

Family Resource Center Program Evaluation Report



September 2017

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

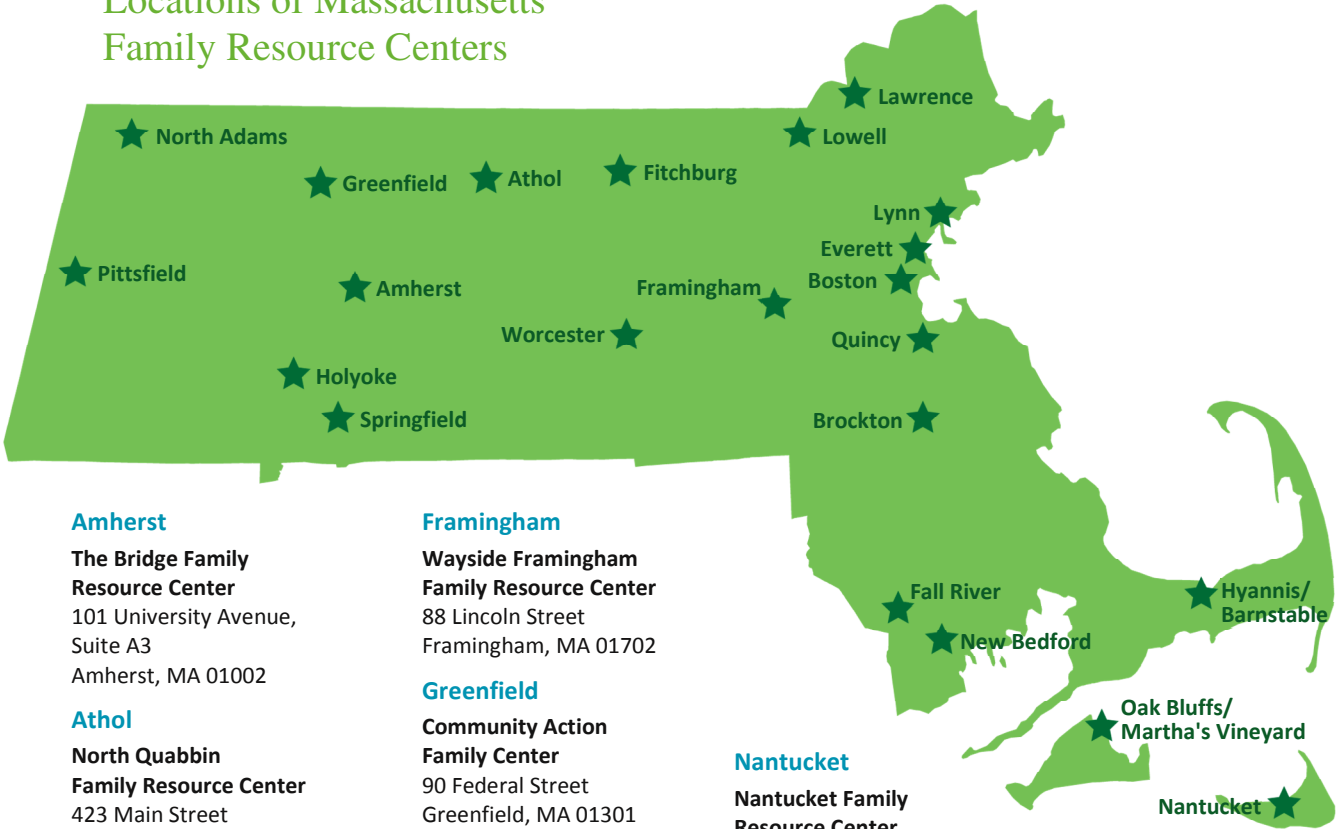
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Locations of Massachusetts Family Resource Centers



Amherst

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

Athol

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

Boston

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

Brockton

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

Everett*

Everett Family Resource Center
548 Broadway
Everett, MA 02149

Fall River

Family Service Association
45 Rock Street
Fall River, MA 02720

Fitchburg

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

Framingham

Wayside Framingham Family Resource Center
88 Lincoln Street
Framingham, MA 01702

Greenfield

Community Action Family Center
90 Federal Street
Greenfield, MA 01301

Holyoke

Enlace Family Resource Center
299 Main Street
Holyoke, MA 01040

Hyannis/Barnstable

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

Lawrence

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

Lowell

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

Lynn

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

Nantucket

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

New Bedford

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

North Adams

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

Oak Bluffs/ Martha's Vineyard

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

Pittsfield

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

Quincy

Quincy Family Resource Center
1120 Hancock Street
Quincy, MA 02169

Springfield

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

Worcester

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

*Opening Fall 2017

Website:
www.frcma.org

Executive Summary

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

The Department of Children and Families (DCF) provides oversight of the FRCs, which are located in each Massachusetts county, with a total of 22 FRCs across the Commonwealth. Eighteen FRCs have been in operation since 2015, with four new sites coming online in the second half of 2017. As the Administrative Services Organization (ASO) for the FRCs, the University of Massachusetts Medical School (UMMS) provides a range of program support activities, including data management and reporting, 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 third year of operation, **from January 1 to June 30, 2017**. 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.

In the first six months of 2017, the 18 original FRCs provided services to new families as well as to families previously served in 2015 and 2016. Overall, the data show continued growth **in the number of families being served by the FRCs**. Highlights from this report include:

- The FRCs served a total of **3,361 new families** in the first six months of 2017. With 4,753 unique families served in 2015, and 6,735 unique families served in 2016, FRCs have served a **total of 14,849 families** (unduplicated) since their launch in January 2015.
- The volume of families coming to the FRCs is high. The **FRCs served 5,010 families (both new and previously served) in the first six months of 2017**, with about 1,500 to 1,600 families served each month.
- Over **7,853 individuals received FRC services** in the first six months of 2017. Since 2015, **FRCs have provided services to more than 22,000 adults and children**. Thus far in 2017, about 60% of those served by the FRCs have been adults ages 18 and over, and 40% have been children ages 0 to 17.
- The overwhelming majority (88%) of adults served by the FRCs in the first six months of 2017 were **parents**. **Adults were primarily female** (75%), between the ages of 18 and 40 (68%). The majority of families (67%) lived in **single-parent households**.
- **30% of adults represented racial minorities** and over **40% were Hispanic or Latino**.
- **56% of children and youth served by the FRCs in the first six months of 2017 were between the ages of 6 and 14**, with 22% ages 0 to 5 and 21% ages 15 to 17. The racial and ethnic composition of children and youth mirrored that of adults. The percentages of male and female children/youth were essentially equal.
- In the first six months of 2017, about **8% of children/youth were identified as teen parents**, a notable increase over the 3% identified in 2016.
- FRCs continue to serve a substantial number of children/youth who are, or are at risk for, CRA or having CRA-related issues. **About 48% of children/youth served in the first six months of 2017 were identified as CRA or having CRA-related issues**.
- **Families seek FRC assistance for a wide variety of needs**. New families coming to the FRCs for the first time in 2017 sought assistance with **parenting/parenting education, housing, health or mental health-related needs, school issues, and financial concerns**. Many came with **specific concerns about a child** or children in the family.

