



Family Resource Centers: A Community Needs Assessment

OTTER TAIL COUNTY, MINNESOTA

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- Family Resource Centers in Scott County, Minnesota and La Crosse and Eau Claire, Wisconsin for hosting us and showing us the difference FRCs can make.

Executive Summary

In late 2023, Otter Tail County (OTC) engaged a consultant to complete a Community Needs Assessment with an eye toward development of one or more Family Resource Centers (FRCs).

According to the National Family Support Network, an FRC can be located at either a school or community location, and acts as a “welcoming hub of support, services, and opportunities for families.” FRCs focus on bolstering the research-based Strengthening Families™ Protective Factors: **Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, and Social Emotional Competence of Children**. FRCs have been extensively researched and demonstrate well-established returns on investment. Most outcomes are specific to the prevention of child maltreatment.

The Sauer Family Foundation funded this Assessment. It consists of 1) a review of demographic data, 2) a review of relevant reports, and 3) community engagement, including three surveys and eleven focus groups.

Demographics

OTC comprises a large geographic area with eight main population centers. The County’s population is slowly growing and diversifying over time. OTC is aging more quickly than the State as a whole, with measures of income and poverty levels both lower than Minnesota’s statewide measures.

Reports

The most recent **Community Health Assessment and Community Health Improvement Plan** raise a number of issues relevant to the potential development of an FRC including:

- Unmet behavioral health concerns,
- Family financial stressors/poverty,
- Lack of access to childcare, transportation, and affordable housing.

Two reports from the **Minnesota Department of Human Services -- Child Maltreatment and Out-of-home Care and Permanency** – provide data that can assist OTC in benchmarking for purposes of assessing the impact of a potential future FRC.

The 2022 **Minnesota Student Survey** (MSS) data presents a mix of concerning problems among 5th, 8th, 9th, and 11th graders who took the survey, along with some positive aspects of youth experience in OTC. Based on MSS survey results, in general terms:

- OTC youth get quite a lot of exercise and experience food security -- for the most part.
- Most youth describe supportive and affectionate relationships with parents.
- Overall, youth feel safe living in OTC.

On the less positive side, the MSS results convey a high prevalence of bullying, and a concerning percentage youth reporting symptoms of depression and anxiety. A glaring number of youths have contemplated or attempted suicide. Substance use is also prevalent. On nearly every measure of well-being, girls fare worse than boys, sometimes far worse.

Community Engagement

Surveys

The consultant conducted three Survey Monkey surveys, of: 1) Family Services Collaborative (FSC) members (42 responses), 2) parents and caregivers (58 responses), and 3) OTC-involved parents (8 responses). In all, the survey respondents communicated elevated levels of parent stress, as well as gaps in the service areas typically provided by FRCs. The surveys demonstrate alignment between parent needs and the Protective Factors that an FRC can help strengthen.

Focus Groups

The consultant hosted a total of 11 focus groups in a variety of locations across all quadrants of the county. Parents/caregivers, professionals, and general community members were all invited to attend. Sixty-two people attended in all. The purpose of the focus groups was twofold: 1) to hear directly from parents/caregivers and community members what they see as the stressors facing local parents and to what extent local resources address these needs, and 2) to raise community awareness regarding FRCs.

The focus group results convey a community of parents facing multiple stressors. Many parents also experienced a high level of support from local family and friends, while others lacked social support to buffer the levels of stress they experienced. Stigma can play a role in the willingness of parents to ask for help.

One of the top community strengths identified across all focus groups relates to the positive aspects of living in a small town. Many participants expressed appreciation for the wide range of resources available to them. They also identified numerous service gaps. Participants frequently noted the lack of affordable and accessible childcare, transportation, and behavioral health services. Other identified gap areas include the following: 1) the lack of a centralized place to go that has access to all the resources families need in a single location, 2) parenting support and education, 3) local family activities, and 4) focusing on the needs of 'tweens and teens.

Summary

How are parents feeling? Stressed, busy, lonely/isolated, but also supported by the community if they ask for help.

How are the kids feeling? Stressed, with strained mental health (especially teen girls), bullied at times, but also safe, and loved and appreciated at home.

What stressors do families experience? The difficulty of parenting, lack of work-life balance, financial issues, and knowing how to find help when they need it.

What are the main gaps that exist in the service delivery continuum? Behavioral health care, affordable childcare, transportation, and other basic needs.

What do parents want? Support for parenting, information about child development, activities for teens, opportunities for dads to engage, more family activities/community events, and someplace non-stigmatizing to go for help.

Overall, it seems that the Protective Factors of OTC's families could use bolstering.

Recommendations

Based on the review of relevant demographics and reports, as well as extensive resident engagement, the consultant recommends the following next steps:

1. Apply to the Sauer Family Foundation for a development/implementation grant.
2. Formally establish the FSC as the "Core Team" for purposes of the development/implementation phase of work.
3. Engage the Core Team in making operational decisions for a future FRC, as detailed in the Recommendations section of the Assessment.
4. Ask the Core Team to consider the possibility of "satellite" locations where an FRC is co-located with a community partner (for example: libraries, schools, food shelves).
5. Ask the Core Team to evaluate the following possible sites for potential future FRC location(s) (in no particular order), as they provide the potential for OTC community members to have an FRC presence in all four quadrants of the County:
 - a. Pelican Rapids (NW quadrant),
 - b. Parkers Prairie (SE quadrant),
 - c. New York Mills (NE quadrant), and
 - d. Fergus Falls (SW quadrant).

Introduction

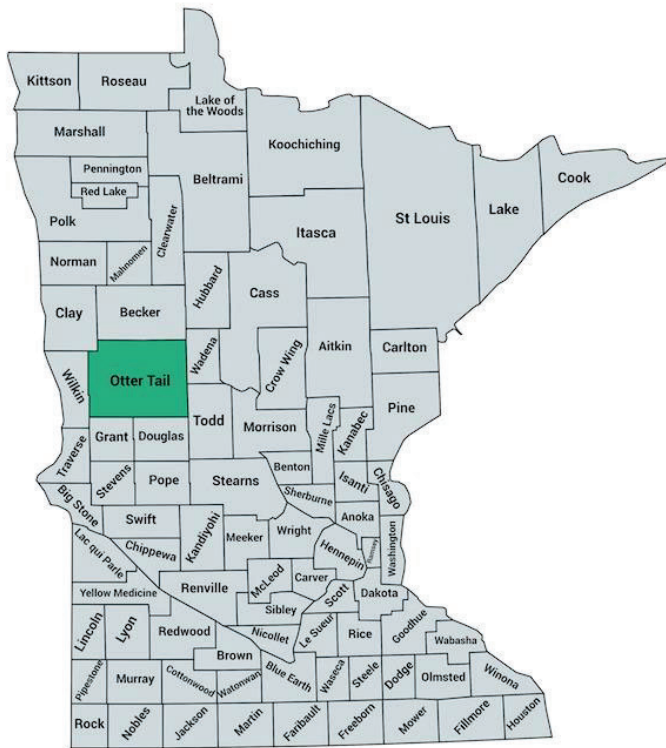
In September 2023, Otter Tail County (OTC) Health and Wellness Service Team engaged Health and Human Services Consultant Meghan Mohs to assist with a Community Needs Assessment. The purpose of this project was to “assist [the] County with assessing the need for and supporting the development of community resources to assist families in building strengths and meeting needs.” In specific, the Assessment was to identify service gaps with an eye toward possible development of one or more Family Resource Centers (FRCs) in Otter Tail County.

Otter Tail County Overview

Location, Land Mass, and Population Centers

OTC is in west central Minnesota, and borders the counties of Clay, Becker, Wadena, Todd, Douglas, Grant, and Wilkin. It is the seventh largest of eighty-seven counties in Minnesota by land area, at 1,972 square miles.¹

Figure 1. Otter Tail County, Minnesota



¹ USA.com/Ranks

Table 1. Otter Tail County Population Change, 2002-2022, By 5-Year Increments

Year	Population	Percentage Change vs. Previous Time Period
2022	60,555	3.82%
2017	58,329	1.8%
2012	57,297	-1.95%
2007	58,437	0.77%
2002	57,992	NA

Racial and Ethnic Diversity

According to the US Census,⁵ OTC has become more racially diverse between 2010 and 2020, with 98.98% of 2010 Census respondents indicating they were “White only” compared with only 93.95% in 2020. Similarly, 2.60% of 2010 Census respondents considered themselves “Hispanic/Latino” while 3.69% of 2020 Census respondents did.⁶ Looking only at residents who did not identify as “Hispanic/Latino,” no individual racial groups made up more than 1% of the County’s population in 2010, whereas in 2020, “Black or African American” is up to 1.46% of the population.

Table 2. Racial Makeup of Non-Hispanic/Latino OTC Residents, 2010 and 2020 US Census⁷

	Percent of Residents, 2010 Census	Percent of Residents, 2020 Census
White alone	98.98%	93.95%
Black or African American alone	0.76%	1.46%
American Indian and Alaska Native alone	0.47%	0.49%
Asian alone	0.47%	0.58%
Native Hawaiian and Other Pacific Islander Alone	0.05%	0.03%
Some other Race alone	0.02%	0.26%
Two or More Races	1.04%	3.24%

⁵ Information available at data.census.gov.

⁶ The US Census treats the “Hispanic/Latino” category than other racial/ethnic groups. For example, a resident can be Hispanic/Latino and identify as White, Black/African American, or another race.

⁷ Percentages may not sum to exactly 100% due to rounding.

The State Demographer’s long-range estimates predict a reduction in the White population in the range of 10-20% as a proportion of overall OTC population between the years 2018 and 2053. These statistics convey slowly increasing rates of racial/ethnic diversity in OTC.

Age

According to American Community Survey (ACS)^{8,9} estimates, OTC has slightly fewer children (under age 18) and very young children (under age 5) as a percentage of overall population as compared to statewide. With a median age of just over 46 years, and more than a quarter of residents over age 65, the aging population in OTC is greater than that in Minnesota statewide.

Table 3. ACS Estimates of Children and Seniors, OTC and Minnesota, 2022 and 2023

Age or Age Group	OTC	Minnesota
Under 5 years	5.2%	5.8%
Under 18 years	21.5%	22.6%
65 years and over	25.6%	17.4%
Median Age (2022 est.)	46.1	39.0

Income and Poverty

According to ACS, poverty in OTC is lower than statewide rates, but so is median income.

Table 4. ACS Estimates of Income and Poverty, OTC and Minnesota, 2022

	OTC	Minnesota
Median income	\$67,990	\$82,338
Poverty rate	8.7%	9.6%

Summary

OTC comprises a large geographic area with eight main population centers. The population is slowly growing and diversifying over time. It is aging more quickly than the state, with measures of income and poverty levels both lower than Minnesota statewide.

⁸ Population estimates, US Census:

<https://www.census.gov/quickfacts/fact/table/MN,ottertailcountyminnesota/PST045223>

⁹ <https://data.census.gov/profile/Minnesota?g=040XX00US27>

Background

What is a Family Resource Center?¹⁰

According to the National Family Support Network (NFSN), an FRC can be located at either a school or community location, and acts as a “welcoming hub of support, services, and opportunities for families.” FRCs provide strengths-based support to multiple generations of family members at low or no cost. Parents and other community members typically guide the service offerings at FRCs through parent advisory committees. In this way, FRCs remain responsive to community needs and keep the needs of local families at the center. FRCs attempt to build “communities of support” for participant families, with the goal of reducing stress and isolation and improving connectedness.

What Do FRCs Do?

FRCs are tailored to local needs, so the saying goes that “if you’ve seen one FRC, you’ve seen one FRC,” emphasizing the uniqueness of each Center. However, there are common activities FRCs engage in, including:

- Enhancing parenting skills
- Fostering the healthy development and wellbeing of children, youth, and families
- Preventing child abuse and neglect
- Increasing school readiness
- Connecting families to resources
- Developing parent and community leadership
- Engaging males and fathers
- Supporting healthy marital and couple relationships
- Promoting family economic success

The four services FRCs most commonly offer are: parenting support, access to resources, child development activities, and parent leadership development.¹¹ The main goals FRCs hope to accomplish are:

- To support families to be strong, healthy, and successful
- To contribute to building a strong, and healthy community
- To reduce the likelihood of child abuse and neglect.

¹⁰ This information adapted from the National Family Support Network:
<https://www.nationalfamilysupportnetwork.org/family-support-programs>

¹¹ OMNI Institute. (2016). Advancing the Family Support & Strengthening Field Project Survey Results.

