

**Report on Recommendations Relative to  
the Implementation of Section 16U of  
Chapter 6A of the General Laws,  
Chapter 240 of the Acts of 2012**



**Families and Children  
Requiring Assistance Advisory Board**

**11/05/13**

## **Table of Contents**

### **1. Overview**

### **2. Implementation Timeline**

### **3. Program Design**

#### **3a. Services Required of All Family Resource Centers**

- Core Services
- Network Services
- Services for Children and Families Requiring Assistance

#### **3b. Structure of Family Resource Centers**

- Physical Plant Requirements
- Minimum Staffing Requirements
- Family Resource Center Satellite Model
- Administrative Services Organization

### **4. Public Information and Dialogue Sessions**

### **5. Funding and Implementation Activities Recommendations**

### **6. Data**

#### **6a. Administrative Office of the Juvenile Court:**

Juvenile Court Department Fiscal Year 2012 Statistics

#### **6b. MA Department of Elementary and Secondary Education:**

MAs School and District Profiles; Selected Indicators, 2011-12 Indicators Report

#### **6c. MA Department of Children and Families:**

DCF CRA/CHINS Cases in CY 2012

#### **6d. Mass211**

### **Appendix**

- A. Families and Children Requiring Assistance Advisory Board (FACR AB) Members
- B. Public Meeting Notice
- C. Public Presentation
- D. FACRA AB Meeting Dates
- E. Mass211 Brochure

# **Families and Children Engaged in Services**

## **Chapter 240 of the Acts of 2012:**

### **Report on Recommendations Relative to the Implementation of Section 16U of Chapter 6A**

## **1. Overview**

On August 7, 2012, Governor Deval Patrick signed Chapter 240 of the Acts of 2012, (Chapter 240), entitled “*An Act Regarding Families and Children Engaged in Services.*” This legislation takes comprehensive steps to reform the former Children in Need of Services (CHINS) program, which served children who are: runaways, truants, having serious problems at home and in school, or who are the victims of commercial sexual exploitation. The law now refers to these children as “Children Requiring Assistance.”

Each year, there are over 7,000 children and their families served by this system. Chapter 240 mandates significant changes to the CHINS court process, and encourages children and their families to seek assistance from EOHHS, before going to court. The law requires the Secretary of the Executive Office of Health and Human Services (EOHHS) to establish a “network of child and family service programs,” and “family resource centers,” throughout the commonwealth to provide community-based services to families with children requiring assistance. Chapter 240 also establishes a *Families and Children Requiring Assistance Advisory Board*, (Advisory Board, please see Appendix A). The Advisory Board’s duties include advising EOHHS, collecting and reporting data, and monitoring implementation of the legislation.

Subject to appropriation, EOHHS is required to develop a community-based program design by November 5, 2013, and to establish a “pilot” program that includes at least one family resource center in each county of the commonwealth by November 5, 2014.

Over the past year, the Advisory Board established three subcommittees: Implementation, Data and Communications. The Advisory Board and its subcommittees met on a regular basis to assist EOHHS in designing the required pilot program. In September and October of 2013, Advisory Board members participated in 5 public dialogue sessions sponsored by EOHHS that were held in communities across the state. These sessions provided the Advisory Board and EOHHS with important information regarding program design, and rates for the new services.

The Advisory Board is required to submit recommendations to the governor and the house and senate committees on ways and means for funding and implementation activities related to the pilot. This report meets that requirement.

The Advisory Board has worked diligently to support the implementation of Chapter 240. While proud of our work to date, we recognize there is much more to be done to more effectively support children and families requiring assistance. We look forward to the work ahead.

## 2. Implementation Timeline

Chapter 240 requires a specific timeline related to its implementation. Below is a summary of key dates that relate to EOHHS' implementation of the law.

11/5/12 (90 days from signing)	Effective date: Court handles CHINS proceedings as Chapter 240 proceedings; court begins referral process to EOHHS
12/5/12 (Within 30 days of effective date)	Appointments to Families and Children Requiring Assistance Advisory Board
1/4/13 (Within 60 days of effective date)	First meeting of Families and Children Requiring Assistance Advisory Board
1/30/13 (& each year thereafter on or before this date)	Families and Children Requiring Assistance Advisory Board Report on recommendations for funding/implementation
<b>11/5/13 (within 12 months of effective date )</b>	<ul style="list-style-type: none"> <li>• The Secretary of EOHHS shall design a pilot program for the delivery of community-based services in each county</li> <li>• <b>The Families and Children Requiring Assistance Advisory Board shall submit recommendations to the governor and house/senate committees on W &amp; M for funding/implementation</b></li> </ul>
11/5/14 (within 24 months of effective date)	Pilot program implemented by the Secretary of EOHHS that includes one family resource center in each county
11/5/15 (within 36 months of effective date)	Statewide network of child and family service programs and family resource centers established by the Secretary of EOHHS

### **3. Program Design**

To effectively meet the needs of over 7,000 children and families requiring assistance, EOHHS is working with the Advisory Board to design and develop a proposed network of *Family Resource Centers* (FRC) across the Commonwealth. Family Resource Centers are community-based, culturally competent programs that provide evidence-based parent education groups, information and referral, mentoring, and other opportunities for children and families. Family Resource Centers also provide services specific to children who are having serious problems at home and at school, including runaways, truants, and sexually exploited children, as required by Chapter 240 of the Acts of 2012.

