

# Family Resource Center Program Evaluation Report



November 2016

Family Resource Center Program Evaluation Report,  
2016 Biannual Report

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Recommended Citation:

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

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## Executive Summary

Launched in 2015, **Family Resource Centers (FRCs)** are community-based, culturally competent programs that provide a variety of services to children and families, including evidence-based parent education, parent and youth mutual self-help support groups, information and referral, grandparent support groups, mentoring, educational support, cultural and arts events and other services. FRCs also provide services specific to Children Requiring Assistance (CRA) as required by Chapter 240 of the Acts of 2012 (Chapter 240).

The Department of Children and Families (DCF) provides oversight of the FRCs, which are located in each Massachusetts county, with a total of 18 FRCs across the Commonwealth. Since 2015, the University of Massachusetts Medical School Administrative Services Organization (ASO) has provided program management and oversight, data management and reporting, training and professional development, communication support and program evaluation services to the FRC Network.

This report, required by line item 4000-0051 of Chapter 133 of the Acts of 2016, provides a **brief mid-year summary of FRC** activity during the first half of the FRCs second year of operation, **from January 1 to June 30, 2016**. Data for this report are extracted from the **FRC Database**, an electronic client-level case management and data collection system developed and hosted by UMMS. Each FRC site is responsible for collecting and using the database to track individual (adult and child), family and service delivery data on the families they serve. Overall, a comparison of the data collected in 2016 thus far to 2015 data points to a **substantial increase in the number of families being served by the FRCs**. Highlights from this report include:

- The FRCs served a total of **3,478 new families** in the first six months of 2016. With over 4,750 families served in 2015, FRCs have served a **total of 8,242 families** since their launch in January 2015.
- Over **5,500 unique individuals received FRC services for the first time in 2016**. Since 2015, **FRCs have provided services to over 11,000 adults and children**. About 56% of those served by the FRCs are adults ages 18 and over, and 44% are children ages 0 to 17.
- The overwhelming majority (85%) of adults served by the FRCs in the first six months of 2016 were **parents**. **Adults were primarily female** (74%), between the ages of 18 and 40 (69%). The majority of families lived in **single-parent households**.
- Almost **30% of adults represented racial minorities** and over **40% were Hispanic or Latino**.
- **60% of children and youth served by the FRCs were between the ages of 6 and 14**, with 20% ages 0 to 5 and 20% ages 15 to 17. The racial and ethnic composition of children and youth mirrored that of adults. A slight majority of children and youth were male (53%). About 3% were teen parents.
- In the first six months of 2016, **new families sought FRC assistance with a wide variety of needs**. Many sought assistance with **housing, financial and health or mental health-related concerns**. Many came with **specific concerns about a child** or children in the family, and many sought parenting support or parenting education.
- Adults seeking services from the FRCs for the first time in 2016 were most commonly **referred by friends or family members (22%); DCF (19%); school (16%) or other human services organizations (12%)**.
- In the first six months of 2016, **FRCs provided over 9,700 discrete services, supports and programs** to adults and/or children. Services included individualized supports to families, parenting education programs, self-help and recreational and other activities.
  - The most common services provided to families included: **CRA-related activities**, such as CRA assessment and service planning; assistance with **basic needs** such as food, housing and transportation; **individualized family services**; and **health-related** services.

- The most common programming included **evidence-based parenting** groups, **mutual self-help** groups and **recreational activities**.

The FRCs continue to provide vital services to vulnerable families across the Commonwealth. A more comprehensive report of calendar year 2016 FRC activities will be available in early 2017.

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

This biannual report is required by line item 4000-0051 of Chapter 133 of the Acts of 2016:

“...provided further, that the executive office shall provide biannual progress updates to the secretary of administration and finance, the joint committee on children, families and persons with disabilities and the house and senate committees on ways and means; provided further, that not later than March 15, 2017, the executive office shall file a biannual report with the house and senate committees on ways and means; provided further, that the report shall detail the number of children and families served at each center, the types of programs, program outcomes, client feedback and progress on data sharing between centers;...”

*I want to share my experience working with [FRC staff person]. The one thing I have always experienced in interacting with her is that she is very good in helping people. She did not just listen to my problems but took an active role in making a difference in my family's lives. When we had hard times financially, she advised me to seek help with the Social Security Administration and figure out if my children were eligible for their help. Today all our family wants to use this chance to tell [FRC staff person] how grateful we are for providing our family with all that helpful information, and how much we appreciate her caring and supportive way of providing help and assistance to us.*

