goals of the evaluation are to:

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

This report reflects FRC activities during the period of January 1 to December 31, 2019. The 2019 Annual Report includes summary information across FRCs on:

- The number of families, adults and children served by the FRCs in 2019
- Characteristics of families, adults, and children/youth served by the FRCs
- The types of programs and services provided by the FRCs in 2019
- Family members' overall satisfaction with FRC services and programs
- Findings from a pilot outcome evaluation examining outcomes for family members served by FRCs in six areas
- DCF efforts to promote information sharing across FRC programs

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

Data Sources

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

Complementing the information in the FRC Database, FRC Satisfaction Surveys are used to assess family members' satisfaction with FRC services and educational and support groups. Additionally, in 2019 the UMMS evaluators conducted a pilot outcome evaluation of six key outcomes for both parents and children served by the FRC.

Data Collection and Analysis Methods

As noted above, data is collected directly from family members and entered into the FRC Database by staff at each FRC. Included in the 2019 Annual Report are data from:

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

De-identified data was extracted from the FRC Database in January 2020. Summary statistics were generated by the UMMS evaluation team.

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

Between May and December of 2019, UMMS evaluators conducted a pilot outcome evaluation of the FRCs, with the goal of testing the feasibility of two methods for collecting data on six key outcomes for family members receiving FRC services and generating preliminary data on these outcomes for family members. The methods included: 1) the use of a secure web-based database allowing FRC staff to report outcomes for a subset of family members, and 2) six brief surveys administered by mail asking family members about the outcomes (additional information about the methods and findings of the pilot is provided in Section VII).

Finally, FRCs provided “success stories” to the UMMS evaluation team. Stories were reviewed and edited by the evaluation team for clarity and to ensure total family anonymity (success stories are provided in Appendix C).

III. Families and Family Members Served by FRCs

Number of Families Served by FRCs in 2019

Family Resource Centers served a total of 10,869 unduplicated families in Massachusetts in 2019, including new families and returning families that first came to the FRCs in prior years.

Changes in the number of new families served by FRCs since 2015 are shown in Figure 1. FRCs served 4,764 families in 2015, 6,735 new families in 2016, 9,002 new families in 2017, 9,464 new families in 2018, and 8,031 new families in 2019. Since 2015, FRCs have served 37,996 unique families.

The decrease in the number of new families served in 2019 compared to 2017 and 2018 can primarily be attributed to the special efforts made by the FRCs in 2017 and 2018 to serve families from Puerto Rico that had been displaced by Hurricane Maria in September of 2017 (Henry, et al., 2018). Between 2017 and 2018, over 2,700 families displaced by Maria were served by the FRC network.

Figure 1. Changes in New Families Served by FRCs, 2015-2019

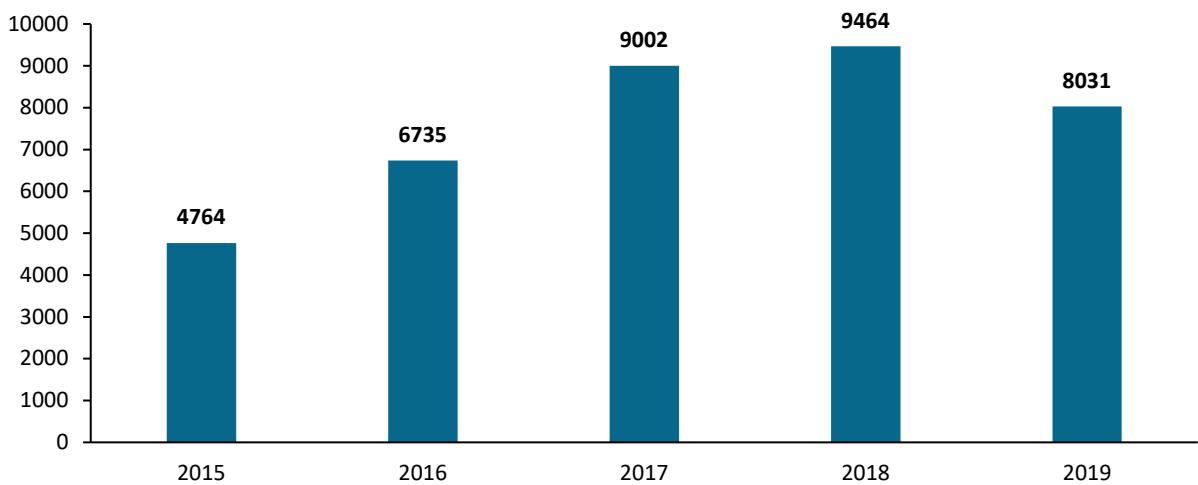
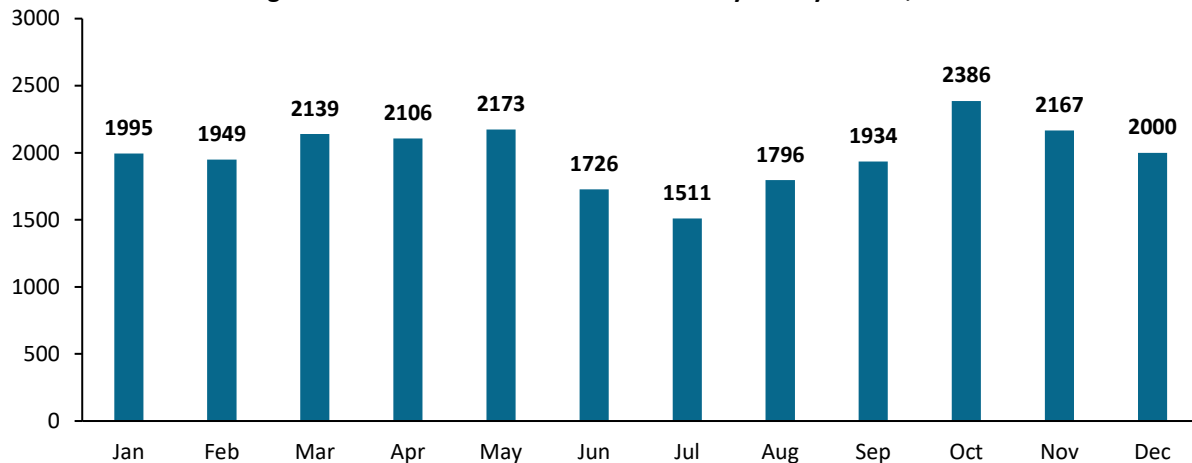


Figure 2 shows the total number of families served by the FRCs by each month in 2019. As noted above, almost 11,000 families were served by the FRCs in 2019. The number of families served tapered off in the summer and was highest in October. (Table A1 in Appendix A shows the number of families served across all FRCs.)

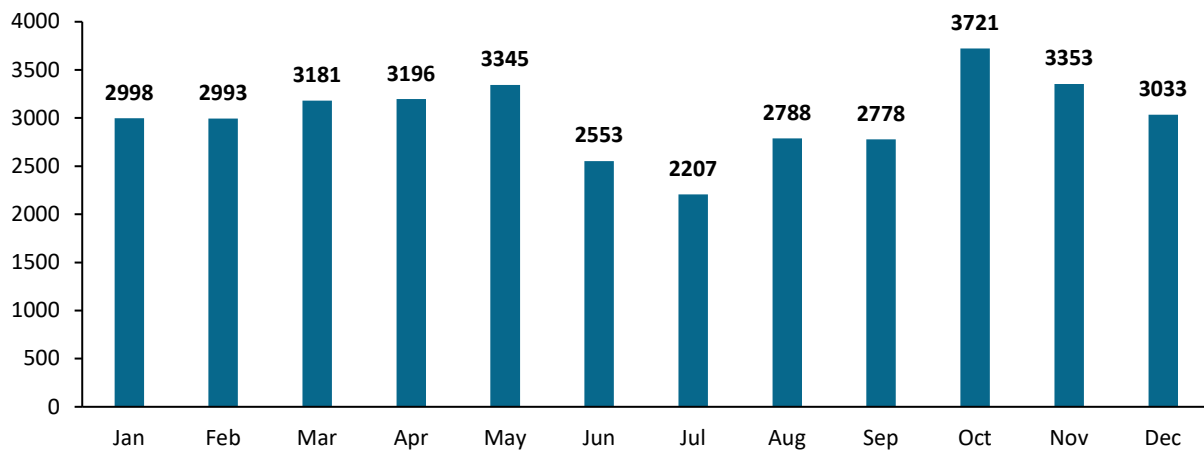
Figure 2. Total Number of Families Served by FRC by Month, 2019



Number of Family Members Served by FRCs in 2019

The FRCs served 18,395 unique family members in 2019, approximately an 8% decrease over the number served in 2018 (n=19,930). Again, this decrease can be attributed to the fact that FRCs served a large number of families displaced by Hurricane Maria in 2018. Approximately 63% of the individuals served by FRCs in 2019 were adults and 37% were children/youth. These family members include adults and children newly served by the FRCs in 2019, as well as those who first came to the FRC in earlier years but received services in 2019. Figure 3 shows the number of family members served by the FRCs from January to December 2019 and provides an indication of the volume of activity within the FRCs by month. As with families, the number of family members served tapered off in the summer months and was highest in October.

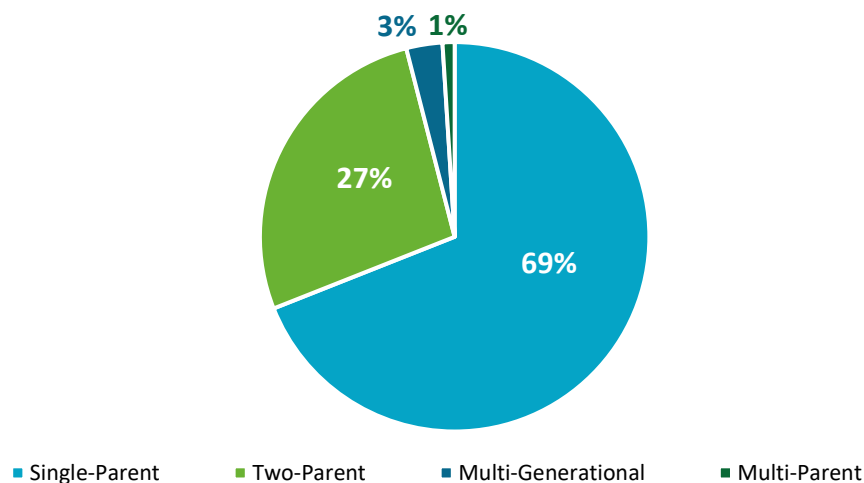
Figure 3: Number of Family Members Served by FRCs by Month, 2019



Household Characteristics of New Families Served by FRCs

Among new families served in 2019, 69% were single-parent households (Figure 4), which is consistent with the make-up of FRC families observed in prior years.

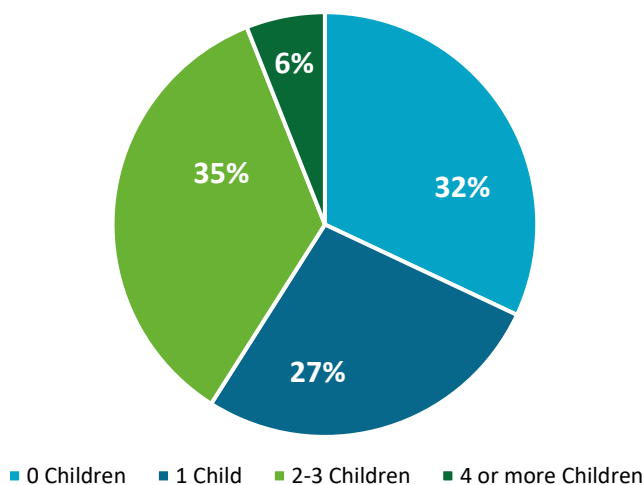
Figure 4. Households of New Families Served by FRCs, 2019



As shown in Figure 5 (below), approximately one-third of new families had one child living in the household and more than 40% had two or more children. Of note, 32% of new families reported no children living in the household, which suggests that a number of households seeking FRC services are comprised of non-custodial parents, parents with adult children, or adults without children. The percentage of families reporting no children living in the household has been increasing since 2015. This percentage was 13% in 2015 and 2016, 18% in 2017, and 20% in 2018.

Overall, 48% of new families served in 2019 reported three or more people living in the household.

Figure 5. Number of Children in Household, New Families Served by FRCs, 2019



Estimating Homelessness Among Families Served by FRCs

Data collected by FRCs over the past several years suggests that many families seeking FRC services are insecurely housed or have experienced homelessness. Moreover, service delivery data shows that FRCs provide significant housing-related services and supports to families. Given the prevalence of housing insecurity and need among FRC-served families, it has become even more critically important to accurately assess housing status and homelessness among families served.

Prior to 2019, housing status was not assessed at FRC intake, the point at which basic background information on families is collected. Rather, it was assessed only for the subset of family members “screened” for additional service needs. Typically, only those with more intensive service needs are screened, approximately half of all adults and children. Consequently, estimates of homelessness among FRC families could only be made for those who were screened. Between 2015 and 2018, estimates of homelessness among those screened increased from 18% to 34%, and FRCs saw a significant increase in the numbers of families seeking housing-related supports. However, these percentages were not an accurate estimate of homelessness and housing needs among all families served.

In mid-2019, DCF determined that housing status should be assessed for all families seeking FRC services. The UMMS evaluation team made changes to the data collection process so that housing status and experience of homelessness is assessed at family member intake. Subsequently, the data collected suggests that approximately 18% of new families (approximately 1,400-1,500 families) served in 2019 were homeless (sheltered and unsheltered) at intake. Going forward, this revised approach to collecting data on housing status of families will allow for a more accurate estimate of the experience of homelessness among FRC families.

IV. Characteristics of Adults Served by FRCs

Demographic Characteristics of Adults

Adults⁴ include individuals age 18 and older who received services from an FRC in 2019. Demographic information is collected using the Family Member Intake Form. Information was available for 10,466 adults served during 2019. Basic demographic characteristics of adults are shown in Table 1. Most adults (82%) were birth, step, or adoptive parents, 65% were between the ages of 18 and 40, 75% were women, and 59% were single. The majority of adults identified themselves as White (73%); 25% identified as Black or African-American.

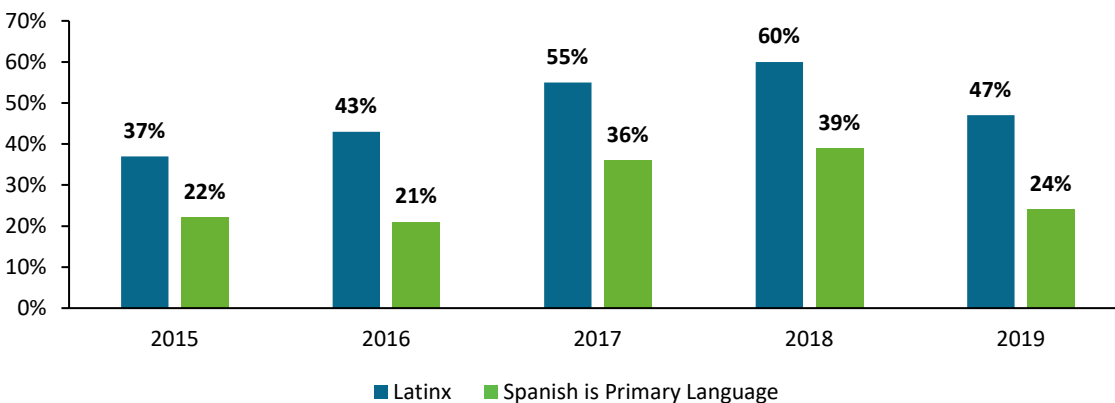
Table 1. Basic Demographic Characteristics of Adults Served by FRCs, 2019 (n=10,466)

Characteristics		%
Parental/Caregiver Status	Birth/Step/Adoptive Parent	82
	Grandparent	4
	Other/Not Applicable	14
Age	18-30	30
	31-40	35
	41-50	20
	51 and over	16
Gender	Female	75
	Male	25
Marital Status	Single	59
	Married/Partnered	34
	Divorced/Separated/Widowed	7
Race*	White	73
	Black/African-American	25
	Asian/American Indian/Native Hawaiian/Other	5

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

The basic demographic characteristics of adults seeking FRC services (as shown in Table 1 above) have been relatively consistent since the inception of the FRCs in 2015. As shown in Figure 6 below, the percentage of adults identifying as Latinx and whose primary language was Spanish was notably higher in 2017 and 2018; however, in 2019 these percentages decreased and are similar to percentages seen in 2015 and 2016. This fluctuation in the percentage of Latinx family members served by the FRCs over the 5 years from 2015 to 2019 can be attributed to the large number of families displaced by Hurricane Maria served by the FRCs in 2017 and 2018.