EOHHS has worked with the Advisory Board and other stakeholders to develop a service model for children and families requiring assistance. The services and structure in this model, as outlined below, have been significantly informed by what we have learned from existing Family Resource Centers that are operated by the Massachusetts Department of Children and Families.

#### **3a. Services Required of All Family Resource Centers**

##### **Core Services**

Any family member of any age, with any family issue, should be able to walk into an FRC and receive help, either on-site, or through information and referral. Each FRC is expected at minimum to provide:

- Information and referral services
- Peer to peer support groups
- Child Requiring Assistance (CRA) services related to Chapter 240
- Educational groups utilizing evidence-based curricula
- Networking and mentoring opportunities
- Cultural, social and recreational activities for families

##### **Network Services**

FRC staff are also expected to develop and connect to a local community-based “network” of service providers that families can access. Services in the network can be provided on an in-kind basis, through on-site placement of staff, or through referral. These services include:

- Eligibility determinations, including assistance in accessing local, state and federal programs including SNAP, WIC, TANF, and housing assistance
- Behavioral needs and mental health needs, including referral to organizations that are part of the Children's Behavioral Health Initiative (CBHI) and other behavioral or mental health care providers
- Medical needs, including assistance with insurance issues and access to medical providers
- Access to local schools
- Special education evaluation
- Remedial education services, including after-school tutoring
- General Equivalency Diploma (GED) classes in conjunction with community educational institutions

- English as a Second language (ESL) classes for neighborhood residents
- Assistance in career planning, job search and employment issues
- Financial education, family budget management and related issues
- Assessing family child care needs and identifying appropriate child care resources
- Mentoring
- Family and parent support
- Civic engagement and community service opportunities
- After school and out-of-school programs
- Residential programs
- Crisis management
- Case management, and
- Access to local public agencies and private organizations
- Other

### **Services for Children and Families Requiring Assistance**

All FRCs must provide services related to families and children requiring assistance as defined by Chapter 240. A “child requiring assistance” is defined as a child between the ages of 6 and 18, who:

- Repeatedly runs away from home
- Repeatedly fails to obey the lawful and reasonable commands of the child's parent/guardian,
- Repeatedly fails to obey the lawful and reasonable regulations of the child's school
- Is habitually truant, or
- Is a sexually exploited child

A “family requiring assistance” is defined as a parent, guardian, custodian, sibling and any relative or caretaker responsible for a child requiring assistance.

Children and families who meet eligibility requirements related to Chapter 240 will receive services from a licensed Clinician and a Family Partner who are located at the FRC, and affiliated with a mental health clinic. These services are voluntary, and include:

- *Intake Screening and Assessment:* The Clinician and Family Partner will work with the family to complete standard intake, screening and assessment tools (including a release of information) that evaluate families and children seeking community-based services related to Chapter 240. The assessment will identify the family's strengths and service needs including, but not limited to, mental health, behavioral health or substance abuse treatment, basic family shelter, clothing and food needs, child care needs, health, insurance status, legal issues, education placement and child protection. EOHHS is considering use of the Child and Adolescent Needs and Strengths (CANS) Assessment.
- *Service Plan:* The Clinician, Family Partner and the family will collaboratively develop and implement a service plan for the child that is designed to meet the needs identified in the assessment.

- *Onsite and Network Services:* All children and families requiring assistance will have access to the FRC core services provided onsite- as well as services that are provided through the FRC network.
- *Services for Exploited Children and Youth*  
Youth who are victims of commercial sexual exploitation will have access to all FRC related services, and will receive, where appropriate:
  - Enhanced coordination with District Attorneys, DCF and other executive/judicial branch agencies
  - Referral to multidisciplinary teams for assessment
  - Access to residential and non-residential services, where available, provided by staff who are trained in serving child and youth victims of commercial sexual exploitation
- *Evidenced Based Programs:* “Evidence based” services are services that have proven to be effective. Many of these services can be provided in the home of the child and family. EOHHS and other stakeholders are exploring the use of evidence based services to serve families and children requiring assistance. EOHHS is evaluating its current behavioral health service model to identify evidence based and evidence informed programs that can more effectively serve children and families requiring assistance. Use of evidence based programs would be subject to funding and availability.

EOHHS conducted research regarding use of evidence based practices occurring across the country. In one notable example, New York City provides the following services to their CRA related populations:

- **Functional Family Therapy (FFT)**  
FFT consists of a small team of highly trained therapists, with a maximum caseload of ten families, which provides therapy in the home. Therapy takes place over an intensive four-month period including 30 one-hour therapeutic sessions.
- **Multidimensional Family Therapy (MDFT)**  
MDFT is a family-based treatment approach for adolescents with substance abuse and associated mental health and behavioral problems. A small team of trained therapists delivers MDFT. Treatment takes place in a combination of in-home, in-school, and in-clinic sessions over the course of two to five months.
- **Multi-Systemic Therapy and Adaptations (MST)**  
MST is a therapeutic intervention, offered by a small team of highly trained therapists, with a maximum caseload of six families. The team provides therapy to an entire family in the home over a period of four months. Therapists visit the home multiple times per week, and are available by phone 24 hours a day.
- **Multidimensional Treatment Foster Care (MTFC)**  
Youth are placed with a specially trained foster family who becomes, alongside a family therapist, part of the youth’s therapeutic team. For a maximum of ten months, MTFC foster parents carry out an individualized

program setting rules and expectations to manage behavior. In addition, the youth's family receives intensive therapy and training to develop parenting skills to teach them how to provide discipline, supervision, and encouragement.