— Mother

## Family Resource Center Network

The FRCs are operated by community-based social service agencies across the state and are overseen by the Massachusetts Department of Children and Families (DCF). FRCs began operation in early 2015; there are a total of 18 FRCs, with at least one in each of Massachusetts' 14 counties. There are two distinct FRC program models: Full-service Family Resource Centers (n=12) and Micro Family Resource Centers (n=6). Full-service FRCs provide all mandated services, including, but not limited to, information and referral, evidence-based parenting groups, grandparent support groups, assessment, service planning, and mentoring. Full-service FRCs are located in Amherst, Barnstable, Boston, Brockton, Greenfield, Lawrence, Lowell, New Bedford, Pittsfield, Quincy, Springfield, and Worcester. Micro-FRCs also provide all mandated services, but at a reduced staffing and service delivery level. Micro FRCs operate in Fall River, Fitchburg, Lynn, Martha's Vineyard, Nantucket, and North Adams. Prior to beginning service delivery, all FRCs underwent a review process to assure their readiness to provide comprehensive services to families and their children.

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

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

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

## II. Evaluation Design

UMMS has worked with DCF to develop and implement an independent evaluation of the FRC Network. The evaluation seeks to assess the overall effectiveness of the FRCs, ensure that the FRCs operate in accordance with applicable standards, provide data to inform efforts to enhance services, and ensure that the FRCs are responding to and meeting the needs of the community.

### Evaluation Goals

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

The goals of the evaluation are to:

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

### Data Sources

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

UMMS Information Technology staff customized a commercially available customer relationship management system to provide the FRCs with a client-level case management and data collection system and to support program operations at both the individual FRC and statewide levels. **The FRC Database** includes standardized data collection forms designed specifically to support both FRC operational and quality improvement efforts. The forms collect family member (adult and child) basic demographic information and reasons for the visit to the FRC; information on education, employment and income; physical and mental health status; safety and basic needs; and agency and civic involvement. The FRC Database also includes a set of forms based on validated measures designed to assess family and child/youth functioning, as well as family needs and strengths. The Database also includes forms to document families' support plans, service provision and participation in FRC programs and events. The FRC Database is hosted on a UMMS secure server; UMMS is responsible for ensuring the security and confidentiality of the data. Individual FRCs are only able to access their own data; UMMS evaluation staff have access only to de-identified data for evaluation purposes.

### Data Collection and Analysis Methods

Data is collected directly from family members and entered into the FRC Database by staff at each FRC. UMMS ASO staff work closely with the FRCs to help ensure timely and accurate data entry. Included in this 2016 biannual report are data from the FRC Family Member Intake Forms; Family Support Plan; FRC Service Provision and Event Participation Forms. De-identified data were provided to the UMMS evaluators in July and August 2016, and summary statistics were generated by the UMMS evaluation staff. **This 2016 biannual report provides a statewide summary of descriptive information regarding characteristics of adults and children served by FRCs, and services that the FRCs provided, from January 1 through June 30 of 2016, the FRCs second year of operation. A more**



comprehensive annual report of FRC activities in 2016 will be available in early 2017.

### III. Families Served by FRCs: Increases from January 2015 to June 2016

There has been notable growth in the numbers of families served by the FRCs since their inception in 2015. In 2015, FRCs served just over 4,750 unduplicated families (Henry, Long-Bellil & Gettens, March 2016). However, in the first six months of 2016, FRCs served a total of **3,478 unduplicated new families** (i.e., families not previously served in 2015). This suggests that the FRCs are on track to serve considerably more families in 2016 than in 2015. Figure 1 shows the growth in the number of new (unduplicated) families coming into the FRCs for service from January 2015 through June 2016.