⁴ Individuals served by the FRCs are identified as adults or children based on the age and/or date of birth recorded on the Family Member Intake Form in the FRC Database. Of the 18,395 individuals receiving services from FRCs in 2019, 10,466 were identified as adults age 18 and over. Age or date of birth was missing for 1,706 people (9% of all individuals). These individuals could not be classified as adults or children.

Figure 6. Ethnicity and Primary Language of Adults Served by FRCs, 2015-2019


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

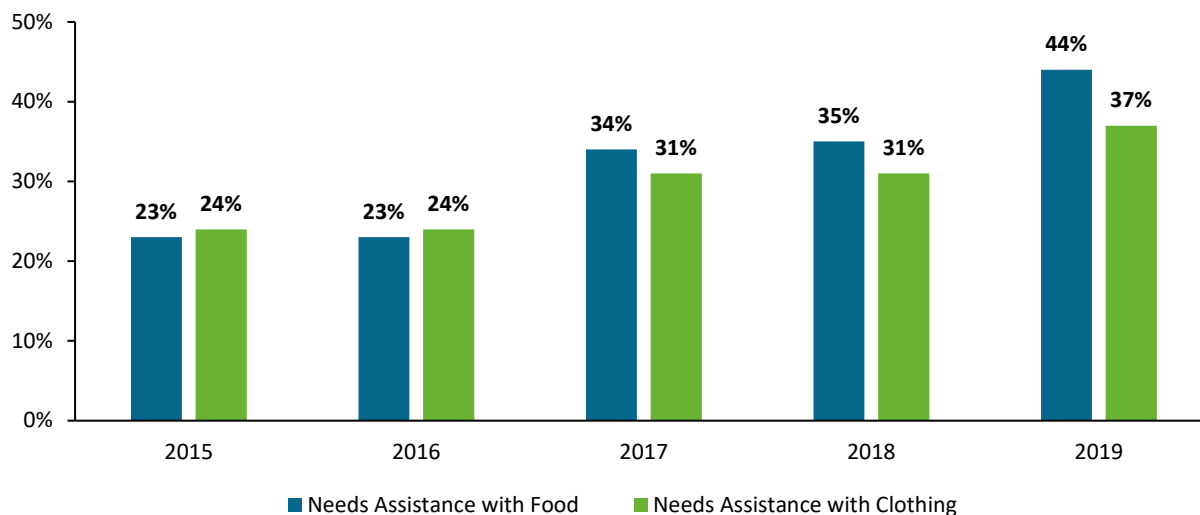
The FRC Adult Screening Form provides more in-depth information than the Intake Form, including information on education, employment and income, housing, health, and other needs. FRC staff generally complete screening forms for family members with greater need for FRC services and supports. Screening Forms were completed for 5,285 adults (about 50% of adults) served by the FRCs in 2019. Education, employment, and income characteristics of these higher need adults are shown in Table 2. A majority (59%) had completed high school or a GED; 11% had less than a high school education. Thirty-five percent were employed; 11% were homemakers, and 28% were unemployed or out of the labor force. Wages and salaries were the most common form of income at 36%; 29% reported income from disability benefits (SSI, SSDI, disability insurance) or Transitional Aid to Families with Dependent Children (TAFDC) and Emergency Aid to the Elderly, Disabled and Children (EAEDC), while 13% reported no source of income.

Table 2. Education, Employment and Income of Adults Served by FRCs, 2019 (n=5,285)

Characteristics	%	
Highest Level of Education	Less than high school	11
	High school/GED	59
	Associate/Bachelor/Graduate degree	21
	Other	9
Employment Status	Employed full- or part-time	35
	Homemaker	11
	Unemployed/Out of labor force	28
	Other	26
Sources of Income	Wages/Salary	36
	SSI/SSDI/Disability Insurance	18
	TAFDC/EAEDC	11
	No income	13
	Social Security Retirement/Pension	3
	Child Support/Alimony	4
	Other	15

The education, employment, and income characteristics of this subset of higher need adults have been relatively consistent over the years since FRCs were launched in 2015. However, among this subset of adults with higher need served by the FRCs, there has been a notable increase in the percentage of adults needing assistance with basic needs such as food and/or clothing.

Figure 7. Experience of Needing Assistance with Food or Clothing Among Adults Served by FRCs, 2015-2019



The Screening Form also provides information on the disability/health status and state agency involvement of these higher needs adults (Table 3). One-third of the adults (33%) reported having a disability; the most common types reported were mental/emotional (19%) and medical/physical (16%). The majority (64%) reported their overall health as good or excellent; 36% reported a health condition requiring regular care. A majority of adults (59%) were MassHealth members; 27% were involved with the Department of Transitional Assistance (DTA) and 19% were involved with DCF. These characteristics are similar to those seen among higher need adults in past years.

Table 3. Disability, Health, Health Care, and Agency Involvement Among Adults Served by FRCs, 2019 (n=5,285)

Characteristics	%
Has a Disability	33
Type of disability:	
Mental/Emotional	19
Medical/Physical	16
Other	4
Overall Physical/Mental Health	
Excellent or Good	64
Fair or Poor	36
Health Care Need and Use	
Has Condition Requiring Regular Care	36
Has Seen Doctor/NP in Last 12 Months	88
Has Seen Dentist in Last 12 Months	72
Agency Involvement	
MassHealth	59
Department of Transitional Assistance (DTA)	27
Department of Children and Families (DCF)	19

V. Characteristics of Children and Youth Served by FRCs

Demographic Characteristics of Children and Youth

Children and youth⁵ include individuals ages 0-17 who received services from an FRC in 2019. As with adults, children's demographic information is collected with the Family Member Intake Form; data is available for 6,223 children and youth served during 2019 (see Table 4). FRCs serve children across all age groups; in 2019, 54% of children and youth were between the ages of 6 and 15, and 52% were male. Five percent of youth were identified as parents. More than two-thirds (68%) of children and youth identified as White and 32% as Black/African-American.

Table 4. Basic Demographic Characteristics of Children and Youth Served by FRCs, 2019 (n=6,223)

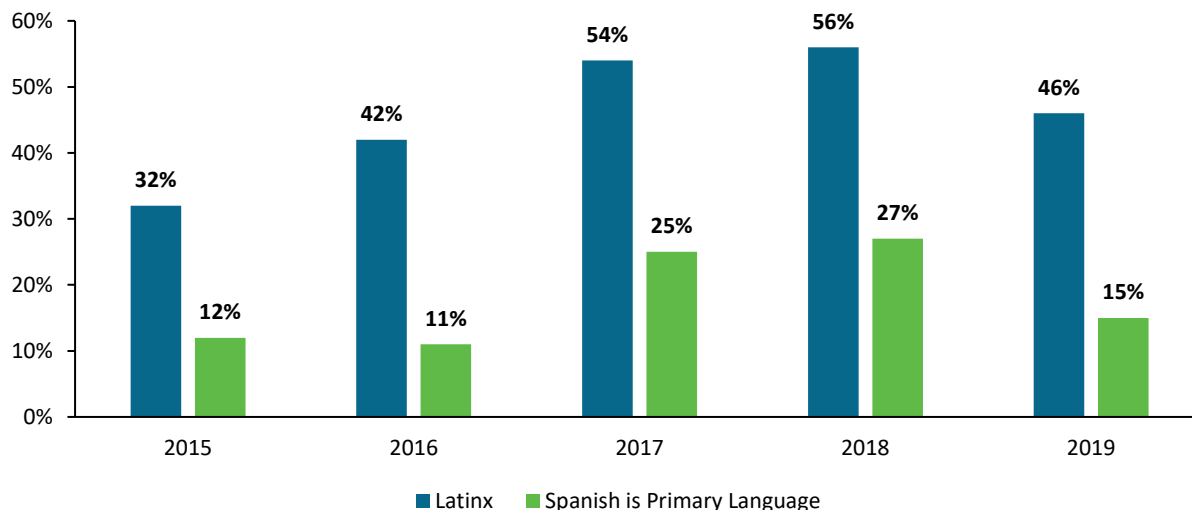
Characteristics		%
Age	0-5	30
	6-10	27
	11-14	27
	15-17	17
Gender	Male	52
	Female	47
	Other	1
Marital Status	Married/Partnered	1
Parental Status	Birth/Adoptive Parent	5
Race*	White	68
	Black/African-American	32
	Asian/American Indian/Native Hawaiian/Other	4

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

These basic demographic characteristics of children/youth served by the FRCs have been relatively consistent over time. However, as seen with adults, there has been a fluctuation in the percentage of children/youth identifying as Latinx over the years. The percentage of children/youth identifying as Latinx and whose primary language was Spanish was highest in 2017 and 2018 but decreased in 2019.

⁵ Individuals served by the FRCs are identified as adults or children based on the age and/or date of birth recorded on the Family Member Intake Form in the FRC Database. Of the 18,395 individuals receiving services from FRCs in 2019, 6,223 were identified as children or youth ages 0 to 17. Age or date of birth was missing for 1,706 people (9% of all individuals). These individuals could not be classified as adults or children/youth.

Figure 8. Ethnicity and Primary Language of Children/Youth Served by FRCs, 2015-2019



Education, Employment, Basic Needs, and Health of Children and Youth

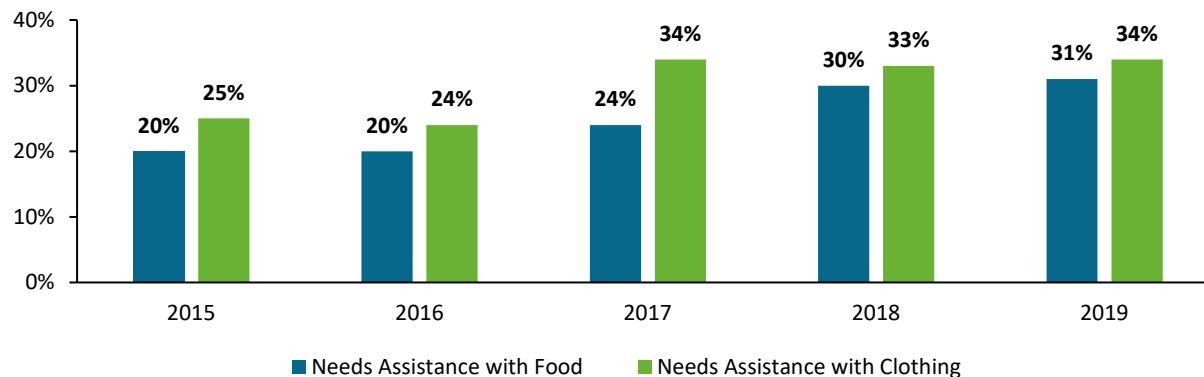
As with the adult form, the Child Screening Form tends to be completed for a child/youth with a higher level of need for FRC services and supports. Child Screening Forms were completed for 2,946 children and youth (approximately 47% of all children/youth) served by the FRCs in 2019. Education and employment characteristics are shown in Table 5. Nearly all children and youth (87%) were currently enrolled in school; approximately half (46%) were on an Individualized Education Plan (IEP) or 504 Plan. More than one quarter, (28%) had missed more than eight days of school in the 10 weeks prior to the screening. Only 5% were employed.

Table 5. Education and Employment: Children and Youth Served by FRCs, 2019 (n=2,946)

Characteristics		%
Educational Status	Currently enrolled in school	87
	Dropped out	1
	Suspended/Excluded/Alternative Program	2
	Other	11
	On an Individualized Education Plan (IEP)	36
	On a 504 Plan	10
	Missed more than eight school days in past 10 weeks	28
Employment Status	Has a job	5

As with adults, there are indications that the FRCs are serving an increasing number of children and youth living in families needing basic assistance with food and clothing. From 2015 to 2019 the percentage of children/youth in families needing assistance with food has increased from 20% to 31%, and the percentage in families needing assistance with clothing has increased from 25% to 34% (Figure 9 below).

Figure 9. Experience of Needing Assistance with Food or Clothing Among Children/Youth Served by FRCs, 2015-2019



The Screening Form also provides information on disability, health status, and agency involvement, shown in Table 6 below. 29% of children and youth had a disability, of which a mental/emotional condition was the most common type. Overall health was good or excellent for the majority (72%) of children and youth. 37% had a condition requiring regular medical care. 97% had seen a doctor or nurse practitioner in the past year and 88% had seen a dentist. Concerns about alcohol/drug use were reported for 13% of children and youth; 16% had used mobile crisis teams and 13% had experienced a psychiatric hospitalization.

Table 6. Disability, Health, and Health Care, and Agency Involvement: Children and Youth Served by FRCs, 2019 (n=2,946)

Characteristics	%
Has a Disability	39
Type of Disability:	
Mental/Emotional	18
Developmental	5
Autism	4
Medical/Physical/Hearing/Visual	5
Overall Physical/Mental Health	
Excellent/Good	72
Fair/Poor	28
Health Care Use and Needs	
Has condition requiring regular care	37
Has seen doctor/NP in last 12 months	97
Has seen dentist in last 12 months	88
Concerns about alcohol/drug use	13
Ever used mobile crisis team	16
Ever had psychiatric hospitalization	13
Agency Involvement	
MassHealth	52
Department of Transitional Assistance (DTA)	16
Department of Children and Families (DCF)	12
Courts	10

Characteristics of Children Requiring Assistance (CRA)

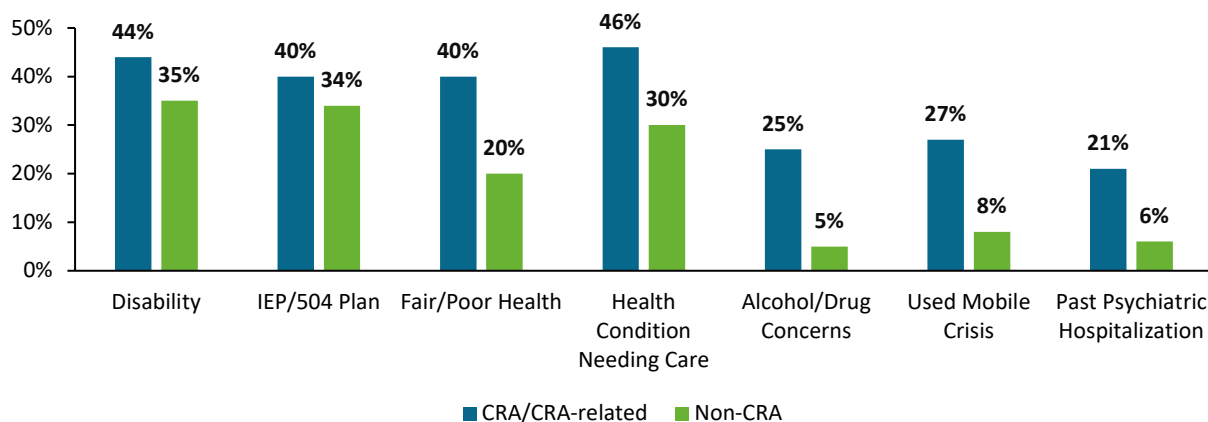
Children and youth designated as a Child Requiring Assistance (CRA) are a priority population for the FRCs. While families with children who have been formally designated as a CRA may be referred to FRCs for services by the courts, families with children who are exhibiting behaviors, or engaging in activities that are consistent with the CRA designation (or are CRA-related) are also often referred to FRCs by courts, schools, or other agencies as a prevention or early intervention effort. Children with CRA-related issues may have had difficulties or missed significant time in school or been suspended, had interactions with the courts, probation officers or police, been involved with the Department of Youth Services (DYS), had difficulty following rules at home, or have run away. In 2019, approximately 20% of children served by the FRCs were CRA or had CRA-related issues. Children identified as CRA or with CRA-related issues differed from those not identified as CRA on a number of demographic characteristics. Compared to non-CRA children, those identified as CRA were significantly more likely to be older, male, and to speak English as their primary language.

Table 7. Demographic Characteristics of CRA vs. non-CRA Children and Youth (n=4,866)

Demographic Characteristics		CRA or CRA-related		p
		Yes (n=947) %	No (n=3,919) %	
Age	0-5 years	3	34	<.0001
	6-10 years	15	29	
	11-14 years	45	24	
	15-17 years	37	13	
Gender	Male	56	52	<.01
	Female	44	48	
Primary Language	English	89	76	<.0001
	Non-English	11	24	

Figure 10 (below) shows differences between CRA/CRA-related and non-CRA children/youth on a number of disability and health characteristics. Those identified as CRA were more likely to have disabilities than non-CRA children and youth and were more likely to have IEPs or 504 plans than non-CRA children and youth. Among those identified as CRA, overall health was poorer, and these children and youth were more likely to have a health condition requiring regular care, to have concerns regarding alcohol and drug use, to have ever used mobile crisis services, and to have had a past psychiatric hospitalization compared to non-CRA children and youth.