○ *Alternative/Additional EBPs*

Additional Evidence based programs that may support children and families (as highlighted in the federal Child Welfare Information Gateway) include:

- Staying Connected With Your Teen (5 week program for children up to age 16)
- Systematic Training for Effective Parenting (STEP) (7 weeks program for teenagers)
- Nurturing Parenting Programs (12-48 week program for children up to age 18)
- Triple P Positive Parenting Program (program duration varies, for children up to age 16)

○ *Mass211*

Family Resource Centers and FRC Satellites will coordinate information and referral efforts with Mass211. Mass211 provides the public with one, easy to remember phone number, (2-1-1), that allows caller to receive information and referral services 24 hours per day/seven days per week. Mass211 works with a broad range of community and state agencies to collect information on existing health and human service providers, and make this information available in multiple languages at no cost to the caller. Trained information and referral specialists respond to inquiries and help callers assess their service needs. Referrals to accessible community service providers are made as appropriate. These services are available to all families. If the family has CRA-related issues, Mass211 follows up with the family to assess the effectiveness of the referrals made and the gaps in service that exist at the community level. This information informs EOHHS and the Families and Children requiring Assistance Advisory Board regarding the need for services, including services for the CRA eligible population.

Chapter 240 requires EOHHS to provide a mechanism for the clerk of the juvenile court to obtain information and make referrals to a family resource center, community based programs or other programs available to provide services to children and families. Mass211 has been designated by EOHHS as the mechanism for clerks to obtain information and make referrals to existing services. Mass211 has developed a brochure for CRA related information and referral services and is distributing this brochure to clerks across the state.

To optimize the effectiveness of Mass211 in meeting the needs of CRA-eligible youth and families, EOHHS and other Advisory Board stakeholders have provided training to Mass211 staff regarding the specialized needs of the CRA population.

### **3b. Structure of Family Resource Centers**

All Family Resource Centers must be in an accessible location, and have operating hours that meet the needs of families within their communities; (this includes evening and weekend hours to accommodate FRC programming for working parents).

#### **Physical Plant Requirements**

All FRCs must address the need for:

- Large meeting space to accommodate parent educational groups
- Several interview rooms that provide for confidentiality for the Clinician and the family
- A waiting area that offers educational and other print materials, computer access
- A clean and safe area for children to play
- Appropriate facilities suitable for the handling of food and beverages in conjunction with FRC programs
- A welcoming and culturally-appropriate environment
- Sufficient space for suitable record-keeping is also required such that privacy of records is assured.

#### **Minimum Staffing Requirements**

All FRCs must be staffed with the following positions:

- **Program Administrator:** Manages the program's contractual relationships, manages relationship with Administrative Services Organization (ASO), supervision of Program Director, supervision of Clinician
- **Program Director:** Provides overall supervision and management of the program and its community relations.
- **Clinician:** CRA component will include a licensed Master's level clinical specialist, affiliated with a mental health clinic, to perform intake and assessment functions and develop the participant's service plan.
- **Family Partner:** Member of the CRA service team, affiliated with a mental health clinic, the Family Partner works in conjunction with the Clinician and other FRC staff to insure the successful implementation of the service plan for CRA participants.
- **Family Support Workers:** Provides individual and group educational resources to parents, effect needed referrals to other community resources, and monitor community needs.
- **School Liaison:** Works directly with families and schools to resolve issues pertaining to impediments to successful learning experiences
- **Office Administrator/Welcomer:** Welcomes families, obtains information about their reasons for accessing the FRC, and manages FRC calendar, materials, and other resources.

#### **Family Resource Center Satellite Model**

The Family Resource Center (FRC) network will utilize "Satellite" sites to address the needs of smaller and/or rural communities for which a full Family Resource Center is not required. Satellite Centers are expected to provide all of the required services of the FRC but at a reduced schedule. They are designed to enable smaller and rural communities to address the needs of

families in a cost-efficient manner. The Satellite is staffed by a program director, family support worker, part-time school liaison and part-time administrator.

The Satellite is always affiliated with a full-service FRC. FRCs may affiliate with one or more Satellites. The FRC provides the Satellite with enhanced program management support, and access to a part time Clinician and Family Partner (FP) for serving CRA eligible youth and their families. The Clinician and FP are located at the Satellite and affiliated with a mental health clinic.

All satellite Centers are expected to adhere to all data collection and other requirements as defined for Family Resource Centers, and to operate in conjunction with a Family Resource Center with which it is affiliated.

### **Administrative Services Organization**

To ensure consistent quality across the new FRCs and service networks, EOHHS is proposing use of an Administrative Services Organization (ASO). An ASO is a community provider who will be utilized to provide administrative, data collection and training resources to all FRCs and their staff. The ASO will develop evaluation mechanisms to measure FRC impact. The ASO will work with all FRC program directors, both individually and as a group, to identify and address resource needs.