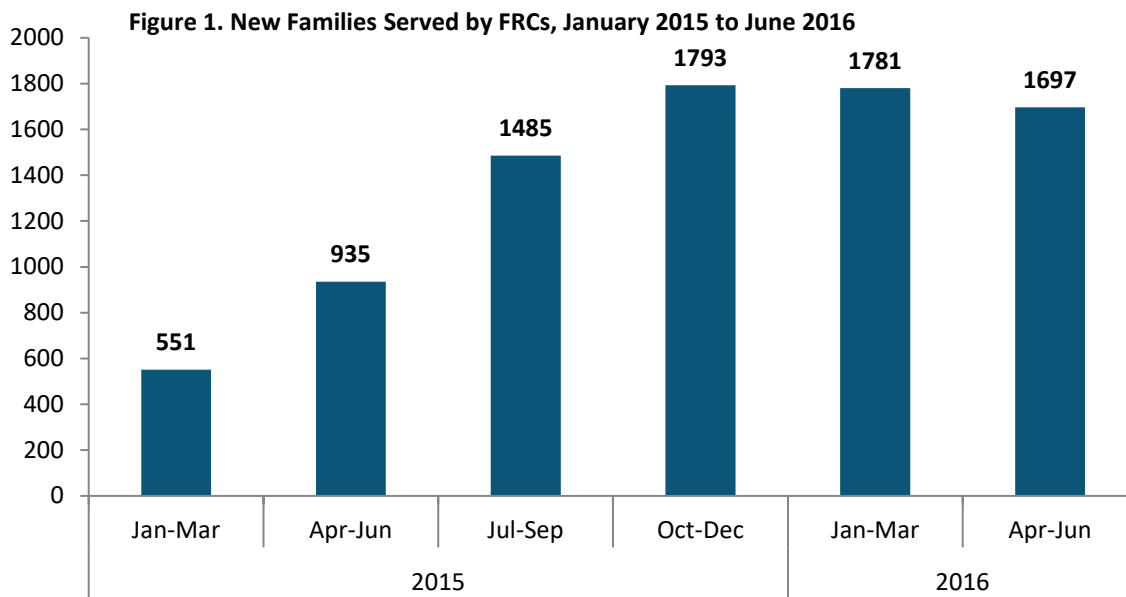
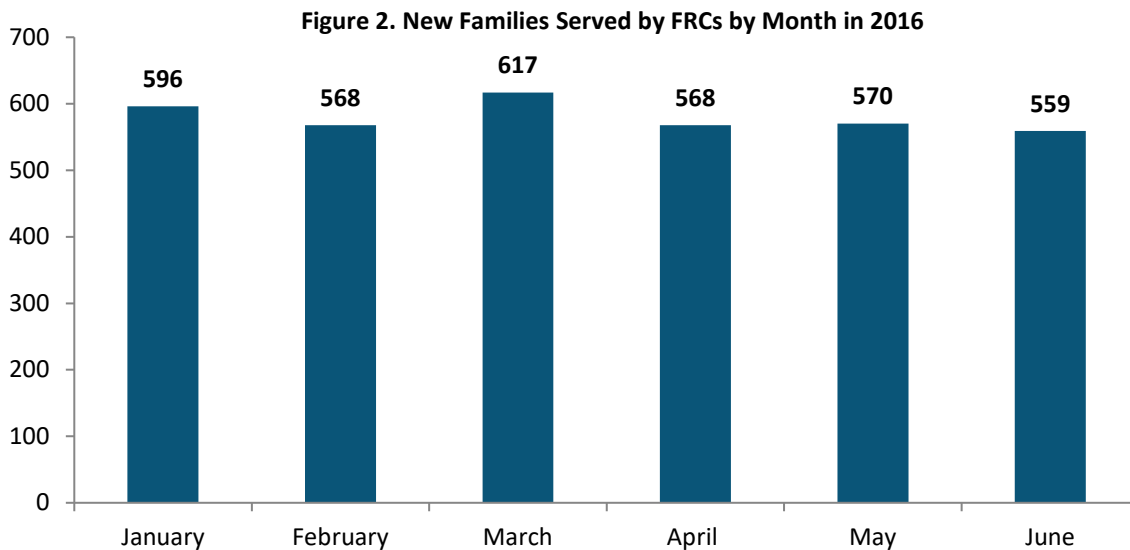


Figure 2 provides a count of the number of new families coming into the FRCs by month from January to June 2016.

The 3,478 new families served between January and June 2016 included 5,544 individual family members that were provided a unique service by the FRCs; 56% were adults and 44% were children.



