

**FRC WORK PLAN January 1st, 2023 to December 31st, 2023**

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| **FRC Name:** | **Agency:** |

**Person Submitting the workplan Initial Submission Date:**

Q1 o Date: Q2 o Date: Q3 o Date: Q4 Final o Date:

Please use this worksheet to review the required elements and to provide details on programs, services, and activities that will be delivered within the community. Outline goals / activities, action Steps, estimated timeline and outcome measures on the worksheet below.

*Guidance for completing your work plan.*

1. Work as a Team with your PM, PD and Supervisor. Involve other people in your organization familiar with workplans
2. Make additions as you see necessary to fully describe your plan.
3. Insert rows as you see necessary to identify all goals / activities.
4. **Please do not duplicate goals and/or activities in multiple sections (e.g., do not identify the same activity under both mutual self-help groups and life skills workshops).**
5. **All plans should address food, childcare, and transportation when appropriate.**

**Consider the protective factors framework:** parental resiliency, social connections, concrete supports intime of need, parenting and child development and social emotional competency in children/youth as you develop your goals

**Network average:** It is the network 3-year average (2018,2019, and 2020) for selected indicators.

**Budgets and Financial Reports follow the Fiscal Year timetable**

Please submit your completed FY23 workplan by **January 23, 2022** to begin implementation **February 1st, 2023** to **December 31st, 2023**.

**Reporting Schedule**

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|  | **Period Covered** | **Reporting Submission Deadline** |
| **Q1** | January 1st – March 30th | **April 15th, 2023** |
|  | **FY24 12-month Budget** | **May 15th, 2023** |
| **Q2** | April 1 – June 30th | **July 15th**, **2023** |
|  | **FY23 Financial Report July1, 2022-June 30, 2023** | **August 30th**, **2023** |
| **Q3** | July 1st – September 30th | **October 15th, 2023** |
| **Q4 - Final** | October 1st – December 31st, 2023  Workplan Final Report | **January 15th, 2024** |

Signature Page

Submission o Date: Program Director Signature: PD Supervisor Signature:

Q1 o Date: Program Director Signature: PD Supervisor Signature:

Q2 o Date: Program Director Signature: PD Supervisor Signature:

Q3 o Date: Program Director Signature: PD Supervisor Signature:

Q4 o Date: Program Director Signature: PD Supervisor Signature:

### I OUTREACH AND ENGAGMENT ACTIVITIES

**Goal:** To effectively outreach, provide information about programs and services through a variety of methods and outlets to all families with children prenatal/birth – eighteen years old. Please include plans to expand efforts to reach new, minority or “hard to reach” populations in your community. Describe virtual and in person activities. Currently the CRM does not have a specific measure for outreach activities. Your site will need to create a process to gather this information.

**I.1 Outreach to Families[[1]](#footnote-2)**

**How is your site conducting outreach to youth and families? Include efforts to reach diverse communities in your area.**

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  (Virtual or in Person) | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal?  Manual Count |
|  |  |  | **# families reached at selected event**  **Total # families reached**  **#of virtual/in person outreach events created**  **# of families who register to follow up activities**  **#of families who request monthly calendar/sign up for mailing list** |
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| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q2** Due July 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

**I.2 Family Engagement[[2]](#footnote-3)**

Any FRC staff involves families in services, through in person or phone conversations, completing the front desk log, family intake, consent forms and additional family information. Family intake should be completed within 48hrs of initial call requesting information or services. Please describe Virtual and in person activities

**1.2.a. Total New Families served yearly**

**Network Average: 395 new families served yearly**

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# of new intakes completed during the month/quarter (Tableau report)** |
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| **Outcome:** | | | |

**1.2.b Total Families Served**

**BENCHMARK: Number of Total Families Served in a Calendar Year: Full Sites at least 575 families served yearly.**

***ADDITIONAL BENCHMARKS:***

1. *25% of adult family members served in the year have more than 5 unique days of service (service intensity indicator)*
2. *25% of adult family members served in the year have more than 6 months of involvement with FRC (service duration indicator)*

* The total number of families served can be found in Tableau in your benchmarks under “*Total Families YTD by Quarter by FRC”.*
* To obtain the number of new intakes completed during a quarter, a report in the CRM will need to be run. This can be completed 2 ways. 1st is to sort using the columns using the “Created On” column and filter by “On or After” and set the date for the start of the quarter. Alternately, create a report using Advanced Find and filter using “On or After” and “On or Before” using the start and end dates of the quarter. (Request TA if needed)

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# families served monthly**  **# of families served during the quarter (Tableau)** |
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| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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**I.3 Adult Screenings and Child screenings[[3]](#footnote-4)**

**I.3.a. Adult Screenings**

Following the intake process, FRC staff complete the adult and child screening to identify individuals/family’s needs, describe if virtual or in person.