Guiding Principles of Family Resource Centers

Two aligned sets of guiding principles ground the philosophy of FRCs: 1) the Strengthening Families™ Protective Factors,¹² and 2) the Standards of Quality for Family Strengthening and Support.¹³

Strengthening Families™ Protective Factors

The Center for the Study of Social Policy has identified five factors demonstrated by research to reduce the incidence of child maltreatment. FRCs aim to strengthen these factors through their engagement with families. Each factor is listed in the table below with its corresponding definition.

Table 5. Strengthening Families Protective Factors

Protective Factor	Definition
Parental Resilience	Managing stress and functioning well when faced with challenges, adversity, and trauma.
Social Connections	Positive relationships that provide emotional, informational, instrumental, and spiritual support.
Knowledge of Parenting and Child Development	Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.
Concrete Support in Times of Need	Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.
Social and Emotional Competence of Children	Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.

Standards of Quality for Family Strengthening and Support

NFSN's Standards are "a tool for planning, providing, and assessing quality services," used to ensure high quality practice in supporting and strengthening families in settings such as FRCs. The Standards of Quality provide implementation guidance against which FRCs can measure their fidelity. Each Standard divides into sub-standards, with descriptive indicators denoting which program

¹² Center for the Study of Social Policy. (2005). *Strengthening Families: A Protective Factors Framework*.

¹³ National Family Support Network (2021, May 10). *Standards of Quality for Family Strengthening and Support Certification Training Participant Manual*.

characteristics denote an essential “foundational” level of quality versus the aspirational “high quality” level. The Quality Standards and their definitions are listed in the table below.

Table 6. Standards of Quality for Family Strengthening and Support

Quality Standard	Definition
Family Centeredness	Working with a family-centered approach that values families and recognizes them as integral to the Program.
Family Strengthening	Utilizing a family strengthening approach to support families to be strong, healthy, and safe, thereby promoting their success and optimal development.
Diversity, Equity, and Inclusion	Valuing, respecting, and embracing families’ diversity, and advancing equity and inclusion.
Community Strengthening	Developing a strong and healthy community by collaborating with various stakeholders and supporting families’ civic engagement, leadership development, and ability to affect systems change.
Evaluation	Looking at areas of Program strength, as well as areas for further development, to guide continuous quality improvement and achieve positive results for families.

Family Resource Center Outcomes

FRCs have been extensively researched and demonstrate well-established returns on investment:

- \$4.93 social return on investment for every dollar invested in FRCs¹⁴
- \$3.65 savings for the child welfare system for every dollar invested¹⁵

Further research demonstrates improved family and educational outcomes:

- Gains in economic self-sufficiency, health, social support, family functioning and resiliency, child nurturing and healthy attachment¹⁶
- Improvements in children’s educational success ¹⁷

By supporting families and reducing stress before maltreatment occurs, communities with FRCs experience reduced need for child protection services:

¹⁴ Community Services Analysis LLC. (2014). Social Return on Investment Study.

¹⁵ OMNI Institute (2021). Return on Investment of a Family Resource Center to the Child Welfare System: Westminster Family Resource Center, Orange County, CA.

¹⁶ Family Pathways & CFSA 2.0 Evaluation Report - Executive Summary 2019.

¹⁷ Family Resource and Youth Services Centers of Kentucky.

- 63% reduction in child abuse cases¹⁸
- 50% reduction in out of home placements¹⁹

With such positive outcomes extensively demonstrated in research studies, it is no surprise that the FRC model has attracted so much attention in Minnesota. It is also not surprising that OTC leaders concluded it was worth the investment to formally assess if their own community could benefit from one or more FRC(s).

Methods

The methods undertaken to perform this Assessment, included:

- Reviewing relevant plans and reports, such as those produced by Local Public Health and the Minnesota Department of Human Services.
- Reviewing data from the most recent Minnesota Student Survey.
- Conducting resident engagement, including three surveys and eleven focus groups.

Findings

Review of Plans and Reports

Public Health Reports

Community Health Assessment

OTC is a member of a four-county Community Health Board along with regional partners Becker, Clay, and Wilkin called Partnership4Health (P4H). Every five years, P4H completes an assessment of the health of their communities and produces a joint Community Health Assessment (CHA) that uses data on social, economic, and environmental conditions to strengthen the community's understanding of what creates health and health equity. Common concerns identified among P4H counties include:

- “[Y]oung children face a growing rate of poverty.
- Aging populations challenge capacity to adapt to the growing needs of the elderly.
- Increasing racial and ethnic diversity.
- Increasing number of families struggle to make ends meet.
- Scarcity of affordable housing limits the ability of young families and new immigrants to establish themselves and provide a healthy living environment for their children.”²⁰

¹⁸ OMNI Institute (2021). Return on Investment of a Family Resource Center to the Child Welfare System.

¹⁹ Colorado Community Response Evaluation Findings 2014-2018.

²⁰ Partnership4Health Community Health Board Community Health Assessment, 2018-2024, available: <https://claycountymn.gov/DocumentCenter/View/14138/CHA2018-2024?bidId=>

Community Health Improvement Plan

P4H’s Community Health Improvement Plan (CHIP)²¹ takes issues identified in the CHA, establishes priorities, and systematically addresses community health issues. The top ten priority issues identified in the current plan are: mental wellbeing, childcare access, substance abuse, aging population, transportation, obesity/physical activity/nutrition, breastfeeding, access to dental care, and environmental factors (radon, arsenic).

The CHIP also notes an extensive list of community assets and resources that contributed to the Plan’s development, many of which also participated in the development of this Assessment. A critical task of this Assessment leads to the development of one or more FRCs is for existing assets to be engaged to ensure that the FRC complements and does not duplicate or replace any of the current resources in the community.

Table 7. OTC Community Assets and Resources Identified in CHIP

OTC Community Services Divisions	Lake Region Health Care,	Perham Health
Otter Tail County Family Services Collaborative and workgroups	LiveWell Fergus Falls	A Place2Belong
Productive Alternatives	Lakeland Mental Health Center	United Way of Otter Tail County
West Central Initiative	Early Childhood Dental Network	M-State Community College
Faith Leaders	School Districts	Senior Services Network
Fergus Falls YMCA	Perham Area Community Center	Law Enforcement
Safe Communities Coalition	Dancing Sky Area Agency on Aging	

Taken together, the CHA and CHIP raise issue areas relevant to the potential development of an FRC including:

- Behavioral health concerns,
- Family financial stressors/poverty,
- Lack of access to childcare, transportation, and affordable housing.

Minnesota Department of Human Services Child Welfare Reports

As discussed, research studies have demonstrated that FRCs can help prevent child maltreatment, reducing the need for child abuse investigations. If OTC goes forward with one or more FRCs, it will need to identify outcome measures to track to see if such benefits are realized locally. Here we discuss potential outcome measures and establish baseline levels for many of the key measures.

²¹ Partnership4Health Community Health Board Community Health Improvement Plan, 2020-2024, available: <https://claycountymn.gov/DocumentCenter/View/14139/CHIP2020-2024?bidId=>

Child Maltreatment Report

Various reports published by the Minnesota Department of Human Services (DHS)²² contain information valuable to establishing baseline child maltreatment data that can be used to determine outcomes for any future FRCs. The most recent Child Maltreatment Report for Minnesota is for the year 2021. OTC, with a child population of 13,236 experienced 899 maltreatment reports; 46.8% of these reports were “screened in,” indicating that maltreatment likely occurred. Once an assessment or investigation was complete, 382 alleged victims were identified. The table below shows how OTC compares with other counties of its size and with the state as a whole.

Table 8. Child Population, Maltreatment Reports, and Alleged Victims by Geographic Area, 2021

Geographic Area	Child Population	2021 Maltreatment Reports	Reports per 1,000 child population	% of Reports Screened in	Alleged Victims ²³	Alleged victims per 1,000 child population
OTC	13,236	899	67.9	46.8%	382	28.9
Becker	8,514	673	79.0	33.9%	265	31.1
Blue Earth	13,884	1,106	79.7	34.4%	417	30.0
Crow Wing	14,149	1,444	102.1	15.6%	306	21.6
Douglas	8,574	699	81.5	44.5%	282	32.9
Kandiyohi	10,838	1,063	98.1	38.9%	444	41.0
Sherburne	25,561	1,477	57.78	35.3%	533	20.9
Stearns	37,348	1,323	35.42	37.1%	833	22.3
STATEWIDE	1,329,576	76,278	57.4	41.3%	32,241	24.2

As of 2021, OTC had lower rates of maltreatment reporting and alleged victims per 1,000 child population as compared to similar counties, but higher than the statewide averages. Conversely, the percentage of screened in reports is higher than the statewide average. If an FRC is successful in reducing child maltreatment, we should ultimately see a lower rate of reports and alleged victims.

The Child Maltreatment report contains additional pieces of data that could be used for FRC outcome tracking. These include such information as maltreatment type, path assignment,²⁴ and removal

²² Information in this section is from Minnesota Department of Human Services (2023, June). Legislative Report: Minnesota’s Child Maltreatment Report, 2021. Available: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5408N-ENG>.

²³ Number of children who were alleged victims in completed assessments/investigations. We refer to these as “alleged” because not all cases have gone or will go through court.

²⁴ “Path assignment” means Family Assessment (FA), or Family Investigation (FI). Facility Investigations are a third path, not included here, and values do not total to 100% as a result. FA includes cases not alleging substantial child endangerment, while FI is the opposite.

rates. These data points can be compared to statewide rates, as below, or to other counties as above, where we include suggested comparisons.

Table 9. Percent of Alleged Victims in Completed Assessments/Investigations by Maltreatment Type, OTC vs. Statewide, 2021²⁵

Geographic Area	Neglect	Physical Abuse	Threatened Injury	Sexual Abuse	Mental Injury
OTC	67.0%	24.1%	5.2%	13.4%	10.5%
STATEWIDE	61.8%	23.2%	16.4%	14.7%	4.7%

Table 10. Percent of Cases and Alleged Victims by Path Assignment, OTC vs. Statewide, 2021

Geographic Area	FA Alleged Victims	FA Cases	FI Alleged Victims	FI Cases
OTC	70.7%	69.8%	32.5%	27.9%
STATEWIDE	64.1%	63.8%	37.6%	33.6%

Table 11. Number and Percent of Alleged Victims with Out-of-Home Placement during the Assessment/Investigation Phase, 2021

Geographic Area	Total Alleged Victims	Number of Victims Removed	Percent of Victims Removed
OTC	435	40	9.2%
STATEWIDE	36,921	3,382	9.2%

It is not clear how an FRC could impact maltreatment type, path selection or placement levels, but perhaps it would result in less severe abuse, causing greater use of the FA path and fewer placements. Additional data not presented here from the same report that could be used to track FRC efficacy include risk level of child protection cases, as assessed by the agency by the end of an assessment/investigation, and percent of “determined” victims at the conclusion of an investigation. It can be worthwhile to monitor a wide variety of data points, at least in the early years of implementation, because sometimes there are unintended impacts, whether positive or negative.

Out-of-home Care and Permanency Report

The other DHS report²⁶ that could yield potential outcome measures is the Out-of-home Care and Permanency (OOHCP) report. Once again, the most recent year for which results are available is 2021. Data such as placement episodes, numbers/rates of children entering and continuing in care, removal reasons, placement setting, children under guardianship, placement moves, school changes, reasons

²⁵ Totals can exceed 100% due to the possibility of multiple abuse types per alleged victim.

²⁶ Information in this section is from Minnesota Department of Human Services (2023, June). Legislative Report: Minnesota’s Out-of-home Care and Permanency Report, 2021. Available: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5408NA-ENG>

for exiting care, length of stay, re-unifications, and re-entries could all be of value in tracking FRC outcomes.

According to the OOHCP report and shown in the table below, OTC had 158 children placed in substitute care (for example, foster care) and 163 placement episodes²⁷ with a total of 11.93 children per 1,000 in out-of-home care at during 2021. These numbers are in the middle as compared to similar counties, but higher than the statewide rate of 9.26 per 1,000. We might hope the number of children placed, placement episodes, and children per 1,000 in care would reduce following FRC implementation.

