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New York State Family Resource Center Service Utilization Report

A Report Submitted to:
New York State Office of Children and Family Services
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New York State Family Resource Center Network

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The Evaluation Team

All data analyses and report writing were conducted by Sarah Rain. The FRC Management Information System was developed and managed by Ray Burkitt and Chris Papas. Rose Greene and Eunju Lee provided assistance in interpreting data and finalizing the report.

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Introduction

Overview

New York State Family Resource Centers are voluntary programs that offer services and support for families in their communities, with an emphasis on families with young children. They receive New York State Office of Children and Family Services (OCFS) funding through the William B. Hoyt Memorial Children and Family Trust Fund, established in 1984 to combat family violence, and through the federal Community-Based Child Abuse Prevention (CBCAP) program. Family Resource Centers (FRCs) are diverse in their program offerings and populations served, but all promote the strengthening of families through developing social support, increasing knowledge of effective parenting, fostering child development, and enhancing family functioning. To achieve these goals, FRCs are guided by a set of values and practice principles that are applied to a set of core services. These principles include providing services that are strength-based, culturally competent, flexible, family-centered, and empowering. Services include parent education classes and workshops, structured child playgroups, information and referral services, and family social and recreational programs, and may include other complementary services such as lending libraries, supervised visitation, adult education (e.g., job readiness, English as a Second Language programs), family support counseling, home visiting, early childhood education, concrete services (e.g., food and clothing pantries), and early intervention.

Increasingly, there is a call for family support programs to provide evidence of program effectiveness, and OCFS is promoting the adoption of evidence based strategies to maximize the use of existing resources in the most effective way. FRCs are being asked to focus attention on serving more families with greater numbers of maltreatment risk factors.

Information about the current usage patterns of FRCs by participants can be useful for identifying programs that best serve higher-risk populations as well as recognizing areas for improvement in current recruitment and retention strategies. This report presents findings from an analysis of services offered by New York State Family Resource Centers.