#### ASO Functional Description:

- Regularly convenes FRCs and Satellite's to support cross-site learning
- Provides training in evidence based practices that strengthen families and support positive youth development
- Provides training in trauma informed services
- Provides training related to serving youth who are victims of commercial sexual exploitation
- Provides administrative and evaluative services to multiple FRCs
- Provides FRCs with a data collection system
- Provides data analysis
- Establishes and monitors performance measures
- Develops and implements legally required sliding fee system
- Provides support related to billing public and private insurance

#### ASO Staffing Levels:

- **ASO Program Director:** Responsible for overall ASO operations, staff supervision, information technology, strategy and implementation.
- **Evaluator:** Ph.D. required; responsible for completing legally required FRC evaluation
- **Analyst:** Reports to Evaluator; responsible for data collection and analysis
- **Trainer:** Identifies and meets training needs of FRCs, including training in evidence based practices
- **Office Administrator:** Provides data entry and office administrative support

## **4. Public Information and Dialogue Sessions**

A series of five Public Information and Dialogue Sessions were held in September and early October of 2013 (see Appendix B) to seek public input regarding the program design and rates for services, (see Appendix C.). Meetings were held in Malden, Brockton, Springfield, Worcester and Fall River. An average of 35-40 people attended each session, with the exception of Springfield where over 75 people attended. Several individuals and organizations also provided written comments.

Overall, there was significant positive feedback regarding the proposed FRC services and structure. Key themes that emerged included the need for:

- Housing and substance abuse services for the CRA population
- Connecting FRCs to local community organizing efforts
- Funding the Clinician and Family Partner as part of a contract, versus using a fee-for-service model
- A collaborative process to develop the intake screening and assessment tools
- Services specific to sexually exploited children
- Improved coordination with police regarding runaways
- Adjustment to job titles, minimum requirements for employment, and position titles.

As part of the rate setting process EOHHS is reviewing all comments provided by the public. An additional public hearing related to the program design and proposed rates is tentatively scheduled for December 2013.

## **5. Funding and Implementation Activities Recommendations**

Based on a presentation of the model by EOHHS, and in compliance with Chapter 240 requirements, the Advisory Board is recommending the following funding and implementation activities, related to the SFY15 Budget:

1. EOHHS shall implement the pilot required by law.
2. EOHHS will utilize Family Resource Center Satellites where appropriate in small counties, or to extend the work of an FRC in larger counties.
3. The FRCs and FRC Satellites are supported by an Administrative Services Organization (ASO) that will perform data collection and evaluation services required by the legislation.
4. Rates for FRCs and FRC Satellites should be proposed through the Chapter 257 process prior to the Administration's submission of the SFY15 budget.
5. The SFY15 final Budget should include funding for the family resource centers and satellites at the rates and staffing levels established through the Chapter 257 process. To adequately support program operations and legal requirements, the budget should also include funding for information and referral services, and the ASO.
6. The SFY15 final Budget should include funding to contract for evidence-based mental health services for children and families.

## **6. Data**

Chapter 240 requires the Executive Office of Health and Human Services, the Administrative Office of the Juvenile Court, the Office of the Commissioner of Probation and the Department of Elementary and Secondary Education to provide periodic data reports to the Advisory Board.

The following data has been collected and needs further analysis, but in general, the major standouts are that CRA/CHINS filings in court (over 6,800 CHINS applications in CY12) are largely consistent and numerous; last year, over 7,000 children dropped out of school, there were over 46,000 out-of school suspensions, and almost 50,000 children with more than 9 unexcused absences, indicating a large number students are having trouble attending school; 22% of all DCF children in state custody who were placed out of home for at least one day in CY 2012 were identified as CRA/CHINS cases; Mass211 reports over 1,300 CRA related prevention or intervention calls in the first quarter of State Fiscal Year 2014 alone. Based on this preliminary data, the Advisory Board concludes funding needs will be significant.

### **1. Administrative Office of the Juvenile Court**

Juvenile Court Department Fiscal Year 2012 Statistics

### **2. MA Department of Elementary and Secondary Education**

Massachusetts School and District Profiles; Selected Indicators by County, 2011-12  
Indicators Report

- Dropouts
- In-School Suspensions
- Out-of-School Suspensions
- Unexcused Absences > 9