Table 12. Child Population, Children Placed, Placement Episodes by Geographic Area, 2021

Geographic Area	Child Population	Number of Children Placed	Placement Episodes	Total in Care Per 1,000 child pop.
OTC	13,236	158	163	11.93
Becker	8,514	178	181	20.91
Blue Earth	13,884	147	162	10.59
Crow Wing	14,149	197	203	13.92
Douglas	8,574	71	73	7.912
Kandiyohi	10,838	204	212	18.82
Sherburne	25,561	109	111	4.26
Stearns	37,348	350	362	9.37
STATEWIDE	1,329,576	12,312	12,743	9.26

In the next set of tables, we bring forward information from the OOHCP report to show reasons for removal and exiting care, length of stay, and reunifications and re-entries. It’s not completely clear how the implementation of an FRC would impact these data points, but it’s possible we would see fewer removals due to abuse and neglect.

²⁷ A “placement episode” is the number of times an individual child is placed in substitute care, whereas a “placement” is the number of times a parent has their children removed – during the year. For example, if a sibling group of three is placed twice during the year, this would equal three children placed and six placement episodes, but only two placements.

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Table 13. Primary Reasons for Removal, 2021²⁸

Geo-graphic Area	Alleged Neglect	Alleged Abuse	Alleged Domestic Violence	Caretaker Absence	Caretaker Substance Abuse	Caretaker Phys/Beh Health	Child Phys/Beh Health	Inadequate Service Access	Total Placements
OTC	4 (6.25%)	5 (7.81%)	3 (4.69%)	3 (4.69%)	28 (43.75%)	11 (17.19%)	4 (6.25%)	3 (4.69%)	64 (100%)
STATE-WIDE	812 (16.82%)	491 (10.17%)	116 (2.40%)	172 (3.56%)	1,913 (39.62%)	263 (5.45%)	882 (18.27%)	61 (1.26%)	4,828 (100%)

It is also possible if parents receive additional support through an FRC, we could see an increase in reunifications, the preferred disposition when exiting care.

Table 14. Reasons for Exiting Care, 2021

Geographic Area	Reunification	Adoption	Transfer of Custody	Aged Out	Living with Other Relatives	Transfer to Another Agency	Guardianship to an Unrelated Individual	Other (death, runaway)
OTC	45 (54.88%)	18 (21.95%)	14 (17.07%)	4 (4.88%)	0 (0%)	0 (0%)	0 (0%)	1 (1.22%)
STATE-WIDE	3,076 (53.76%)	1,047 (18.29%)	662 (11.57%)	436 (7.62%)	305 (5.33%)	98 (1.71%)	53 (0.93%)	45 (0.79%)

If parents receive support through an FRC when children return home, perhaps lengths of stay would reduce.

Table 15. Length of Stay for Placement Episodes Ending in 2021

Geographic Area	1 to 7 Days	8 to 30 Days	2 to 6 Months	7 to 12 Months	13 to 24 Months	25 to 36 Months	Longer than 36 Months	Total Placements Ending
OTC	7 (8.54%)	3 (3.66%)	13 (15.85%)	7 (8.54%)	38 (46.34%)	7 (8.54%)	7 (8.54%)	82 (100%)
STATEWIDE	488 (8.53%)	221 (3.86%)	974 (17.02%)	1,029 (17.98%)	1,453 (25.39%)	706 (12.33%)	851 (14.87%)	5,722 (100%)

Lastly, although at 8.8%, OTC is well below the statewide average (12.8%) for children who discharge from care and then re-enter within the next 12 months. Neither OTC nor the State of Minnesota is meeting the Federal Performance Standard for re-entry of 8.3% or less.

²⁸ Includes only the eight groups of reasons for which OTC had at least one placement in 2021. There are eleven total. The ones missing from the table are alleged sex trafficking, family conflict, and child request.

Table 16. Reunifications and Re-entries, 2021

Geographic Area/Agency	Number of Children Reunified	Number of Children Re-Entering	Percent
OTC	34	3	8.8%
STATEWIDE	2,282	291	12.8%

Discussion

All the data points discussed in this section are available in one of these two DHS reports. Some measures in the reports may have more value than others. Many of the metrics are available segmented by gender, race-ethnicity, and age, so it is possible to see whether any FRC activities impact various groups differently. However, at least two overall problems exist when it comes to using these DHS reports for measuring outcomes of a potential future FRC: 1) delays in receiving these reports, and 2) unwinding correlation and causation.

Delays in Receiving Reports

While DHS publishes both reports annually, the publication date is currently 18 months behind the end of the year in question. For example, DHS published the calendar year 2021 report in June of 2023. This means that the data is quite old by the time it becomes publicly available. It may be wiser for OTC to use existing reports within its Social Services Information System (SSIS) to pull its own reports or make a request to DHS to receive its own numbers prior to the release of the report. This way, the information can be used closer to real time to help assess the impact of an FRC. The value of the state reports may be: 1) the ability to access comparison data; 2) establishing long-term trends in different agencies as well as statewide; 3) the identification of data points tracked by the state that could be of value to a future OTC FRC.

Unwinding Correlation and Causation

It is a well-worn source of frustration in program evaluation circles that just because an outcome measure improves after you implement a program does not mean your program caused the improvement. In other words, correlation²⁹ is not the same thing as causation.³⁰ While Minnesota FRCs may be seeing reductions in child maltreatment investigations and out-of-home placement, it could be due to FRCs or another other factor. Advanced statistical methods can help determine whether causation is likely occurring, but following trends in outcome measures can also provide evidence of whether your community is heading in a desirable direction.

²⁹ A relationship between two circumstances where one doesn't necessarily cause the other to happen – they just coexist.

³⁰ One circumstance causing another to happen.

Minnesota Student Survey

The Minnesota Student Survey (MSS) is a collaboration between local schools and the State’s Departments of Education, Health, Human Services, and Public Safety. It is a voluntary survey administered in the first half of the year to students in grades 5, 8, 9, and 11. The CHA and CHIP incorporate the MSS results in their report as well, as one of multiple data sources.

The most recent survey for which results are available is 2022. Five out of eight school districts in OTC participated in the 2022 survey, a marked decline from previous years. Still, over one thousand students in OTC districts responded. By grade levels, these participation numbers are: 5th (212), 8th (269), 9th (300), 11th (240). The MSS asks questions deemed to be more sensitive in nature only to the students in grades 8, 9, and 11.

This survey contains positive news as well as worrisome areas for OTC youth. Of the sixty-eight pages of tables of results, we have highlighted a handful of areas here that relate to the potential capacities of FRCs. Throughout the next section, we present only OTC data, without any comparison data. The reason for this is that, for example, if a certain number of OTC youth are participating in self-injurious or suicidal behavior, any percentage is too high a percentage. It can be helpful for purposes of identifying regional “hot spots” to use comparison data, but our purpose is different: to identify areas that are going well, and not so well for OTC youth, to the end of figuring out whether a prospective FRC could build on existing strengths and address identified concerns in collaboration with other community partners.

Food Insecurity and Physical Activity

Sufficient food intake and physical activity are strong predictors of physical and behavioral health, and OTC youth get good marks in all three categories. Across all four grades and both genders, 95-100% of reporting youth said they have not had to skip a meal during the last 30 days due to their family not having enough money.

Seventy to 74% of males and 55-65% of females overall reported a total of at least 60 minutes of exercise per day for at least four of the last seven days. There was no identifiable trend by grade level. While school-day physical education and afterschool sports are surely large contributors to high levels of physical activity, a sizeable number of OTC youth surveyed report not knowing what activities are available to them. This is particularly true for females, as shown in the table below.

Table 17. Percentage of Surveyed OTC Youth Who Do Not Know What Programs Are Available in Their Community, By Grade and Gender

		Grade (Gender)					
5 (Male)	5 (Female)	8 (Male)	8 (Female)	9 (Male)	9 (Female)	11 (Male)	11(Female)
30%	33%	19%	32%	14%	29%	21%	27%

Lack of knowledge of what is available could be for a variety of reasons. Regardless of the cause, if it leads to lower physical activity, or higher levels of social isolation, this is not a desirable situation for OTC youth.

Perceptions of Physical and Emotional Safety

OTC youth who responded to the 2022 MSS reported high perceptions of safety in the community, at school, and at home. Girls felt less safe overall except for at home, and there were no strong trend lines associated with grade level. At school, 90-93% of males and 81-91% of females in all grades surveyed strongly agreed or agreed they feel safe. In their neighborhood, 94-99% of males and 90-98% of female strongly agreed or agreed they felt safe. At home, 96-99% of males and 96-100% of females strongly agreed or agreed they felt safe.

School was identified as the least safe of the three environments, and bullying could be one reason. In the MSS, bullying comprises:

- Pushing, shoving, slapping, hitting, or kicking in a non-joking manner
- Threatening to beat up.
- Spreading mean rumors or lies about.
- Making sexual jokes, comments, or gestures toward.
- Excluding the youth from friends, other students, or activities.

Except for 9th and 11th grade males, at least half of the rest of the youth survey experienced bullying once or more in the last 30 days. Substantial groups of youth reported frequent bullying of weekly or even daily regularity. Apart from 8th grade in the highest frequency bullying groups, females reported rates of bullying equal to or greater than males.

Table 18. Percentage of OTC Youth Bullied Weekly or More or Daily in the Last 30 Days

How often?	Grade (Gender)							
	5 (M)	5 (F)	8 (M)	8 (F)	9 (M)	9 (F)	11 (M)	11 (F)
Weekly or more	23%	29%	26%	25%	19%	25%	18%	24%
Daily	4%	8%	10%	5%	7%	7%	10%	3%

Adverse Childhood Experiences and Family Support

Adverse Childhood Experiences (ACEs) are preventable traumatic events occurring in a person’s life before age 18 that can be associated with negative life outcomes such as physical and behavioral health problems in adolescence and adulthood. ACEs can also negatively impact educational and vocational opportunities over a lifetime.³¹ ACEs are typically measured on a 10-question scale, and the MSS contains a modified version of the questionnaire. As shown in the table below, ACEs exposure varied by age and gender, with females of all ages experiencing greater ACEs and greater exposure to them with age. For males, a sizable percentage of the older males reported no ACEs, whereas a majority of females in all grades reported at least one ACE.³²

Table 19. Percentage of OTC Youth with None or Four or More Adverse Childhood Experiences

	Grade (Gender)					
	8 (M)	8 (F)	9 (M)	9 (F)	11 (M)	11 (F)
None	48%	47%	53%	44%	60%	32%
Four or more	5%	7%	4%	9%	6%	13%

Regardless of exposure to toxic stress, numerous factors contribute to protecting youth from its impacts. One of the most important of these is the presence of supportive adults in a child’s life. For both genders and all grade levels, between 88% and 95% of students said they have an adult they can talk to about problems they are having, whether a parent/guardian, adult at school, or some other adult. The most likely source of support for OTC students was parent/guardian. Similarly, a substantial percentage of OTC students reported they felt affection from their parents, with 87-95% of males and 81-92% of females in all grades saying their parents cared about them “quite a bit” or “very much.”

Table 20. Percentage of OTC Youth Who Said Their Parents Cared About Them “Quite a Bit” or “Very Much”

Grade (Gender)							
5 (M)	5 (M)	5 (M)	5 (M)	5 (M)	5 (M)	5 (M)	5 (M)
95%	92%	87%	83%	92%	81%	90%	84%

Mental Health

The percentage of OTC students who reported “I feel good about myself” “very or often” or “extremely or almost always” declined from 5th to 9th graders before bouncing back slightly for both genders in 11th grade. Females reported significantly lower scores on this measure at all grade levels. In all grades, 67% or higher of males endorsed these statements, while the highest percentage of

³¹ Centers for Disease Control and Prevention: <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

³² As evidenced by (100% - “None” value) > 50% for all grades of females.

female students who felt this way was 52% of 5th graders. Only 33% of 9th grade girls reported they felt this good about themselves.

Table 21. Percentage of OTC Youth Who Feel Good About Themselves “Very or Often” or “Extremely or Almost Always”

Grade (Gender)							
5 (M)	5 (F)	8 (M)	8 (F)	9 (M)	9 (F)	11 (M)	11 (F)
82%	52%	69%	42%	67%	33%	72%	40%

The MSS contains a brief, research-validated tool for assessing anxiety and depression, the Patient Health Questionnaire (PHQ-4). This tool contains the commonly used questions listed in the table below that many of us may have seen before – for example, at doctors’ offices. When you take a short or longer version of the PHQ, it is scored to assess the frequency of active symptoms with the rankings of “Not at all,” “Several days,” “More than half the days,” or “Nearly every day.” Here, because we cannot score individual respondents, we note the high prevalence of depression and anxiety symptoms in the population of OTC 8th, 9th, and 11th graders who were asked this question. In the 2022 MSS:

- Except for 11th grade males, a majority of the 8th, 9th and 11th grades indicated they “had little interest or pleasure in doing things” several days or more in the past two weeks.
- A majority of girls in all three grades were “feeling down, depressed, or hopeless” several days or more.
- Except for 5th grade males, a majority of students of both genders reported “feeling nervous, anxious, or on edge” at least several days in the past few weeks.
- A majority of girls, but a minority of boys, in all grades who were asked this question said they had “not be[en] able to stop or control worrying” at least several days of the past two weeks.