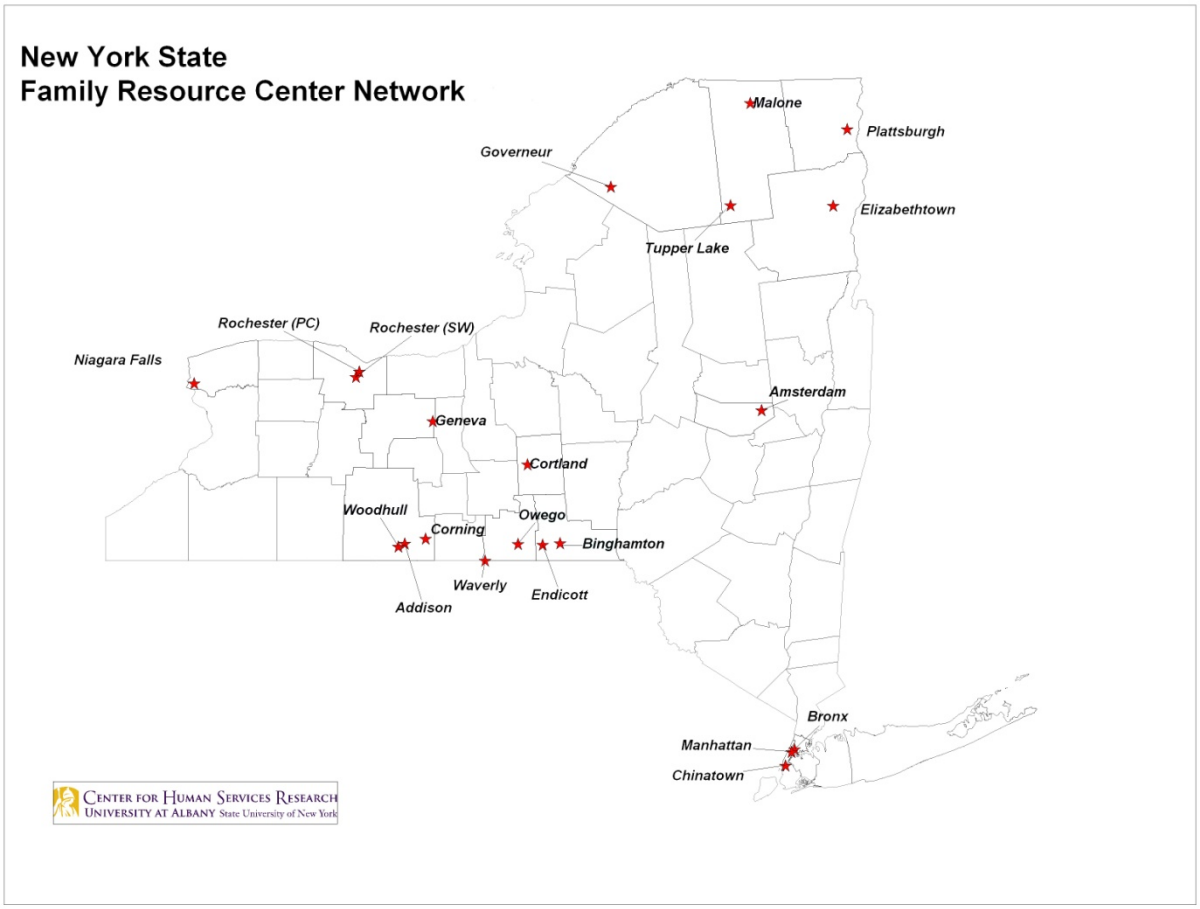
Background and Data Source

There are 20 Family Resource Centers (FRCs) distributed throughout New York State, creating a formal Network supported by the Trust Fund. Table 1 lists their names and locations, and Figure 1 provides a map of their locations.

Table 1. New York State Family Resource Center Network funded by OCFS

County	Town/ City	Name of Family Resource Center
Bronx	Bronx	Phipps Community Development Corporation: The Family Room
Broome	Binghamton	Parents As Leaders (PAL) Family Resource Center
Cortland	Cortland	Family Fun & Resource Center
Montgomery	Amsterdam	The Family Room/ Un Centro para Familias
New York	Manhattan	Association to Benefit Children (ABC) Family Resource Center
New York	Chinatown (Manhattan)	Chinese-American Planning Council (CPC) Family Resource Center
Niagara	Niagara Falls	Niagara Falls High School Focus on Families
		Abate Elementary School Family Resource Center
		Cataract Elementary School Family Resource Center
Ontario	Geneva	Geneva Resource Center
St. Lawrence	Gouverneur	Gouverneur Activity and Learning Center
Adirondack Network of Family Resource Centers		
Clinton	Plattsburgh	Family Connections
Essex	Elizabethtown	Families First
Franklin	Malone	Families R'Us Resource Center
	Tupper Lake	Family Matters
Family Resource Centers of Crestwood Children's Center		
Monroe	Rochester	Peter Castle Family Resource Center
		Southwest Family Resource Center
Steuben Family Enrichment Collaborative		
Steuben	Addison	Jennie Mose Family Resource Center
	Corning	Nonnie Hood Parent Resource Center
	Woodhull	Woodhull Community Resource Center
Family Resource Centers of Tioga County		
Tioga	Owego	Owego Family Resource Center
	Waverly	Waverly Family Resource Center

Figure 1. Locations of Family Resource Centers