- Adults seeking services from the FRCs for the first time in 2017 were most commonly **referred by friends or family members (25%), schools (17%), and DCF (17%)**. Courts and health/human service organizations were another common source of referral. About 10% were self-referred.
- In the first six months of 2017, **FRCs provided over 14,000 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: **individualized family services, housing services, school supports, mental health services, and CRA-related activities**, such as CRA assessment and service planning.
 - The most common programming included **evidence-based parenting groups, mutual self-help groups, life skills workshops and recreational activities and other events**.
- Overall, the satisfaction survey data show a very high level of satisfaction with FRC services and programs among families.

The FRCs continue to provide vital services to vulnerable families across the Commonwealth. A more comprehensive report of calendar year 2017 FRC activities will be available in early 2018.

I. Legislative Mandate

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

For the operation and support of the network of child and family service programs throughout the commonwealth, including family resource centers supported through this item and item 4800-0200; provided, that centers within this item shall: (i) be consistent with the requirements of section 16U of chapter 6A of the General Laws; (ii) demonstrate adherence to an evidence-based model of service; and (iii) use measurable outcomes to assess quality; provided further, that the secretary of the executive office of health and human services shall maintain the fiscal year 2017 contract with a third party administration service organization to oversee the execution of, and agency's compliance with, subsection (b) of said section 16U of said chapter 6A; provided further, that the executive office shall provide biannual progress updates to the secretary of administration and finance, the joint committee on children, families and persons with disabilities and the house and senate committees on ways and means; provided further, that not later than March 15, 2018, the executive office shall file a biannual report with the house and senate committees on ways and means; provided further, that the report shall detail the number of children and families served at each center, the types of programs, program outcomes, client feedback and progress on data sharing between centers; and provided further, that the network of child and family service programs shall coordinate with the executive office of health and human services, the department of early education and care and municipal police departments to provide emergency assistance to runaway children at times when the juvenile court is not open, consistent with the requirements of section 39H of chapter 119 of the General Laws.

II. Background

Authorized by Chapter 240 of the Acts of 2012, Family Resource Centers (FRCs) are community-based, culturally competent programs that offer a wide array of services to children and families, ranging from evidence-based parent education, parent and youth mutual self-help support groups, information and referral, grandparent support groups, mentoring, educational support to cultural and arts-related events and other opportunities. 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.”¹ Providing services and supports to families with Children Requiring Assistance (CRAs)² 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, 2018, the executive office shall file a biannual report with the house and senate committees on ways and means; provided further, that the report shall detail the number of children and families served at each center, the types of programs, program outcomes, client feedback and progress on data sharing between centers;...”

“...I am very grateful for the FRC. The staff have helped me unconditionally. When I was in need of resources, the FRC has been there to orientate me with all of the services and much more... If this program didn't exist, what would happen to the people in need of help?”
— Mother

Family Resource Center Network

The FRCs are operated by community-based, non-profit social service agencies across the state and are overseen by the Massachusetts Department of Children and Families (DCF). FRCs began operation in early 2015, originally with **18 FRCs, with at least one in each of Massachusetts' 14 counties**. There are two distinct FRC program models: Full-service Family Resource Centers (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.

As of May, 2017 contracts were signed with **three additional Micro FRCs located in Athol, Framingham, and Holyoke**. Services were scheduled to begin on or before August 1, 2017. In addition, contract negotiations have taken place with a **fourth Micro FRC, located in Everett**, and the contract was anticipated to be signed on or about July 2017 with services to begin on or before November 2017.³ The map on Page 2 lists the addresses of all the FRC locations.

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

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 This report only includes data from the original 18 FRC sites.

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

III. Evaluation Design

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

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, Executive Office of Health and Human Services, 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. Additionally, the Database 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.

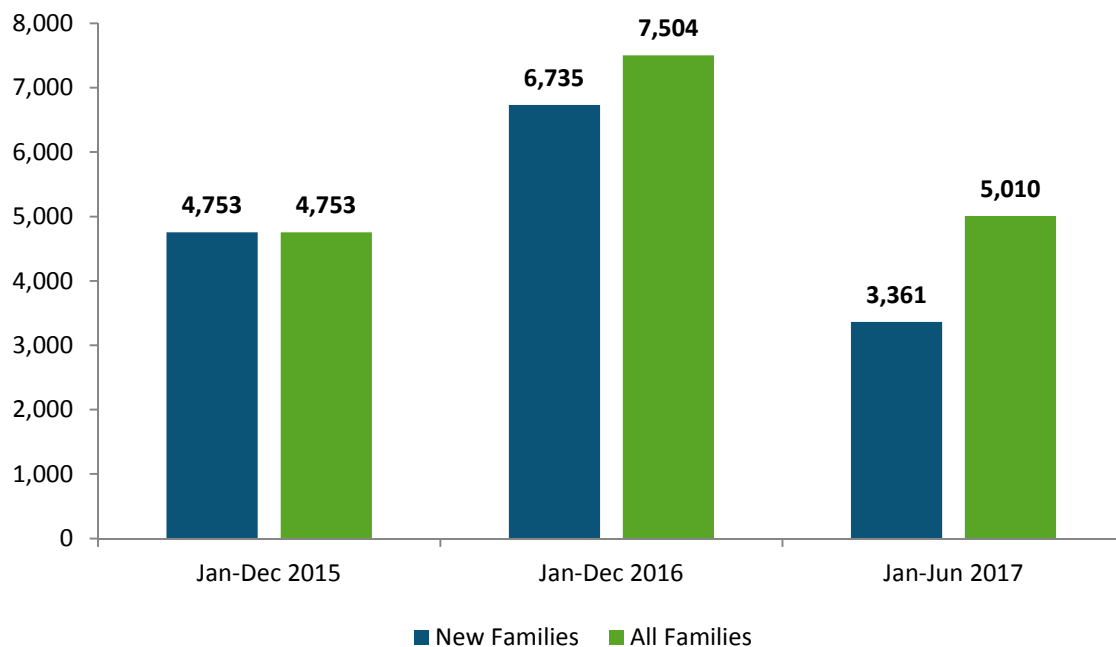
Data Collection and Analysis Methods

Data are 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 2017 biannual report are data from the FRC Family Member Intake Forms, FRC Service Provision and Event Participation Forms, and FRC Family Member Satisfaction Surveys. De-identified data were provided to the UMMS evaluators in July 2017, and summary statistics were generated by the UMMS evaluation staff. **This 2017 biannual report provides a statewide summary of descriptive information regarding characteristics of adults and children served by the 18 FRCs and services that the FRCs provided from January 1 through June 30 of 2017, the FRCs third year of operation. A more comprehensive annual report of FRC activities in 2017 will be available in early 2018.**

IV. Families Served by FRCs: From January 2015 to June 2017

Data shows continued growth in the number of families served by the FRCs since their inception in 2015, with new families continually coming into the FRCs. As shown in Figure 1 below, FRCs served 4,753 unduplicated families (new and in total) in 2015, and in 2016 served just over 7,500 families including 6,735 new families (i.e., families not previously served in 2015) (Henry, Long-Bellil & Gettens, March 2016). **In the first six months of 2017, FRCs served just over 5,000 families in total, including 3,361 new families** (not previously served in 2015 or 2016). This suggests that the FRCs are on track to serve a similar number of new families in 2017 as in 2016, but overall are likely to serve a considerably larger number of total families (new and previously served) in 2017 compared to 2016. Overall, FRCs have served a **total of 14,849 families** (unduplicated) since their launch in January 2015.