Table 22. Percentage of OTC Youth Who Responded “Several days,” “More than half the days,” or “Nearly every day” to the Following PHQ-4 Questions

Over the last two weeks, how often have you been bothered by...	Grade (Gender)					
	8 (M)	8 (F)	9 (M)	9 (F)	11 (M)	11 (F)
...little interest or pleasure in doing things?	54%	59%	53%	69%	48%	73%
...feeling down, depressed or hopeless?	35%	53%	45%	62%	38%	70%
...feeling nervous, anxious, or on edge?	46%	77%	50%	81%	52%	81%

Over the last two weeks, how often have you been bothered by...	Grade (Gender)					
	8 (M)	8 (F)	9 (M)	9 (F)	11 (M)	11 (F)
...not being able to stop or control worrying?	38%	63%	42%	71%	35%	74%

Because the MSS does not ask this sensitive question of 5th graders, they instead ask “Thinking back [over] the last 30 days, how much do you agree or disagree with the following statements?” More than half of 5th grade girls – 10- and 11-year-olds – agreed with these statements. Most males did not.

Table 23. Percentage of OTC 5th Graders Who Strongly Agree or Agree with the Following Statements

Statement	Grade (Gender)	
	5 (M)	5 (F)
I worry a lot.	34%	51%
I sometimes feel sad without knowing why.	33%	57%

Between 15% and 45% of 8th, 9th, and 11th graders acknowledged “any long-term mental health, behavior or emotional problems...lasting 6 months or more.” Few -- and in some cases less than half the number who acknowledged such problems -- have received help in the past year. We have no way of knowing whether the right kids are receiving help, but there is certainly a gap in accessing assistance.

Table 24. Percentage of OTC Youth with “Long-Term Mental Health, Behavioral, or Emotional Problems” and Percentage of All Youth Receiving Help in the Last Year

	Grade (Gender)					
	8 (M)	8 (F)	9 (M)	9 (F)	11 (M)	11 (F)
Have problems lasting 6 months or more	15%	41%	21%	39%	24%	45%
Have been treated for problem during the last year.	7%	21%	13%	24%	16%	27%

A striking number of OTC youth in grades 8, 9, and 11 acknowledged self-inflicted injury in the last 12 months, with 32% or more females and 19% or more males saying they did something purposely to hurt or injure themselves without wanting to die, such as cutting burning, or bruising themselves on

purpose. The percentage of youth acknowledging serious suicidal ideation or suicide attempts at some point is also concerning, particularly the huge jump between 9th and 11th grade females.

Table 25. Percentage of OTC Youth Who Have Seriously Considered Suicide or Have Actually Attempted Suicide at Some Point

	Grade (Gender)					
	8 (M)	8 (F)	9 (M)	9 (F)	11 (M)	11 (F)
Have seriously considered suicide	21%	27%	20%	25%	23%	41%
Have actually attempted suicide	8%	7%	8%	9%	6%	14%

In terms of substance use, most of the youth in grades 8, 9, and 11 -- except for 11th grade girls -- deny the use of alcohol, marijuana, or other drug use in the past year (excluding tobacco). A majority of 11th grade girls acknowledges use, at more than double the rates of 9th grade girls in the 2022 MSS. While it can be seen as good news that most kids aren't using substances, at least until they are older, the fact that around one 8th grader in five uses some form of substances is still concerning.

Table 26. Percentage of OTC Youth Acknowledging the Use of Alcohol or Marijuana or Other Drugs in the Past Year

	Grade (Gender)					
	8 (M)	8 (F)	9 (M)	9 (F)	11 (M)	11 (F)
	22%	19%	19%	24%	40%	51%

At least in the grades and districts surveyed, the MSS data paints a picture of a mix of genuinely concerning problems, along with some positive aspects of youth experience in OTC. Based on MSS survey results, in general terms:

- OTC youth get quite a lot of exercise and mostly experience food security.
- Most youth describe supportive and affectionate relationships with parents.
- Overall, youth feel safe living in OTC.

On the less positive side:

- Many OTC youth are unaware of activity options for out-of-school time. Idle out-of-school time is associated with a host of negative outcomes.
- Bullying is prevalent, with around 25% of all OTC youth surveyed reporting they are bullied at least weekly.

- A concerning percentage of all youth report symptoms of depression and anxiety, with a substantial number acknowledging awareness of specific “long-term mental health, behavioral, or emotional problems. Very few youths seem to get help with these problems.
- A glaring number of youths have contemplated suicide, and a whopping 14% of 11th grade girls – nearly 3 out of every 20 – have seriously contemplated or actually made an attempt on their own life.
- Substance use is also prevalent. Although most of the youth surveyed do not partake, the fact that around 20% of 8th and 9th graders do is also concerning.
- On nearly every measure of wellbeing, girls fare worse than boys, sometimes far worse.

One might question whether all these concerns about being depressed, anxious, and using substances is just a normal part of growing up. Is it normal teenage angst, or a crisis? The answer to that question is at least partly a judgement call. However, one look at the prevalence of bullying, self-injury, and suicidality, for example, likely makes most of us feel our kids could be doing better.

Resident Engagement

As a means of engaging residents, we completed three surveys and 11 focus groups. The first survey involved professionals. As individuals already receiving reimbursement for their time, they were not provided any incentive for completing the survey. The second and third surveys involved parents and/or primary caregivers of minor children responding in their capacity as private citizens. In this instance, as well as for all focus group participants, we provided \$50 Visa gift cards as an incentive their participation.³³

Survey participants did not provide their name unless they wanted us to send them a gift card. However, we asked focus group participants to introduce themselves. There was no bar to participants responding to both a survey and a focus group. In fact, we encouraged both as the surveys and focus groups asked somewhat different questions. Survey and focus group responses as presented as percentages in the main text of the report include responses rounded to the nearest whole number. As such, not all question responses sum to 100%. The responses in the Appendices go out to two decimal places in many instances.

³³ The Sauer Family Foundation graciously provided funding for gift card incentives.

Survey 1: Family Services Collaborative³⁴

Demographics

We conducted a survey from November 16-December 1, 2023 of Family Services Collaborative (FSC) members including Collaborative workgroups. All OTC school superintendents and principals were also invited to participate, and survey link recipients were encouraged to forward the survey to others who would be interested. The survey received 42 responses, and the purpose was to assess the need for an FRC in various OTC communities.

Survey respondents were asked to select any/all geographic locations in OTC they served. There were 71 total locations selected. Of note is the fact that 75% of the locations selected included sites outside Fergus Falls, the county seat. This suggests the survey represents opinions from across OTC's numerous communities.

Table 27. Locations Served by Survey Respondents as a Percentage of All OTC Communities Served

Location(s) Served by Respondent	Percent of All Communities Served
Fergus Falls Area	25%
Countywide	24%
Pelican Rapids Area	10%
Perham Area	10%
Battle Lake Area	7%
Henning Area	6%
New York Mills Area	6%
Underwood Area	6%
Parker's Prairie Area	4%
Other Area (Dalton, Ashby, "Region IV")	3%

The survey received responses from the County, public schools, and community-based organizations.

Service Gaps

Respondents identified service types in the community where they work most often that were either: a) not available within 50 miles of the community they serve, or b.) the respondent was unsure whether they were available. These two service availability ratings were combined to identify which service types are potentially experiencing gaps. The service types were then ranked, with the highest rank (#1) having the strongest evidence of experiencing a gap. Note that these service options are based on the types of services FRCs typically provide.

³⁴ See Appendix A for a complete summary of responses.

Table 28. FRC Service Types – Potential OTC Gaps

Service Type	Percentage Responding “Not Available” and “Unsure if Available”
Engage fathers	58%
Promote family economic success	52%
Develop parent and community leadership	45%
Support healthy marital/couple relationships	39%
Prevent child abuse and neglect	29%
Connect families to resources	23%
Enhance parenting skills	19%
Increase school readiness	17%
Foster the healthy development and well-being of children, youth, and families	13%

Survey respondents then identified specific services not available within 50 miles of the main community they serve, or the respondent was unsure whether they were available (i.e., service gaps). These results establish where there is the strongest evidence of a service gap.

Table 29. Typical FRC Services – Potential OTC Gaps

Specific Service	% No + unsure
A centralized place where families can go to have all their needs addressed in one place (even if it means getting referrals to other places to complete the process.)	68%
Parent leadership opportunities	61%
Places for parents to gather for mutual support	52%
Services for people whose first language is not English	42%
Public transportation of any type	32%
Free/inexpensive clothing	6%
Food shelf	0%

We again asked respondents to think about the community they work in most often. This question was then posed: “If you could magically create the top three (3) services most needed by families and children in the community (and lack of resources was not a barrier) what would these services be?” For this question, respondents could vote up to three times if they wished. Their responses were then coded into categories which produced the results listed in Table 30.

The results in the table below include all three votes allocated per respondent (first, second and third.) If we just look at the first-choice services people listed (presuming the first choice they listed

was a priority,) the top three service categories identified as areas of need are: 1) behavioral health, 2) transportation, and 3) centralizing help, as described above.

Table 30. Creating the Services Most Needed by OTC Families

Desired Service	Percent of Respondents Choosing this Service Category as a 1st, 2nd, or 3rd Choice
Provide better access to/more Transportation	16%
Address Behavioral Health needs	15%
Increase Childcare availability, including financial assistance for it, including respite care	14%
Centralize help for families in a single location: create a “one-stop”/“no wrong door”	8%
Provide more Youth Activities	7%
Help families Make Connections including providing navigation/case management “light”/liaison services	6%
Promoting Healthy Development through the lifespan, including (especially) early childhood	6%
Concrete Supports: food, clothing, financial assistance, housing	5%
Services for Diverse Communities, including interpretation/translation	5%
Parent Life Skills building, assistance toward economic stability	3%
Social Support for parents/families	3%
Parenting Education	2%
Family Resource Center (FRC)	2%
Affordable Housing	2%
Miscellaneous including parent leadership development	2%

In summary, the survey of professionals through the Family Services Collaborative provides ample feedback from across OTC and tells us the following:

- Double-digit percentages of respondents identified all the service types typically provided by FRCs as potential gap areas.
- The top three FRC service types identified as potential gaps are:
 - Engage fathers.
 - Promote family economic success, and
 - Develop parent and community leadership.
- The specific services frequently provided by FRCs that have the strongest evidence of a service gap are:
 - A centralized place for family to go to have all their needs addressed in one place,
 - Parent leadership opportunities, and
 - Places for parents to gather for mutual support.

- When asked in open response format what resources respondents would create for families and children in the community that were most needed, the top three 1st choice votes were:
 - Behavioral health services,
 - Transportation, and
 - Centralizing help.

In all, the FSC survey respondents seem to be communicating a community need for many of the services FRCs typically provide.

Survey 2: Parents/Primary Caregivers³⁵

We conducted a survey of Otter Tail County residents who are parents or primary caregivers of minors regarding the stressors they experience raising children and what supports they have already or may need or want. The survey was open from January 18 to March 4, 2024. We received 58 responses, with 41 respondents completing all questions.

Demographic Profile of Respondents

As with the FSC survey, respondents to the parent/caregiver survey mostly do not live in Fergus Falls (78%). In fact, the highest number of responses came from the New York Mills area, followed by Fergus Falls, Pelican Rapids, Battle Lake/Perham (tied), Parkers Prairie, Henning/Underwood/Other (tied). Most respondents were female (91%) and white (95%).

Seventy-nine percent of respondents expressed interest in learning more about FRCs, parent advisory committees, and/or community events for families.

Eighty-two percent of respondents fell between the typical child-rearing ages of 25 and 44 years of age. Smaller family size was typical with 85% of respondents reporting between 1 and 4 children, with 2 (27%) or 3 (24%) children being most common. Still, 30% of families responding had 4 or more children, so large families are not unheard of.