### **3. MA Department of Children and Families**

DCF CRA/CHINS Cases in CY 2012 OVERVIEW

### **4. Mass211**

- Call Information
- Demographics
- Outputs
- Outcomes

# 1. Administrative Office of the Juvenile Court, Juvenile Court Department Fiscal Year 2012 Statistics

COUNTY:	BARNSTABLE	BERKSHIRE	BRISTOL	ESSEX	FRANKLIN/ HAMPSHIRE	HAMPDEN	MIDDLESEX	NORFOLK	PLYMOUTH	SUFFOLK	WORCESTER	TOTAL
<b>DELINQUENCY</b>												
Complaints	1407	418	2041	2008	466	2340	2406	1082	1023	1834	2480	17505
Males	315	113	565	0*	151	710	743	0**	315	617	712	4241
Females	89	58	209	0*	62	341	289	0**	96	183	280	1587
Total Individuals	404	171	774	0*	213	1051	1012	0**	411	800	992	5828
<b>YOUTHFUL OFFENDER</b>												
Incidents	2	0	85	9	20	37	38	30	6	79	27	333
Males	1	0	30	0*	4	10	9	8	2	30	10	104
Females	0	0	2	0*	0	0	0	1	0	1	0	4
Total Individuals	1	0	32	0*	4	10	9	9	2	31	10	108
<b>CARE &amp; PROTECTION</b>												
Petitions	102	131	269	238	119	343	306	113	110	304	425	2460
Children	155	201	446	370	204	602	519	181	175	470	726	4049
Permanency Hearings	247	246	721	0*	269	961	728	0**	260	891	1126	5448
<b>CHINS</b>												
Applications	318	197	1037	896	183	571	962	291	323	871	1242	6991
Male	177	82	592	0*	99	296	522	0**	175	496	697	3126
Female	128	100	377	0*	80	253	420	0**	136	367	504	2365
Petitions	230	133	551	0*	108	471	588	0**	172	511	652	3416
Male	136	58	329	0*	63	262	328	0**	97	263	371	1907
Female	94	75	222	0*	45	209	260	0**	75	248	281	1509
<b>ADULT</b>												
Complaints	3	67	37	32	16	24	38	11	7	42	132	409
<b>ADOPTION</b>												
Petitions	38	61	105	66	36	103	54	39	42	89	86	719
<b>GUARDIANSHIP</b>												
Petitions	26	31	68	34	37	132	77	33	31	47	126	642
<b>HARASSMENT</b>												
Complaints	16	19	36	83	28	69	61	22	8	13	73	428
<b>PATERNITY</b>												
Complaints	9	23	57	19	18	41	32	21	17	36	22	295
<b>MOTOR VEHICLE</b>												
Citations	0	0	1	0	0	0	0	0	0	0	9	10
<b>SHOW CAUSE HEARINGS</b>												
Applications	429	342	1044	0*	297	735	1316	0**	493	1092	1387	7135
<b>JURY CASES</b>												
Delinquent	442	97	189	0*	32	298	459	137	376	446	188	2664
Youthful Offender	2	0	23	0*	5	27	13	9	15	24	2	120
Chins	0	2	2	0*	2	1	18	2	1	1	1	30
Adult	3	1	0	0*	3	2	3	0	1	3	0	14
Total Jury Requests	447	100	214	0*	40	328	493	148	393	474	191	2828
Jury Trials Held	3	2	11	9	0	6	16	3	6	7	0	63

NOTE: The jury session in Norfolk County is handled by the District Court.  
 \*Figures for Essex County are unavailable at this time.  
 \*\*Figures for Norfolk County are unavailable at this time.

## 2. MA Department of Elementary and Secondary Education

Massachusetts School and District Profiles:  
Selected Indicators  
2011-12 Indicators Report

Selected Statewide Indicators

DISTRICT	Dropouts		In-School Suspensions		Out-of-School Suspensions		Unexcused Absences > 9	
	#	Rate*	#	Rate*	#	Rate*	#	Rate*
State Total	7,051	2.5	29,212	3.4	46,279	5.4	49,775	5

Selected Indicators by County and District

COUNTY	DISTRICT	ORGCODE	Dropouts	
			#	Rate*
Suffolk	Boston	00350000	1,146	7.0
Hampden	Springfield	02810000	672	10.0
Worcester	Worcester	03480000	270	4.1
Essex	Lawrence	01490000	195	5.9
Plymouth	Brockton	00440000	194	4.4
Bristol	New Bedford	02010000	173	6.8
Middlesex	Lowell	01600000	119	3.8
Berkshire	Pittsfield	02360000	63	3.4
Norfolk	Weymouth	03360000	59	2.9
Franklin	Ralph C Mahar	07550000	33	6.0
Barnstable	Barnstable	00200000	23	1.5
Hampshire	Amherst-Pelham	06050000	17	1.6
Nantucket	Nantucket	01970000	10	2.5
Dukes	Marthas Vineyard	07000000	8	1.2

Selected City/Town Total

2,982

MA School and District Profiles: Selected Indicators by County and District, 2011-12 Indicators Report  
(cont.)

COUNTY	DISTRICT	ORGCODE	In-School Suspensions	
			#	Rate*
Hampden	Springfield	02810000	2,495	11.3
Plymouth	Brockton	00440000	1,582	10.9
Worcester	Worcester	03480000	1,402	6.8
Bristol	New Bedford	02010000	977	9.1
Essex	Lawrence	01490000	953	8.2
Middlesex	Lowell	01600000	686	5.8
Berkshire	Pittsfield	02360000	678	12.8
Suffolk	Chelsea	00570000	208	4.3
Barnstable	Falmouth	00960000	202	6.4
Franklin	Ralph C Mahar	07550000	172	20.6
Norfolk	Stoughton	02850000	151	4.4
Hampshire	South Hadley	02780000	130	7.2
Dukes	Marthas Vineyard	07000000	58	8.7
Nantucket	Nantucket	01970000	1	0.1