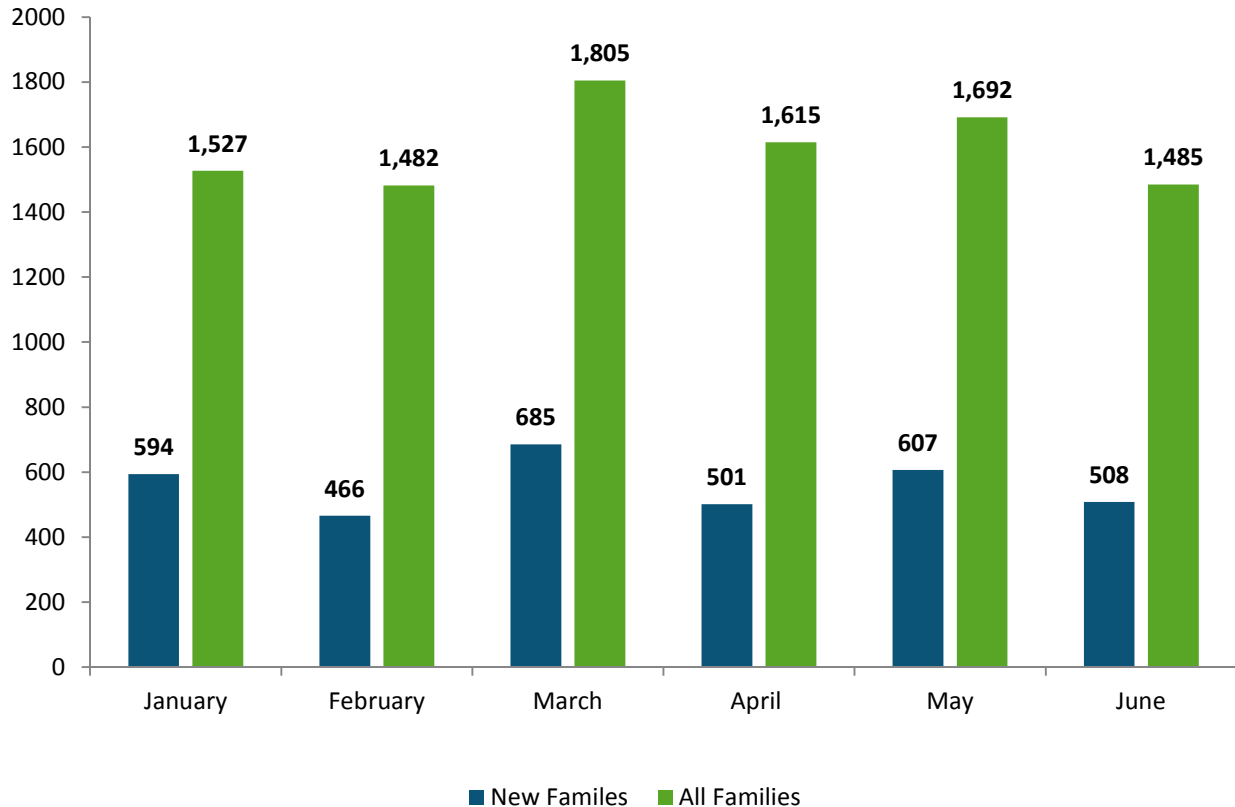
Figure 1. Families Served by FRCs from January 2015 to June 2017



The 3,361 new families served between January and June 2017 included 5,450 individual family members that were provided a unique service by the FRCs; approximately 60% of those served during this period were adults and 40% were children.

Figure 2 below shows the number of new families coming into the FRCs by month from January to June 2017 as well as the total number of families served by month. The data shows a fairly steady stream of new families coming into the FRCs on a monthly basis, and provides an indication of the overall volume of families served by the FRCs monthly. In the first half of 2017, the volume of families served across the FRCs peaked in March. The fewest number of families were served in February (the shortest month) and June, which may be associated with the end of the school year.

Figure 2. New Families and All Families Served by FRCs by Month, January – June 2017



Household Characteristics of Families Served by FRCs in 2017

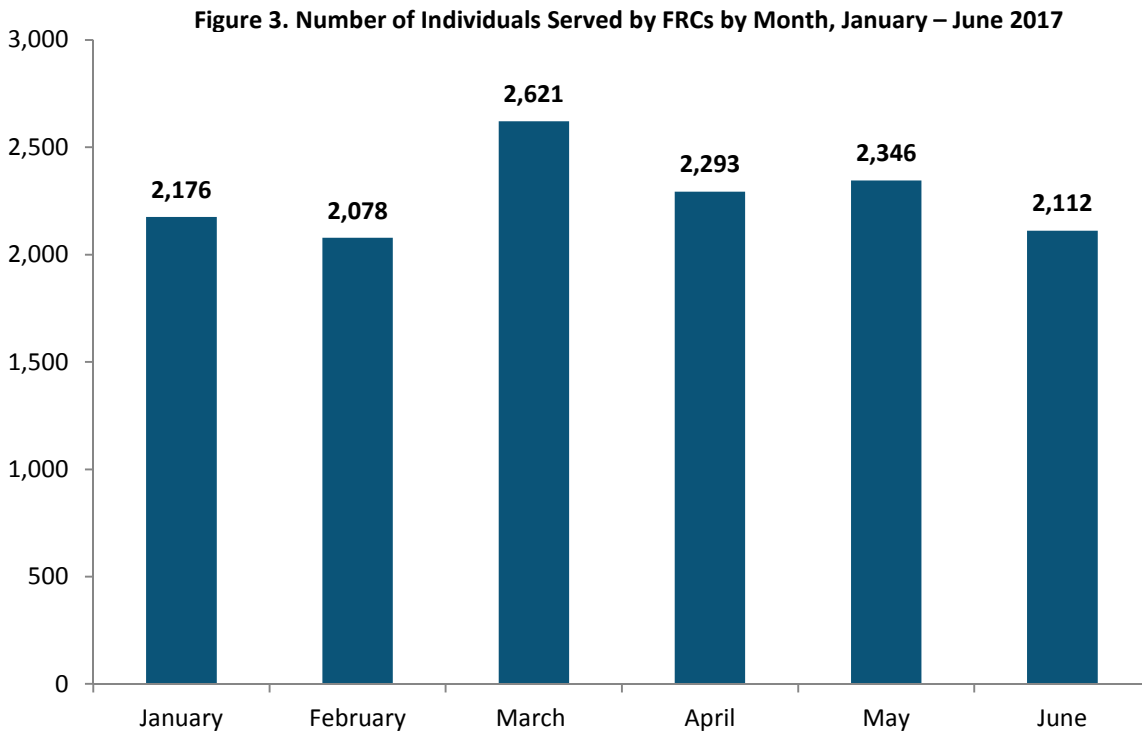
Many families that first came to the FRCs in 2015 and 2016 continued to receive services in 2017. As noted previously, the **FRCs served 5,010 unduplicated families from January to June 2017**, including families first served in 2017 and those previously served in 2015 or 2016 that continued to receive at least one service in 2017. Table 1 shows the household characteristics of the 5,010 families served thus far in 2017. **About two-thirds of families (67%) lived in single-parent households.** Over half of the families served (52%) included two or more children; about one-third included one child. More than half of families (58%) lived in households with three or more members.