The data in this report include all 3,788 participants who received at least one service at an OCFS-funded FRC in the 12-month period between 09/01/09 and 08/31/10. These data were entered by site staff into the FRC Management Information System. Demographic information for each participant is self-reported on Participant Registration Forms. In addition, service utilization information, including the date of the visit and the types of services received, is recorded each time a participant visits a Center.

Table 2 provides basic demographic information for these participants.

Table 2. Demographic Profile of FRC Participants

Baseline demographics	Percent*
Education (N=3270)	
Less than high school/ GED	22
High school	33
Post- high school education	32
Bachelor degree or higher	13
Ethnic/ racial background (N=3593)	
Black (non-Hispanic)	12
White (non-Hispanic)	70
Hispanic	10
Asian/Native American/Multiracial	7
Other	1
Gender (N=3688)	
Men	21
Women	79
Family income (N=2986)	
$0-$9,999	35
$10,000-$14,999	14
$15,000-$24,999	16
$25,000-$34,999	12
$35,000-$49,999	12
$50,000 and over	12
Receive public assistance (N=3011)	28

* Totals do not always add up to 100 due to rounding

Findings

Number of Visits and Participants by Site

This section presents data on the number of participants receiving services at New York State Family Resource Centers and the average number of times they visited the Centers.

Two different kinds of averages are presented in the tables below: the median and the mean. The mean is calculated by adding up the total number of visits by all participants and dividing by the number of participants. The median is determined by lining up each participant's number of visits in order and taking the one in the middle. Half of the participants visited at or above the median number of times, and half visited at or below the median number of times. Medians are less affected than means by outliers. A small number of participants with unusually high numbers of visits can have a major impact on the mean, but will not substantially change the median. For this reason, most of our discussion focuses on the median rather than the mean.