Selected City/Town Total 9,695

COUNTY	DISTRICT	ORGCODE	Out-of-School Suspensions	
			#	Rate*
Hampden	Springfield	02810000	3,408	15.4
Worcester	Worcester	03480000	2,504	12.1
Plymouth	Brockton	00440000	2,234	15.4
Essex	Lynn	01630000	2,125	17.4
Suffolk	Boston	00350000	1,955	4.0
Bristol	Fall River	00950000	1,625	18.4
Middlesex	Lowell	01600000	1,338	11.3
Berkshire	Pittsfield	02360000	415	7.8
Norfolk	Weymouth	03360000	342	5.5
Barnstable	Dennis-Yarmouth	06450000	193	7.0
Hampshire	Ware	03090000	117	10.7
Franklin	Greenfield	01140000	96	5.3
Dukes	Marthas Vineyard	07000000	69	10.3
Nantucket	Nantucket	01970000	3	0.3

Selected City/Town Total 16,424

MA School and District Profiles: Selected Indicators by County and District, 2011-12 Indicators Report  
(cont.)

COUNTY	DISTRICT	ORGCODE	Unexcused Absences > 9	
			#	Rate*
Suffolk	Boston	00350000	18,042	31.2
Worcester	Worcester	03480000	7,682	29.2
Hampden	Springfield	02810000	6,147	22.5
Essex	Peabody	02290000	2,042	32.3
Middlesex	Dracut	00790000	881	20.6
Berkshire	Pittsfield	02360000	840	13.2
Bristol	Norton	02180000	708	25.8
Norfolk	Bellingham	00250000	597	23.2
Barnstable	Sandwich	02610000	501	14.9
Plymouth	Carver	00520000	426	22.3
Hampshire	Ware	03090000	159	11.9
Franklin	Gill-Montague	06740000	118	10.8
Dukes	Oak Bluffs	02210000	27	6.8
Nantucket	Nantucket	01970000	4	0.3

Selected City/Town Total                      38,174

\*Dropout Rate: Indicates the percentage of students in grades 9-12 who dropped out of school between July 1 and June 30 prior to the listed year and who did not return to school by the following October 1. Dropouts are defined as students who leave school prior to graduation for reasons other than transfer to another school. Source: SIMS data as of: End of Year, October 1

\*In-School Suspension Rate: The percentage of enrolled students in grades 1-SP who received one or more in-school suspensions. Source: SIMS data as of: Oct 1

\*Out-of-School Suspension Rate: The percentage of enrolled students in grades 1-SP who received one or more out-of-school suspensions. Source: SIMS data as of: Oct 1

\*Unexcused Absences >9 Rate: Calculated based on the number of students with unexcused absences for more than 9 days, divided by the End of the Year (EOY) enrollment (including transfers, dropouts, etc.) for the school year being reported. The definition of unexcused absence is based on the local school district definition.

### 3. DCF CRA/CHINS Cases in CY 2012

#### OVERVIEW

CRA/CHINS consumers comprised 22% of all DCF out-of-home placements in CY 2012. CRA/CHINS identified consumers placed out-of-home were generally equally distributed by gender. Greater than 80% of all CRA/CHINS consumers in out-of-home placement in CY 2012 were first identified as a CRA/CHINS consumer before age 16 (47% between the ages of 14 to 15). Though not specifically mapped to individual courts, significant variability was evidenced in the placement decisions rendered by the various geographic jurisdictions.

- 22% (2,874 of 13,160) of all DCF consumers placed out-of-home for at least one day in CY 2012 were identified as CRA/CHINS cases. While there were more Males in the CRA/CHINS DCF population than Females, the distribution was generally equivalent to the Non-CRA/CHINS population.
  - 52% (1,483) of the CRA/CHINS population were Male; 48% (1,391) were Female
- Age at time consumer was first identified as a CRA/CHINS Case within FamilyNet
  - 11 and < = 7% (191)
  - 12 to 13 = 30% (849)
  - 14 to 15 = 47% (1,365)
  - 16 to 17 = 16% (469)
- Wide geographical differences were observed in the DCF Regional out-of-home placement rates of CRA/CHINS vs. Non-CRA/CHINS consumers: ***Out-of-home placement rates in the DCF...***
  - Northern Region were 34% HIGHER for CRA/CHINS than Non-CRA/CHINS consumers
  - Boston Region were 8% HIGHER for CRA/CHINS than Non-CRA/CHINS consumers
  - Western Region were 16% LOWER for CRA/CHINS than Non-CRA/CHINS consumers
  - Southern Region were 1% LOWER for CRA/CHINS than Non-CRA/CHINS consumers

Though not mapped to individual courts, these observed wide geographical differences imply significant variability in the way jurisdictions render placement decisions.