Table 1. Household Characteristics of Families Served by FRCs (n=5,010)

Characteristics		%
Household Type	Single-Parent	66
	Two-Parent	30
	Multi-Parent	1
	Multi-Generational	3
Number of Children/Youth in Household	0 Children	13
	1 Child	35
	2-3 Children	43
	4-5 Children	8
	6 or more	1
Number of Household Members	1-2	42
	3-5	55
	6 or more	3

V. Adults and Children Receiving FRC Services, January – June 2017

In total, **7,853 adults and children received services from the FRCs between January and June 2017**. This number includes adults and children newly receiving services from the FRCs in 2017 as well as those who began receiving services in 2015 or 2016 and continued to receive services in 2017. Approximately 60% of those receiving services were adults ages 18 and over, while 40% were children ages 0 to 17.⁴ Figure 3 below shows the number of individuals served by the FRCs by month from January to June 2017, and provides an additional indication of the volume of activity within the FRCs by month.



⁴ 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 12% of the Intake Forms; thus, age could not be determined for 916 individuals served thus far in 2017.

VI. Characteristics of Adults Receiving FRC Services, January – June 2017

Demographic Characteristics

Information from the **Family Member Intake Forms** provided demographic information (Table 2) about adults served by the FRCs from January to June 2017 (n=4,260). Most (88%) adults served by the FRCs were birth or adoptive parents; 68% were between the ages of 18 and 40; three-quarters were women (75%); and 57% were single. The majority of adults (70%) 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 71% of adults; 23% identified Spanish as their primary language.

Table 2. Demographic Characteristics of Adults Served by FRCs (n=4,260)

Characteristics		%
Parental/Caregiver Status	Birth/Adoptive Parent	88
	Grandparent	4
	Stepparent	1
	Kinship Caregiver	<1
	Co-Parent	<1
	Foster Parent	<1
	Teen Parent	<1
	Other	3
Age	18-30	33
	31-40	35
	41-50	19
	51-60	8
	61 and over	5
Gender	Male	25
	Female	75
	Other	<1
Marital Status	Single	57
	Married	26
	Partnered	10
	Divorced/Separated	5
	Widowed	2
Race*	White	70
	Black/African-American	22
	Asian	3
	American Indian/Alaska Native	2
	Native Hawaiian/Pacific Islander	2
	Other	6
Ethnicity	Hispanic/Latino	42
Primary Language	English	71
	Spanish	23
	Other	7

*As more than one option can be selected in Race, this measure does not equal 100%.

VII. Characteristics of Children/Youth Receiving FRC Services, January – June 2017

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=2,677), shown in Table 3. FRCs served substantial numbers of children across all age groups. The FRCs served slightly higher proportions of youth and children between the ages of 6 and 10 years (28%) and between the ages of 11 and 14 years (28%) than youth and children between the ages of 0 and 5 (22%) and between the ages of 15 and 17 (21%). FRCs served roughly the same number of male children and female children (50% vs. 49%). Two-thirds (67%) of children and youth were white; 24% were black/African-American. Over 40% were reported to be Hispanic or Latino. English was the primary language for 80% of children and youth; 14% reported Spanish as their primary language.

Of note, 8% of youth were identified as parents, more than double the estimated 3% who were identified as parents in 2016. This increase may be due to an increase in young parents coming into the FRCs for services and/or may be attributable to improved data collection on the part of the FRCs.

Table 3. Demographic Characteristics of Children and Youth Served by FRCs (n=2,677)

Characteristics		%
Age	0-5	22
	6-10	28
	11-14	29
	15-17	21
Gender	Male	50
	Female	49
	Other	<1
Marital Status	Married/Partnered	<1
Parental Status	Birth/Adoptive Parent	8
Race*	White	67
	Black/African-American	24
	Asian	6
	American Indian/Alaska Native	<1
	Native Hawaiian/Pacific Islander	2
	Other	5
Ethnicity	Hispanic/Latino	42
Primary Language	English	80
	Spanish	14
	Other	6

**As more than one option can be selected in Race, this measure does not equal 100%.*

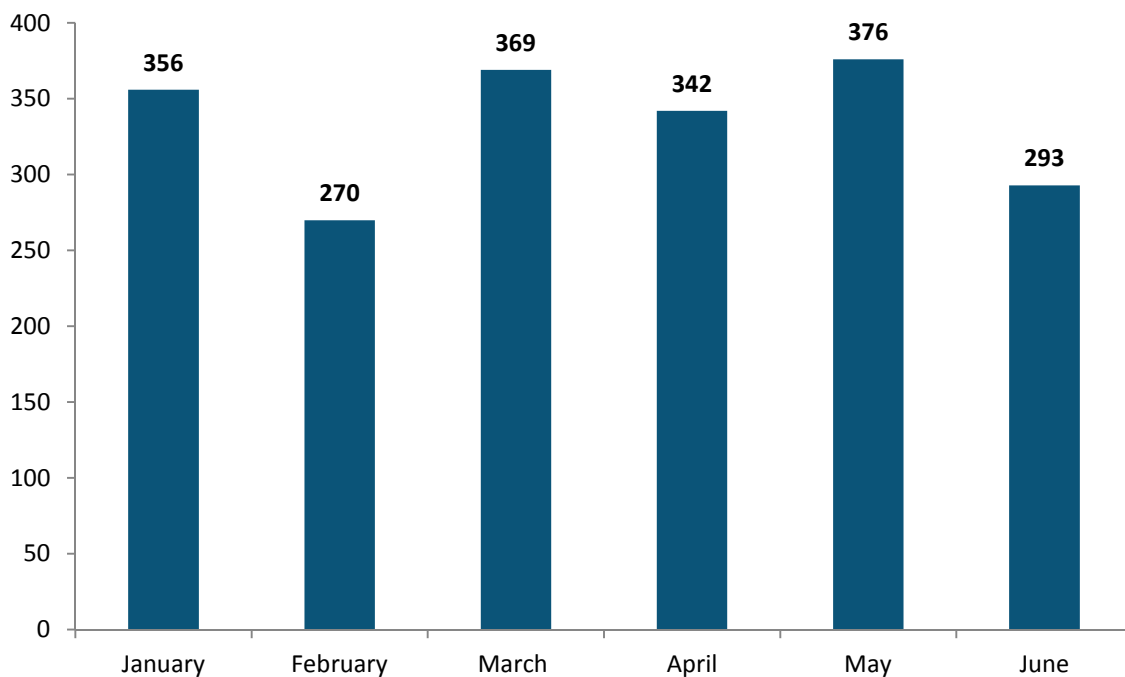
Identification and Characteristics of *Children Requiring Assistance (CRA)*