Figure 10. Disability and Health Characteristics of CRA/CRA-Related vs. Non-CRA Children and Youth, 2019



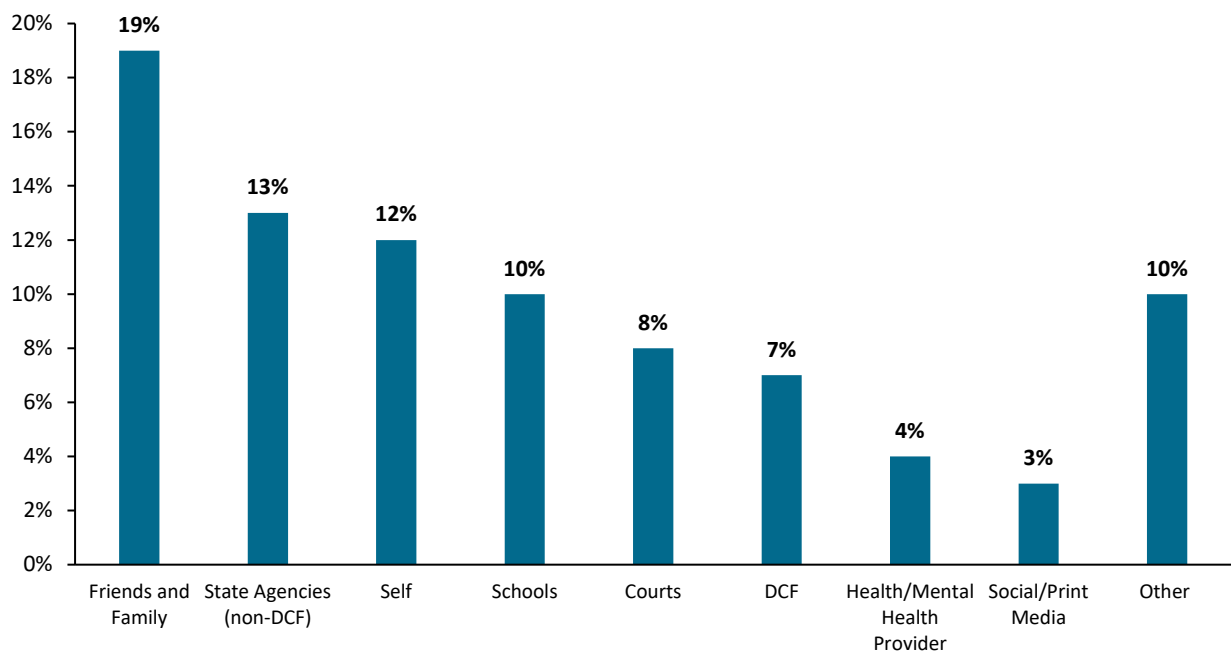
VI. Services and Programs Provided by FRCs

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

Sources of Referral to FRCs in 2019

The more than 8,000 new families served by the FRCs in 2019 were referred from a variety of sources. As shown in Figure 11, 19% of adult reported that they were referred to the FRCs by friends and family members, which has consistently been one of the most common sources of referral to the FRCs over the years.

Figure 11. Sources of Referral to FRCs for New Families, 2019

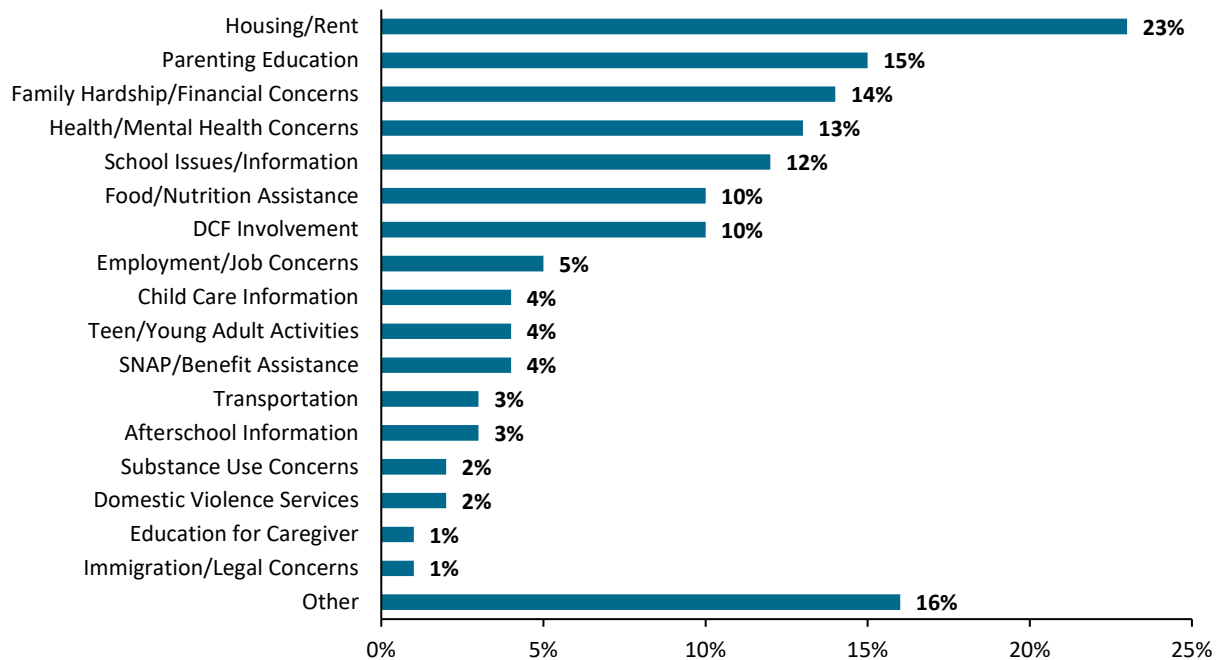


Other common sources of referral were Massachusetts state agencies (other than DCF), schools, courts and DCF. In addition, many families were self-referred.

Reasons for Visits to FRCs

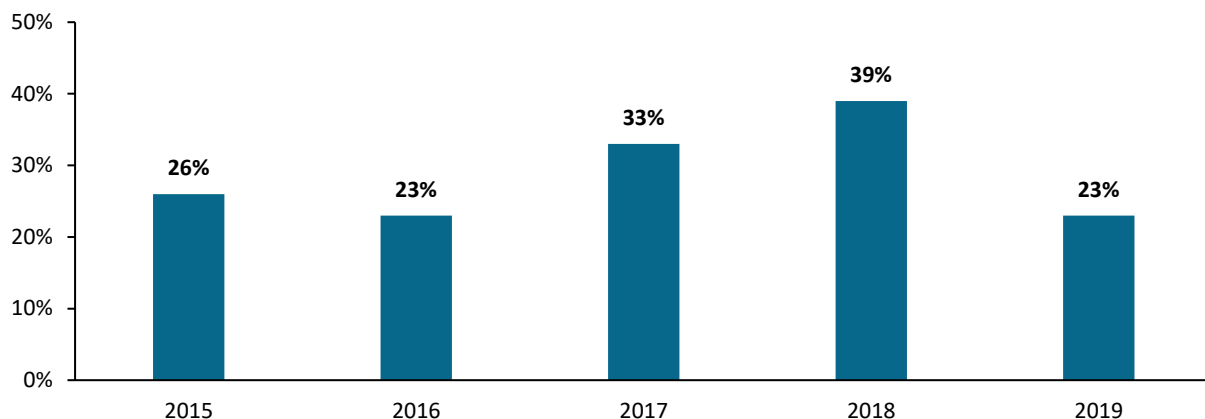
Families seek FRC services for a wide variety of family needs. Figure 12 (below) shows housing/rent to be the most common reason families seek FRC assistance (23%), followed by parenting education, family hardship/financial concerns, and health and mental health concerns. Other common reasons for seeking assistance from the FRCs included school related issues, food and nutrition assistance, and involvement with DCF.

Figure 12. Reasons for Seeking FRC Assistance Among New Families, 2019



Over the years, there have been notable changes in the percentage of new families seeking housing-related assistance from the FRCs. The marked increase in the percent of families seeking housing-related assistance in 2017 and 2018 was primarily due to the efforts FRCs made to support families from Puerto Rico displaced by Hurricane Maria. Although housing continues to be the major reason families seek FRC assistance, in 2019 there was a decrease in the percentage of families seeking this type of assistance to levels seen in the years prior to 2017.

Figure 13. Percent of New Families Seeking Housing Assistance from FRCs, 2015-2019



Individualized Services and Supports Provided by FRCs

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

The number of individualized services and supports that FRCs provide to family members has grown over time. A count of total instances of service provision is a useful indicator of the volume of service activity within the FRCs.

Figure 14 shows the total instances of service provided by FRCs from 2015 to 2019. In 2019, FRCs provided 38,467 separate instances of services and supports to adults and/or children. The decrease in service provision from 2018 to 2019 is likely attributable to the intensive level of individualized services provided to families from Puerto Rico displaced by Hurricane Maria that began in late 2017 and continued through 2018. (Table A2 in Appendix A shows service provision by FRC in 2019.)

Figure 14. Number of Individualized Services and Supports Provided to Families by FRCs, 2015-2019

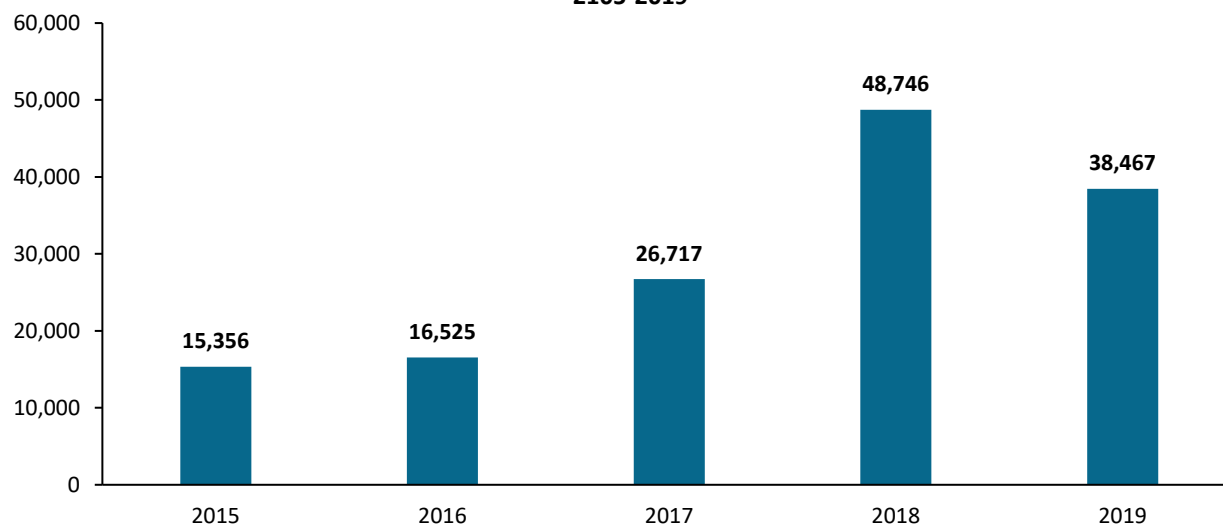
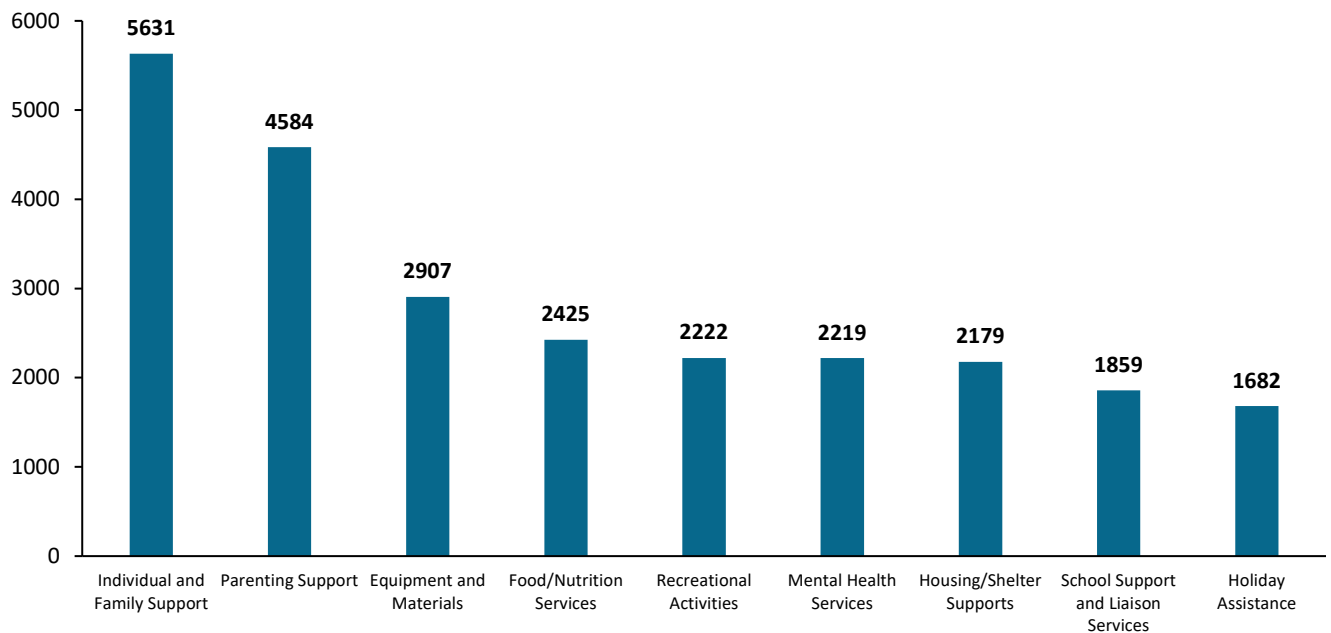


Figure 15 below shows the most common services provided by FRC, including the number of unique instances of service provision across the FRCs. In 2019, the most common types of services provided by FRCs included:

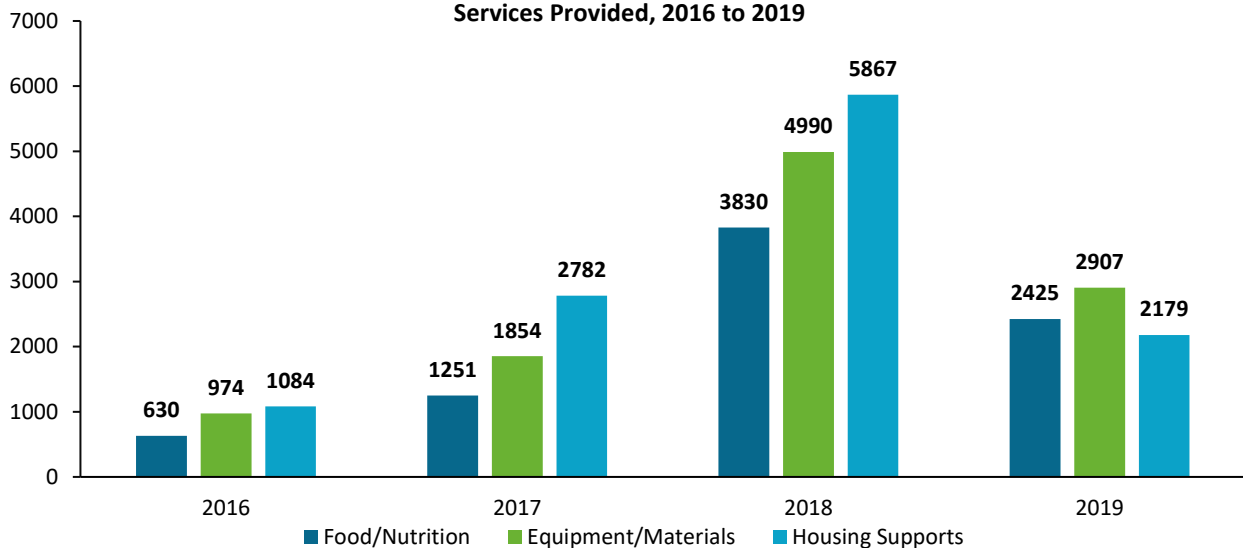
- 5,631 instances of individual and family supports
- 4,584 instances of parenting support
- 2,907 instances of equipment and materials
- 2,425 instances of food/nutrition services
- 2,222 instances of recreational activities
- 2,219 instances of mental health services and supports
- 2,179 instances of housing/shelter related supports
- 1,859 instances of school support and liaison services
- 1,682 instances of holiday assistance

Figure 15. Number of Instances of FRC Service Provision by Type, 2019



FRC service delivery data showed a dramatic increase in the number of food and nutrition services, equipment and materials, and housing services provided by the FRCs between 2016 and 2018, with numbers doubling from 2017 to 2018. However, in 2019 there was a marked decrease in the provision of these types of services to families. Although these continue to be among the most common types of services provided by the FRCs, it is likely that the very high numbers of food/nutrition, equipment/materials, and housing supports provided in 2018 were driven by the needs of the families displaced by Hurricane Maria.