## Household Characteristics of Families Served by FRCs in 2016

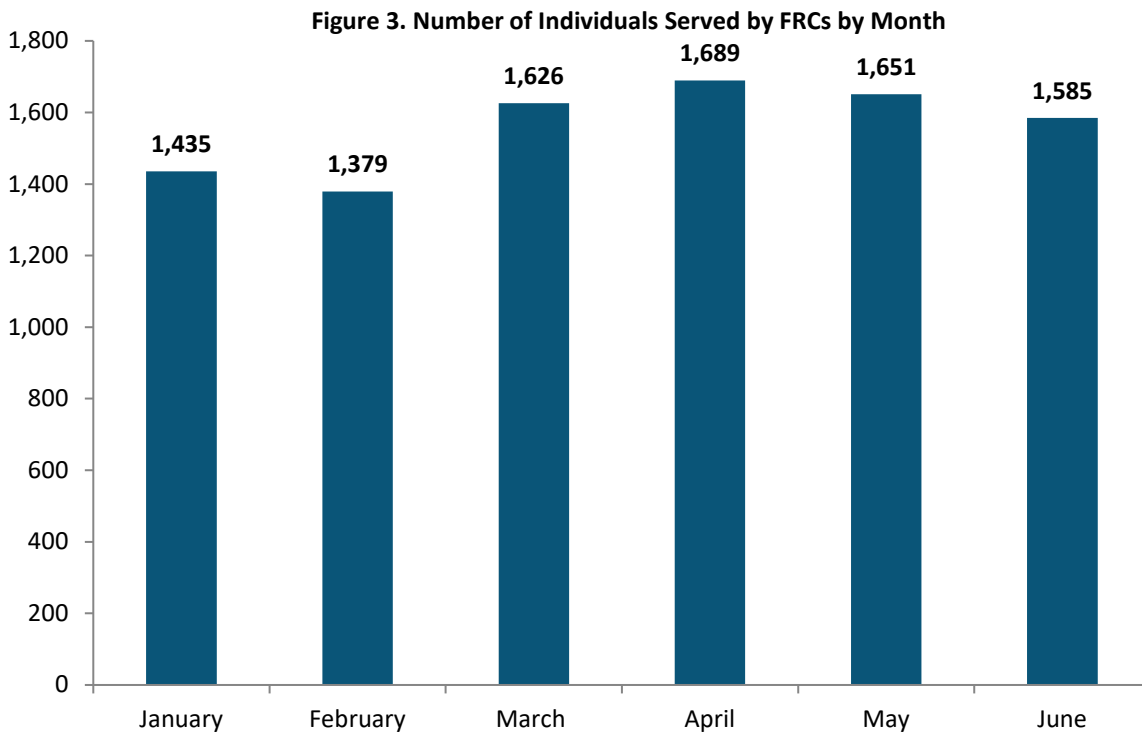
Many families that first came to the FRCs in 2015 continued to receive services in 2016. In total, the **FRCs served 4,050 unduplicated families between January and June 2016**, including new families (first served in 2016) and those who were first served in 2015 but continued to receive at least one service in 2016. Table 1 shows the household characteristics of the 4,050 families served thus far in 2016. **About two-thirds of families (67%) lived in single-parent households.** Over half of the families served (51%) included two or more children; about one-third included one child. More than half of families (55%) lived in households with three or more members.

**Table 1. Household Characteristics of Families Served by FRCs (n=4,050)**

Characteristics		%
<b>Household Type</b>	Single-Parent	67
	Two-Parent	28
	Multi-Parent	1
	Multi-Generational	4
<b>Number of Children/Youth in Household</b>	0 Children	12
	1 Child	36
	2-3 Children	42
	4-5 Children	8
	6 or more	1
<b>Number of Household Members</b>	1-2	42
	3-5	55
	6 or more	3

## IV. Adults and Children Receiving FRC Services, January – June 2016

In total, **6,352 adults and children received services from the FRCs between January and June 2016**. This number includes adults and children newly receiving services from the FRCs in 2016 as well as those who began receiving services in 2015 and continued to receive services in 2016. Approximately 58% of those receiving services were adults ages 18 and over, while 42% were children ages 0 to 17.<sup>3</sup> Figure 3 below shows the number of individuals served by the FRCs by month from January to June 2016, and provides an indication of the volume of activity within the FRCs by month. The somewhat lower numbers in January and February are likely attributable to cold weather (and to the lower number of days in February).



<sup>3</sup> Ages of individuals served by the FRCs are determined by the age and/or date of birth recorded on the Family Member Intake Form and entered into the FRC Database. These age indicators were missing from about 18% of the Intake Forms; thus, age could not be determined for 1,171 individuals served in 2016.

## V. Characteristics of Adults Receiving FRC Services, January – June 2016

### Demographic Characteristics

Information from the **Family Member Intake Forms** provided demographic information (Table 2) about adults served by the FRCs from January to June 2016 (n=3,002). Most (85%) adults served by the FRCs were birth or adoptive parents; 69% were between the ages of 18 and 40; about three-quarters were women; and almost two-thirds were single. The majority of adults (72%) identified their race as white, and about one-fifth identified themselves as black or African-American. Over 40% of adults identified themselves as Hispanic or Latino. English was the primary language for 73% of adults; 20% identified Spanish as their primary language.

**Table 2. Demographic Characteristics of Adults Served by FRCs (n=3,002)**

Characteristics		%
<b>Parental/Caregiver Status</b>	Birth/Adoptive Parent	85
	Stepparent	1
	Grandparent	4
	Kinship Caregiver	1
	Co-Parent	1
	Foster Parent	1
	Teen Parent	1
<b>Age</b>	18-30	36
	31-40	33
	41-50	19
	51-60	8
	61 and over	4
<b>Gender</b>	Male	25
	Female	74
	Other	1
<b>Marital Status</b>	Single	62
	Married	24
	Partnered	9
	Divorced/Separated	6
	Widowed	1
<b>Race</b>	White	72
	Black/African-American	21
	Asian	4
	American Indian/Alaska Native	2
	Native Hawaiian/Pacific Islander	1
	Other	6
<b>Ethnicity</b>	Hispanic/Latino	41
<b>Primary Language</b>	English	73
	Spanish	20
	Other	7

## VI. Characteristics of Children/Youth Receiving FRC Services, January – June 2016

### Demographic Characteristics of Children and Youth

Information from the **Family Member Intake Forms** provided basic demographic characteristics of children and youth ages 0 to 17 (n=2,178), shown in Table 3. FRCs served substantial numbers of children across all age groups. Slightly less than a third were between the ages of 6 and 10 years (31%) and nearly another third were between the ages of 11 and 14 years (29%). FRCs served slightly more male children than female children (52% vs. 48%). A small percentage of youth (3%) were teen parents. Over two-thirds (70%) of children and youth were white; 21% were black/African-American. Over 40% were reported to be Hispanic or Latino. English was the primary language for 85% of children and youth; 10% reported Spanish as their primary language.