As noted previously, children and youth who are designated as a *Child Requiring Assistance (CRA)*, and those who have CRA-related issues, are a priority population for the FRCs. While families with children who have been formally assessed as a CRA are routinely referred to FRCs for services by the courts, it is likely that a larger number of families with children/youth who are exhibiting behaviors or engaging in activities that might lead to a CRA designation (i.e., CRA-related issues) are also being referred to FRCs. Families with children/youth with CRA-related issues might be referred by courts, schools, or other agencies as a prevention or early intervention effort.

The UMMS evaluation team identified a set of elements in the FRC Database that could be used to identify children and youth as CRA or having CRA-related issues. The *Massachusetts Family Resource Center Program Evaluation Report: Calendar Year 2016* by Henry, Gettens, Pratt & McGlinchy (2017, March) provides additional details on this approach. In addition to children/youth who received specific CRA services, other elements available in the FRC Database include those that indicate that a child or youth is at risk for dropping out of school, committing delinquent acts, or otherwise engaging in behaviors that may reduce their chances of leading a healthy and productive life.

Using this broader set of data elements, we were able to identify **1,286 children and youth who had at least one indicator**, suggesting that as many as 48% of the children and youth served by FRCs during the first six months of 2017 were having CRA or CRA-related issues (CRA children/youth), ($1,286 \div 2,677 = .480$ or 48%). This proportion is up from the estimated 42% of children/youth who were identified as CRA or as having CRA-related issues served by the FRCs in calendar year 2016 (Henry, Gettens, Pratt & McGlinchy, 2017, March). Figure 4 provides a count of the number of CRA children/youth receiving services by month.

Figure 4. Number of CRA Children/Youth Served by FRCs by Month, January – June 2017



VIII. Reasons for Visit to FRCs: New Families, January – June 2017

Reasons for Visit

New families seeking services in the first six months of 2017 contacted the FRCs for a wide variety of reasons. The reasons for visits, as reported by adults seeking FRC services from January to June 2017 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; 17% reported concerns about a child’s difficulty with following rules, while 10% reported concerns about a child missing school. A small percentage (3%) reported concerns about a child running away. Twelve percent of adults reported being sent to the FRC by an agency, 13% reported being sent by the schools, and 11% 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 (16%). About a fifth of adults (21%) 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=2,414*)

Reasons for Visits		%
Specific Child Concerns	Child has difficulty following rules	17
	Child has missed days at school	10
	Child has history of running away	3
Sent by Agency/Court/School	Agency	12
	School	13
	Court	11
Seeking Information/Services/Assistance**	Parenting/Parenting Education	28
	Housing/Rent	22
	Health/Mental Health Concerns	21
	School Issues/Information	17
	Family Hardship/Financial Concerns	16
	Employment/Job Concerns	7
	Child Care Information	5
	Continuing Education for Caregiver	5
	Transportation	4
	Afterschool Information	4
	Substance Use Concerns	2
	Immigration/Legal Concerns	2
Other	22	

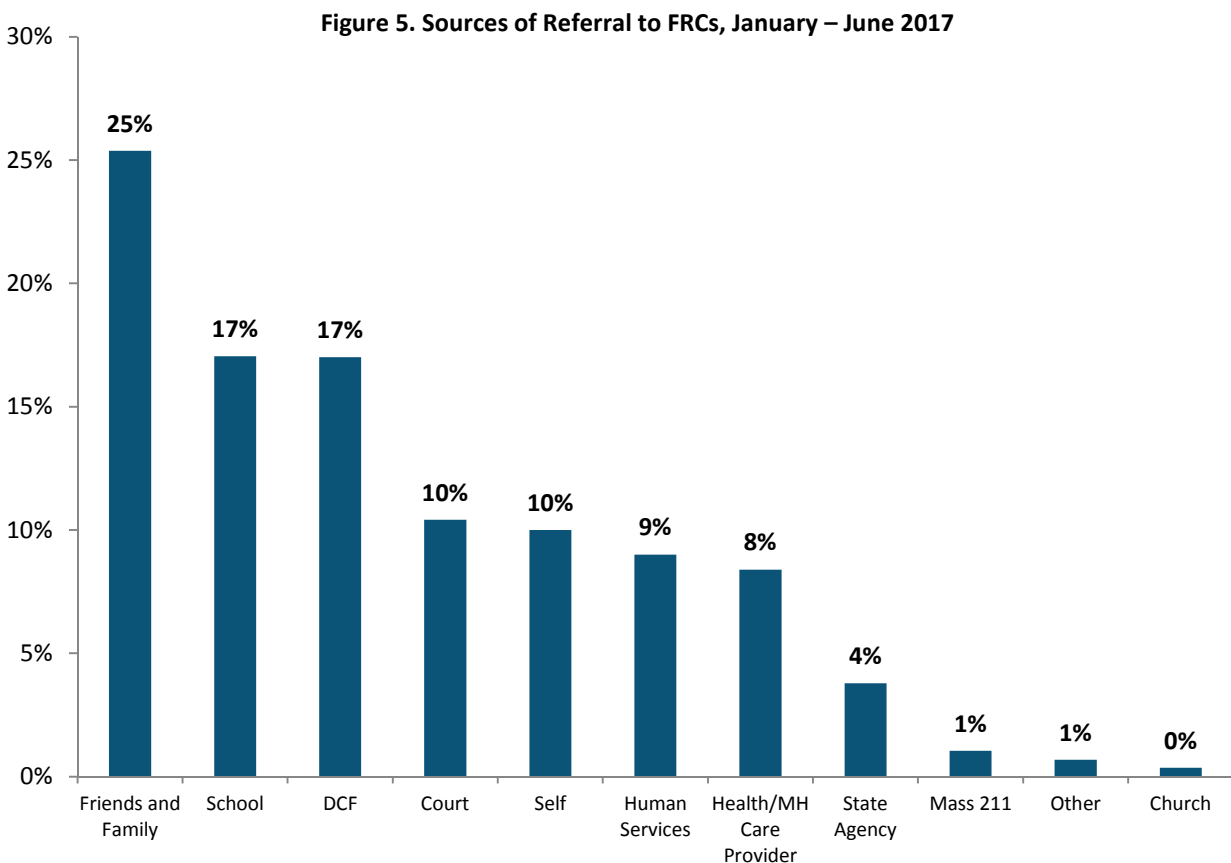
*Includes adults who identified at least one reason for FRC visit. Reason for visit was missing for 18% of all adults who were newly served by the FRCs from January to June 2017. **Adults could identify multiple needs; so these percentages exceed 100%.