Figure 16. Food/Nutrition, Equipment/Materials and Housing Services: Number of Services Provided, 2016 to 2019



(Table A2 in Appendix A shows the instances of service provision across all service categories for each FRC.)

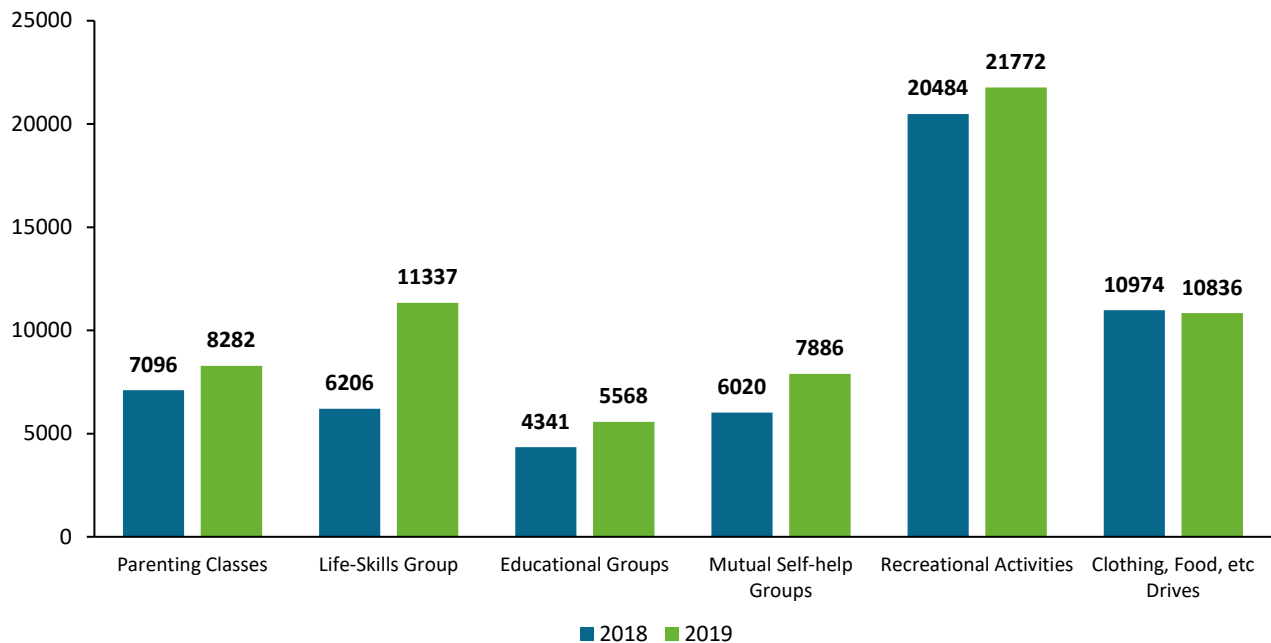
Classes, Groups, Workshops, and Other Programming Provided by FRCs

In addition to the individual services and supports they provide to families, FRCs offer a wide variety of classes, groups, programs, and events for parents and children, including evidence-based parenting classes, mutual self-help groups, life skills workshops, educational groups, recreational activities, and other events. A variety of parenting classes that follow an evidence-based practice were offered by FRCs in 2019. These evidence-based classes are ones with established curricula that have been recognized by the National Registry of Evidence-based Programs and Practices maintained by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). DCF coordinated numerous trainings in 2019 for FRC staff to learn to facilitate evidence-based classes.

Life skills groups covered topics such as domestic violence, stress and anger management, age-specific parenting issues, household management and other classes. Educational groups included adult and youth education activities and school supports. Mutual self-help groups offered by FRCs included parent and grandparent support groups, as well as substance use recovery and prevention groups. 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, FRCs offer regular clothing, food, and holiday drives to provide necessities to families in need.

Figure 17 shows the attendance at the various programs offered across all FRCs for the past two years, showing the noteworthy increase in attendance at parenting classes, life-skills and educational groups, mutual self-help groups, and recreational activities from 2018 to 2019.

Figure 17: Attendance at FRC Classes, Groups and Programs, 2018 and 2019



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

In addition to the wide variety of individualized services and support, classes, workshops and other programming provided by staff within the centers, FRC staff also respond to numerous inquiries and requests made via the telephone and online by family members, providers, educators and other individuals in the community. In 2019, FRCs fielded and responded to over 11,000 of these types of inquiries and requests.

Family Member Satisfaction with FRC Services

FRCs have been collecting data on families' satisfaction with service since late 2016. Two FRC Satisfaction Surveys, available in paper and online versions in both English and Spanish, are used to assess family members' satisfaction with services, and satisfaction with parenting classes and workshops. In 2019, 823 surveys were completed for services and 425 surveys were completed for classes and workshops.

Using the Services Satisfaction Survey, family members rated satisfaction with a range of FRC services, including information and referral services, groups, workshops, and recreational events; and CRA-related services. Overall satisfaction is rated using a 4-point scale (from "agree completely" to "disagree completely") in response to the statement: *"Overall, I am very satisfied with the services provided by the FRC."* Among those completing the Services Satisfaction Survey in 2019 (n=823), 99% agreed completely or agreed somewhat, that they were very satisfied with FRC services.

Using the Parenting Classes/Workshop Satisfaction Survey, family members rated their satisfaction with a variety of parenting classes, including Parenting Journey, Nurturing Parents Program, and Active Parenting, among others. Overall satisfaction with classes and workshops is rated using a 5-point scale (from "strongly agree" to "strongly disagree") in response to the statement: *"Overall, the class was very helpful."* Among those completing the Parenting Classes/Workshop Satisfaction Survey in 2019 (n=425), 97% strongly agreed, or agreed, that the class was very helpful.

As in prior years, overall satisfaction with FRC services and programs continued to be very strong in 2019.

VII. Tracking FRC Outcomes

The comprehensive array of services and supports provided by the FRCs points to the extensive and varied needs of the families seeking assistance from the FRCs. The data makes it clear that FRCs assist vulnerable families, many of whom come to FRCs with immediate needs or at a time of crisis. FRC staff quickly assess families' needs and provide supports to respond to these needs. Analysis of FRC service delivery data over the past several years shows that more than 50% of adults and children coming to the FRCs receive only one to two days of service within a short period after intake. However, some families have more intensive involvement with the FRC, with multiple days of service over a longer duration (Henry, et al., 2018; 2019).

The most common services FRCs provide include individual and family support, which often involves referral to community resources for housing, mental health and health services, and other basic needs. For families with children who are experiencing challenges at school, FRCs provide school-related supports and school liaison services. FRCs are also required to provide specific assessment and service planning services to families with children identified as CRA and may offer these services to families with children who are exhibiting CRA-related behaviors as a preventative strategy. In addition to the services they provide to address each family's unique needs, the FRCs offer a variety of parenting education classes, support groups, workshop and recreational activities to parents and children (Henry, et al., 2016; 2017; 2018; 2019).

UMMS evaluators have worked with DCF to develop approaches to more fully track outcomes achieved by the FRCs. A qualitative study conducted in 2018 explored parents' reasons for seeking FRC services, the ways in which FRCs have helped them, and FRC staff views regarding the ways in which they assist families (Henry & Pratt, 2018). In 2019, UMMS evaluators conducted a pilot outcome evaluation designed to test the feasibility of collecting quantitative data on six specific outcomes for parents and children receiving FRC services.

Pilot Outcome Evaluation Approach

The primary goals of the pilot were to test two methods for collecting data on outcomes for family members (adults and children) who had received services from the FRCs, and to generate preliminary data on outcomes achieved by family members. Working with DCF, the six outcomes identified for evaluation were selected because they are consistent with the contractually-required domains identified for FRCs and because data collected through the FRC Database show that FRCs provide significant support to families in areas represented by the outcomes. These included:

- **Mental Health**
 1. Connecting with a mental health provider and current mental health status
- **Safety**
 2. Securing housing, current housing status, and satisfaction with housing
 3. Status of a child requiring assistance (CRA), child custody and child's current behavior
 4. Status of DCF involvement, child custody and child's current behavior
- **Education**
 5. Getting needed school services, child's school attendance, behavior, and grades
- **Connection to Caring Adult**
 6. Getting parenting education and support groups, parenting knowledge and skills, and connecting to other parents

Because FRCs provide a variety of services to families with varying needs, we used a targeted approach to collect outcome data. We used information available in the FRC Database to identify family members who had an identified need and/or received a service from the FRC related to each of the outcomes, and we used two methods to collect data, including: 1) Asking FRC to staff report on family members' status related to the outcome, and 2) administering a brief survey asking family members to report on these same outcomes.

Data Collection Methods

Data on the six outcomes was collected in four waves between May and December of 2019. We used the FRC Database to identify adults and children who had a need and/or received FRC services between January 2018 and May 2019 related to each outcome. We then randomly selected up to 30 family members per FRC who had evidence of a need or service related to the outcome and had received multiple days of service. In order to focus the outcome tracking effort on family members with more intensive involvement with FRCs, we purposefully selected family members receiving multiple days of FRC services. FRC staff reported outcomes for selected family members using a secure web-based application (REDCap). Additionally, we developed six brief surveys that asked family members about the outcomes and administered the surveys to family members by mail. A total of 2,060 family members were randomly selected from the FRC Database for the outcome pilot. The schedule for the data collection waves and the numbers selected for each outcome were as follows:

- Wave 1, May – June 2019
 - N=282 for Mental Health Status and N=320 for Housing Status
- Wave 2, July – August 2019
 - N=394 for Parenting Status
- Wave 3, September – October 2019
 - N=308 for School Status and N=182 for Child Requiring Assistance (CRA) Status
- Wave 4, November – December 2019
 - N=574 for DCF Involvement Status

FRC Staff Report Using REDCap

We trained FRC staff on the use of REDCap and developed a brief set of questions regarding each outcome to be answered by staff within REDCap. We pre-populated REDCap with the FRC Family Member ID number of the randomly selected individuals, which allowed staff to identify the family member. For each question, we included a response option of “don’t know or no follow-up” to assess staff knowledge of family members’ status related to the outcomes. During each wave of data collection staff were given approximately 30 days to complete data entry.

Family Member Surveys

We also developed brief surveys with a set of questions asking family members about their status regarding the six outcomes and about the helpfulness of the FRC in assisting them with their needs related to the outcome. Surveys were administered by mail (one mailing only) to the family members that had been randomly selected as described above. Family members were only mailed surveys asking about outcomes related to services they had received. Surveys were mailed to family members age 18 and over. For the outcomes related to children (school and CRA status), the survey was mailed to the parent of the child. The survey packet included:

- An introductory cover letter in English and Spanish explaining the purpose of the survey and informing family members that the survey was voluntary and confidential;
- A print copy of the survey (one side in English, the other in Spanish). Surveys were numerically coded with a randomly generated Survey ID number allowing us to track survey response rates; and
- A self-addressed, stamped envelope for returning the survey to UMMS evaluators.

Family members who complete the survey were sent a \$10 gift card as a thank you.

Findings

Across FRCs, the number of randomly selected family members ranged from 1 to 30 for each outcome. Because of these small samples, all outcome data was aggregated and are reported at the FRC network-wide level and not at the individual FRC level.

FRC Staff Report on Family Member Outcomes in REDCap

Of the 2,060 selected family members, FRC staff reported outcome data for 1,703, or 83% of the total sample. Data reporting completion rates by staff in REDCap varied across the six outcomes, with rates of 86% for mental health status, 81% for housing status, 76% for parenting status, 92% for school status, 79% for CRA status, and 83% for DCF involvement status. Below we show FRC staff reports on key questions across the six outcomes.

Mental Health Status

Table 8 shows FRC staff report on family members identified with a mental health need; 56% had been referred to a mental health provider. Among these family members, 45-46% had connected with and were still seeing a provider. For those who referred to a provider, the reported rate of “no follow-up” was 37-43%.

Table 8. Mental Health Status for Adult Family Members

Mental Health Status (n=242)		%
Was the family member referred to a mental health provider?	Yes	56
	No	37
	Don't know/no follow-up	7
<i>If yes:</i>		
Did the family member start to see a mental health provider?	Yes	45
	No	13
	Don't know/no follow-up	42
Is the family member still seeing a mental health provider?	Yes	46
	No	18
	Don't know/no follow-up	36

Housing Status

Table 9 shows FRC staff report on family members identified with a housing need, with 64% obtaining initial housing. Among those obtaining housing, staff reported that the housing totally met the needs of 62% of family members. Among family members with an identified housing need, 53% were currently in stable housing, but staff had no follow-up for 39% of family members.

Table 9. Housing Status for Adult Family Members

Housing Status (n=260)		%
Did family get initial housing?	Yes	64
	No	12
	Don't know/no follow-up	24
<i>If yes:</i>		
Did initial housing meet family's needs?	Yes, totally	62
	Somewhat	28
	Not at all	1
	Don't know/no follow-up	9
Is family currently in stable housing?	Yes	53
	No	8
	Don't know/no follow-up	39

Parenting Status

Table 10 shows FRC staff report on parents identified as needing parenting support. Staff reported that 93% of parents had participated in parenting classes and/or parenting support groups, with over half participating in parenting classes. Among parents participating in classes/groups, staff rated 54% of parents as having increased their skills/knowledge related to parenting “a lot,” and 22% as having increased skills/knowledge “a little.”

Table 10. Parenting Status for Adult Family Members

Parenting Status (n=298)		%
Did parent participate in class/support group at FRC?	Yes	93
	No	1
	Don't know	6
<i>If yes:</i>		
In what supports has parent participated?	Parenting classes	56
	Support groups	28
	Both	16
Rate parent's knowledge/skill in caring for child:	Increased a lot	54
	Increased a little	22
	About the same	6
	Don't know	18

School Status

Table 11 shows FRC staff report on children identified as needing school-related support, with 89% of the families receiving school liaison or other school-related services from the FRC. During the most recent school year, 43% of the identified children needed school services through an IEP or 504 plan; staff reported that 84% of children needing IEP or 504 plan services received them. Overall, FRC staff had limited information on whether children successfully completed the school year.

Table 11. School Status for Child Family Members

School Status (n=283)		%
Did the family receive school liaison or related services from FRC?	Yes	89
	No	7
	Don't know	4
<i>During most recent school year:</i>		
Did child need school services through IEP or 504 plan?	Yes	43
	No	24
	Don't know/no follow-up	33
<i>If yes:</i>		
Did child receive services through IEP or 504 plan?	Yes	84
	No	1
	Don't know/no follow-up	15
Did child successfully complete school year?	Yes	41
	No	6
	Don't know/no follow-up	53

CRA Status

Table 12 shows FRC staff report on children identified as a CRA; staff identified only about one-quarter of children as having a formal CRA petition filed with the courts (with 16% reported as “don’t know”). Among children with a formal CRA petition, staff reported that 35% had the petition dismissed by the court, and for over 50% of these children, staff did not know the disposition of the CRA. Overall, FRC staff had only limited information regarding CRA children’s behavior since coming to the FRC. While behavior of children was rated “a lot better” for 23%, and “a little better” for 16%, staff reported “don’t know” regarding behavior for 55% of children.