#### 4. Mass211

<b>Mass211 Quarterly Report</b>		
Quarter 1 FY 14		
<b>Reported Category</b>	<b>Sub-Category 1</b>	<b>Metric</b>
<b>Call Information</b>		
# Of Calls Received From Families With Children 6-18		1455
# Of Preventative Service CRA Related Calls		1379
# Of Intervention Service CRA Related Calls		76
<b>Demographics</b>		
Caller Type	Parents	95%
	Relatives	5%
	Youth	0%
	School Personnel	0%
	Court System	0%
	Health Care Professionals	0%
	Human Service Professionals	0%
Family Size	1 Family Member	0%
	2 Family Members	34.40%
	3 Family Members	29.40%
	4 Family Members	17.30%
	5 or More Family Members	18.90%
Language Spoken By Caller	English	76%
	Spanish	16%
	Vietnamese	8%
<b>Outputs</b>		
# of CRA Related Organizations Added To The Mass2-1-1 Database		
	New Providers Added	58
	New Services	414
	Updated/Modified Services	1093
# of Organizations Receiving 2-1-1 CRA Materials		34
# of English/Spanish Brochures per Organization:		
200/100 CHENERY MIDDLE SCHOOL		
100/50 SULLIVAN SCHOOL		
100/100 NORTH CENTRAL WIC		
50/50 HELEN MAE SAUTER SCHOOL		
200/0 OAKHAM CENTER SCHOOL		

Mass211 Q4 (cont.)

200/200 BRISTOL COUNTY JUVENILE COURT		
50/0 BU SCHOOL OF MANGEMENT		
100/100 UW STURBRIGE SOUTHBRIDGE CHARLTON		
50/50 UNITED WAY OF CENTRAL MASS		
100/50 AMERICAN EVANGELIST CHURCH		
700/300 ESSEX COUNTY JUVENILE COURT		
200/50 CAREER OPPORTUNITIES HYANNIS		
600/400 Boston Juvenile Court		
200/0 Elm Street School		
50/0 Cape Cod Regional Technical High School		
50/50 Suffolk University Law School		
200/200 SMOC Child Care & Head Start (Chris Jewell)		
200/200 SMOC Child Care & Head Start (Stacy Martin)		
50/50 Salem Community Charter School		
0/50 Regional Consultation Program		
200/300 Department of Housing And Community Development		
1000/500 Administrative Office of the Juvenile Court		
250/50 Bristol County Juvenile Court Department		
250/50 Barnstable County Juvenile Court Department		
250/50 J. Michael Ruane Judicial Center		
250/50 Hamden County Juvenile Court Department		
500/50 Suffolk County Juvenile Court Department		
500/50 Middlesex County Juvenile Court Department		
250/50 Franklin/Hampshire Juvenile Court		
250/50 Plymouth County Juvenile Court Department		
500/50 Norfolk County Juvenile Court Department		
250/50 Berkshire County Juvenile Court Department		
500/50 Worcester County Juvenile Court Department		
8350 English Brochures /3350 Spanish Brochures	Grand Total Brochures Distributed	11,700
# of Emails Sent on Behalf of CRA		1758
# Of Meetings & Trainings For Agencies Related to CRA		6
# of Agencies Participating In Meetings or Trainings		10

Mass211 Q4 (cont.)

<b>Outcomes</b>		
Number Of Inquires/Referrals United Way/Mass2-1-1 Received related to CRA		1455
% Increase/decrease from prior quarter		n/a
A formal phone call follow-up protocol has been established to gauge referral success.		
# Of documented successful referrals where families receive the help they requested		85.70%
Effective September 1, 2013: Family Satisfaction (callers are encouraged to participate in a voluntary automated phone survey directly after their call to gauge their overall satisfaction with our service)		
<i>Survey Results</i>		
Attempts made to reach Intervention level Callers		100%
Responded to telephone follow-up		39
Of those reached for follow-up reported that their referrals were successful		51.30%
87.5 % stated that the agencies they contacted understood their issues and were helpful		89.50%
Of those contacted stated that they have scheduled an appointment or have had an appointment already		85.70%
Stated that they have been placed on a waitlist for service		18.80%
Stated that their health insurance would cover some or all of the program cost or fees		37.50%

## **Appendix**

- A. Families and Children Requiring Assistance Advisory Board (FACRA AB) Members
- B. Public Meeting Notice
- C. Public Presentation
- D. FACRA AB Meeting Dates
- E. Mass211 Brochure

**Appendix A: Families and Children Requiring Assistance Advisory Board (as of 10/28/13)**

Seat	Member Name
Juvenile Court Judge Appointed by The Chief Justice of The Juvenile Court	<b>The Honorable Joan M. McMenemy</b> (Co-chair)
Private Provider of Services to Families with Children who have Behavioral Needs	<b>Dr. Joan Wallace-Benjamin</b> (Co-Chair)
Commissioner, DCF (or designee)	<b>Commissioner Olga I. Roche</b>
Commissioner, DESE (or designee)	<b>Assistant Commissioner John L, G. Bynoe III</b>
Commissioner, DMH	<b>Deputy Commissioner Joan Mikula</b>
Commissioner, DPH	<b>Mr. Ron Benham</b>
Commissioner, DYS (or designee)	<b>Commissioner Peter J. Forbes</b>
DCF Adolescent Social Worker Approved by The Regional Director of The Area Pilot Program	<b>Ms. Lisa Ciullo</b>
DMH Case Manager Approved by The Regional Director of The Area Pilot Program	<b>Mr. Mark Keays</b>
Director, Office of Medicaid (or designee)	<b>Ms. Priscilla Portis</b>
District Attorney	<b>Vacant (formerly DA Gerard T. Leone Jr.)</b>
House Minority Leader Appointee	<b>Representative Kimberly Ferguson</b>
Senate Minority Leader Appointee	<b>Ms. Susan Todd</b>
Senate President Appointee	<b>Senator Karen Spilka</b>
Office of the Child Advocate (or designee)	<b>The Honorable Gail Garinger</b>
A Member of a Municipal Police Department	<b>Mr. James Holland</b>
A Parent Who is Not an Employee of the Commonwealth	<b>Ms. Marcia Winfrey</b>
Independent Education Advocate	<b>Dr. Michael Gregory</b>
Probation Officer, Assigned to a Juvenile Court, Appointed by Commissioner of Probation	<b>Mr. John Millett</b>
Speaker of the House of Representatives Appointee	<b>Representative Paul Donato</b>
Chair of the Board of the Committee for Public Counsel Services (or designee)	<b>Mr. Michael Dsida</b>