IX. Services and Programs Provided by FRCs, January – June 2017

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

Sources of Referral to FRCs

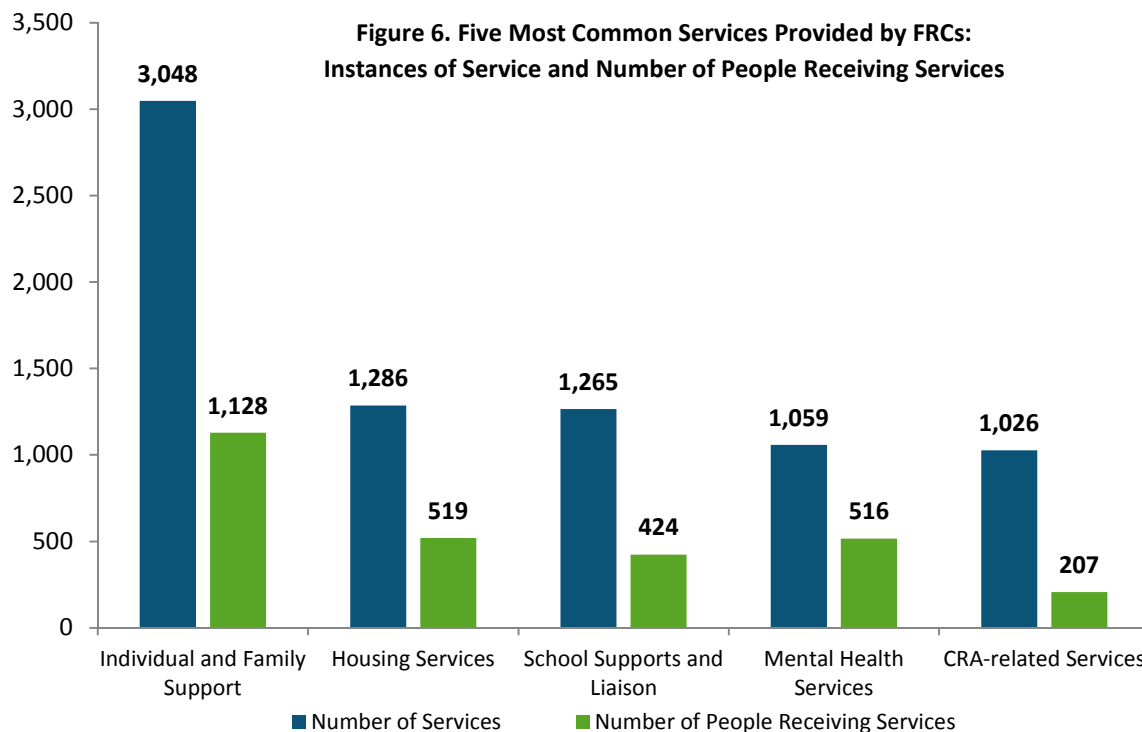
New families seeking FRC assistance in the first six months of 2017 were referred from a variety of sources. The referral sources, as reported by adults and recorded on the **Family Member Intake Form**, are shown in Figure 5. Family and friends were the most common source of referrals to the FRCs at 25%, followed by DCF (17%), the schools (17%), self (10%), the courts (10%), and human services providers (9%). Health and mental health care providers and state agencies were the source of 8% and 4% of referrals, respectively.



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

FRCs offer families a comprehensive set of individualized services and supports to families seeking FRC assistance. FRCs may provide services at the Center’s site and may also connect families to other service providers in their communities as needed. Information on the services provided to families is recorded by FRC staff using the **Services Provision Form** in the FRC Database. **These data show a total of over 14,000 separate instances of service provision to adults and/or children between January and June 2017.** A count of total instances of service provision is a useful indicator of the volume of service activity within the FRCs. However, in this approach people may be counted more than once.⁵ An unduplicated count⁶ of individuals shows that **FRCs provided individualized services to 5,440 adults and children between January and June 2017.** Figure 6 below shows the five most common services provided by FRC, including the number of separate instances of service provision and the unduplicated count of the number of individuals receiving that service. The most common types of services provided by FRCs included:

- 3,048 instances of **individual and family supports** provided to 1,128 individuals;
- 1,286 instances of **housing support services**, including referrals for organizations that provide rental assistance, provided to 519 individuals;
- 1,265 **school supports and liaison services** provided to 424 individuals;
- 1,059 instances of **mental health services** provided to 516 individuals; and
- 1,026 **CRA-related services**, such as assessment, CRA service plans and CRA-related referrals to clinicians provided to 207 individuals.



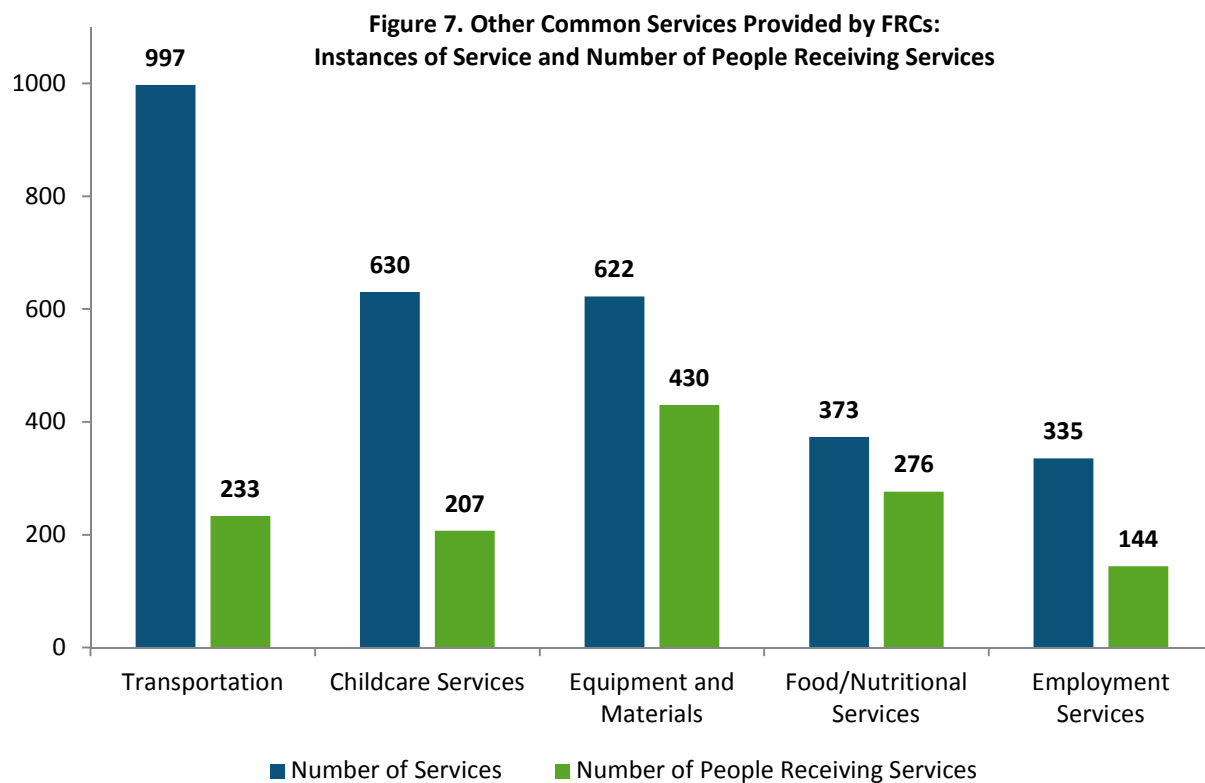
⁵ For example, if a parent was provided with diapers for three months in a row, this would be counted as three separate instances of service provision and the parent would be counted three times.