Table 3 shows the number of visits by site, arranged in order from the sites with the smallest median number of visits to the sites with the largest. The median number of times a participant visited within the one-year period, across all sites, is 2.

The number of adults served and the number of times they returned varies dramatically from site to site. Plattsburgh, Tupper Lake, Rochester, and Gouverneur participants visited a median of 4 or more times. Chinatown, Geneva, Elizabethtown, Bronx, and Corning participants visited a median of only once.

The number of visitors ranges from 18 to 625 across sites. There is no obvious relationship between a location's population density and the number of families served. For example, a site in New York City served only 18 adults, while a site in the rural Adirondacks served 326.

Table 3. Number of Participants and Visits by Site

Site	Number Served	Median	Mean
Chinatown	126	1	1.26
Corning	59	1	2.00
Geneva	194	1	2.68
Bronx	18	1	4.33
Elizabethtown	326	1	4.67
Woodhull	61	2	3.52
Amsterdam	116	2	4.58
Owego	126	2	5.13
Niagara	108	2	5.17
Binghamton	292	2	6.38
Waverly	191	2	6.45
Manhattan- ABC	226	2	7.20
Cortland	401	3	8.36
Malone	111	3	10.55
Addison	166	3.5	11.14
Rochester- Peter Castle	93	4	6.97
Gouverneur	76	4	12.58
Tupper Lake	62	4.5	11.31
Rochester- Southwest	411	5	6.67
Plattsburgh	625	6	10.18
Total	3788	2	7.09

Figure 2 shows, for all sites, the number of participants who received services at FRCs one time, two through five times, six through eleven times, or twelve or more times. Only about one-third of participants received FRC services six or more times.

.Figure 2. Number of Visits per Participant, All Sites

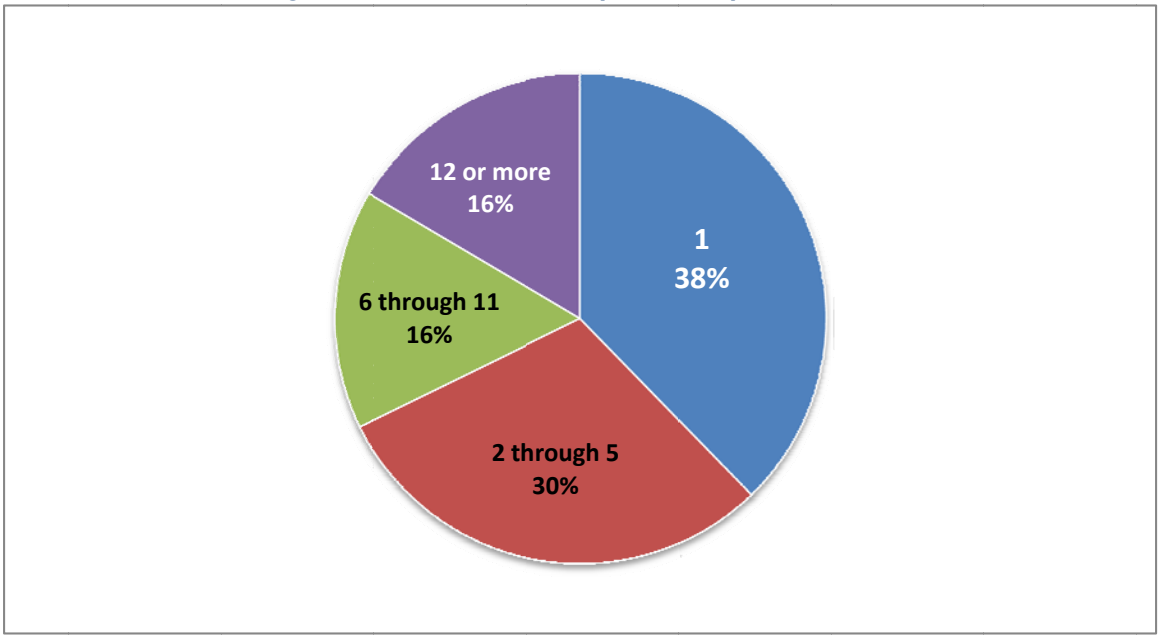
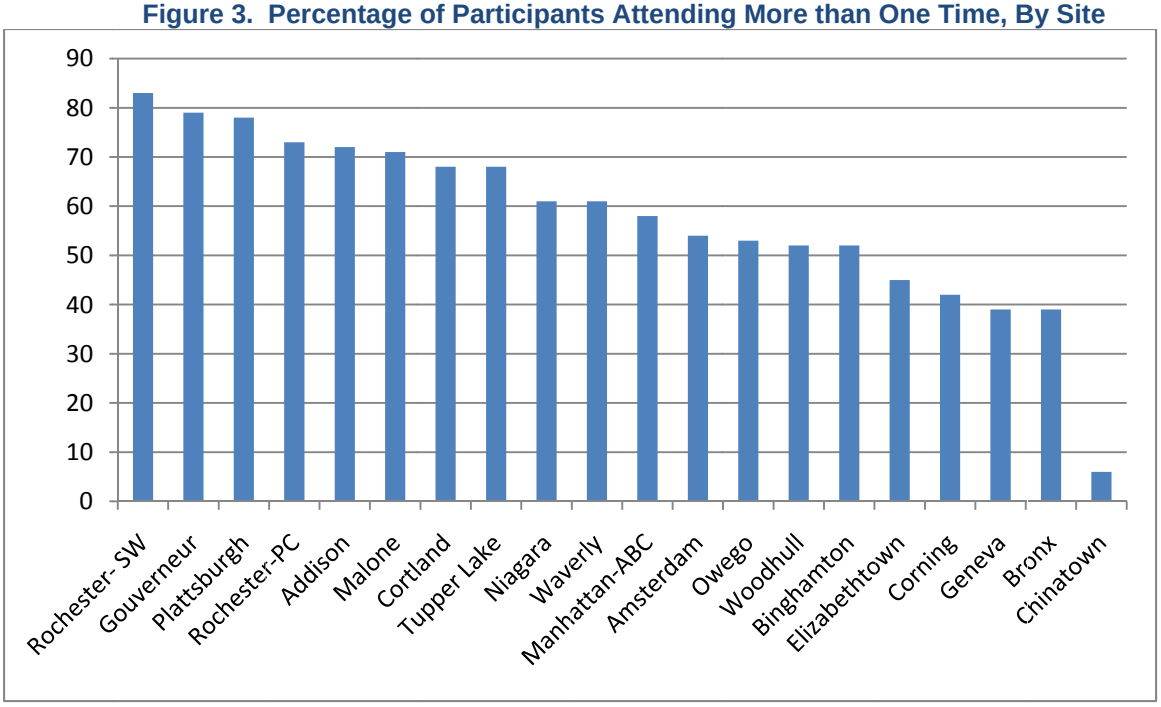