Parent/Caregiver Sources of Stress and Support

We asked parents to rate a series of statements about their family on a four-point scale with the options of strongly agree, agree, disagree, or strongly disagree. The statements described circumstances relating to one or both parents in the household, however the respondent defined it. When sorting responses into those who strongly agree or agree with each statement, we note some positive takeaways around: the prospective likelihood of parent's achievement of their own goals (79%), stability in the parent relationship (76%), hopefulness/resilience (74%) and social support outside the co-parent relationship (69%). At the same time, the number of parents who agree or

³⁵ See Appendix B for a full summary of responses.

strongly agree they experience overwhelming stress (74%), loneliness and isolation (60%), depression or other mental health concern (60%), financial stress (57%), difficulty coping with the stress of parenthood (43%), physical health concerns (40%), homelessness (24%), racism (21%), and parental substance abuse (21%) paint a picture of parents and caregivers managing an overwhelming stress load in spite of positive aspects of their lived experience.

The following survey question asked about various forms of parental social support, with most respondents saying they strongly agreed or agreed they had support from friends, romantic partners, extended family, church or spiritual leaders, the child’s school, and the community. At the same time, 86% strongly agreed or agreed they wanted more opportunities for positive interaction with others and 62% would like help solving problems.

What Parents/Caregivers Say They and Their Child(ren) Need

Respondents reflected a high degree of involvement in their child(ren)’s lives, with 98% agreeing or strongly agreeing they spend time playing with child(ren) and 86% saying they are involved in the child(ren)’s school. Nearly 67% agree or strongly agree they ask for help when frustrated. In terms of the help they most wanted the following for their household, a strong majority of parents endorsed all the types of assistance listed.

Table 31. Types of Help Surveyed Parents/Caregivers Say They Want the Most

“Parent(s) want...”	Percent Who Strongly Agree or Agree They Want this Type of Help
Help to get child to succeed in school.	85%
Help knowing if child has developmental delays.	71%
Helpful information about parenting.	71%
More information about child development.	69%

Despite identifying areas of needed assistance, respondents overall seem to think their child(ren) are faring well overall. Parents/caregivers said they agree or strongly agree their child(ren) have good relationships at home (95%), interact positively with adults (93%), can make friends and get along with others (90%). Lesser percentages agreed or strongly agreed their child(ren) and have good relationships at school (85%) and good self-esteem (78%). Thirty-seven percent of parents said their child(ren) need help following the rules.

When asked what their services or resources household needs help with, the top four responses were: mental health support for parent(s), childcare, and mental health support for child(ren), followed by educational help for child(ren). However, respondents also selected all the following areas with double-digit frequency:

- Basic needs: food, housing, clothing, transportation

- Health needs: healthcare, dental care, drug/alcohol help for youths

We asked respondents to choose as many of the following resources or services they would use if offered at no charge. Participants endorsed all but “help finding employment” at double-digit rates. However, most respondents selected these three: activity packages for kids to play with, attending family activities or community events, and mental health screening for children.

Table 32. Sample FRC Services Survey Respondents Would Elect if Free of Charge

Resource/Service Options	Percentage Who Selected
Activity packages for kids to play with	64%
Attend family activities or community events	64%
Mental health screening for children	54%
Educational help for children, like tutoring	49%
Learn self-care strategies for parent or child	49%
A peer support person or mentor to visit with	44%
Help with getting connected to resources that support your child	44%
Parenting classes in the community	39%
Transportation assistance like gas gift cards or bus tokens	23%
Help locating services for mental health or substance abuse	21%
Help applying for financial benefits	15%
Help finding employment	8%

Last, we asked parents if they could create services that did not exist currently, what are the top resources most needed by families and children in their community? We directed them to assume typical barriers such as cost would not be problematic. These are the top responses, in no particular order. If an area received fewer than two votes, we did not include it here, except as an example of a larger category. Parents told us they want:

- Help with something relating to childcare, including respite, and expanded summer offerings for kids.
- Support for parenting, including parent-to-parent support, breastfeeding support.
- Activities and spaces for teens, including a teenage hangout, teen support, and “tween” activities.
- Fun for kids & families, including play groups, evening and weekend family activities, outdoor activities and play spaces.
- Expanded services for kids with special needs, including services such as speech and in private schools, expanded access to mental health care and support in school and local communities.

Survey 2 tells a story of highly stressed parents who are strongly engaged with their children and want the types of things that FRCs can provide. The major takeaway is that these parents/caregivers

need help strengthening the same Protective Factors discussed above, suggesting that the FRC framework may be a good fit to help OTC families build on their existing strengths.

Table 33. OTC Parent/Caregiver Experience and Needs Reflect Protective Factors

Survey 2 Parents/Caregivers...	Corresponding Projective Factor
Experience: Overwhelming stress (74%) Want (to): Learn self-care for parent or child (49%)	Parental Resilience
Experience: Loneliness and isolation (60%) Want: More opportunities for positive interaction with others (86%)	Social Connections
Want: Help knowing if child has developmental delays (71%) Want: Helpful information about parenting (71%) Want: More information about child development (69%)	Knowledge of Parenting and Child Development
Want (help with): Food, housing, clothing, transportation, healthcare, dental care, drug/alcohol help for youths.	Concrete Support in Times of Need
Want (to): Attend family activities or community events (74%) Want (access to): Mental health screening for children (54%)	Social and Emotional Competence of Children³⁶

In closing out this section, it is worth mentioning that themes of unmet behavioral health needs, and the shortage and cost of childcare again come up as concerns. In addition, parents in the survey strongly identified the need for spaces for teenagers to hang out and socialize.

Survey 3: OTC Parents³⁷

OTC conducted a survey of parents of minors regarding the stressors they experience raising children and what supports they have already or may need or want. The survey was conducted from February 15 to March 11, 2024. We received 8 responses, with 7 respondents completing most of the questions.

Demographic Profile of Respondents

Unlike the previous surveys, OTC survey respondents mostly live in Fergus Falls or Perham (25%), followed by Henning, Parkers Prairie, Pelican Rapids, or Other (Ottertail) (all 13%). The parents in this survey fell into the following age groups: 18-24 (13%), 25-34 (63%), 35-44 (25%). We did not ask them to provide their gender, but from a racial-ethnic standpoint, 100% were white, with one respondent

³⁶ Includes opportunities for family interactions.

³⁷ See Appendix C for a full summary of responses.

indicating some additional Native American heritage.³⁸ Small family sizes were more common in this survey population with one child (63%) most common followed by 13% with 2 children. No respondents reported having three or four children. Large families of five or more (25%) were also common among these respondents.

Parent Sources of Stress and Support

As with the previous survey, we asked parents to rate a series of statements about their family on a four-point scale with the options of strongly agree, agree, disagree, or strongly disagree. The statements described circumstances relating to one or both parents in the household, however the respondent defined it. When sorting responses into those who strongly agree or agree with each statement, we note the OTC parents rate prospective goal achievement (100%), hopefulness/resilience (100%), and stability in the co-parent relationship (86%) higher than their parent/caregiver counterparts in Survey 2. At the same time, a lower number of the current OTC parents strongly agree or agree that they experience depression or other mental health concern (57%), overwhelming stress, loneliness and isolation, or financial stress (all 43%), physical health concerns (29%), homelessness (29%), expressed difficulty coping with the stress of parenthood, or experienced racism or parental substance abuse (all 14%).

Table 34. Parent Sources of Stress and Support, Comparison of Surveys 2 and 3

Parents...	Percentage of Respondents Who Strongly Agree or Agree	
	Survey 2: Parents/Caregivers	Survey 3: OTC Parents
...have stable relationships with each other.	76%	86%
...have stable relationships with friends or relatives outside their relationship with each other.	69%	71%
...experience overwhelming stress.	74%	43%
...experience homelessness.	29%	29%
...experience financial stress. ³⁹	57%	43%
...have physical health concerns.	40%	29%
...have difficulty coping with the stress of raising a child.	43%	14%

³⁸ Survey option for this racial/ethnic category was “American Indian, Alaska Native, Native American, Anishinaabe, or First Nations.”

³⁹ Defined as “not enough money to pay bills, rent, buy food, or other essentials.”

Parents...	Percentage of Respondents Who Strongly Agree or Agree	
	Survey 2: Parents/Caregivers	Survey 3: OTC Parents
...have feelings of loneliness and isolation.	60%	43%
...experience racism.	21%	14%
...experience depression or other mental health concern.	60%	57%
...experience substance abuse.	21%	14%
...are confident in achieving goals.	79%	100%
...believe “my life will get better” even when bad things happen. ⁴⁰	74%	100%

Altogether, Survey 3 OTC parents reported faring better overall than those in the original parent/caregiver survey. However, it is probably not wise to draw too broad of conclusions about this based on the small sample size (n=8).

The next series of questions asked about various forms of parental social support, with a majority of respondents saying they strongly agreed or agreed they had support from friends, romantic partners, extended family, church or spiritual leaders, and the community, while only 29% felt support from the child’s school. At the same time, 86% of both parent survey groups strongly agreed or agreed they wanted more opportunities for positive interaction with others and 57% of OTC parents would like help solving problems.

What Parents Say They and Their Child(ren) Need

OTC parents reported lower levels of involvement in their child(ren)’s lives, with only 86% agreeing or strongly agreeing they spend time playing with child(ren) and only 29% saying they are involved in the child(ren)’s school. In contrast 100% of Survey 3 OTC parents surveyed strongly agree or agree they ask for help when frustrated. In terms of the help, a strong majority of parents in both surveys endorsed all the types of assistance listed, except for only 43% of Survey 3 OTC parents wanted help to get their child to succeed in school.

Survey 3 OTC parents think their child(ren) are faring less well overall. Parents said they agree or strongly agree their child(ren) have good relationships at home (86%), interact positively with adults (86%), can make friends and get along with others (57%). Lesser percentages also agreed or strongly agreed their child(ren) and have good relationships at school (14%) and good self-esteem (71%). The

⁴⁰ Also referred to as “hopefulness/resilience.”

only exception to this trend was that only 29% of OTC parents said their child(ren) need help following the rules, lower than the 37% of parents/caregivers in the other survey. Except for these lower concerns about rule following, Survey 3 parents ranked their kids as doing less well in every other respect.

Table 35. Types of Help Surveyed Parents/Caregivers Want the Most, Surveys 2 and 3

Parent(s) want...	Percent Who Strongly Agree or Agree They Want this Type of Help	
	Survey 2: Parents/Caregivers	Survey 3: OTC Parents
Help to get child to succeed in school.	85%	43%
Help knowing if child has developmental delays.	71%	71%
Helpful information about parenting.	71%	86%
More information about child development.	69%	71%

When asked what services or resources their household needs help with, out of 13 options, the top four responses were: healthcare, dental care, childcare, food, and housing assistance. In addition to the top four items, OTC parents rated clothing needs and domestic violence help between two and four times higher than needs identified on the other parent survey. The four areas rated lower priority were: educational help for child(ren), mental health support for both parent(s) and child(ren), drug/alcohol help for parent(s) and youth, and transportation.

We asked respondents to choose as many of the following resources or services they would use if offered at no charge. They endorsed all but “help finding employment” at double-digit rates. However, a majority of both groups selected these three options: activity packages for kids to play with, attending family activities or community events, and mental health screening for children.

Last, we asked parents if they could create services that did not exist currently, what are the top resources most needed by families and children in their community? We directed them to assume typical barriers such as cost would not be problematic. The Surveys 2 and 3 groups overlapped in two areas as it relates to creating services: support for parenting, and fun for kids and families. In the support category, the Survey 3 group specifically identified “ways to release stress as a parent,” and “help groups for parents” as things they would create. Under fun, the OTC parents identified “more events and activities” as a sought-after addition. The other services OTC parents identified were food delivery, midwives/doulas, and CPR classes.

Once again, it is easy to see alignment between parent needs and Protective Factors and the role that an FRC could have in strengthening these. Just one example is the high percentage of parents who

want helpful information about parenting (86%) which corresponds to the “Knowledge of Parenting and Child Development” Protective Factor.

Table 36. Sample FRC Services Survey Respondents Would Elect if Free of Charge

<i>Resource/Service Options</i>	<i>Percentage of Respondents Who Selected</i>	
	<i>Survey 2</i>	<i>Survey 3</i>
Activity packages for kids to play with	64%	100%
Attend family activities or community events	64%	50%
Mental health screening for children	54%	67%
Educational help for children, like tutoring	49%	50%
Learn self-care strategies for parent or child	49%	50%
A peer support person or mentor to visit with	44%	50%
Help with getting connected to resources that support your child	44%	50%
Parenting classes in the community	39%	50%
Transportation assistance like gas gift cards or bus tokens	23%	33%
Help locating services for mental health or substance abuse	21%	33%
Help applying for financial benefits	15%	33%
Help finding employment	8%	0%

Focus Groups

The consultant hosted a total of eleven focus groups in a variety of locations across all quadrants of the county. Parents/caregivers, professionals, and general community members were all invited to attend. Sixty-two people attended in all.