Table 12. CRA Status for Child Family Members

CRA Status (n=144)		%
Was a CRA petition filed with the courts for this child?	Yes	26
	No	58
	Don’t know	16
<i>If yes:</i>		
What was the outcome of the CRA petition?	CRA is pending	5
	CRA was dismissed	35
	Family received assistance from PO	5
	Family had disposition hearing	0
	Don’t know/no follow-up	55
Describe child’s behavior since coming to FRC	A lot better	23
	A little better	16
	No change	5
	A little worse	1
	A lot worse	0
	Don’t know/no follow-up	55

DCF Status

Table 13 shows FRC staff report on parents identified as being involved with DCF, with 70% of parents being referred to the FRC by DCF. Staff reported that 32% of parents did not have custody of all their children at intake and 35% of parents reported “don’t know.” Among parents without custody, staff worked with 55% (n=81) to regain custody of their child/children, and 30% (n=24) of these parents regained custody of one or more children since coming to the FRC. FRC staff had limited information regarding parents’ ability to care for their children since coming to the FRC. Staff rated parenting as “a lot better” for 17% of parents but reported “don’t know” for 54%.

Table 13. DCF Status for Adult Family Members (Parents)

Department of Children and Families (DCF) Status (n=476)		%
Was the parent referred to the FRC by the Department of Children and Families?	Yes	70
	No	18
	Don’t know	12
At FRC intake, did the parent have custody of all her/his children?	Yes	33
	No	32
	Don’t know	35
<i>If no:</i>		
Has the FRC worked with the parent to regain custody of child/children?	Yes	55
	No	22
	Don’t know	23
<i>If yes:</i>		
Has the parent regained custody of one or more children since coming to the FRC?	Yes	30
	No	39
	Don’t know	31
Since coming to the FRC, how would you describe the parent’s overall ability to care for/parent their children?		
	A lot better	17
	A little better	16
	No change	11
	A little worse	<1
	A lot worse	1
	Don’t know	54

Family Member Responses to Outcome Surveys

Of the 2,060 selected, surveys were administered by mail to 1,929 adult family members (131 were excluded because we could not verify a mailing address or because FRC staff felt it would be unsafe to survey the family member). A total of 191 family members returned completed surveys for an overall response rate of 10%. Survey response rates varied across the six outcomes, (12% for the mental health survey, 9% for the housing survey, 17% for the parenting survey, 7% for the school survey, 7% for the CRA survey, and 7% for the DCF survey).

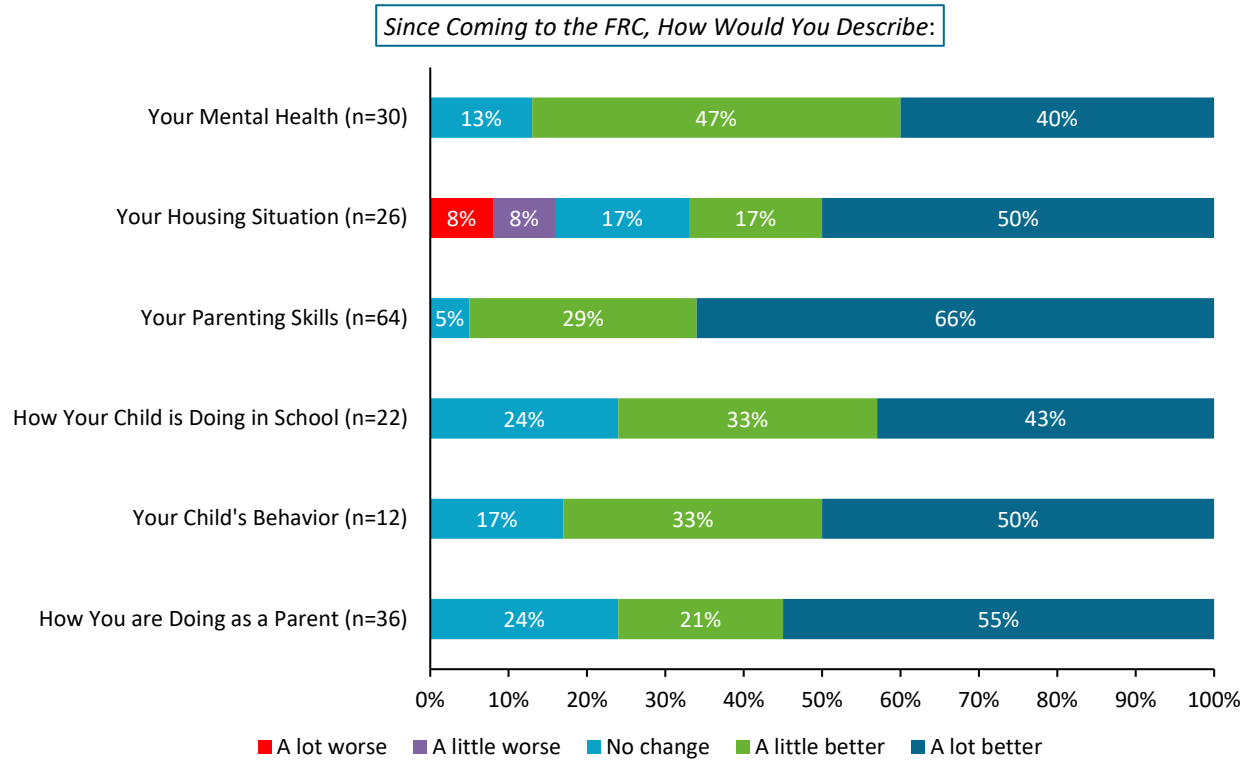
Table 14 shows family members' responses to key questions on the six outcome surveys. Across the surveys, between 70% and 91% of responding family members reported that the FRC provided help related to the outcome. Table 14 also shows the most common ways that the FRCs provided help to family members. For example, 57% of family members getting mental health-related help reported the FRC provided them counseling at the center. Among family members getting housing-related help, 79% reported the FRC provided them the name of a housing agency and 47% reported the FRC staff helped them fill out a housing application.

Table 14. Family Member Responses to Outcome Surveys: Did the FRC help you and how did the FRC help

Did the FRC help you:		%
Did the FRC help you when you needed mental health counseling? (n=30)	Yes	70
	No	30
<i>If yes, how did the FRC help:</i>		
	Provided me counseling at the center	57
	Gave me the name of a counselor or therapist	43
Did the FRC help you when you were looking for housing? (n=26)	Yes	73
	No	27
<i>If yes, how did the FRC help:</i>		
	Gave me the name of a housing agency	79
	Helped me fill out an application for housing	47
Did the FRC help you with parenting classes and/or support groups? (n=64)	Yes	97
	No	3
<i>If yes, how did the FRC help:</i>		
	I attended Parenting Journey Class	34
	I attended Parent/Grandparent Support Group	54
Did the FRC help you when your child needed help with school? (n=20)	Yes	91
	No	9
<i>If yes, how did the FRC help:</i>		
	Met with me to discuss my child's needs	65
	Helped me get services for my child	45
Did the FRC help you with your child's behavior? (n=12) (CRA)	Yes	91
	No	9
<i>If yes, how did the FRC help:</i>		
	Met with me to discuss my child's behavior	90
	Made a plan to help with my child's behavior	70
Did the FRC help you when you needed help parenting your child? (n=36) (DCF)	Yes	78
	No	22
<i>If yes, how did the FRC help:</i>		
	Helped me meet the goals of my DCF service plan	50
	Helped me learn new ways to parent my child	46

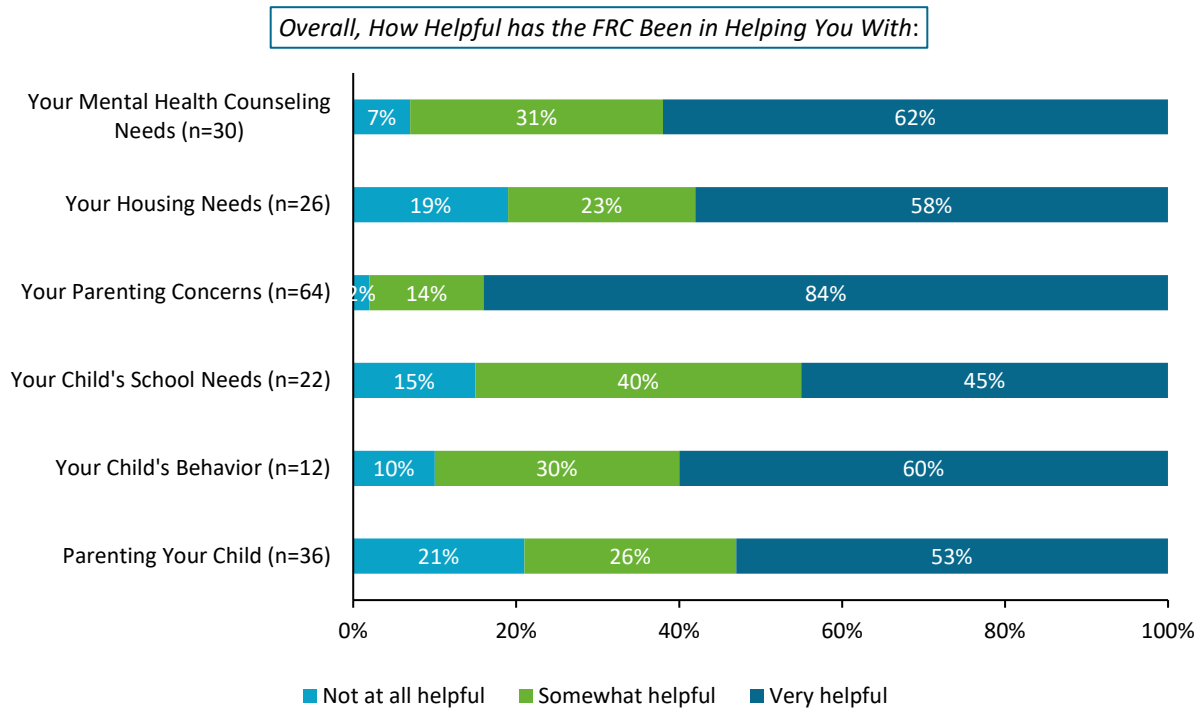
Each of the six surveys asked family members to describe how they are doing in the outcome area asked about since coming to the FRC. Figure 18 shows family members' responses across the six outcome areas, with the majority of family members reported they were doing "a lot" or "a little" better since coming to the FRC. For example, 66% of those responding to the survey on parenting reported their parenting skills were "a lot better"; 55% responding to the survey on DCF involvement reported they were doing "a lot better" as parents. While 50% of family members responding to the housing survey reported their housing situation as "a lot better," 17% reported their housing as "a little" or "a lot" worse.

Figure 18. Family Members' Description of How They are Doing Since Coming to the FRC



Finally, the surveys also asked family members to rate the overall helpfulness of the FRC in assisting them with the outcome being asked about. As shown in Figure 19, across all six outcomes a majority of family members responding to each of the surveys described the FRCs as being “somewhat or very helpful.” For example, among those responding to the survey on parenting, 84% described the FRC as being “very helpful” with their parenting concerns. 62% of family members responding to the mental health survey described the FRC as being “very helpful” with their mental health counseling needs.

Figure 19. Family Members’ Ratings of the Overall Helpfulness of the FRC



Summary of Pilot Findings

A primary goal of the pilot was to test the feasibility of two methods of collecting data related to six key outcomes for both adults (parents) and children served by the FRC. One method involved asking FRC staff to respond to a brief set of questions regarding the family members' status related to the outcome, while the second method involved asking family members to respond to a brief survey asking them about their status and the helpfulness of the FRC related to the outcome. A second goal was to begin to generate preliminary data on outcomes achieved by family members. In general, the findings from the pilot suggest that both approaches can be useful in assessing outcomes for families served by the FRCs.

FRC Staff Report of Outcomes

In designing the set of questions for FRC staff, we included questions asking about outcomes in both the short and long-term, and intentionally included "don't know" or "don't know/no follow-up" as response options in order to assess how knowledgeable FRC staff were about family members' status in both shorter and longer terms. Across the six outcomes, the data shows that FRC staff are generally aware of family members' status related to more immediate or short-term outcomes but may be less aware of how families are doing in the long term. For example, the data shows that FRC staff could generally report on family members' status (i.e. had relatively low percentages of "don't know" responses) related to outcomes such as whether:

- Adult was referred to a mental health provider
- Adult obtained initial housing and whether initial housing met family's needs
- Parent participated in and was helped by parenting classes and groups
- Child received school-related services, and received IEP/504 plan services if needed
- A CRA petition for a child was filed with the court and whether the family became involved with DCF as a result of the CRA
- Parent was involved with DCF and whether the FRC worked with non-custodial parents to regain custody

Additionally, the data is encouraging in relation to longer-term outcomes for some family members, including whether:

- Adult is continuing to see a mental health provider
- Adult (and family) is currently in stable housing
- Parent currently has knowledge/skill to care for their child
- Child successfully completed school year, and child's overall school attendance, behavior and grades are acceptable
- Child identified as a CRA has improved in overall behavior
- Parent involved with DCF has improved in ability to care for and parent child/children

However, FRC staff generally appeared to have less knowledge (i.e. had higher percentages of "don't know" responses) and were less able to report on these longer-term outcomes for many family members. The high percentages of "don't know" responses suggest that FRCs may lose track of some family members after they address the family's more immediate needs. Because of the high volume of activity that is typical of the FRCs (in 2019, FRC served over 18,000 individual family members), the programs may have limited resources for longer-term follow-up of families that are not actively engaged in FRC services.

Overall, it appears that FRC staff were able to manage the additional burden associated with the outcome data collection effort with relative ease. Across the six outcomes, the percentage of FRCs participating in the REDCap data collection ranged from 67% to 91%, and data were reported on a total of 1,703 family members or 83% of the total sample of 2,060. Anecdotally, some FRC staff indicated that the outcome data reporting was "easy" to do.

Family Member Responses to Outcome Surveys

Family members' responses to the mailed surveys also suggest positive changes for families receiving services from the FRCs. The majority of family members responding to the survey reported notable improvements in the areas asked about in the surveys. Across the six outcomes, survey responses from family members showed:

- 70% of family members reported the FRC helped them with mental health counseling
- 73% of family members reported the FRC helped them with housing
- 97% of parents reported attending FRC parenting classes or support groups
- 91% of parents reported the FRC help them/their child with school-related needs
- 91% of parents with a CRA reported the FRC helped them with their child's behavior
- 78% of parents reported that DCF referred them to the FRC for help with parenting

The survey results suggest that family members may be the better source of information regarding longer-term outcomes following FRC services, as they can report on how they are doing in the key outcome domains, even if they are no longer receiving services from the FRC. While these responses to the family surveys are encouraging, the overall response rate to the surveys was low at just about 10%. Response rates ranged from 6.3% for the CRA survey (with n=12 responding) to 16.7% for the parenting survey (with n=64 responding). Thus, our confidence in these findings is limited, as findings might change if more family members responded to each survey. However, these response rates were achieved with just a single mailing of the survey. More commonly, survey methodology (such as used by the UMMS Office of Survey Research) involves a dual-mode approach—using two mailings of a print version of the survey followed by up to 4-5 attempts to complete the survey by telephone interview. This type of approach typically yields responses rates of 30-40%. It is likely that a more robust approach to surveying family members served by the FRCs would yield a similar response rate and would generate more stable and reliable findings.

In summary, the results of this pilot show that both FRC staff and family members themselves are important sources of information on the outcomes achieved by FRC, and that an approach that combines staff report and family surveys may offer a viable method for tracking both short- and long-term outcomes for families served.

Recommendations

The findings of the pilot evaluation suggest that FRC staff and family members provide valuable information on the outcomes achieved by the FRCs and that both methods should be used to collect outcome data. Further refinement of the methods and a larger scale roll-out of regular outcome data collection efforts would allow DCF to assess outcomes for families over time. Our recommendations for refining the data collection methods include:

FRC Staff Outcome Reporting

- Work with DCF Director of Community and Family Engagement and Community Support Managers to clarify and define outcome indicators for which FRC staff are responsible;
- Revised questions related to the six outcomes for FRC staff reporting (to be consistent with #1 above) with a focus on short-term outcomes for families;
- Build outcome questions into FRC Database to ease data collection for staff; and
- Develop a routine reporting schedule for annual outcome tracking with staggered reporting requirements.

Family Member Surveys

- Conduct annual targeted surveys of family members served by FRC, with a focus on longer-term outcomes for families and helpfulness of the FRC in assisting families in the six areas;
- Include larger samples of family members in the survey effort and use a full-scale survey administration approach, with a dual-mode method involving multiple mailings and telephone interview attempts; and
- Include an incentive to family members to complete the surveys to maximize response rates.