Figure 3 shows the percentage of participants at each site who received FRC services more than once. Sites vary dramatically in their retention of first-time participants. 83% of participants received services at Rochester's Southwest site more than a single time, while only 6% did at Chinatown.

Figure 3. Percentage of Participants Attending More than One Time, By Site

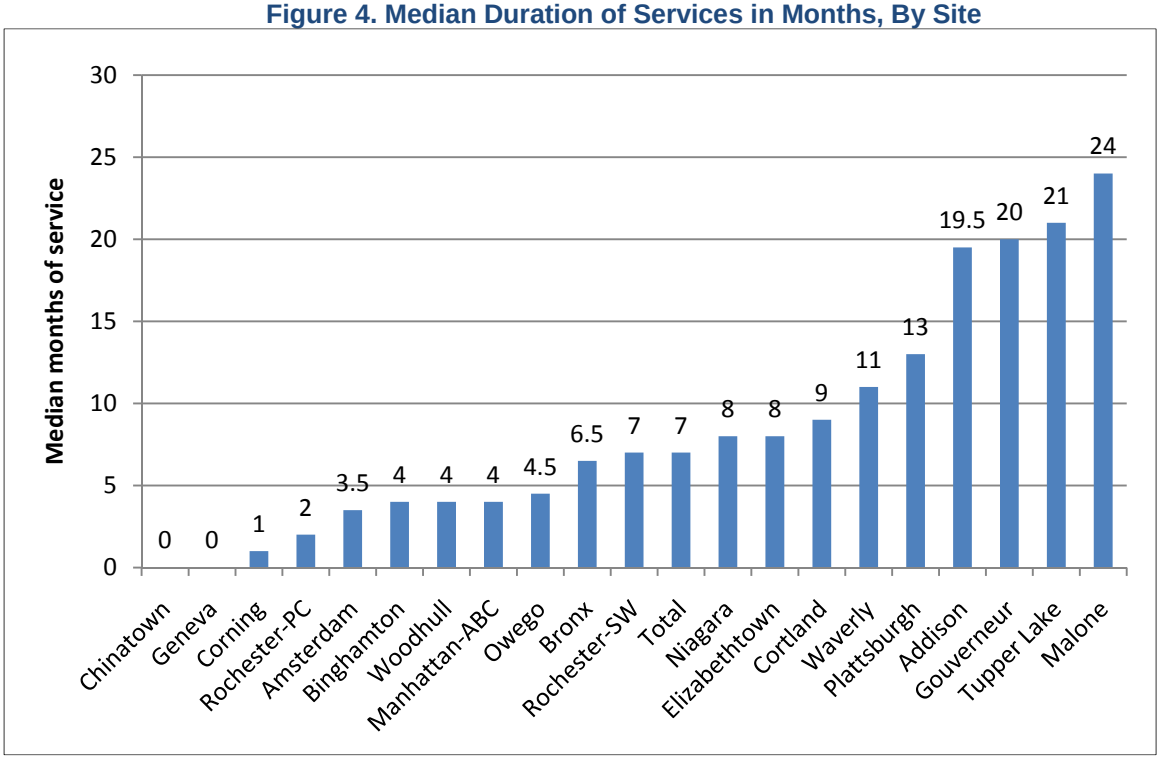


Duration by Site

The number of months between registration and the last time a participant visited within the timeframe of this analysis provides an indication of how long participants continue to receive FRC services. It is not a perfect measure, because some participants may be continuing to receive services after this report's data period, but it provides an indication of the general length of time participants remain engaged.

The median number of months between registration and last service was 7. A number of sites retained participants longer: Plattsburgh, Malone, Tupper Lake, Addison, and Gouverneur's medians were all greater than 12 months and ranged up to 24 months. Chinatown, Geneva, Corning, and Rochester-Peter Castle had median durations of services of under three months. Figure 4 shows overall and site-specific durations of attendance.

Figure 4. Median Duration of Services in Months, By Site



By excluding the 34% of participants who registered in 2010 and thus are more likely to be continuing to receive services, different totals emerge but reveal similar site-specific patterns of attendance. The median number of visits is 3 and the median duration of services is 17 months. Plattsburgh, Tupper Lake, Rochester-Southwest, and Gouverneur participants averaged five or more visits, while Chinatown and Bronx had a median of only one. Plattsburgh, Malone, Tupper Lake, Owego, Addison, and Gouverneur participants' durations of services were greater than 24 months, while Chinatown, Geneva, and Corning participants' durations of services were six months or less. (See Table 4.)

Table 4. Number of Visits and Duration of Services, Pre-2010 Registrants, By Site

Site	N	Number of Visits		Duration in Months	
		Mean	Median	Mean	Median
Chinatown	72	1.03	1.00	.67	.00
Bronx	12	5.58	1.00	11.50	12.00
Corning	27	3.00	2.00	3.00	2.00
Geneva	97	3.37	2.00	18.22	6.00
Woodhull	30	4.77	2.00	34.00	22.00
Amsterdam	70	5.36	2.00	29.20	19.50
Niagara	94	5.60	2.00	27.94	13.00
Elizabethtown	238	5.79	2.00	31.86	16.00
Binghamton	152	10.02	2.00	26.09	19.00
Owego	76	6.99	3.00	39.54	24.00
Waverly	135	7.88	3.00	37.47	23.00
Cortland	270	9.89	3.00	26.59	20.50
Malone	86	12.40	3.00	35.53	30.00
Rochester-Peter Castle	50	8.54	4.00	16.90	8.00
Manhattan-ABC	123	10.30	4.00	11.37	11.00
Addison	128	13.26	4.50	34.41	36.00
Tupper Lake	44	14.43	5.50	43.09	34.00
Gouverneur	62	13.94	6.50	29.56	29.00
Rochester-Southwest	289	8.10	7.00	20.45	11.00
Plattsburgh	438	12.35	7.00	34.60	27.00
Total	**2493**	**9.01**	**3.00**	**27.68**	**17.00**

Demographics and Retention

This section examines how the average number of visits and duration of services varies according to demographic characteristics. Poverty, low education, and racial minority status all inflict stressors on parents which put their children at greater risk of neglect or abuse.

For participants within each of the demographic categories listed in Table 5, the mean number of visits (including visits before September 2009) was calculated. T-tests, a method of determining whether two groups are statistically different from each other, were conducted to determine whether each category's visit pattern differed from that of participants without that demographic characteristic.