The purpose of the focus groups was twofold: 1) to hear directly from parents/caregivers and community members what they see as the stressors facing local parents and to what extent local resources address these needs, and 2) to raise community awareness regarding FRCs.

Each focus group was around 90 minutes in duration, and the consultant asked eight questions of participants.⁴¹ The questions were virtually identical in each group. We intentionally kept the focus group setting informal, and the consultant allowed latitude if the group took the conversation slightly off topic to speak about what was important to them. In addition, participants often spoke to an existing resource when the question was about gaps and vice versa, so we attributed content to the correct issue question regardless of when in the conversation the comment came up. The consultant

⁴¹ Appendix D contains the full text of the exact questions.

performed content analysis based on the responses provided across all eleven focus groups to identify the following common themes.

Table 37. Dates, Locations, and Number of Attendees of OTC FRC Focus Groups

Date	Location (Specialty Group Type)	Number of Attendees
January 23, 2024	Henning School	3
	Otter Tail County Government Center (Childcare Providers)	8
January 24	New York Mills Public Library	3
	Perham Public Library	4
January 25	Pelican Rapids Public Library (Spanish Language)	1
	Pelican Rapids Public Library (English Language)	11
January 29	Fergus Falls Public Library #1	6
	Fergus Falls Public Library #2	1
January 30	Parkers Prairie Community Center	10
	Battle Lake City Offices	8
	Underwood School	7

Biggest Surprise About Becoming A Parent

We posed the first focus group question about surprises inherent in becoming a parent as a sort of icebreaker, to introduce the type and subject matter of the questions to be asked, to acclimate participants with the somewhat personal nature of questions we would be asking. Yet, this question yielded informative results. Across all focus groups, all locations, and in response to each question, the largest stressor parents identified was the cost of childcare and its general lack of availability, especially for infants.

Other surprises parents identified included feeling ill-equipped to take on the responsibility of parenting. They hoped to receive more information at the hospital regarding child-rearing resources they might need later on. In addition, lactation support specifically was mentioned numerous times as an unmet need. An additional area mentioned many times was the difficulty in managing work-life balance given the lack of parental leave, getting sick all the time, feeling judged whether they worked outside the home or stayed at home, and how difficult it is to provide enough attention to your children when working. As one respondent put it “Your main life focus switches from work to kids and they take so much of your time and energy.”

Parent Stress Levels and Sources of Stress

We asked participants to rate the stress levels of parents in the area on a scale of 1 to 10, with 1 being the least stressed and 10 being the most. The consultant then asked what the top sources or types of stress participants and parents they know are facing.

Stress Levels

Focus group attendees varied in their stress level ratings from a low of two to many participants rating at or even above 10/10. Seven and eight were the most often cited stress levels. Many attendees noted that the amount of stress a parent feels directly relates to the level of support they have, and because they are doing it on their own, single parents often face the highest levels of stress. Participants also noted that new arrivals to their communities who may or may not speak English as their first language face more challenges of all types. Parents of children with special needs also face unique challenges.

“Twenty-seven for single parents.” – *Focus group participant estimating parent stress levels on a scale of 1 to 10.*

Stressors

Many of the stressors identified by focus group participants will resonate with any parent: the lack of sleep, the amount of laundry and general mess, the amount of time it takes to accomplish a seemingly simple task, dealing with postpartum emotions at the early stages to dealing with hectic work, school, and activity schedules at older ages. Having older kids and younger kids in the same family was also identified as a source of stress. Existential concerns such as the sheer responsibility of caring for another human being and fear of losing security also arose in the conversation.

Table 38. Stressors Identified by Focus Group Participants, With Examples

Stressors	Examples
Childcare	Cost, lack of availability, summer options, and respite care
Financial Stress	Cost of everything seems to be increasing, incomes not keeping pace, kids are expensive, taxes, cost of healthy food
Behavioral Health Needs, Parent or Child	Stigma prevents seeking care, lack of available resources, parent drug use, parent trauma impacts parenting
Technology	Managing screen time and impacts of social media
Post-COVID	Kids struggling academically, behaviorally; loss of “community”
Co-Parenting	Being on the same page, communicating, marital issues, different expectations for mom vs. dad.
Family/Parenting	Managing learning issues and behaviors, work-life balance, managing aging parents, support for dads’ parenting
Limited diversity	Limited translators, lack of diversity, no mosques except in Pelican Rapids

Stressors	Examples
Lack of Social Support	Bullying/cliques, no time to do things with other people, older generation not understanding stress of modern parenting,

Lack of Social Support to Buffer Stress

Social support is widely acknowledged as a factor in promoting resilience. A common theme across all focus groups was the idea that you are more stressed if you lack on-the-ground, local support from friends and family. Support could take the form of a family member babysitting for you, a friend carpooling with you, or simply someone to talk to about your challenges. Focus group participants expressed the common experience of increased social isolation when becoming a parent, which further emphasizes the importance of maintaining social connections given the stress of new parenthood. Some parents may quit rewarding jobs that once provided a social outlet. Others may find that they socialize less often with childless friends now that they have less in common.

Living in a smaller community can have its advantages when it comes to the availability of support. Numerous attendees described their communities as “emotionally supportive” and that residents will reliably assist one another if they need help. According to focus group participants, stigma plays a

“If all kinds of people use a facility, people will be comfortable using it.” – *Focus group participant, talking about how to avoid stigma as a barrier*

huge role in people’s ability to find social support. If a parent is too ashamed to ask for help, and nobody knows about the challenges they are facing, they will likely go without. Focus group attendees believe there are a lot more mental health concerns that people never talk about or acknowledge openly. It was observed that people have their social media status that is often portrayed as

glossy and problem-free whereas in real life, challenges may abound. This is an important factor to consider when developing an FRC. Services must be delivered in the least stigmatizing way possible so people will be willing to accept them.

Community Strengths, Supportive Resources, and Gaps

The next items of discussion involved what strengths exist locally that support and protect children and their families as well as existing resources to support and protect children and families. We also asked where services were located and whether any gaps existed (geographic or service-type gaps). Finally, we asked what things we could do to increase support for children and their families.

One of the top community strengths identified across all focus groups relates to the positive aspects of living in a small town. Participants reported that they enjoy a lower cost of living as compared to a big city, feel safer, and experience support, a sense of community, quiet, and closeness that others in different living situations may not experience. Participants shared numerous stories about times

when community members helped out others, in ways large and small. It seems that small-town dynamics can go both ways as other attendees felt that because everyone knows everyone, people were in their business or were judging their choices, or that, as a new resident, it was simply difficult to break in to long-existing social circles. A number of participants endorsed the idea of starting a formal “welcome wagon” type program to help new residents break into existing social circles.

“It can be hard to get connected with anybody here.” – *Focus group participant who is a newer community resident*

Supportive Resources

Many participants expressed appreciation for the wide range of resources available to them. From the wide variety of recreational and educational opportunities to support from community groups, to meeting basic needs, a lot of supportive resources are available in Otter Tail County. Attendees mentioned that scholarships are typically available to allow any income level to participate. However, others thought that these scholarships could be better publicized, or perhaps people were reluctant to use them. In addition, a number of communities have sports equipment and shoes available for families if they cannot afford them, so their children will not miss out.

Below is a listing of many of the resources in the area that focus group participants found helpful. Many of the resources listed below could fall into more than one category.

Table 39. OTC Resources that Support Families, With Examples

Resource Type	Examples
Recreation	YMCA, sports camps, PACC, ⁴² LACC, ⁴³ afterschool activities
Clubs	FFA, 4H, Boy Scouts
Outdoor activities	Parks, trails, new outdoor pools, bike system
Parenting support/Early childhood	Early Childhood Family Education (ECFE) and Special Education (ECSE), Head Start, Public Health home visits, HRA housing
Basic needs	Food shelf, MAHUBE-OTWA Community Action Partnership, Salvation Army, OTC, Free Store, Blessing Closet, Thrift Shop, weekend backpack program
Civic and religious organizations	Churches, Lions Club, Henning HOPE, Women Aid, Foster Closet.
Local businesses	Donations

⁴² [Perham Area Community Center](#)

⁴³ [Lakes Area Community Center](#)

Resource Type	Examples
Behavioral health, social, vocational, and victim services	Lakeland Mental Health Center, Empowering Kids, Community and Life Services, Someplace Safe, County Social Services, Alano, 988, mobile crisis, peer support, therapists, Rural MN CEP, THRIVE ⁴⁴
Learning	Schools, public libraries, Otter Cove, Community Ed
First responders	Police/School Resource Officer(s), firefighters, EMS
Schools	School age care, 3- and 4-year-old care, Caring Closet, strong sense of community, Viking Closet, school-based mental health, free breakfast and lunch
Healthcare	Clinics, pediatricians

Gaps

While focus group participants clearly identified and appreciated numerous supports availability in the community, they also identified many gaps. One focus group attendee asserted “Rural America is a service desert,” while others saw the benefit of living in one local community over another, in terms of available resources and assistance. Gaps could mean a particular resource is absent completely, it could be provided at a level insufficient to need, and sometimes people just are not aware a resource exists or do not know how to take the first step in finding help.

Table 40. Types of Service Gaps Identified by Focus Group Participants, with Examples

Gap Type	Examples
Behavioral health care	Shortage of mobile crisis and peer support, lack of follow up after inpatient, long wait times in ER, little/no psychiatry for preschool kids, no inpatient treatment, addressing childhood trauma
Specialty care/Special needs	Lack of local resources if your child is neurodiverse, long waiting lists, long drives to get care such as occupational or speech therapy, early diagnosis of learning issues, support groups for kids with special needs, more supports in school, advocacy for parents and kids
Transportation	Otter Express is insufficient and expense of maintaining cars
Other basic needs	Workforce housing, furniture mission
Recreation Options	More things for kids to do, options outside athletics, things to do in winter
Mentoring for Youth	Big Brother/Big Sister, foster grandparent, tutors

Other gap areas focus group participants identified include the following.

⁴⁴ [Community-Based Mental Wellbeing Program](#)

Parenting Support and Education

Numerous attendees spoke of their desire for “mom friends” or support for dads whose concerns often go unacknowledged and unaddressed. One group expressed the lack of a place in town to meet with another parent and let the kids play while you talk. Others think it would be nice to have a “mentor parent” to talk to. Participants say they want help understanding how to manage behaviors at home, what to expect at different developmental stages, and how to know if things are off track developmentally. If parents did not have a good example of parenting themselves or live with similar challenges as their special needs child, these services could be especially valuable. Focus group participants acknowledged organizations such as ECFE, Head Start, and Public Health assist in these ways, but that additional focus is desired. Some suggested that connecting and networking with those who may have similar interests or concerns could go beyond parents of minors and extend to empty nesters and older residents including grandparents. Resources for homeschoolers was another area identified for support.

One Stop Shop

One frequently noted concern is the lack of a centralized place to go that has access to all of the resources families need in a single location. Focus group participants pointed out that especially if someone is raised at a higher income level, they may not know what supports are available to them or how to access them. Others may be in crisis and the idea of traveling to multiple locations for various forms of available help does not seem realistic. Adding to the concern is the fact that

“You really have to dig for information and you lose enthusiasm.” – *Focus group participant, on the challenges of finding help*

paperwork for various forms of assistance can be challenging to understand and duplicative. Parents may want help with this.

A related, commonly heard sentiment is “I need help, but I don’t know where to go.” There can be a lack of communication about existing resources, and little or no availability of help after hours.

An idea that came up a few times is needing to have a big binder of resources for parents that is updated at least annually. This information could be shared with community partners such as physicians and schools so that everybody has access to this important information.

Local Family Activities

Whether it is an open gym, doing a parent-child craft together, or providing a take-home activity kit, parents would like to see more options for support of together time. It seems that especially in the winter, especially with busy work and activity schedules, having time to connect as a family and participate as a community would be welcomed. Participants emphasized that such efforts need to be local, as transportation can be a barrier to attending. Opportunities to hang out with Mom and/or Dad, such as at a skating rink, arcade, bowling alley, and/or at organized events.