**Table 3. Demographic Characteristics of Children and Youth Served by FRCs (n=2,178)**

Characteristics		%
<b>Age</b>	0-5	20
	6-10	31
	11-14	29
	15-17	20
<b>Gender</b>	Male	52
	Female	48
	Other	.6
<b>Marital Status</b>	Married/Partnered	<1
<b>Parental Status</b>	Birth/Adoptive Parent	3
<b>Race</b>	White	70
	Black/African-American	21
	Asian	7
	American Indian/Alaska Native	1
	Native Hawaiian/Pacific Islander	1
	Other	6
<b>Ethnicity</b>	Hispanic/Latino	43
<b>Primary Language</b>	English	85
	Spanish	10
	Other	5

## VII. Reasons for Visit to FRCs: New Families, January – June 2016

### Reasons for Visit

New families seeking services in the first six months of 2016 contacted the FRCs for a wide variety of reasons. The reasons for visits, as reported by adults seeking FRC services from January to June 2016 and recorded on the **Family Member Intake Form**, are shown in Table 4. A number of adults visited FRCs because of specific concerns about a child; 19% reported concerns about a child's difficulty with following rules, while 9% reported concerns about a child missing school. A small percentage (3%) reported concerns about a child running away. Fifteen percent of adults reported being sent to the FRC by an agency, 13% reported being sent by the schools, and only 9% reported being sent by the court.

Other common reasons that adults reported visiting FRCs were related to seeking information, services or other kinds of assistance. Twenty-eight percent of adults sought parenting information or parenting education. Many adults sought information about meeting basic needs such as housing and/or rent (22%) or family hardship/financial concerns (20%). About a quarter of adults (22%) sought assistance related to health and/or mental health concerns. Seventeen percent of adults sought assistance and/or information related to school issues. Smaller percentages reported seeking information regarding employment/job concerns, continuing education, transportation, substance use concerns and immigration or other legal concerns.

**Table 4. Reasons for Visits Reported by Adults Seeking FRC Services (n=2,094\*)**

Reasons for Visits		%
<b>Specific Child Concerns</b>	Child has difficulty following rules	19
	Child has missed days at school	9
	Child has history of running away	3
<b>Sent by Agency/Court/School</b>	Agency	15
	School	13
	Court	9
<b>Seeking Information/Services/Assistance**</b>	Parenting/Parenting Education	28
	Housing/Rent	22
	Health/Mental Health Concerns	22
	Family Hardship/Financial Concerns	20
	School Issues/Information	17
	Employment/Job Concerns	8
	Child Care Information	7
	Continuing Education for Caregiver	6
	Transportation	6
	Afterschool Information	4
	Substance Use Concerns	3
	Immigration/Legal Concerns	3
Other	22	