This analysis determined that the following demographic categories are associated with lower numbers of visits and shorter durations of services:

- Income under $15,000
- Lack of high school diploma or GED
- Race other than white
- Male gender

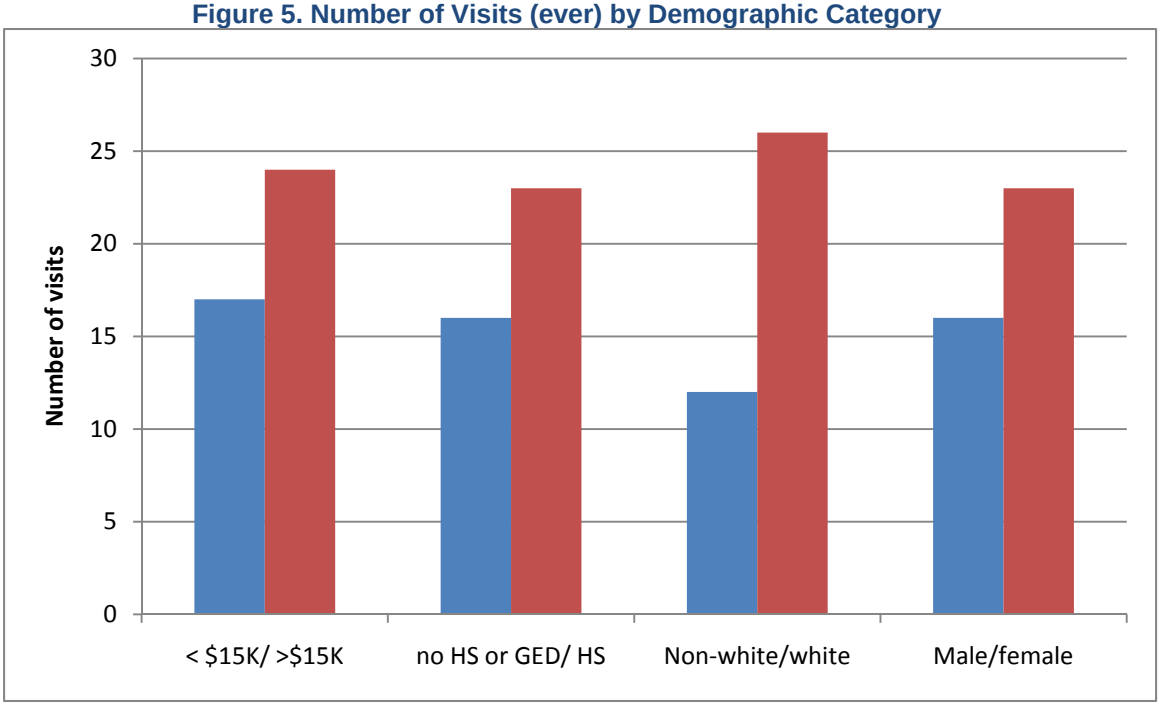
This indicates that higher income, better-educated white women are most likely to become long-term users of FRCs.

Table 5. Number of Visits (ever) and Duration of Services by Demographic Category

Demographic category	N	Mean visits (ever)	Median duration of months
Race			
White	2518	26*	9*
Black	447	15*	5*
Other races	628	11*	3*
Income <$15,000	1468	17*	5*
No HS diploma/ GED	725	16*	4*
Male	761	16*	4*
All participants	3788	21	7

* Statistically significant

Figure 5. Number of Visits (ever) by Demographic Category



A separate analysis looked at the top 20% of visitors with 9 or more visits. Race was also related to being in this category, with white participants more likely to be very frequent visitors.

Demographics and Service Utilization

Each time an FRC participant receives a service, site staff record the type or types of services received. More than one type of service may be recorded per visit. These service types are listed in Table 6, with the most commonly utilized services listed first.

Drop-in play time, formal parent education, structured playgroups, and information/ referral services were each used by 24% or more of FRC participants in this time period. Family social programs, informal parent education, group support, supervised visitation, basic needs provision, and home visits were each used by 12 to 15% of participants. The last 11 categories in the table were less commonly used, each by fewer than 5% of participants.

There are demographic differences in the types of services received. Table 6 shows whether certain demographic categories were more or less likely to use each service. A "+" indicates that this group was more likely to receive a service, a "–" indicates less likely, and a blank square means that there was no difference.

Table 6. Service Type by Demographic Variables

Service	% Ever Used	White (67%)	Low Income (47%)	No HS/ GED (19%)	Women (80%)
Drop-in play time	31	+	-	-	+
Formal parent education	30	-	+	+	-
Structured playgroup	25	+	-	-	+
Information/ referral	24		+	+	
Family social program	15		-		+
Informal parent education	13	-			+
Group support	12			+	+
Supervised visitation	12	+	+		-
Basic needs (food bank, etc.)	12	+	+	+	
Home visits	12	-	+	+	+
Life skills training	5	+	+	+	+
Health programs	5			+	+
Family support counseling	5	+	+		
Adult education	4	-	+	+	+
Advocacy/ liaison services	3	+			
Lending library	2		-		+
Transportation	2		+	+	
ESL/ citizenship classes	2	-	+	+	+
Job readiness	1		+		
Respite child care	1				
Therapeutic counseling	1	+			

White participants and those with a high school diploma or GED were more likely to attend drop-in play programs and structured playgroups than were racial minorities and those who had not finished high school. Participants with household incomes under $15,000, meanwhile, were less likely to attend these programs than those with higher incomes.