'Tweens and Teens

Over and over again, focus group participants expressed frustration with a lack of activity offerings for teenagers. Some even noted that for “tweens” – fourth grade and up – especially if you are not in sports, there are limited offerings. Some attendees suggested volunteering or internships for teens. Participants acknowledged the important role that church youth groups play in filling this gap, but felt it was not sufficient to meet existing needs, nor would connecting with a religious organization be a good fit for all teens. Given what our findings tell us about the prevalence of bullying in the community, and the poor mental health among tweens and teens, additional support for these groups is certainly warranted.

Summary

So many OTC residents and professionals were generous with their time and shared their experiences that there is almost more information than we can do justice to in a single report. We will do our best to summarize major themes here from across all the prior sections.

How are parents feeling? Stressed, busy, lonely/isolated, but also supported by the community if they ask for help.

How are the kids feeling? Stressed, with strained mental health (especially teen girls), bullied at times, but also safe, and loved and appreciated at home.

What stressors do families experience? The difficulty of parenting, lack of work-life balance, financial issues, and knowing how to find help when they need it.

What are the main gaps that exist in the service delivery continuum? Behavioral health care, affordable childcare, transportation, and other basic needs.

What do parents want? Support for parenting, information about child development, activities for teens, opportunities for dads to engage, more family activities/community events, someplace non-stigmatizing to go for help.

Overall, one is left with the impression that the Protective Factors of OTC’s families could use bolstering. An FRC is not the only way to accomplish this. Certainly, all child- and family-serving organizations in OTC can target these Factors as a way to improve family resilience and reduce the risk of child maltreatment. Many do so today, but it appears more help is needed. An FRC has the potential to contribute to the strengthening of: **Parental Resilience, Social Connections, Knowledge**

of Parenting and Child Development, Concrete Support in Times of Need, and Social Emotional Competence of Children.

Recommendations

Based on the review of relevant demographics, reports, as well as extensive resident engagement, the consultant recommends the following next steps:

- 1. Apply to the Sauer Family Foundation for a development/implementation grant.** There is sufficient evidence that one or more FRCs could be helpful to building Protective Factors in OTC communities. If OTC remains interested in an FRC as part of the solution to build resilience in OTC families, then this is the logical next step because it gives the community the resources needed to develop a specific operational model and other implementation details.
- 2. Formally establish the FSC as your “Core Team”** for purposes of the development/implementation phase of work. The FSC will likely establish an internal committee to do the detailed work of FRC development, with the oversight of the full FSC.
- 3. Engage the Core Team in activities such as (not necessarily in this order):**
 - a. Deciding which organization in the community will operate the FRC(s) or if a new one will be formed,
 - b. Training a critical mass of community members on Protective Factors and Quality Standards to inform the development/implementation work,
 - c. Creating a specific FRC plan that meets the needs of the families in the community, including programming and location(s),
 - d. Ensuring the FRC model avoids duplication of existing services,
 - e. Establishing a parent advisory council,
 - f. Setting a budget and seeking operational funding,
 - g. Hiring lead staff from the community,
 - h. Establishing metrics to track reduction in CPS cases (including out-of-home placement) and other desired outcomes.
- 4. Ask the Core Team to consider the possibility of “satellite” locations where an FRC is co-located with a community partner (for example: libraries, schools, food shelves, etc.) This is one strategy for providing a presence in more than one OTC community.**
- 5. Ask the Core Team to evaluate the following possible sites for possible future FRC location(s)** (in no particular order), as they provide the potential for OTC community members to have an FRC presence in all four quadrants of the County:

- a. Pelican Rapids (NW quadrant): This community had the largest turnout of any focus group, is the most diverse of all the large towns in OTC, and is in the process of developing a Teen Center, for which an FRC could be a logical complement or even co-location partner.
- b. Parkers Prairie (SE quadrant): Parkers Prairie also had a strong and enthusiastic showing at the focus group in their community. They feel their downtown is no longer thriving, with few opportunities for families and parents to gather socially. This community is also looking at the possibility of launching a new farmers' market in town, so there is existing energy around civic engagement activities.
- c. New York Mills (NE quadrant): New York Mills demonstrated interest in FRC in numerous ways, including the highest rate of engagement with the parent/caregiver survey. The town has an active "Welcoming Communities" initiative and will be building a market-rate apartment complex in the near future. This is likely to attract families with children who could benefit from an FRC.
- d. Fergus Falls (SW quadrant): Fergus Falls is a logical location for an FRC due to being a population center, and it has relative proximity to the towns of Underwood and Battle Lake. At this geographic location, a large percentage of the county's residents have the opportunity to engage with an FRC. With the coming expansion of the Boys and Girls Club, the timing for a possible FRC opening could be synergistic.

Appendix A: Family Service Collaborative (Survey 1)

Purpose

A survey was conducted to assess the need for a Family Resource Center (FRC) in various communities in Otter Tail County (OTC).

Time Frame

The survey was open from November 16-December 1, 2023.

Survey Type

Various question types including yes/no, checkbox, matrix rating scales, and open response, via SurveyMonkey.

Number of Questions

Varies, dependent on question logic. Max = 22

Average Time to Complete

8-9 minutes

Number of Respondents

42

Response Pool

Members of the OTC Family Services Collaborative were invited to participate, including Collaborative Workgroups. All OTC school superintendents and principals were also invited to participate, and survey link recipients were encouraged to forward the survey to others who would be interested.

Geographic Representation of Respondents

Survey respondents were asked to select any/all geographic locations in OTC they served. There were 71 total locations selected for 42 respondents. Of note is the fact that 75% of the locations selected included sites outside Fergus Falls, the county seat. This suggests the survey represents opinions from across OTC's numerous communities.

**Family Resource Centers: Community Needs Assessment
Otter Tail County, MN**

<i>OTC Location(s) Served by Respondent</i>	<i>Percent of All Communities Served</i>
Fergus Falls Area	25%
Countywide	24%
Pelican Rapids Area	10%
Perham Area	10%
Battle Lake Area	7%
Henning Area	6%
New York Mills Area	6%
Underwood Area	6%
Parker’s Prairie Area	4%
Other Area (Dalton, Ashby, “Region IV”)	3%

Respondent Organizations

The survey received responses from the County, public schools, and community-based organizations.

OTC (9)**	Battle Lake Schools	Lakeland Mental Health Center (3)
City of Fergus Falls	Fergus Falls Public Schools (4)***	Otter Cove Children’s Museum
OTC Early Childhood Initiative	West Central MN Communities Action	Henning Public Schools (2)
New York Mills Public Schools (2)	Lakes and Prairies Community Action Partnership (2)	Lakes Country Service Cooperative (2)
Fergus Falls YMCA	Perham-Dent Public Schools (2)	Salvation Army-Pathway of Hope
Children’s Corner	Pelican Rapids Schools (2)	MAHUBE-OTWA Community Action Partnership
United Way of OTC	Underwood Public Schools	

*Unless otherwise noted in parentheses, the organization submitted a single response.

**Includes probation, public health, human services, and unspecified.

***For all school district respondents, this includes any schools within the district as well as district administration.

Question Response Results

Please note these results are for all respondents – across OTC. Each question can be sorted by geographic area to better understand challenges present in individual localities, although for some areas the number of respondents is very small, possibly raising the validity of the responses into question.

**Family Resource Centers: Community Needs Assessment
Otter Tail County, MN**

Q7: Respondents identified service types in the community where they work most often that were either: a.) not available within 50 miles of the community they serve, or b.) the respondent was unsure whether they were available. These two service availability ratings were combined to identify which service types were potentially experiencing gaps. The service types were then ranked, with the highest rank (#1) having the strongest evidence of experiencing a gap. Note that these service options were based on the types of services FRCs typically provide:

Service Type	% No, not available within 50 miles	% Unsure whether available at all	% No + unsure	Rank (Higher rank = higher likelihood of being a service type gap)
Engage fathers	13%	45%	58%	1
Promote family economic success	16%	36%	52%	2
Develop parent and community leadership	13%	32%	45%	3
Support healthy marital/couple relationships	10%	29%	39%	4
Prevent child abuse and neglect	3%	26%	29%	5
Connect families to resources	10%	13%	23%	6
Enhance parenting skills	0	19%	19%	7
Increase school readiness	0%	17%	17%	8
Foster the healthy development and well-being of children, youth, and families	3%	10%	13%	9

(n=31)

(Responses are rounded to the nearest whole number.)

Q8: Similar to Q7, respondents identified specific services not available within 50 miles of the main community they serve, or the respondent was unsure whether they were available (i.e. service gaps). These results are used to establish where there is the strongest evidence of a service gap.

**Family Resource Centers: Community Needs Assessment
Otter Tail County, MN**

Specific Service	% No, not available within 50 miles	% Unsure whether available at all	% No + unsure	Rank (Higher rank = higher likelihood of being a service gap)
A centralized place where families can go to have all their needs addressed in one place (even if it means getting referrals to other places to complete the process.)	39	29	68	1
Parent leadership opportunities	19	42	61	2
Places for parents to gather for mutual support	23	29	52	3
Services for people whose first language is not English	10	32	42	4
Public transportation of any type	19	13	32	5
Free/inexpensive clothing	3	3	6	6
Food shelf	0	0	0	7

(n=31)

(Responses are rounded to the nearest whole number.)

Q9: Respondents were again asked to think about the community they work in most often. This question was then posed: “If you could magically create the top three (3) services most needed by families and children in the community (and lack of resources was not a barrier) what would these services be?”

For this question, respondents were allowed to vote up to three times if they wished. Their responses were then coded into categories which produced the following results.

Desired Service	Percent of Respondents Choosing this Service Category as a 1st, 2nd, or 3rd Choice
Provide better access to/more Transportation	16%
Address Behavioral Health needs	15%
Increase Childcare availability, including financial assistance for it, including respite care	14%

<i>Desired Service</i>	<i>Percent of Respondents Choosing this Service Category as a 1st, 2nd, or 3rd Choice</i>
Centralize help for families in a single location: create a “one-stop”/“no wrong door”	8%
Provide more Youth Activities	7%
Help families Make Connections including providing navigation/case management “light”/liaison services	6%
Promoting Healthy Development through the lifespan, including (especially) early childhood	6%
Concrete Supports: food, clothing, financial assistance, housing	5%
Services for Diverse Communities, including interpretation/translation	5%
Parent Life Skills building, assistance toward economic stability	3%
Social Support for parents/families	3%
Parenting Education	2%
Family Resource Center (FRC)	2%
Affordable Housing	2%
Miscellaneous including parent leadership development	2%

The results in the table above include all three votes allocated per respondent (first, second and third.) If we just look at the first choice services people listed (presuming the first choice they listed was a priority,) the top three service categories identified as areas of need are: 1.) Behavioral Health, 2.) Transportation, and 3.) Centralizing Help, as described above.

Focus Group Resources

Survey respondents provided 34 unique suggestions of individuals who might be willing to participate in a focus group regarding FRCs and more than 30 potential focus group locations across communities in OTC. More information will be forthcoming to generate a strategy around specific sites and participants.

Appendix B: Parents/Primary Caregivers (Survey 2)

We conducted a survey of Otter Tail County residents who are parents or primary caregivers of minors regarding the stressors they experience raising children and what supports they have already or may need or want. The survey was open from January 18 to March 4, 2024. We received 58 responses, with 41 respondents completing all questions.

Q1: Community you live closest to?

Answer Choices	Responses	
Battle Lake	10.91%	6
Henning	3.64%	2
Fergus Falls	21.82%	12
New York Mills	27.27%	15
Parkers Prairie	5.45%	3
Pelican Rapids	12.73%	7
Perham	10.91%	6
Underwood	3.64%	2
Other (please specify)	3.64%	2
	Answered	55
	Skipped	0

Q2: Your gender identity?

Answer Choices	Responses	
Female	90.91%	50
Male	7.27%	4
Nonbinary	0.00%	0
Prefer not to answer	1.82%	1
	Answered	55
	Skipped	0

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Q3: What is your age?

Answer Choices	Responses	
Under 18	0.00%	0
18-24	0.00%	0
25-34	43.64%	24
35-44	38.18%	21
45-54	10.91%	6
55-64	3.64%	2
65+	3.64%	2
Prefer not to answer	0.00%	0
	Answered	55
	Skipped	0

Q4: How many children do you have? n=54

Answer Choices	Responses	
1	18.51%	10
2	27.78%	15
3	24.07%	13
4	14.81%	8
5	7.41%	4
6	3.7%	2
7	3.7%	2

Q5: Please specify your race/ethnicity (select as many options as describe your background)

Answer Choices	Responses	
White, Caucasian, or European American	94.55%	52
Black or African American	0.00%	0
East African (Somali, Ethiopian, etc.)	0.00%	0
Hispanic or Latinx	1.82%	1
Asian or Asian American	0.00%	0
American Indian, Alaska Native, Native American, Anishinaabe, or First Nations	1.82%	1
Native Hawaiian, Samoan, or other Pacific Islander	0.00%	0
Another race/ethnicity	0.00%	0
Prefer not to answer	1.82%	1
Other (please specify)	1.82%	1
	Answered	55
	Skipped	0

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Q6: Which languages do you speak fluently?