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

As shown in Figure 7 below, other common services provided by the FRCs included:

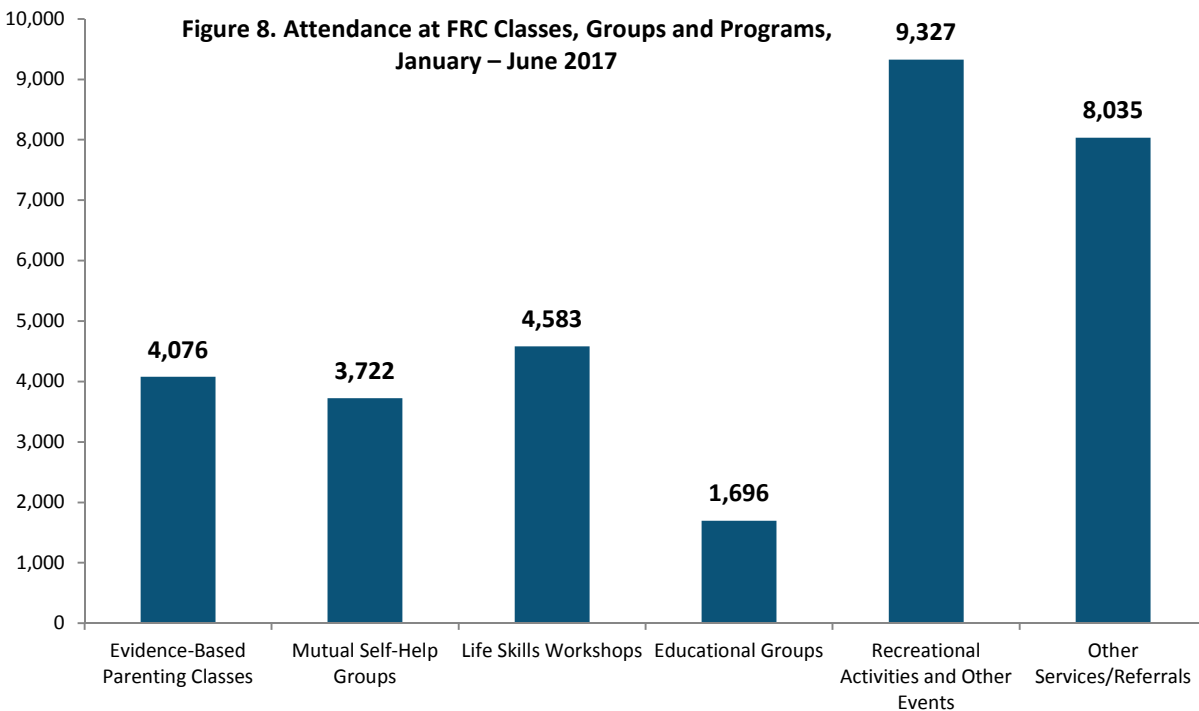
- 997 instances of referrals for **transportation support** to attend FRC programs provided to 233 individuals;
- 630 instances of **childcare services** provided to 207 individuals;
- 622 instances of **equipment and materials** including clothing, school supplies, diapers, and car seats, provided to 430 individuals;
- 373 instances of **food and nutrition services** provided to 276 individuals; and
- 335 instances of **employment services** provided to 144 individuals.

Other services provided by FRCs in the first half of 2017 included legal assistance, assistance accessing health care services, translation, income assistance, assistance with accessing domestic violence services, assistance with services for children with special needs, and assistance with fuel and utilities.



Classes, Groups, Workshops and Other Programming Provided by FRCs

In addition to the individual services and supports they provide to families, FRCs offer a wide variety of classes, groups, programs, and events for parent and children, including evidence-based parenting classes, mutual self-help groups, life skills workshops, educational groups, recreational activities and other events. Figure 8 shows the total attendance at the various programs offered across all FRCs in the first half of 2017.



Six different types of **parenting classes** that follow an *evidence-based practice* are offered by FRCs around the state. These evidence-based classes are ones with established curricula that have been formally recognized by the National Registry of Evidence-based Programs and Practices maintained by the US Substance Abuse and Mental Health Services Administration (SAMHSA). The parenting classes most commonly offered by FRCs in the first half of 2017 included Nurturing Parents/Nurturing Fathers, Parenting Journey, and Active Parenting.

Mutual self-help groups offered by FRCs in the first half of 2017 included parent and grandparent support groups, as well as substance use recovery and prevention groups. **Life skills workshops** covered topics such as domestic violence, stress and anger management, age-specific parenting issues, and other parenting supports. **Educational groups** included adult and youth education activities and school supports. Throughout the year, FRCs offered a variety of **recreational activities and other events** which included recreational and sporting events, art and cultural events, and playgroups. Finally, a number of FRCs offer **other services and referrals** which included providing family support, health related services, and regular clothing, food, and holiday drives to provide necessities to families in need.

X. FRC Program Client Feedback

The comprehensive array of services and supports provided by the FRCs points to the extensive and varied needs of the families seeking assistance from the FRCs. Services and supports provided by FRCs range from CRA-related services and assistance with housing, transportation and employment, to school liaison and mental health services and the provision of materials goods, food, and equipment. In addition, thousands of parents, children and youth took advantage of the self-help, parent-child, and parenting groups, recreational and cultural events, and other programming offered by the FRCs in the first half of 2017. Both the demographic information on the adults and children served by the FRC as well the data on FRC services make it clear that the FRCs are assisting families with high needs and are likely filling a vital role in the communities they serve. At this time, the data routinely collected and tracked in the FRC Database do not provide direct evidence of program *outcomes*. However, in October 2016, FRCs began collecting **client satisfaction** data using brief paper and on-line surveys designed to capture family members' satisfaction with FRC services as well as programming and events.

Results of FRC Family Member Satisfaction Surveys

Two versions of satisfaction surveys — available in both paper and on-line versions — are implemented; one survey assesses family members' *satisfaction with services*, the other assesses *satisfaction with parenting classes and workshops*. Both versions of the satisfaction surveys asked the responding family member to indicate the service or class/workshop being rated, and to rate their level of satisfaction with the service or class/workshop. Between January and June 2017, 308 surveys were completed for services and 482 surveys were completed for classes and workshops. Results of the "Satisfaction with Services Survey" are shown below. Table 5 shows the type and number of services rated, which included support groups, information and referral services and a range of other services.