The opposite pattern holds true for formal parent education activities, with white and high school educated participants less likely to attend and low-income participants more likely to attend.

Eighty percent of FRC participants are women, as they are most commonly children's primary caregivers. However, many FRCs are working to engage fathers, so it is worth noting that formal parent education and supervised visitation are the FRC services that men are currently more likely to receive than women.

These trends are also seen when ranking the most-used services for each demographic category. Table 7 shows that drop-in play is by far the most-used service for each of the lower-risk demographic groups (white, high school or higher education level, or income over $15,000) while formal parent education is equally clearly the most-used service among higher-risk demographic groups.

Table 7. Top Four Services by Demographic Category

Demographic	Service	Percent Received
Race other than white* (N=1270)	Formal parent education	41
	Information/ referral	23
	Home visit	22
	Informal parent education	19
White participants (N=2518)	Drop-in play	38
	Structured playgroup	29
	Formal parent education	25
	Information/ referral	24
No high school diploma/GED* (N=725)	Formal parent education	39
	Information/ referral	28
	Drop-in play	19
	Home visit	18
Has high school diploma/ GED (N=3063)	Drop-in play	34
	Formal parent education	28
	Structured playgroup	27
	Information / referral	23
Income under $15K* (N=1468)	Formal parent education	38
	Information / referral	28
	Drop-in play	22
	Home visit	18
Income over $15K (N=1468)	Drop-in play	37
	Structured playgroup	29
	Formal parent education	25
	Information / referral	21

* higher risk demographic category

The top four services utilized by lower-risk demographics are:

- Drop-in play
- Structured playgroup
- Formal parent education
- Information/ referral

For participants who either are not white, do not have a high school diploma or GED, or have incomes under $15,000, the top services are:

- Formal parent education
- Information/ referral
- Drop-in play
- Home visit
- Informal parent education

Most items appear on both lists but are ranked quite differently. It is notable that structured playgroups, the second or third ranked service for each of the low-risk demographic categories, is not one of the top four services of any of the higher-risk demographics. And home visits, which did not appear on any of the lower-risk demographics' lists, is one of the top four services of all of the higher-risk demographics.

Higher-risk participants are more likely to be mandated by family courts to receive parent education. This may be one explanation for why formal parent education is the most often used service among higher-risk demographics.

Activities and Visit Frequency

Additional analyses were conducted to determine whether participation in certain activities was related to distinctive patterns in attendance.

A higher-than-average number of visits was found to be associated with particular activities. Those who ever utilized job readiness training, life skills training, a lending library, respite child care, group support, or health programs were more likely to have received FRC services 15 or more times. It is hard to determine cause and effect in these relationships. Other than group support, all of these activities are used by relatively small percentages of FRC participants. Some intensive services, such as respite child care, may generate repeat visits because participants are invested in these difficult-to-obtain services. Others, such as lending libraries, may simply be more likely to be utilized by frequent visitors to the FRC.

Table 8 shows the five most-received FRC services, the mean number of times this year that service was received by those who utilized it at least once, and the mean number of times any service was received by this group. For example, of the people who ever attended drop-in play time, the mean number of times attending drop-in play was 6.56. These participants received FRC services a mean of 10.17 times.

This table suggests that certain services may be more likely than others to be received in conjunction with other services. For example, those who attended family social programs did so an average of 3.33 times, but received other services on an average of about 10 additional days. Drop-in play participants attended that program 6.56 times but only received other services on about 3 additional days.

Table 8. Number of Days Received any Service by Common Services Received

Service	N	Mean Times Received Service	Mean Times Received any Service
Drop-in play time	1183	6.56	10.17
Formal parent education	1141	4.64	10.25
Structured playgroup	947	4.99	11.63
Information/ referral	906	4.07	11.54
Family social program	586	3.33	14.01

Conclusions

Targeting Services

Unlike many government-supported social programs, Family Resource Centers provide services to families regardless of any eligibility criteria. In the *New York State Family Resource Center Community Study*[1], a number of FRC stakeholders cited this as a major benefit of FRCs. Not everyone who can benefit from services necessarily falls into a specified income or demographic category that makes them eligible for many programs, and FRCs help to fill that gap. In addition, engaging a diverse population of clients allows parents with different skill sets to learn from each other and minimizes any stigma that may come from receiving services.