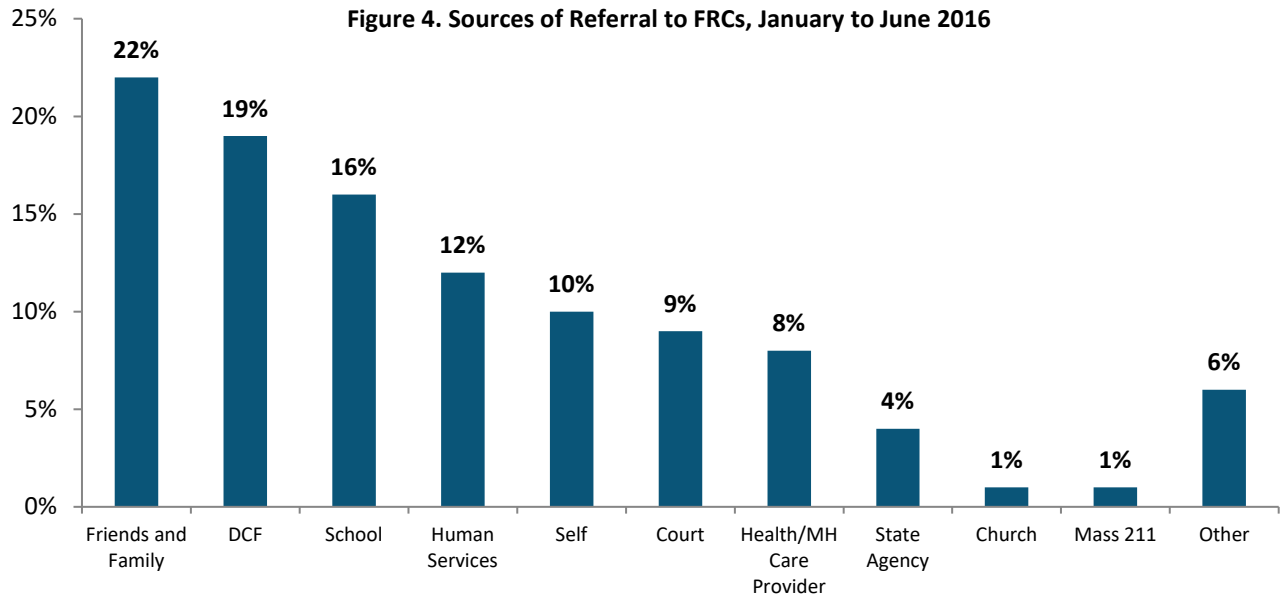
\*Includes adults who identified at least one reason for FRC visit. Reason for visit was missing for 17% of all adults who were newly served by the FRCs from January to June 2016. \*\* Adults could identify multiple needs; so these percentages exceed 100%.

## VIII. Sources of Referrals to FRCs: New Families, January – June 2016

### Sources of Referral

New families seeking FRC assistance in the first six months of 2016 were referred from a variety of sources. The referral sources, as reported by adults and recorded on the **Family Member Intake Form**, are shown in Figure 4. Family and friends were the most common source of referrals to the FRCs at 22%, followed by DCF (19%), the schools (16%), human services providers (12%), self (10%) and the courts (9%). Health and mental health care providers and state agencies were the source of 8% and 4% of referrals, respectively.





## IX. Services Provided to Families by FRCs, January – June 2016

### Types of Services and Programming

FRCs offer families a comprehensive array of services, including individual services and supports to families, parenting and other educational programming, mutual self-help groups, workshops, recreational and other activities. Information on the services provided to families is recorded by FRC staff using the **Services Provision Form** in the FRC Database. **These data show a total of 9,702 separate instances of service provision to adults and/or children between January and June 2016.** The comparable count of service provision from calendar year 2015 was just over 15,000 instances of services, suggesting that total service provision in calendar year 2016 will be considerably greater than in 2015. A count of total instances of service provision is a useful indicator of the volume of service activity within the FRCs. However, in this approach services and people may be counted more than once.<sup>4</sup>

An unduplicated count<sup>5</sup> of services provided to individuals shows that **FRCs provided 5,272 distinct services and programming to adults and children between January and June 2016.**

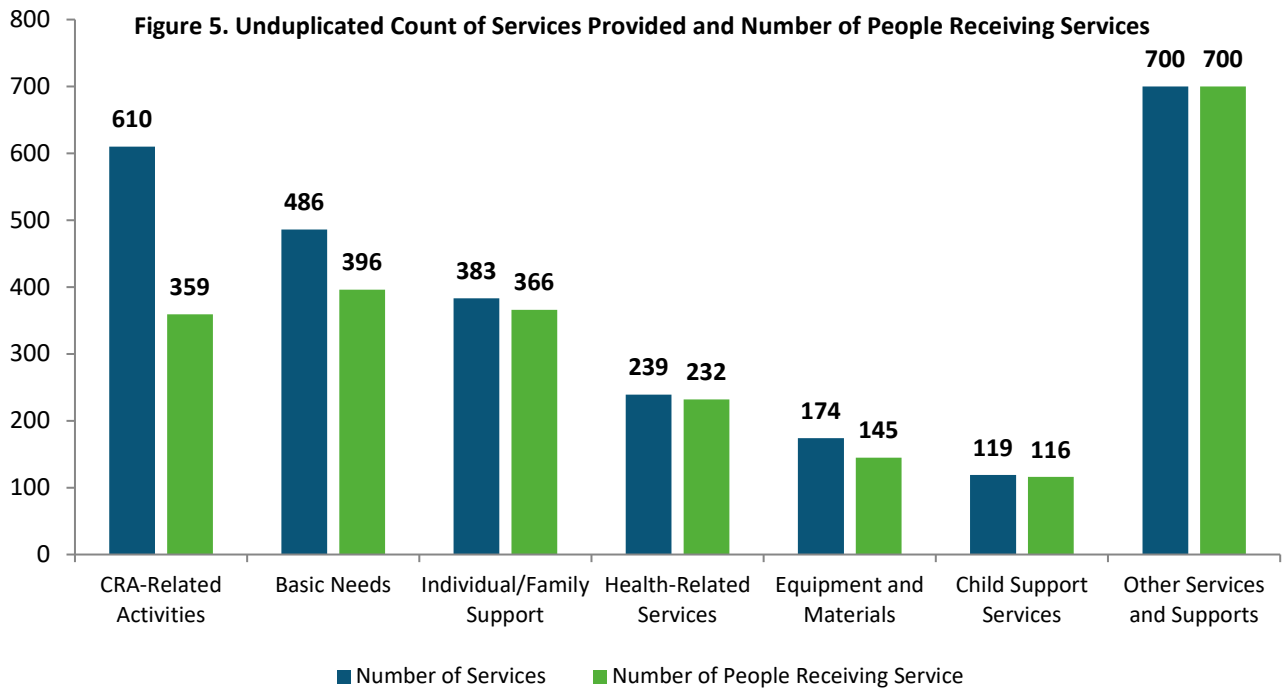
Figure 5 shows an **unduplicated count of services** provided to individuals by the FRCs during this time period, grouped within seven broad categories.