Table 5. Type/Number of Services Received by Family Members Completing Satisfaction Survey (n=308*)

Service Type	Number
Support Groups	145
Information and Referral	83
Life Skills Workshops	48
Child Education Programs	37
Sports and Recreation Events	34
Arts/Cultural Events	26
Children Requiring Assistance Youth Family Support Plan	25
Play Groups	25
Adult Education Programs	24
Children Requiring Assistance Youth Assessment	19
Other	79

*Family members could identify multiple services so the total exceeds 308.

Satisfaction with services was assessed with a set of nine items; the first eight items were rated using a four-point scale (agree completely, agree somewhat, disagree somewhat, and disagree completely) and the last item (*“Have you/your family received the services you need?”*) was rated as yes/no. Table 6 shows the percent of survey respondents who agreed somewhat or agreed completely with the statement (for the first eight items), and the percent of respondents who indicated that they received the services they needed.

Table 6. Satisfaction with Services among Family Members Completing Satisfaction Surveys (n=308)

Services Satisfaction Survey Items	%
The location is convenient to me	95
Offered convenient hours of service	97
Offered programs that fit my needs	99
I am satisfied with the quality of programs offered	99
The staff treated me and my family with respect	100
The services were helpful to me and my family	99
I have gained new parenting skills from the programs I attended	97
Overall, I am very satisfied with the services provided by FRC	100
Have you and your family received the services you needed?	95

Results of the “Satisfaction with Classes and Workshops Survey” are shown in Tables 7 and 8. Table 7 shows the type and number of classes and workshops that were rated, which included a variety of evidence-based parenting classes and parenting workshops.

Table 7. Type/Number of Classes Attended by Family Members Completing Satisfaction Surveys (n=482*)

Class/Workshop Types	Number
Parenting Journey I	48
Nurturing Parenting Program	41
Nurturing Fathers' Program	25
Guiding Good Choices	24
Active Parenting of Teens	23
Parenting Wisely	12
Parenting in America	7
Parenting Journey II	2
Other	302

*Family members could identify multiple services so the total exceeds 482.

Satisfaction with classes and workshops was rated with a set of 10 items. The first eight items were rated with a five-point scale (strongly agree, agree, not sure, disagree, and strongly disagree). Overall satisfaction was rated on a four-point scale (very helpful, helpful, somewhat helpful and not helpful) and likeliness of recommending the class or workshop to other families was rated on a 4-point scale (very likely, likely, somewhat unlikely, not likely at all). Table 8 shows the percent of survey respondents who agreed or strongly agreed with the statement (for the first eight items), and the percent of respondents who rated the class/workshop as very helpful or helpful and the percent who said they were very likely or likely to recommend the class to others.

Table 8. Satisfaction with Classes/Workshops Among Family Members Completing Satisfaction Survey (n=482)

Class/Workshop Satisfaction Survey Items	%
Covered useful material	98
Suited my needs and interests	96
Helped to increase my knowledge and skills as a parent	96
Was well organized	97
I could easily understand the workshop or class	98
The activities helped me understand what I was being taught	96
The materials provided were useful	97
The number of sessions of the workshop worked for me	92
Overall, how would you rate this workshop or class?	
	Very helpful/helpful 97
How likely are you to recommend this workshop to other individuals or families?	
	Very likely/likely 96

Overall, the satisfaction survey data show a very high level of satisfaction with FRC services and programs among families.

XI. FRC Staff Training

Training in evidence-based parenting groups and other approaches to supporting families is offered regularly to FRC staff. Until December of 2016, training efforts were managed by the UMMS ASO staff. Beginning in January, 2017, this responsibility shifted to the FRC Training Lead at DCF. Table 9 below shows the trainings offered to the FRCs between January and June 2017.

Table 9. Trainings Offered to FRC Staff from January to June 2017

<u>Training Offered Jan-June 2017</u>	<u>Date</u>	<u>Trainer</u>	<u>Number of FRC Attendees</u>
Parenting in America	February 13-17	Parenting Journey	0
Parenting Journey I	March 13-17	Parenting Journey	2
Parenting in America	March 27-31	Parenting Journey	2
Parenting Journey II	April 3-7	Parenting Journey	3
Parenting Journey I	May 15-19	Parenting Journey	2
Sober Parenting Journey	June 26-30	Parenting Journey	3
My Life My Choice: CSEC Understanding and Responding to Victims	February 8	JRI	3
Motivational Interviewing	June 12	JRI	16
Children's Eyewitness Memory, Suggestibility and Disclosures of Sexual Abuse	June 15	Children's Advocacy Center of Suffolk County	1
Nurturing Fathers	March 7-9	Family Nurturing Center	unknown
Nurturing Families	March 7-9	Family Nurturing Center	unknown
Nurturing Fathers	April 4-6	Family Nurturing Center	unknown
Nurturing Fathers	May 2-4	Family Nurturing Center	unknown
Nurturing Families	May 9-11	Family Nurturing Center	unknown

XII. Summary

This **2017 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 2017. Overall, the data show continued growth in the number of families served across the 18 FRCs in the Commonwealth. With just over 5,000 families served in the first half of 2017, the current trajectory suggests that the FRCs are on track to serve about 33% more families in 2017 than were served in 2016.

FRCs served **5,010 families between January and June of 2017, including more than 3,300 new families**. As was observed in both 2015 and 2016, the data show that the majority of families served live in single-parent households, with 87% of households having one or more children.

Collectively, the FRCs served **7,853 individuals in the first half of 2017**. Approximately 60% were adults ages 18 and over and 40% were children ages 0 to 17. The demographic profile of adults served by the FRCs in the first six months of 2017 mirrors that observed in 2016 and 2015. The majority of adults served by the FRCs between January and June 2017 were **single parents, primarily female, and between the ages of 18 and 40**. While the majority (70%) of adults were white, over 20% were African-American. Forty-two percent of adults identified themselves as Hispanic or Latino.

As with adults, the demographic profile of children and youth served by the FRCs in the first six months of 2017 mirrors that observed in the previous years. **Fifty-six percent of children and youth were between the ages of 6 and 14**. FRCs served roughly equal percentages of male and female children/youth during this period. The racial and ethnic composition of the children/youth were similar to that of adults.

A notable **increase was observed in the percent of youth identified as teen parents — an increase from 3% in 2016 to 8% in 2017**. This increase may be attributable to improved data collection on the part of the FRCs, and/or an increase in the number of young parents seeking FRC services.

As observed in both 2015 and 2016, families served between January and June 2017 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 2017, 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, shows **over 14,000 separate instances of service provided to individuals** by the FRCs from January to June 2017. As with the number of families served, this number suggests that the FRCs are on track to provide a considerably greater number of services in 2017 than were provided in 2016, possibly close to or more than double. Overall, the 2017 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.
2. 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.