VIII. Efforts to Share Information and Data Between Centers

Data Sharing with FRCs and DCF

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

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

The Program Management and Practice Development (PMPD) Meeting Schedule for 2019

The bi-monthly PMPD meetings provide an opportunity for FRC Program Director and Managers from across the state to come together. These meetings are a chance for DCF and UMass to share updates and news with the FRC leadership, share effective best practices across the network, and provide trainings and learning opportunities to both expand and strengthen the FRCs' mission and work. In 2019, the following topics and meetings were facilitated:

- Jan. 10, 2019** – Juvenile Detention Alternatives Initiative (JDAI) Presentation – Seeing Racial & Ethnic Disparities (RED) in the Massachusetts Juvenile Justice System & Discussion
- March 7, 2019** – Overview of New Database Rollout to Improve FRC Data Collection & Discussion
- May 9, 2019** – Strengthening the Relationship between the FRC, Clinician, & Family Partner
- June 11, 2019** – Child Safety Presentation & Nurturing Key Partnerships in the Community
- Sept. 19, 2019** – Reflections – Growth of the FRC Network since 2015
(In attendance: Parent Program Partners and FRC Leadership)
- Nov. 7, 2019** – Presentations from the Family Nurturing Center, Federation for Children with Special Needs, & Health Law Advocates. Afternoon Panel to discuss best practice for staff recruitment and retention, and other FRC operational topics

As a result of these meetings and other program management meeting, a prioritized list of PMPD training topics was developed for 2020 that will aid in continuing to strengthen the work of the FRC Network over the coming year.

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

- DCF partnered with Health Law Advocates (HLA) to provide an HLA lawyer within an FRC for each region.
- Initiated a pilot study to collect outcome data from families using FRC services and FRC staff.
- Completed the first full year FRC benchmarks collection.
- Convened a statewide professional development day for all FRC staff focused on youth gang involvement, intervention, and prevention.

FRConnect and QuickConnect

In a continued effort to facilitate and encourage information and data sharing between FRCs, a web portal—FRConnect—is updated regularly. This password-protected site is 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, or scenarios that other FRCs could model; and
- Resources they have used that others might benefit from, such as articles, fact sheets, and web links.

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

FRC Staff Training

The primary goal of the Family Resource Center (FRC) Training Coordinator is to provide staff with access to effective trainings that foster creativity and professional development through a focus on understanding the needs of programs and their communities. The FRC Training Coordinator completed a needs assessment in 2019 to determine how best to support FRCs in the appropriate delivery of evidence-based programming and evidence-informed practices through trainings and curricula, as well as facilitating Learning Collaboratives (Cohort meetings), utilizing national trends and best practices relevant to the work of the FRCs.

Types of Trainings Offered to the Family Resource Centers

The following summarizes the primary methods that the FRC Training Coordinator has identified to connect training content to major priorities and practice improvement in 2019: engaging trainers from the DCF training vendor list, purchasing seats in trainings hosted by other organizations, partnering with DCF's Massachusetts Child Welfare Institute (MCWI) to offer seats in trainings relevant to shared work in the community, and facilitating quarterly Cohort meetings for each FRC staff group as well as bimonthly Program Management and Practice Development (PMPD) meetings for FRC leadership.

There were 89 individual trainings offered to Family Resource Center staff in 2019. These included Evidence-Based Parenting (EBP) education program trainings to develop facilitators in required curricula (ranging from 1 to 5 full days, depending on training module), skill-building trainings to cultivate competence in a variety of specialized subject matter needs, and workshops and presentations to provide FRC leadership and staff with a greater knowledge of community and statewide supports that enhanced services provided to youth and families.

A new DCF training vendor list was procured beginning in late 2018, expanding the pool of highly qualified trainers to engage on behalf of the FRCs. The FRC Training Coordinator continues to purchase individual seats as needed for FRC staff to participate in a variety of trainings offered by approved organizations. This supplements the DCF training vendor list and maximizes FRC staff's capacity to attend trainings, providing autonomy to decide when to attend, thereby reducing strain on program delivery at the FRCs. In collaborating with MCWI, FRC staff members have access to more training options, as well as the opportunity to network with their DCF counterparts across the state. The Family Support Worker Cohort began meeting regularly beginning in 2019, while the School Liaison Cohort and Clinician/Family Partner Cohort continued to participate in quarterly meetings designed to help FRC staff connect with their peers and learn together in a meaningful way.

Total # of EBP trainings offered: 42

Total # of skill-building trainings offered: 47

Total # of PMPD and Cohort Meeting Workshops and Presentations offered: 10

EBP Training Topics Offered:

- Nurturing Families
- Nurturing Fathers
- Nurturing Families in Substance Abuse Treatment and Recovery
- Nurturing Birth, Foster, and Kinship Families
- Parenting Journey I
- Sober Parenting Journey
- Active Parenting: 4th Edition
- Active Parenting: First Five Years
- Active Parenting: Cooperative Parenting and Divorce
- Active Parenting of Teens
- Active Parenting: Families in Action

Skill-building Training Topics Offered:

- Babies Cry: Have a Plan
- Becoming a Dynamic Group Facilitator
- Bringing the Protective Factors Framework to Life in Your Work
- Building Partnerships to Strengthen Families
- Creating and Sustaining Successful Grandparent Support Groups
- Creating a Sense of Belonging for Children with Autism
- Culture and Parenting: Responsive Strategies for Family Support Professionals
- DDS: Don't Let Your Clients Fall Off the Cliff
- De-Escalation Strategies, Building Relationships, and Creating Trauma-Informed Environments
- The Family Dinner Project
- Having Difficult Conversations
- Motivational Interviewing
- Psychological First Aid
- Self-Care
- Special Education: Basic Rights and IEPs
- Strengthening Families Through Protective Factors and Parent Cafes
- Supporting Immigrant Families
- Supporting LGBTQ+ Youth and Families
- Taking Care of Yourself for Childcare and Family Support Professionals
- Trauma and Psychological First Aid
- Trauma and Resilience
- Vicarious Trauma and Self-Care
- Working with Gang-Involved Youth and Families

Trainings Offered in Collaboration with DCF Child Welfare Institute:

- Children with Autism Spectrum Disorder
- Domestic Violence, Substance Misuse, and Trauma
- Meeting the Challenges of Suicidal and Self-Injurious Behavior
- No Such Thing as a Bad Kid
- Preventing Child Abuse and Neglect
- Shelter 101
- The Developmental and Neurobiological Impact of Child Maltreatment

- The Opioid Crisis
- Understanding and Responding to Victims of Commercial Sexual Exploitation
- Understanding Gender Identity

Workshops and Presentation Topics Offered:

- Childcare Safety
- CRM Database Guidance for Clinicians & Family Partners
- Every Student Succeeds Act (ESSA)
- Juvenile Detention Alternatives Initiative (JDAI) and Seeing RED (Racial and Ethnic Disparities)
- Kinship Navigator
- School Avoidance
- School Discipline
- Supporting Kinship Caregivers
- Supporting DCF-Involved Transition Age Youth
- Using FRConnect as a Resource

Training Attendees

More than 525 participants attended EBP and skill-building trainings this past year. Additionally, multiple FRC staff attended workshops and presentations provided at the PMPD and Cohort meetings. A typical PMPD meeting has more than 25 FRC staff in attendance and Cohort meetings average 20-40 attendees, depending on the group. Training opportunities funded by DCF are available first to FRC staff and then offered to community partners when extra seats are available. 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, expanding the capacity of communities to provide specialized services to meet the needs of the youth and families they support.

Satisfaction with Trainings

In 2019, the FRC Training Coordinator continued to utilize the existing training evaluation system developed by the UMMS ASO to determine participant satisfaction with the training offerings and identify issues with training content. Training satisfaction was largely positive in 2019, with more than 83% of respondents in all trainings reporting that the overall value of the training, usefulness of topics discussed, and effectiveness of the facilitators in presenting were “good” or “excellent.” The figures and comments below demonstrate participant satisfaction.

Figure 20. Training Satisfaction Ratings, 2019

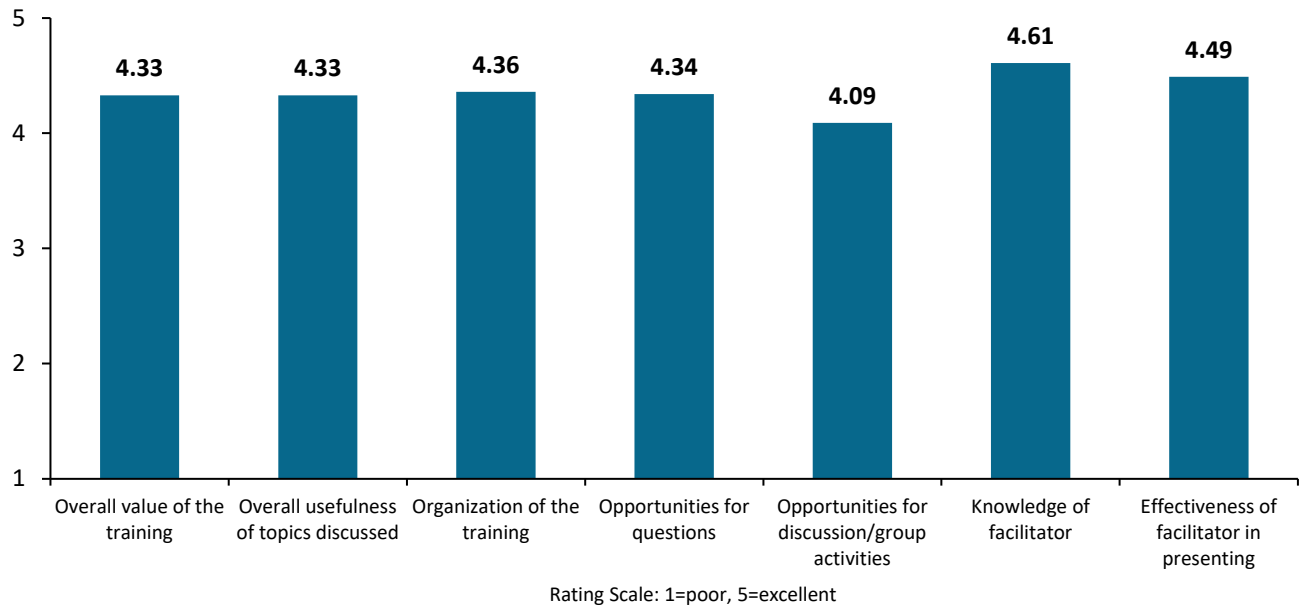
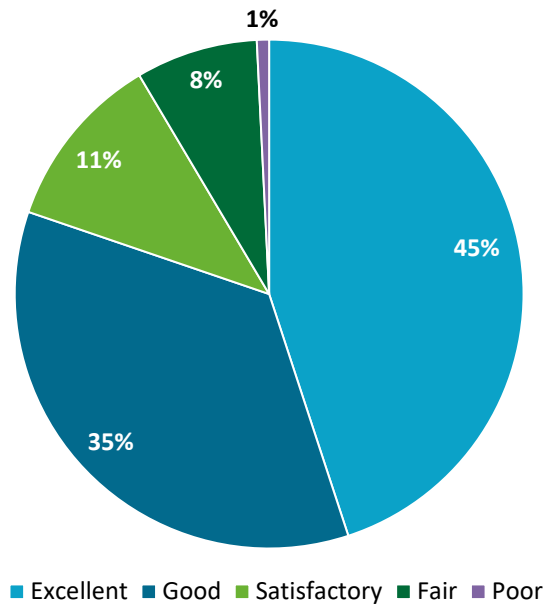


Figure 21. Participants' Ratings of Overall Value of 2019 Cohort Meetings



Feedback from training participant evaluations:

"This training was a wonderful first day of training for my role...more than I expected."

"Very useful and thought provoking."

"I felt engaged the whole time and everything I learned felt applicable."

"...a great tool I wish I had years ago."

"Real world examples were so helpful!"

"Great materials, strategies, and information."

"This is the most effective, informative, exciting training that [I've] attended."

"Can't wait to put this to use!"

Feedback from cohort participant evaluations:

"Love that we will be having a quarterly meeting."

"[Facilitator] was engaging, knowledgeable, and efficient."

"It was more valuable than I expected."

"Great way to feel supported by other people who do the same tough work."

"[It is] always useful to learn about new resources and ideas."

"I like this meeting... [It] helps to feel supported."

"Coming all together is great. Knowing what is expected of us [is helpful]."

"Thank you, I learned so much."

IX. Summary

Over the past five years, the FRCs have provided a comprehensive array of services, supports and programming to children, youth, adults, and families in need across the Commonwealth, serving 37,996 unique families since 2015. In 2019, FRCs provided services to 10,869 families, including over 8,000 new families. The observed decrease in the number of new families served in 2019 compared to 2017 and 2018 is most likely due to the special efforts the FRCs made to serve families from Puerto Rico that had been displaced by Hurricane Maria, which struck the island in September 2017. Between 2017 and 2018, over 2,700 displaced families were served by the FRC network. In addition, because 2019 did not bring to the FRCs a large influx of Latinx families with specific needs for housing, there were some notable shifts in the characteristics of family members and FRC service delivery in 2019 compared to the two years prior.

As seen in past years, the majority of adults seeking FRC services in 2019 were parents, primarily female, with almost 70% of families representing single parent households. Among children/youth served by the FRCs, slightly more than half were male. Approximately one-quarter of adults and one-third of children identify as non-white. Although the percentage of adults and children/youth identifying as Latinx was somewhat lower than in 2017/2018, still 47% of adults and 46% of children/youth served by FRCs in 2019 were Latinx, with 37% of adults and 15% of children/youth speaking Spanish as their primary language.

The data continues to show that many families served by the FRCs are low-income and struggle with associated challenges related to housing and other basic needs. In 2019, 35% of adults served were employed full- or part-time, 29% receive some form of public cash assistance, and 13% may be without any source of income. Over the years since the launch of the FRCs, there have been notable increases in the numbers of adults and children in families needing basic assistance with food and clothing, with 30-40% of adults and children having needs in these areas.

Families seek FRC services for a wide variety of reasons. Housing assistance continues to be a major need among families coming to the FRCs. However, there was an overall decrease in the percentage of new families seeking housing assistance in 2019 (23%), compared to 2017 (33%) and 2018 (39%). This shift is associated with the efforts FRCs made to support displaced families in 2017 and 2018, as described above. In addition to housing, the most common reasons families sought FRC assistance in 2019 were related to parenting education, family hardship and financial concerns, and health/mental health needs.

Service delivery data shows a decrease in the total instances of individualized services provided to family members in 2019 (38,467 services) compared to 2018 (48,746); the decrease is consistent with the overall lower number of families served in 2019 compared to 2018. As in past years, the most common services provided by FRCs continue to be individual and family support, parenting supports, equipment and materials, food/nutrition services, recreational activities, mental health services and supports, and housing supports. This comprehensive range of individualized services points to the extensive and varied needs of the families seeking FRC services.

While the number of individualized services and supports provided in 2019 was lower than in 2018, there was a notable increase in overall attendance across the wide variety of parenting classes, self-help groups, life skills and educational groups, recreational programming, and other events offered by FRCs. FRCs appear to have experienced a somewhat lower demand for intensive housing-related services in 2019 compared to the prior two years, which may have allowed them to offer more regular parenting classes, self-help groups and other programming within the FRCs in 2019. The data shows that many more parents, children and youth took advantage of this programming in 2019 compared to 2018. And, as seen for the past several years, overall family satisfaction with FRC services and programming is extremely high.

Finally, a pilot evaluation in 2019 tested two methods for collecting data on six key outcomes for family members served by the FRCs. The results showed that FRC staff could effectively report on short-term outcomes for families in the areas of mental health status, housing status, parenting, school status, CRA status, and DCF involvement. Responses by family members to mailed surveys asking about these same six outcomes point to positive changes for families and suggest that family members found FRCs helpful in meeting their needs in these areas. The responses also suggest that family members may be a better source of information regarding their longer-term

outcomes than FRC staff. UMMS evaluators offer recommendations for a larger scale roll-out of regular outcome data collection efforts.

References

Henry, A. D., Long-Bellil, L., & Gettens, J. (2016, March). *Massachusetts Family Resource Center Program Evaluation Report: Calendar Year 2015*. Revised April 8, 2016. Shrewsbury MA: Center for Health Policy and Research, University of Massachusetts Medical School.

Henry, A. D., Gettens, J., Pratt, C., & McGlinchy, L (2017, March). *Massachusetts Family Resource Center Program Evaluation Report: Calendar Year 2016*. Shrewsbury MA: Center for Health Policy and Research, University of Massachusetts Medical School.