- **CRA-related activities**, including CRA assessment and service plans as well as CRA-related referrals to licensed mental health clinicians, were the most common type of service provided; 610 CRA-related service activities were provided to 359 individuals.
- **Basic needs** include assistance with food, housing, transportation, fuel and utilities, income and benefits, employment, legal and immigration assistance; 486 services addressing basic needs were provided to 396 individuals.
- **Individual/family supports** include providing general support to families both in and out of the office; 383 individual/family support services were provided to 366 individuals.
- The majority of **health-related services** were for mental health service needs; 239 health-related services were provided to 232 individuals.
- **Equipment and materials** include clothing, diapers, furniture and car seats; 174 services offering equipment/material goods were provided to 145 individuals.
- **Child support services** include services such as child care, child development and early intervention screening or referrals, and assistance to parents with children with special needs; 119 child support services were provided to 116 individuals.
- **Other services and supports** are services provided to individuals that are not included in the standard list of services and supports in all of the above defined areas. Examples include helping individuals fill out applications, providing school supplies, and other services.

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<sup>4</sup> For example, if a parent was provided with diapers for 3 months in a row, this would be counted as 3 separate instances of service provision and the parent would be counted 3 times.

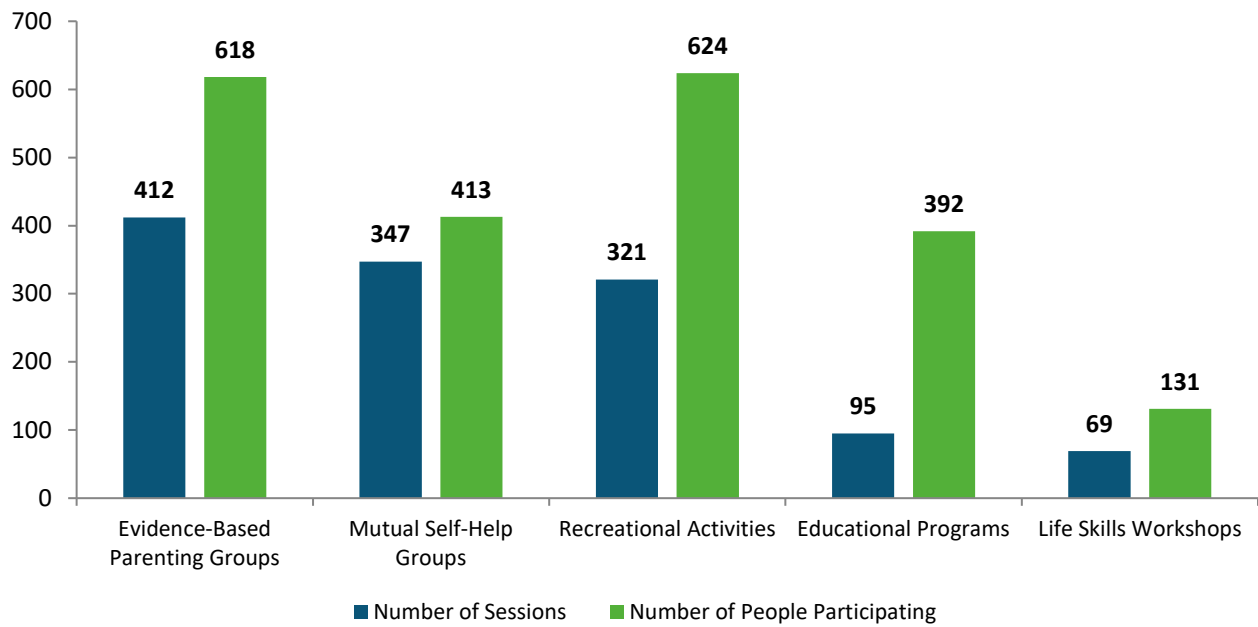
<sup>5</sup> To derive an unduplicated count of the number of services provided to adults and children, we used the following approach: if the individual (adult or child) received a service at least one time, that service was counted; services were only counted once per individual.