However, budget constraints now require all programs to focus resources on serving participants with the greatest needs. Higher risk participants have been shown to be most likely to benefit from FRC services.[2] Thus, to most effectively utilize resources, it is necessary to reach families who are statistically more likely to be affected by the child maltreatment problems FRCs attempt to address. As was discussed at a recent conference sponsored by Harvard Law School's Child Advocacy Program and Chapin Hall at the University of Chicago, "We should think about targeting these kinds of programs in ways designed to best reach families living in the disadvantaged neighborhoods where maltreatment rates are especially high."[3]

This report provides data that can further strengthen FRC programs' work with high risk families. Tables 6 and 7 show the types of activities that are more or less likely to be used by particular demographic groups. These differences might be related to different needs or preferences of these groups and/or because of the programs available or marketed at particular sites. Site staff should utilize these data as well as their unique knowledge of their own sites to decide whether shifts in programming or marketing should take place. Drop-in play and playgroups, for example, are popular programs but are less likely to engage higher risk populations than are formal parent education programs. Some sites may consider shifting more resources toward parent education and group support or changing the marketing of less formal programming to attract higher risk populations. For example, participants in formal parent education classes may be transitioned into structured playgroups after the class ends, or times and locations of drop-in play programs may be modified to attract different groups. Decisions about community programming needs will always vary by site, but participation levels of different risk groups in different types of programming should be explicitly considered.

Increasing Retention

The Family Resource Center model of services relies on developing long-term relationships with families to best attend to their strengths and needs. This enables staff to engage with otherwise hard-to-reach populations and approach their needs holistically rather than in isolation.

Unfortunately, a large proportion of participants only visit an FRC once. The average user only has contact with the FRC twice. If participants

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[1] Center for Human Services Research. (2010). Available at http://www.albany.edu/chsr/Publications/FRC%20Community%20Study%202010.pdf

[2] Center for Human Services Research. (2010). *New York State Family Resource Center Outcome Study Report*. Available at http://www.albany.edu/chsr/Publications/FRC%20Outcome%20Study%202010.pdf

[3] Bartholet, E., Wulczyn, F., Barth, R.P., & Lederman, C. (2011). *Race and Child Welfare.* Chicago: Chapin Hall at the University of Chicago. Available at http://chapinhall.org/sites/default/files/publications/06_27_11_Issue%20Brief_F.pdf

are to make long-term changes, they must engage regularly over a longer period of time.

Retention of participants in FRC programming varies significantly by site, as seen in Table 3. FRCs with lower retention levels can learn strategies from other FRCs for engaging participants long-term, and members of the FRC Network have been brainstorming and sharing strategies with each other. In addition, enhanced performance targets related to retention have recently been incorporated into the FRC contracts. OCFS and FRC program staff will be closely monitoring progress and will use information from this report to further enhance retention efforts.

Raw numbers, as well as averages and proportions, should be considered in analyzing site-specific data. For example, 70% of Elizabethtown participants only received services once or twice. But 69 people still attended 5 or more times in this one-year period. In Corning, meanwhile, only 7 participants received that level of service, even though Corning has the same median number of visits as Elizabethtown.

A cost analysis may be a useful way to examine different patterns of participation at different sites. The cost to OCFS per registrant can be examined as well as the cost per long-term participant. This type of analysis can help determine whether the FRC model of services is appropriate in all locations. If most people are only dropping in once for information and referral services, an FRC may not be the best way to deliver them.

Retention among Participants with Risk Factors

As seen in Table 5, participants with demographic characteristics that are statistically linked to a higher risk of child maltreatment tend to have even fewer visits and a shorter duration of services than other participants. Populations with greater numbers of social stressors are notoriously difficult to engage in services, so this result is not unexpected. However, with an increased focus on both targeting higher risk families and improving long-term engagement, FRCs are working to address the discrepancy and have developed enhanced performance targets related to retention and recruitment of higher-risk populations. As outreach and retention plans are developed, methods which work best to retain populations with risk factors should be adopted.

Developing programs explicitly designed to reach out to these families may be useful at many sites. Utilizing text messaging and online social networking programs such as Facebook could be particularly effective in maintaining contact with families who may not have permanent addresses or home phone numbers. A number of sites have found it helpful to work more closely with local DSS Child Welfare offices to better engage these families.