Henry, A. D., Gettens, J., Pratt, C., & Tedesco, R. (2018, March). *Massachusetts Family Resource Center Program Evaluation Report: Calendar Year 2017*. Shrewsbury MA: Center for Health Policy and Research, University of Massachusetts Medical School.

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

Henry, A. D. & Pratt, C. (2018, October). *How Do Massachusetts Family Resource Centers (FRCs) Impact Families? The Perspectives of Parents and FRC Staff*. Shrewsbury MA: Center for Health Policy and Research, University of Massachusetts Medical School.

Appendix A: Cumulative and Individual FRC Data Tables, 2019

Table A1: Families Served by and Sources of Referrals to FRCs (January–December 2019)

	Amherst	Athol	Barnstable	Boston	Brockton	Everett	Fall River	Fitchburg	Frammingham	Greenfield	Holyoke	All FRCs	Monthly Average
Total number of families participating	345	745	322	370	418	956	375	756	342	546	370	10,869	906
Number of new families participating	203	546	238	230	497	801	283	674	287	328	271	8,031	669
Referral Sources for New Families													
Friend/family	13	101	12	55	55	218	36	11	33	79	94	1528	
School	12	29	119	15	17	50	31	29	25	12	66	768	
Community agency	0	0	0	0	2	2	0	0	0	0	2	16	
DCF	16	39	12	12	15	42	18	87	10	28	35	531	
Court	14	26	7	47	6	16	40	30	2	21	18	649	
Self	3	171	3	7	23	119	51	133	56	22	31	982	
Mental health/Health provider	20	16	5	30	14	16	40	30	2	21	18	360	
Other state agency	8	53	20	53	135	67	80	120	44	36	26	1084	
Mass211	0	0	0	0	3	3	4	2	2	0	0	22	
Social/Print media	2	13	0	36	15	18	14	22	12	5	5	244	
Faith based organization	0	11	0	0	4	5	1	2	6	4	3	63	
Other	6	30	6	76	36	66	69	100	28	20	21	738	

Table A1 (cont.): Families Served by and Sources of Referrals to FRCs (January–December 2019)

	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Taunton	Worcester	All FRCs	Monthly Average
Total number of families participating	767	482	271	196	107	755	214	620	544	651	78	639	10,869	906
Number of new families participating	582	328	260	89	87	499	96	366	461	507	78	420	8,031	669
Referral Sources for New Families														
Friend/family	49	47	67	19	14	126	13	102	41	264	8	71	1528	
School	34	44	23	28	3	59	19	9	87	21	7	29	768	
Community agency	1	4	0	1	0	0	0	0	0	1	1	2	16	
DCF	20	8	5	4	1	17	4	10	30	24	5	89	531	
Court	44	37	26	1	0	86	13	6	85	21	36	67	649	
Self	34	44	23	28	3	59	19	9	87	21	7	29	982	
Mental health/Health provider	12	16	2	10	1	15	1	6	39	17	5	24	360	
Other state agency	69	26	73	12	8	73	10	22	36	50	6	57	1084	
Mass211	0	0	0	0	0	1	0	0	2	0	0	5	22	
Social/Print media	14	9	23	0	1	6	0	11	14	8	2	14	244	
Faith based organization	2	2	0	0	2	2	0	5	3	4	0	7	63	
Other	34	33	31	8	4	39	3	30	32	23	4	39	738	

Table A2: Services Provided by FRCs (January–December 2019)

	Amherst	Athol	Barnstable	Boston	Brockton	Everett	Fall River	Fitchburg	Framingham	Greenfield	Holyoke	All FRCs
Total number of services provided	1452	1925	700	783	1086	3636	2058	1864	890	1770	970	38467
Individual/family support	62	37	97	25	340	23	477	71	266	244	2	1644
Housing/shelter	16	59	29	140	312	74	67	339	97	102	156	1391
School	100	100		49	14	84	190	42	27	31	18	655
Mental health services	20	114	69	40	23	79	118	21	16	59	33	592
Equipment/materials	74	44	26	140	57	233	274	451	48	234	256	1837
Transportation	4	7	7	21	5	4	18	4	5	57	3	135
Childcare (emergency or ongoing)	3	8	2	10	3	39	6	15	5	71	3	165
Food/nutrition	56	163	32	32	42	746	40	135	74	133	96	1549
CRA Assessment	46	72	13	23	49	40	54	34	9	8	34	382
Employment	2	6	14	19	4	70	60	61	17	23	47	323
Legal	3	14	9	17	11	35	38	10	17	9	19	182
Health care	11	28	6	17	1	26	21	62	32	9	6	219
CRA Service Plan		30	75	14	39	21	51	18	4	13	23	288
CRA-related referral to LMHC/MSW	4	30	1	9	34	1	2	4		1	42	128
Holiday assistance	40	70	7	63	1	379	23	3	98	13		697
Income/transitional assistance	3	16	18	6		7	59	11	2	36	6	164
Translation services	3			2		2	6	5	1	1	3	23
Fuel assistance/utilities	3	55	10	40	13	30	27	129		8	5	320

Table A2 (cont.): Services Provided by FRCs (January–December 2019)

	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Taunton	Worcester	All FRCs
Total number of services provided	4082	1875	311	5367	349	2430	624	1124	1983	882	137	2169	38467
Individual/family support	614	301	10	1202	17	895	108	92	183	0	12	553	5631
Housing/shelter	148	78	5	89	15	175	24	29	32	63	15	115	2179
School	59	95	16	765	10	82	11	55	21	25	12	53	1859
Mental health services	10	177	27	911	19	76	19	55	204	11	4	114	2219
Equipment/materials	334	183	1	16	153		7	182	23	120	5	46	2907
Transportation	0	4	1	118	3	8	15	2	7	89	2	62	446
Childcare (emergency or ongoing)	0	14	2	546	12	32	3	34	28	2	1	17	856
Food/nutrition	65	83	28	320	12		6	17	37	282	6	20	2425
CRA Assessment	155	108	7	21	7	69	21	3			20	70	863
Employment	81	21	38	168	1	66	1	34	22	75	3	40	873
Legal	7	34	4	61	9	35	0	17	17	4	1	54	425
Health care	17	21	0	152	5	20	0	6	59	1	3	34	537
CRA Service Plan	131	94	1	4	0	94	0	2	113	1	15	6	749
CRA-related referral to LMHC/MSW	51	32	6	2	1	91	35	1	178	3	8	15	551
Holiday assistance	236	40	0	10	5	144	1	116	412	3	5	13	1682
Income/transitional assistance	1	1	0	86	3	9	1	2	8	3	2	33	313
Translation services	0	1	1	203	8	10	0	0	5	8	0	1	260
Fuel assistance/utilities	0	5	0	131	2	31	1	5	10	2	1	11	519

Table A2 (cont.): Services Provided by FRCs (January–December 2019)

	Amherst	Athol	Barnstable	Boston	Brockton	Everett	Fall River	Fitchburg	Framingham	Greenfield	Holyoke	All FRCs
Total number of services provided	1452	1925	700	783	1086	3636	2058	1864	890	1770	970	38467
Services for children with special needs	4	4	0	0	6	14	32	2	4	14	10	241
Domestic violence	25	5	4	5	7	9	16	18	1	3	19	239
Child abuse/neglect services	34	0	0	0	6	2	9	88	2	34	2	422
Substance use services	4	5	15	0	7	2	2	1	1	16	0	123
Child development information	1	0	1	0	0	6	0	0	0	0	1	23
Family planning, pregnancy, and breastfeeding support	0	0	1	0	0	2	3	0	0	2	1	12
Education	87	1	30	31	5	268	17	54	8	35	2	921
Parenting	291	341	115	23	42	669	304	204	56	336	67	4584
Adolescent Services		1	0	0	0	67	113	0	0	0	0	215
CRA Assessment offered, Family Declined	1	1	10	1	18	5	1	43	0	2	3	148
Recreational	448	142	29	11	13	549	27	3	10	219		2222
Other	107	572	80	45	34	150	3	36	90	57	113	4023

Table A2 (cont.): Services Provided by FRCs (January–December 2019)

	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Taunton	Worcester	All FRCs
Total number of services provided	4082	1875	311	5367	349	2430	624	1124	1983	882	137	2169	38467
Services for children with special needs	3	9	0	52	1	7	10	1	59	2	0	7	241
Domestic violence	10	27	1	38	1	10	0	5	16	5	0	14	239
Child abuse/neglect services	34	37	3	0	0	16	47	1	49	0	2	56	422
Substance use services	0	10	0	27	4	1	3	0	17	0	1	7	123
Child development information	2	0	0	1	0	3	0	2	0	2	0	4	23
Family planning, pregnancy, and breastfeeding support	1	0	0	0	0	0	0	1	0	0	0	1	12
Education	6	31	42	18	8	99	12	64	8	5	5	85	921
Parenting	638	187	46	14	12	225	145	173	257	155	4	280	4584
Adolescent Services	1	1	1	0	0	4	1	1	19	1	0	5	215
CRA Assessment offered, Family Declined	5	0	1	0	0	7	0	0	15	0	0	35	148
Recreational	284	101	52	12	10	42	5	87	34	1	2	141	2222
Other	1189	180	18	400	31	179	148	137	150	19	8	277	4023

Table A3: Attendance at Evidence-Based Parenting, Life Skills, Education, Mutual Self-Help Groups, Recreational Activities/Events and Drives (January–December 2019)

	Amherst	Athol	Barnstable	Boston	Brockton	Everett	Fall River	Fitchburg	Framingham	Greenfield	Holyoke	All FRCs
Evidence-based parenting groups	321	243	303	143	214	334	370	477	237	619	119	8282
Nurturing Parents/Fathers	227	243	278	0	20	0	1	197	66	258	109	3736
Parenting Journey I & II	46	0	0	137	194	204	186	86	133	353	0	2584
Active Parenting	14	0	25	0	0	9	152	22	0	0	10	689
Guiding Good Choices	0	0	0	0	0	0	0	0	0	0	0	6
Parenting Wisely	0	0	0	0	0	0	0	172	0	0	0	463
Parenting in America	0	0	0	0	0	121	0	0	38	0	0	159
Positive Parenting Program (Triple P)	0	0	0	0	0	0	0	0	0	0	0	4
Sober Parenting Journey	34	0	0	0	0	0	0	0	0	0	0	91
Other	0	0	0	6	0	0	31	0	0	8	0	550
Life skills groups	277	360	35	55	64	254	122	710	285	584	1648	11337
Domestic violence	121	0	0	0	25	0	0	0	0	0	0	2617
Parenting classes/workshops	55	112	25	0	26	6	0	50	0	42	155	1225
Stress/anger management	0	0	0	0	0	0	0	0	104	0	0	447
Age-specific parenting	5	0	0	0	0	0	0	0	0	0	0	61
Positive Solutions	0	0	0	0	0	0	0	0	0	0	0	98
Household/finance management	0	0	0	44	0	0	25	15	0	100	10	362
Poetry/Story Walk	0	248	0	0	0	68	0	0	0	0	0	473
Behavior Management	0	0	0	0	0	0	0	0	0	0	0	35
Child abuse/neglect services	0	0	0	0	13	0	35	554	0	0	389	1163
Adolescent services	38	0	10	0	0	124	54	0	170	424	0	1127
Community Living Skills Workshop	58	0		11	0	56	8	91	11	18	1094	3729

Table A3 (cont.): Attendance at Evidence-Based Parenting, Life Skills, Education, Mutual Self-Help Groups, Recreational Activities/Events and Drives (January–December 2019)

	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Taunton	Worcester	All FRCs
Evidence-based parenting groups	843	302	214	567	0	602	163	360	550	211	117	973	8282
Nurturing Parents/Fathers	468	122	0	150	0	383	0	52	427	148	117	470	3736
Parenting Journey I & II	245	101	157	0	0	0	127	217	0	12	0	386	2584
Active Parenting	0	75	0	15	0	58	2	91	99	0	0	117	689
Guiding Good Choices	0	0	0	6	0	0	0	0	0	0	0	0	6
Parenting Wisely	130	0	0	0	0	161	0	0	0	0	0	0	463
Parenting in America	0	0	0	0	0	0	0	0	0	0	0	0	159
Positive Parenting Program (Triple P)	0	0	0	0	0	0	2	0	2	0	0	0	4
Sober Parenting Journey	0	0	57	0	0	0	0	0	0	0	0	0	91
Other	0	4	0	396	0	0	32	0	22	51	0		550
Life skills groups	350	2471	46	53	0	249	674	487	617	1900	0	96	11337
Domestic violence	0	2202	0	0	0	0	0	0	251	18	0	0	2617
Parenting classes/workshops	21	0	0	2	0	98	348	150	89	0	0	46	1225
Stress/anger management	0	4	0	0	0	0	0	183	0	156	0	0	447
Age-specific parenting	0	0	0	0	0	0	32	0	0	24	0	0	61
Positive Solutions	0	98	0	0	0	0	0	0	0	0	0	0	98
Household/finance management	0	8	0	0	0	0	0	76	13	71	0	0	362
Poetry/Story Walk	7	0	0	0	0	150	0	0	0	0	0	0	473
Behavior Management	0	35	0	0	0	0	0	0	0	0	0	0	35
Child abuse/neglect services	0	109	0	0	0	0	0	0	0	63	0	0	1163
Adolescent services	0	0	20	0	0	0	251	6	0	30	0	0	1127
Community Living Skills Workshop	322	15	26	51	0	1	43	72	264	1538	0	50	3729

Table A3 (cont.): Attendance at Evidence-Based Parenting, Life Skills, Education, Mutual Self-Help Groups, Recreational Activities/Events and Drives (January–December 2019)

	Amherst	Athol	Barnstable	Boston	Brockton	Everett	Fall River	Fitchburg	Framingham	Greenfield	Holyoke	All FRCs
Education Groups	0	6	8	100	526	53	1402	185	0	10	54	5568
Adult/Youth Education	0	0	0	4	278	53	572	0	0	0	7	2240
School Support	0	0	1	96	46	0	820	185	0	10	0	2270
Other	0	6	7	0	202	0	10	0	0	0	47	1058
Mutual self-help Groups	147	509	132	76	567	541	499	295	164	1160	199	7886
Parent support groups	140	255	65	76	558	323	133	159	86	1155	49	4751
Grandparents' support group	2	210	67	0	0	2	167	0	23	3	11	997
LGBTQ support group	5	0	0	0	0	39	0	0	14	0	87	191
Teen groups	0	19	0	0	0	95	0	0	32	0	0	172
Adolescent services	0	12	0	0	0	82	0	136	9	0	52	326
Sub Use Recovery/Prevention groups	0	0	0	0	0	0	0	0	0	0	0	185
Other	0	13	0	0	9	0	199	0	0	2	0	1264
Recreational activities/events	1514	2232	137	270	357	3741	1526	1746	119	3604	1230	21772
Recreational activities/events	1098	873	0	270	355	652	400	1746	70	1625	1071	10799
Playgroups	416	981	125	0	2	2019	126	0	19	1965	129	6942
Holiday party	0	0	0	0	0	1070	1000	0	23	0	30	2485
Other	0	378	12	0	0	0	0	0	7	14	0	1546
Drives (clothing, holiday, food, etc.)	344	0	144	35	0	953	0	72	123	205	45	10836
Other, unclassified	53	2053	211	292	1627	1062	54	0	7	20	47	7222

Table A3 (cont.): Attendance at Evidence-Based Parenting, Life Skills, Education, Mutual Self-Help Groups, Recreational Activities/Events and Drives (January–December 2019)

	Lawrence	Lowell	Lynn	Martha's Vineyard	Nantucket	New Bedford	North Adams	Pittsfield	Quincy	Springfield	Taunton	Worcester	All FRCs
Education Groups	435	83	24	518	8	1594	84	17	83	348	11	19	5568
Adult/Youth Education	394	0	21	0	0	594	80	0	0	215	3	19	2240
School Support	0	83	3	0	8	1000	0	0	10	0	8	0	2270
Other	41	0	0	518	0	0	4	17	73	133	0	0	1058
Mutual self-help Groups	962	280	14	70	10	108	130	845	380	489	16	293	7886
Parent support groups	218	231	14	26	0	108	2	496	60	445	16	136	4751
Grandparents' support group	199	6	0	0	10	0	128	0	138	0	0	31	997
LGBTQ support group	0	0	0	0	0	0	0	21	25	0	0	0	191
Teen groups	0	0	0	0	0	0	0	0	2	24	0	0	172
Adolescent services	0	0	0	0	0	0	0	22	13	0	0	0	326
Sub Use Recovery/Prevention groups	0	43	0	0	0	0	0	0	142	0	0	0	185
Other	545	0	0	44	0	0	0	306	0	20	0	126	1264
Recreational activities/events	482	238	14	35	34	982	1139	1130	210	63	345	624	21772
Recreational activities/events	0	155	14	0	0	982	431	376	150	3	206	322	10799
Playgroups	279	73	0	0	34	0	4	483	13	0	14	260	6942
Holiday party	30	10	0	0	0	0	0	267	0	0	20	35	2485
Other	173	0	0	35	0	0	704	4	47	60	105	7	1546
Drives (clothing, holiday, food, etc.)	1229	0	0	0	136	0	0	0	107	7443	0	0	10836
Other, unclassified	282	0	0	5	47	30	26	140	661	596	0	9	7222