FRCs provide a range of group programming to families, including evidence-based parenting groups, mutual self-help groups, recreational activities, and other educational programs and workshops. Figure 6 shows an unduplicated count of the number of sessions of each type of programming provided by the FRCs between January and June 2016, along with the number of people who participated in at least one session.

- **Evidence-based parenting groups** include: Parenting Journey; Nurturing Parenting; Nurturing Fathering; Active Parenting of Teens; and Parenting Wisely, among other evidence-based groups. Between January and June, FRCs offered 412 sessions of these parenting groups, and 618 individuals attended at least one session.
- **Mutual self-help groups** include: Parent Support Groups; Grandparent Groups; Parenting Teens Groups; and Recovery Groups. FRCs offered 347 self-help sessions with 431 individuals attending at least one session.
- **Recreational Activities** include: playgroups, sporting events; cooking events; parent-child activities and other family events. This type of programming appears popular – FRCs offered 321 recreational activities between January and June and 624 people attended at least one session.
- **Educational Programs** include: adult education classes; school support/liaison activities; computer literacy; and parent education classes. FRCs offered 95 educational program sessions with 392 people attending at least once.
- **Life Skills Workshops** include: anger management; financial literacy; parenting workshops and household management. During January to June 2016, FRCs offered 69 workshop sessions with 131 people attending at least once.

**Figure 6. Unduplicated Count of Program Sessions and Number of Participants**



*[FRC staff] has helped a particular family immensely. This family consists of a single mother of nine children living in a market rent apartment. The only financial support she receives is food stamps and SSI benefits for her son. Recently, the family had a bed bug infestation and were left without mattresses as all had to be thrown away. [The FRC] was able to accommodate this family. Thanks to [FRC staff person], this family will no longer be sleeping on the floor. It has been such an asset to be able to work with this FRC!"*

*– Staff from Baystate Pediatrics 4C Program*

## X. Summary

This **2016 biannual report provides a snapshot** of the adults and children seeking assistance from the FRCs, as well as the services and programming that FRCs provided to families, during the first six months of 2016. Overall, the data suggest that the 18 FRCs across the Commonwealth are on track to serve considerably more families and to provide substantially greater numbers of services than in 2015. Because 2015 was the FRCs' first year of operation, with staggered start-up occurring over the first half of 2015, an increase in the number of families served and in service provision in 2016 is to be expected. Nonetheless, the notable increases seen at this mid-year point are encouraging.

While the FRCs served just over 4,700 families in calendar year 2015, the data show that the FRCs have served nearly that number in the first half of 2016. The programs served over **4,000 families between January and June of 2016, including almost 3,500 new families**. As was observed in 2015, the data show that the majority of families (67%) served live in single-parent households, with 87% of households having one or more children.

Collectively, the FRCs served **6,352 individuals** – approximately 58% were adults ages 18 and over and 42% were children ages 0 to 17. The demographic profile of adults served by the FRCs in the first six months of 2016 mirrors that observed in calendar year 2015. The majority of adults served by the FRCs between January and June 2016 were **single parents, primarily female, and between the ages of 18 and 40**. While the majority (72%) of adults were white, over 20% were African-American. Over 40% identified themselves as Hispanic or Latino.

As with adults, the demographic profile of children served by the FRCs in the first six months of 2016 mirrors that of 2015. About **60% of the children were between the ages of 6 and 14, and slightly more than half (52%) were male**. Racial and ethnic composition of the children was similar to that of adults. About 3% of children were teen parents, similar to the rate observed in 2015.

As observed in 2015, families served between January and June 2016 were **referred to the FRCs by a variety of sources**, most often by family and friends, DCF, schools and other human service agencies. In the first six months of 2016, FRCs continued to provide a comprehensive set of services and a variety of programming to families. Service delivery data, compiled and tracked in the FRC Database, show **almost 10,000 separate instances of service provided to individuals** by the FRCs from January to June 2016. This number is notable for two reasons. First, it suggests that the FRCs are on track to provide a considerably greater number of services in 2016 than were provided in 2015, likely more than double. Second, this number suggests that the FRCs are becoming more consistent and timely in tracking service delivery in the FRC Database. The service delivery data that can now be extracted from the electronic database appears to be aligning well with data being compiled with a monthly paper reporting method. Given this, DCF may elect to “sunset” the monthly paper reporting method. Overall, this 2016 biannual report suggests that the FRCs continue to provide vital services to address critical needs of Massachusetts families.

## References

1. 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.