Answer Choices	Responses	
English	100.00%	55
Spanish	1.82%	1
Somali	0.00%	0
Arabic	0.00%	0
Hmong	0.00%	0
Russian	0.00%	0
Ukrainian	0.00%	0
Other Slavic Languages	0.00%	0
Other (please specify)	0.00%	0
	Answered	55
	Skipped	0

Q7: Contact info for Visa gift card incentive.

Q8: I am interested in learning more about FRCs, parent advisory committees, and/or community events for families.

Answer Choices	Responses	
Yes	78.18%	43
No	21.82%	12
	Answered	55
	Skipped	0

Q9: Please rate the following for your household, however you define it. N=42

	Percent Who Strongly Agree or Agree
Parent(s) have stable relationships with each other.	76.19%
Parent(s) have stable relationships with friends or relatives outside their relationship with each other.	69.05%
Parent(s) experience overwhelming stress.	73.81%
Parent(s) experience homelessness.	23.81%
Parent(s) experience financial stress (not enough money to pay bills, rent, buy food or other essentials).	57.14%
Parent(s) have physical health concerns.	40.47%
Parent(s) have difficulty coping with the stress of raising a child.	42.86%
Parent(s) have feelings of loneliness and isolation.	59.53%
Parent(s) experience racism.	21.43%

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	Percent Who Strongly Agree or Agree
Parent(s) experience depression or other mental health concern.	59.53%
Parent(s) experience substance abuse.	21.43%
Parent(s) are confident in achieving goals.	78.57%
Parent(s) believe "my life will get better" even when bad things happen.	73.81%

Q10: How would you rate the following for your household? N=42

	Percent Who Strongly Agree or Agree
Parent(s) feel support from friends.	78.57%
Parent(s) feel support from romantic partner, if applicable.	76.19%
Parent(s) feel support from community.	52.38%
Parent(s) feel support from child's school.	66.67%
Parent(s) feel support from extended family.	76.19%
Parent(s) feel support from church or spiritual leaders.	69.05%
Parent(s) would like help solving problems.	61.91%
Parent(s) want opportunities for more positive interaction with others.	85.71%

Q11: How would you rate the following for your household? N=42

	Percent Who Strongly Agree or Agree
Parent(s) want more information about child development.	69.05%
Parent(s) want helpful information about parenting.	70.73%
Parent(s) want help to get child to succeed in school.	85.36%
Parent(s) want help knowing if child has developmental delays.	71.43%
Parent(s) are involved in child's school.	85.72%
Parent(s) spend time playing with children.	97.62%
Parent(s) ask for help when frustrated.	66.67%

Q12: How would you rate the following for your child(ren)? N=41

	Percent Who Strongly Agree or Agree
Child(ren) need help following the rules.	36.59%
Child(ren) interact positively with adults.	92.69%
Child(ren) have good relationships at home.	95.12%
Child(ren) have good relationships at school.	85.36%
Child(ren) have good self esteem.	78.05%
Child(ren) can make friends and get along with others.	90.24%

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Q13: Does your household need help with any of the following? N=41

	Percent Who Strongly Agree or Agree
Food	19.51%
Educational Help for Child(ren)	36.59%
Housing Assistance	14.64%
Clothing	12.20%
Healthcare	19.52%
Dental care	19.52%
Domestic violence help	4.88%
Mental health support for child(ren)	45.00%
Mental health support for parent(s)	53.66%
Drug/alcohol help for youth(s)	12.20%
Drug/alcohol help for parent(s)	7.32%
Childcare	46.34%
Transportation	21.95%

Q14: If you could magically create any services not listed in question #13, what are the top three (3) resources most needed by families and children in your community? (Assume costs, etc. are not a barrier.) N=35

Content analysis produced the following themes:

- Help with something relating to childcare, including: respite and expanded summer offerings for kids.
- Support for parenting, including: parent-to-parent support, breastfeeding support.
- Activities and spaces for teens, including: a teenage hangout, teen support, and “tween” activities.
- Fun for kids & families, including: play groups, evening and weekend family activities, outdoor activities and play spaces.
- Expanded services for kids with special needs, including: services such as speech and in private schools, expanded access to mental health care and support in school and local communities.

Q15: Check as many of the following resources or services you would use if offered at no charge.

Answer Choices	Responses	
Parenting classes in the community	38.46%	15
Help applying for financial benefits	15.38%	6
Help finding employment	7.69%	3
Transportation assistance like gas gift cards or bus tokens	23.08%	9
Help locating services for mental health or substance abuse	20.51%	8
Mental health screening for children	53.85%	21
Activity packages for kids to play with	64.10%	25

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Answer Choices	Responses	
A peer support person or mentor to visit with	43.59%	17
Educational help for children, like tutoring	48.72%	19
Learn self-care strategies for parent or child	48.72%	19
Help with getting connected to resources that support your child	43.59%	17
Attend family activities or community events	64.10%	25
Other (please specify)	7.69%	3
	Answered	39
	Skipped	16

Appendix C: OTC-Involved Parents (Survey 3)

OTC conducted a survey of parents or primary caregivers of minors regarding the stressors they experience raising children and what supports they have already or may need or want. The survey was open from February 15 to March 11, 2024. We received 8 responses, with 7 respondents completing most of the questions.

Q1: Community you live closest to?

Answer Choices	Responses	
Battle Lake	0.00%	0
Henning	12.50%	1
Fergus Falls	25.00%	2
New York Mills	0.00%	0
Parkers Prairie	12.50%	1
Pelican Rapids	12.50%	1
Perham	25.00%	2
Underwood	0.00%	0
Other (please specify)	12.50%	1
	Answered	8
	Skipped	0

Q2: What is your age?

Answer Choices	Responses	
Under 18	0.00%	0
18-24	12.50%	1
25-34	62.50%	5
35-44	25.00%	2
45-54	0.00%	0
55-64	0.00%	0
65+	0.00%	0
Prefer not to answer	0.00%	0
	Answered	8
	Skipped	0

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Q3: How many children do you have?

Answer Choices	Responses	
None	0.00%	0
1	62.50%	5
2	12.50%	1
3	0.00%	0
4	0.00%	0
5 or more	25.00%	2
	Answered	8
	Skipped	0

Q4: Please specify your race/ethnicity (select as many options as describe your background)

Answer Choices	Responses	
White, Caucasian, or European American	100.00%	8
Black or African American	0.00%	0
East African (Somali, Ethiopian, etc.)	0.00%	0
Hispanic or Latinx	0.00%	0
Asian or Asian American	0.00%	0
American Indian, Alaska Native, Native American, Anishinaabe, or First Nations	12.50%	1
Native Hawaiian, Samoan, or other Pacific Islander	0.00%	0
Another race/ethnicity	0.00%	0
Prefer not to answer	0.00%	0
Other (please specify)	0.00%	0
	Answered	8
	Skipped	0

Q5: Which languages do you speak fluently?

Answer Choices	Responses	
English	100.00%	8
Spanish	12.50%	1
Somali	0.00%	0
Arabic	0.00%	0
Hmong	0.00%	0
Russian	0.00%	0
Ukrainian	0.00%	0
Other Slavic Languages	0.00%	0
Other (please specify)	0.00%	0
	Answered	8
	Skipped	0

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Q6: I am interested in learning more about FRCs, parent advisory committees, and/or community events for families.

Answer Choices	Responses	
Yes	75.00%	6
No	25.00%	2
	Answered	8
	Skipped	0

Q7: Please rate the following for your household, however you define it. N=7

	Percent Who Strongly Agree or Agree
Parent(s) have stable relationships with each other.	85.71%
Parent(s) have stable relationships with friends or relatives outside their relationship with each other.	71.43%
Parent(s) experience overwhelming stress.	42.86%
Parent(s) experience homelessness.	28.57%
Parent(s) experience financial stress (not enough money to pay bills, rent, buy food or other essentials).	42.86%
Parent(s) have physical health concerns.	28.57%
Parent(s) have difficulty coping with the stress of raising a child.	14.29%
Parent(s) have feelings of loneliness and isolation.	42.86%
Parent(s) experience racism.	14.29%
Parent(s) experience depression or other mental health concern.	57.15%
Parent(s) experience substance abuse.	14.29%
Parent(s) are confident in achieving goals.	100.00%
Parent(s) believe "my life will get better" even when bad things happen.	100.00%

Q8: How would you rate the following for your household? N=7

	Percent Who Strongly Agree or Agree
Parent(s) feel support from friends.	100.00%
Parent(s) feel support from romantic partner, if applicable.	85.72%
Parent(s) feel support from community.	71.43%
Parent(s) feel support from child's school.	28.57%
Parent(s) feel support from extended family.	85.71%
Parent(s) feel support from church or spiritual leaders.	28.57%
Parent(s) would like help solving problems.	57.14%
Parent(s) want opportunities for more positive interaction with others.	85.71%

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Q9: How would you rate the following for your household? N=7

	Percent Who Strongly Agree or Agree
Parent(s) want more information about child development.	71.43%
Parent(s) want helpful information about parenting.	85.71%
Parent(s) want help to get child to succeed in school.	42.86%
Parent(s) want help knowing if child has developmental delays.	71.43%
Parent(s) are involved in child's school.	28.57%
Parent(s) spend time playing with children.	85.72%
Parent(s) ask for help when frustrated.	100.00%

Q10: How would you rate the following for your child(ren)? N=7

	Percent Who Strongly Agree or Agree
Child(ren) need help following the rules.	28.57%
Child(ren) interact positively with adults.	85.72%
Child(ren) have good relationships at home.	85.71%
Child(ren) have good relationships at school.	14.29%
Child(ren) have good self esteem.	71.43%
Child(ren) can make friends and get along with others.	57.14%

Q11: Does your household need help with any of the following? N=7

	Percent Who Strongly Agree or Agree
Food	50.00%
Educational Help for Child(ren)	33.34%
Housing Assistance	50.00%
Clothing	33.33%
Healthcare	71.43%
Dental care	71.43%
Domestic violence help	16.67%
Mental health support for child(ren)	28.58%
Mental health support for parent(s)	42.86%
Drug/alcohol help for youth(s)	0.00%
Drug/alcohol help for parent(s)	0.00%
Childcare	57.15%
Transportation	16.67%

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Q12: If you could magically create any services not listed in question #13, what are the top three (3) resources most needed by families and children in your community? (Assume costs, etc. are not a barrier.) n=3

Service #1: Food delivery, more events and activities, ways to release stress as a parent

Service #2: Midwives/doulas, CPR classes

Service #3: Help groups for parents.

Q13: Check as many of the following resources or services you would use if offered at no charge. N=6

Answer Choices	Responses	
Parenting classes in the community	50.00%	3
Help applying for financial benefits	33.33%	2
Help finding employment	0.00%	0
Transportation assistance like gas gift cards or bus tokens	33.33%	2
Help locating services for mental health or substance abuse	33.33%	2
Mental health screening for children	66.67%	4
Activity packages for kids to play with	100.00%	6
A peer support person or mentor to visit with	50.00%	3
Educational help for children, like tutoring	50.00%	3
Learn self-care strategies for parent or child	50.00%	3
Help with getting connected to resources that support your child	50.00%	3
Attend family activities or community events	50.00%	3
Other (please specify)	0.00%	0
	Answered	6
	Skipped	2

Appendix D: Focus Group Questions

1. Thinking about people you know who are currently parents living in OTC (or from your personal experience), what was the biggest surprise about becoming a parent?
2. On a scale of 1 to 10 with 1 being the least and 10 being the most, how stressed out do you think OTC parents are currently?
3. Based on the parents you know and talk to, what are the top sources/types of stress they are facing?
4. What are our strengths as an OTC community that support and protect children and their families?
5. What are some of the existing resources that support and protect children and families? Where are they located?
6. Thinking about services and supports for children and families, what gaps are there and where in OTC are the gaps located?
7. What can we do to increase support to children and their families?
8. Is there anything we didn't ask that you want us to know about families and children in OTC?