Table A4: Individuals Served by FRCs by Massachusetts Cities and Towns (January 2015–December 2019)

#	City	#	City	#	City	#	City	#	City	#	City
49	Abington	2616	Boston	32	Dalton	5	Georgetown	4	Huntington	105	Medford
5	Acton	133	Bourne	25	Danvers	27	Gill	2	Ipswich	6	Medway
28	Acushnet	9	Boylston	117	Dartmouth	1	Gloucester	14	Kingston	42	Melrose
249	Adams	1	Boxborough	92	Dedham	7	Goshen	13	Lakeville	3	Merrimac
33	Agawam	4	Boxford	40	Deerfield	23	Grafton	11	Lancaster	417	Methuen
25	Amesbury	324	Braintree	153	Dennis	47	Granby	25	Lanesborough	92	Middleborough
729	Amherst	62	Brewster	7	Dighton	20	Great Barrington	3911	Lawrence	3	Middleton
66	Andover	71	Bridgewater	7	Douglas	1304	Greenfield	42	Lee	96	Milford
39	Aquinnah	4	Brimfield	1	Dover	15	Groton	19	Leicester	71	Millbury
9	Arlington	2112	Brockton	106	Dracut	1	Groveland	12	Lenox	18	Millis
18	Ashburnham	5	Brookfield	21	Dudley	80	Hadley	365	Leominster	65	Milton
15	Ashby	29	Brookline	1	Dunstable	7	Halifax	24	Leverett	2	Monroe
6	Ashfield	8	Buckland	4	Duxbury	2	Hamilton	6	Lexington	13	Monson
79	Ashland	19	Burlington	34	East Bridgewater	3	Hampden	7	Leyden	341	Montague
1288	Athol	30	Cambridge	8	East Brookfield	4	Hancock	2	Lincoln	2	Monterey
72	Attleboro	38	Canton	11	East Longmeadow	34	Hanover	7	Littleton	9	Nahant
45	Auburn	1	Carlisle	29	Eastham	12	Hanson	26	Longmeadow	287	Nantucket
11	Avon	12	Carver	107	Easthampton	74	Harwich	2495	Lowell	57	Natick
30	Ayer	26	Charlemont	23	Easton	8	Hardwick	78	Ludlow	6	Needham
804	Barnstable	12	Charlton	306	Edgartown	23	Hatfield	48	Lunenburg	8	New Ashford
42	Barre	22	Chatham	2	Egremont	258	Haverhill	1016	Lynn	3231	New Bedford
7	Becket	78	Chelmsford	35	Erving	5	Hawley	5	Lynnfield	5	New Braintree
5	Bedford	249	Chelsea	2199	Everett	7	Heath	559	Malden	1	New Marlborough
190	Belchertown	33	Cheshire	60	Fairhaven	48	Hingham	2	Manchester-by-the-Sea	14	New Salem
9	Bellingham	1	Chester	2115	Fall River	8	Hinsdale	21	Mansfield	5	Newbury
10	Belmont	3	Chesterfield	264	Falmouth	71	Holbrook	6	Marblehead	6	Newburyport
2	Berkley	518	Chicopee	1031	Fitchburg	19	Holden	3	Marion	14	Newton
2	Berlin	37	Chilmark	37	Florida	17	Holliston	120	Marlborough	1	Norfolk
38	Bernardston	63	Clinton	19	Foxborough	1879	Holyoke	27	Marshfield	1019	North Adams
16	Beverly	6	Cohasset	1124	Framingham	28	Hopkinton	120	Mashpee	62	North Andover
50	Billerica	28	Colrain	22	Franklin	8	Hubbardston	7	Mattapoissett	26	North Attleboro
6	Blackstone	11	Conway	16	Freetown	45	Hudson	21	Maynard	11	North Brookfield
4	Bolton	8	Cummington	201	Gardner	45	Hull	2	Medfield	2	North Reading

Table A4 (cont.): Individuals Served by FRCs by Massachusetts Cities and Towns (January 2015–December 2019)

#	City	#	City	#	City	#	City
288	Northampton	11	Rochester	13	Sturbridge	4	West Stockbridge
16	Northborough	103	Rockland	14	Sudbury	141	West Tisbury
20	Northbridge	1	Rockport	82	Sunderland	40	Westborough
40	Northfield	3	Rowe	4	Sutton	126	Westfield
15	Norton	3	Rowley	14	Swampscott	22	Westford
20	Norwell	36	Royalston	47	Swansea	15	Westminster
34	Norwood	9	Rutland	180	Taunton	46	Westport
392	Oak Bluffs	44	Salem	24	Templeton	2	Westwood
2	Oakham	14	Salisbury	94	Tewksbury	686	Weymouth
450	Orange	8	Sandwich	277	Tisbury	9	Whately
34	Orleans	56	Saugus	24	Townsend	59	Whitman
4	Otis	3	Savoy	9	Truro	14	Wilbraham
22	Oxford	18	Scituate	41	Tyngsboro	16	Williamsburg
13	Palmer	19	Seekonk	1	Upton	63	Williamstown
4	Paxton	8	Sharon	11	Uxbridge	8	Wilmington
52	Peabody	60	Shelburne	22	Wakefield	66	Winchendon
23	Pelham	18	Shirley	2	Wales	2	Windsor
10	Pembroke	62	Shrewsbury	25	Walpole	11	Winthrop
12	Pepperell	24	Shutesbury	15	Waltham	20	Woburn
19	Petersham	52	Somerset	48	Ware	2991	Worcester
16	Phillipston	53	Somerville	169	Wareham	6	Worthington
1588	Pittsfield	86	South Hadley	25	Warren	12	Wrentham
15	Plainfield	10	Southampton	24	Warwick	317	Yarmouth
5	Plainville	12	Southborough	2	Washington	8875	Unknown/None
45	Plymouth	86	Southbridge	5	Watertown		
6	Provincetown	5	Southwick	68	Webster		
1010	Quincy	71	Spencer	11	Wellesley		
325	Randolph	3830	Springfield	11	Wellfleet		
27	Raynham	11	Sterling	9	Wendell		
19	Reading	5	Stockbridge	11	West Boylston		
2	Rehoboth	32	Stoneham	17	West Bridgewater		
225	Revere	98	Stoughton	6	West Brookfield		
5	Richmond	4	Stow	334	West Springfield		

Appendix B: Legislative Mandate for FRC Evaluation

This annual report is issued pursuant to Chapter 41 of the Acts of 2019, the Fiscal Year 2019 General Appropriations Act:

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 under 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 health and human services shall maintain the fiscal year 2019 contract with a third party administration service organization to oversee the execution of, and the agency's compliance with, subsection (b) of said section 16U of said chapter 6A; provided further, that the executive office of health and human services 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 31, 2020 and September 29, 2020, the executive office shall submit a report to the house and senate committees on ways and means detailing the number of children and families served at each center, the types of programs, program outcomes, client feedback and progress on data sharing between centers; and provided further, that the network of child and family service programs shall coordinate with the executive office, 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 under section 39H of chapter 119 of the General Laws.....\$500,000

Appendix C: FRC Family Success Stories, 2019

Amherst

The FRC worked with a mom for two years to help her regain custody of her children. The mom was determined and attended several parenting classes at the FRC. She would also meet with her children there, and they would spend time working together on art projects together in the art room. Their visits became more about the joy they felt being together and spending time as a family. This particular mom is a very gifted artist and was also able to come and spend time at the FRC alone. This past December, the FRC's family partner was able to attend a meeting with this mom at court; she was very worried about what was going to happen, and she had reached out for one of us to go with her as support. At the meeting, we learned that she was being reunited with her children! This mom's kids are now back in her home, and the FRC continues to provide support for them in this joyful transition.

Athol

Parent leaders are an important component of our FRC community. A family moved to the area after living in a shelter in Lowell. The mom did not speak English and was not able to read or write. During the playgroup circle time, a parent leader at the FRC took it upon herself to make the mom feel comfortable and support her participation in the songs and book follow-along. A staff member typically does this action; however, when the group facilitator saw what was happening, she did not interrupt and let the parent leader be helpful to this new family. The organization continues to foster the growth and development of our parent leaders as well as welcomes all families.

Boston

One of the graduate students interning at the FRC was successful in connecting a family to MassHealth as secondary insurance for their child. The family had been denied coverage for MassHealth's Child Behavioral Health Initiative services at first due to the child's primary diagnosis, not meeting medical necessity. With the support of FRC staff, including the graduate student, the parent was able to advocate for her family and got her child connected to the needed services. As of last communication with the family, the mom reported she "finally felt like her son had the supports he needed in place."

Brockton

The FRC staff had worked with a family with many complex needs for several months after several agencies struggled to recognize the needs of the family. The FRC assisted the mom in securing housing for herself and her three children, as well as access to services for her children and her own mental health care. The two oldest children have received appropriate diagnoses, and they are now receiving the supportive services they need.

Cape Cod

The Cape Cod Family Resource Center hosted its first Annual Winter Food Drive before the holidays. Thirty-one families were served, receiving nonperishable foods donated by local grocery stores, plus new toys and household items supplied by other donors. The FRC also served as a pick-up location for 25 families who received personalized bags of toys from Toys for Tots.

Everett

A public safety officer took the FRC's Parenting Journey training as a recommendation from his attorney during his custody battle for his son. By the end of the course, he shared that even at work he was looking at people in a new light. He said he no longer had this tunnel vision way of thinking and acting, and he was more focused now on listening, understanding, and trying to support – rather than just move through the process without care. His

active participation was helpful to other members of the group; he helped one with her apartment search, another with getting her license, and another with his shelter experiences. It was amazing to see the transformation someone can have over the length of the program and how it doesn't just help with their parenting, but in other aspects of their life as well.

Fall River

A single mother was referred to the FRC's Parenting Journey class by the Department of Children and Families (DCF). Her child was in the care of DCF throughout the weeks of her parenting class. The mom suffered from a childhood of abuse and homelessness and had mental health issues. However, she was able to overcome her obstacles, completing her parenting class, and she received physical custody of her daughter two weeks later. The family is doing well, and the mom reported she has been stable, she's working and continues to be an engaged mother to her daughter. She voluntarily asked to join another parenting class – Active Parenting – so she can continue to strengthen her skills and have peer support.

Framingham

A long-time client of the FRC came in towards the end of 2018 for a one-on-one class with our Family Resource Specialist on Financial Literacy. At the end of March, she returned to report she is now completely credit card debt-free thanks to the lessons and insights she was able to obtain from the class. She is looking forward to continuing her debt-free journey and plans to come back to the center for support in planning a vacation she has dreamed of her entire life – but has never been able to do it due to lack of finances and debt.

Greenfield

A participant was referred to our Family Resource Center by the Sheriff's department back in December of 2018, after being released from the House of Corrections. At that time, she made an individual objective plan with her Family Support Worker, identifying housing and stabilization as one of her main goals. After submitting a shelter application, she was placed locally, which allowed her to reunify with her one-year-old son. She continues to work on transitioning into independent living and is positively engaging in her service plan to regain custody of her five-year-old. Aside from the individual support, she is also engaging in a variety of group programs at the FRC.

Holyoke

After the Grandparents Raising Grandchildren support group started, a grandmother who is raising an autistic grandson helped with outreach for the group. She is a community leader with a strong voice and has a vast knowledge about community services. She took flyers, and despite some physical limitations, she distributed the flyers to all her neighbors and small businesses. Her willingness to help others and will-power motivated her, despite the limitations she faced.

Lawrence

A mom was reunited with her six children, who were in DCF custody, after successfully participating in parenting education programs, including Parent Wisely and Parent Journey. She loves the FRC program and is very grateful for the support and services provided.

Lowell

After his release from jail on serious charges, a man worked closely with the FRC's Family Support Worker. He didn't have the resources to travel back to the jail to get the documentation he needed to get an ID and get started on a job search. The center paid for his travel to secure them. The Family Support Worker then brought him to the Lowell RMV to obtain a state ID. She also supported him in finding a job. He is now focusing on rebuilding his life.

Martha's Vineyard

FRC Staff has been able to stabilize a young single mother with two small children. She arrived on the Vineyard from Jamaica pregnant with twins. Shortly after her arrival she was involved in a DV incident with her partner. Working with FRC Staff she was able to find a short-term rental and daycare for her children. After six months on the island, she was able to save funds to relocate off the island to be closer to family in Connecticut. FRC Staff assisted with the transition off the island.

Nantucket

Our "Winter Gifts of Warmth" coat drive was a huge success, both in providing needed clothing to our clients and in making more people aware of what we can do for the community. Many people came to donate coats and warm clothes that had never been to the Center before. They were very happy to discover the resources available, and many plan to come back for other programs or to refer friends and colleagues.

New Bedford

A mom came into the FRC in 2017, frustrated that her daughter was having behavior and school issues. Many attempts were made to schedule a CRA assessment, but there was always a barrier that kept her from following up. We never gave up on this family and tried to engage them by inviting them to our Active Parenting of Teens and Teens in Action programs. While working with the FRC, the daughter changed her school placement, graduated from Teens in Action, became involved with another community program, and participated in teen movie nights. Additionally, the mom graduated from Active Parenting of Teens. Because they had a team that worked and believed in the family, the daughter's CRA was dismissed in 2019, and she is thriving in school. The Pre-CRA team at the FRC knew that the daughter craved to have a good relationship with her mother and they made that the basis for their work.

North Adams

A mom and her 2-year old son became homeless after she ended a dysfunctional and emotionally charged relationship with a long-time boyfriend. Over the course of a year, the mom experienced the loss of a child and many other significant events that resulted in troubling emotional and mental health concerns. She reached out to the FRC for assistance and was able to connect with other moms and women in her faith community. During this period, she moved between family members and slept in her car. She made good decisions regarding keeping her son and herself safe and asked for help when needed. Through continued efforts, community supports, and close work with FRC staff, she was able to secure housing with her son.

Pittsfield

One of our mom's lost her children due to domestic violence in the home. After her kids were removed, she came into the FRC to participate in support groups and eventually an evidence-based group. Since she began working with the FRC, she moved into her own home and left the abusive partner. She then got her kids back in record time and is now a peer leader for our Parents Helping Parents program. Her goal is to one day work at the FRC and help others who were in her situation.

Quincy

The FRC received a CRA referral from the court for a 16-year-old who was not attending school. We learned the mom had significant medical needs that prevented her from being able to leave the home easily. Referral source reported the youth had mental health difficulties and developmental challenges that were impacting his school attendance. The youth wouldn't leave his home and refused to engage with providers. Our staff immediately attempted to schedule time to see the family in their home. When the clinician and family partner went there for the assessment, the youth would not leave his room. After the clinician met with mom, the family partner

continued to work with her while the clinician tried to engage the youth by talking to him through the bedroom door. The youth eventually engaged in conversation and opened his bedroom door slightly so they could talk. Subsequently, an appointment was scheduled for the parent and youth to come to the FRC to fill out applications for services. Engaging the family where they are and meeting with the youth on his terms has allowed the FRC to connect with them in a way that other providers have not been successful. The clinician continues to engage with this youth and they communicate via email.

Springfield

The court referred a family to the FRC as the teenage son was having challenges with anger management issues. As well as the anger management course for the son and a parenting course for the parents, the family received food from the FRC's food pantry and participate in the Community Café. The son's court case was closed after he graduated from the anger management course, and communication is better in the family. He is doing very well in school and is more willing to express how he is feeling in a healthy way.

Worcester

A grandmother had recently been granted custody of her grandchild and came into the FRC for assistance. Our school liaison supported the grandmother in transferring benefits for her granddaughter—including a childcare voucher and SNAP benefits—into her name. The school liaison also supported the family in accessing early intervention services, enrolling the granddaughter in a local playgroup, and organizing important legal documents related to the change in custody. The grandmother later shared that the family successfully began early intervention services and she was very grateful for the support offered by the FRC.