**Appendix B: Public Meeting Notice:**

**Public Information & Dialogue Sessions:  
Family Resource Centers,  
Community-Based Services for Children Requiring Assistance**

The MA Executive Office of Health and Human Services (EOHHS) and the MA Department of Children and Families are seeking the input of stakeholders as it designs a statewide, community-based network of Family Resource Centers (FRC). The FRCs will offer families a convenient, culturally-appropriate and accessible location in which a range of services will be offered. FRCs will include services to Children Requiring Assistance (CRA) under Chapter 240 of the Acts of 2012, (<https://malegislature.gov/Laws/SessionLaws/Acts/2012/Chapter240>).

EOHHS would like to take this opportunity to present current program and staffing designs and solicit feedback from providers, families and those who have received CRA services. This is an opportunity to develop important community-based services for children and their families, and to assist EOHHS in developing rates of reimbursement for these services, as required by Chapter 257 of the Acts of 2008.

In evaluating the information you will receive at the meeting, we ask that you think of the following questions:

- What are the critical services a Family Resource Center should offer?
- What staff resources would be needed in the Family Resource Center
- How should barriers to services be addressed, particularly for those families receiving services under the new Chapter 240 requirements?

Public dialogue sessions are scheduled for the following dates and locations:

<b>Public Meeting - 1</b>	<b>Public Meeting - 2</b>	<b>Public Meeting - 3</b>	<b>Public Meeting - 4</b>
Weds., Sept. 11, 2013 9:30 - 11:00AM	Friday, Sept. 13, 2013 2:30 - 4:00PM	Friday, Sept. 27, 2013 9:30 - 11:00AM	Friday, Sept. 27, 2013 2:30 - 4:00PM
Malden Government Center; Herbert L. Jackson Council Chamber 200 Pleasant Street Malden, MA 02148	Massasoit Community College Conference Center 770 Crescent Street (Route 27) Brockton, MA 02302	Western Massachusetts Office of the Governor, State Office Building 436 Dwight Street, Room B42 Springfield, MA 01103	Worcester City Hall, Levi Lincoln Chamber 455 Main Street, 3 <sup>rd</sup> fl. Worcester, MA 01608
<b>Public Meeting - 5</b> Wed. October 9, 2013 1:30-3:00 Fall River City Hall, Council Chambers; 1 Government Center, Fall River, MA 02721			

**PRE - REGISTRATION IS REQUESTED**

If you would like to participate in the discussion, please notify Thelma P. Riley at [EOHHSPOSPolicyOffice@ehs.state.ma.us](mailto:EOHHSPOSPolicyOffice@ehs.state.ma.us) at least 48 hours prior to the date of your selected session. If you need special accommodations (i.e., interpreter services for the deaf or hard-of-hearing, other), please contact Thelma P. Riley at least 48 hours prior to your selected session. 

The Executive Office of Health and Human Services (EOHHS) has developed a Purchase of Service (POS) service classification system. This system consists of thirty-two defined Service Classes into which all programs purchased under the POS system have been categorized. Rates of reimbursement, and where appropriate, streamlined service procurement and contract mechanisms will be developed for services according to Service Class. For additional information on the EOHHS Chapter 257 Implementation Plan, please go to our website at [www.mass.gov/hhs/chapter257](http://www.mass.gov/hhs/chapter257).

We welcome any additional comments related to the materials presented. Please send written comments to Thelma P. Riley at the Executive Office of Health and Human Services, One Ashburton Place, Boston, MA 02108 by Friday, October 4, 2013.

**Appendix C: Public Meeting Presentation:** (Please see attached)

## **Appendix D: Families and Children Requiring Assistance Advisory Board 2013 Meeting Schedule**

**McCormack Building  
21st Floor conference room  
One Ashburton Place  
Boston MA 02108**

*(Meetings are scheduled at this location,  
unless determined otherwise by the Board)*

Advisory Board meeting dates:

<b>2/21/13</b>	<b>3-5PM</b>
<b>3/21/13</b>	<b>10AM-12Noon</b>
<b>5/16/13</b>	<b>3-5PM</b>
<b>6/27/13</b>	<b>3-5PM</b>
<b>9/6/13</b>	<b>9-11AM</b>
<b>10/17/13</b>	<b>3-5PM</b>
<b>11/14/13</b>	<b>10AM-12Noon</b>
<b>12/19/13</b>	<b>3-5PM</b>

**Appendix E: Mass211 Brochure** (Please see attached)