**NEW BENCHMARKS:** **60% of new adult screenings completed.**

**ADDITIONAL BENCHMARK:65% of new adult screenings have been completed within 30 days of intake**

1. This data point can be found on Tableau in your benchmarks under “*New Adult Screening YTD by Quarter by FRC”* in the top graph*.* Hover the mouse over the bar for your FRC. Here you will find the number and percent. The number can be found on the line that reads “*New Adult Screened*” and the percent on the line that reads “*% New Adults Screened*” or at the top of the bar.
2. The percent of new adult screenings completed within 30 days of intake can also be found in your benchmarks on the same page on the bottom graph. Again, you can hover over the bar to see the raw numbers.

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  **Virtual or in Person** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
| Staff training |  |  | **# of new adult screenings completed during the quarter**  **% of new adult screenings per quarter**  **# of new adult screenings completed within 30 days of intake** |
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| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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**I.3.b. Child Screenings**

Following the intake process, FRC staff complete the adult and child screening to identify individuals/family’s needs, describe if virtual or in person.

**BENCHMARKS: 50% of new child 0-17 screenings completed.**

**ADDITIONAL BENCHMARK:** **65% of child screenings have been completed within 30 days of intake**

* This data point can be found on Tableau in your benchmarks under “*New Child Screening YTD by FRC”* in the top graph*.* Hover the mouse over the bar for your FRC. Here you will find the number and percent. The number can be found on the line that reads “*New Children Screened*” and the percent on the line that reads “*% New Children Screened*” or at the top of the bar.
* The percent of new child screenings completed within 30 days of intake can also be found in your benchmarks on the same page on the bottom graph. Again, you can hover over the bar to see the raw numbers.

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  **Virtual or in Person** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# of new child screenings completed during the quarter**  **% of new child screenings per quarter**  **# of new child screening completed within 30 days** |
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| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **CSM Comments Sections I Outreach and Engagement Q1:** |
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| **CSM Comments Sections I Outreach and Engagement Q2:** |

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| **CSM Comments Sections I Outreach and Engagement Q3:** |

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| **CSM Comments Sections I Outreach and Engagement Q4:** |

**II SERVICES TO CHILDREN REQUIRING ASSISTANCE (CRA) AND THEIR FAMILIES**

The FRC shall provide services for Children and Families Requiring Assistance (CRA), including support for children experiencing sexual exploitation. The services shall include standardized intake, screening, assessment, (family Strengths and Needs Assessment-FSNA), service planning and referral, and shall be provided by a licensed Clinician and a Family Partner affiliated with a Licensed Mental Health Clinic

**Goal: To provide a network of services and supports to Children Requiring Assistance and their families**

**II.1. Family Strengths and Needs Assessments[[4]](#footnote-5)**

Clinician and Family Partner complete the FSNA

**BENCHMARK: 70% of all CRA youth completed the FSNA**

**ADDITIONAL BENCHMARK: 50% of CRA youth or at-risk CRA youth have FSNA begun within 30 days of intake**

* This data point can be found on Tableau in your benchmarks under “*DCF CRA Kids YTD by FRC”.*  Looking at the top graph, the raw numbers can be found by hovering over the bar. The line that reads “*CRA Kids Denominator*” is the number of youths identified and the line that reads “*CRA Kids Numerator”* is the number that has an FSNA completed.
* The bottom graph displays the percent that have started the FSNA within 30 days of intake.

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| **Program Baseline:** | | | |
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| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  **Virtual or in Person** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
| **Review data entry** |  |  | # of youth identified as CRA  % of youth who started FSNA within 30 days of intake  % of youth who complete the FSNA |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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**II.2. Development of Family Support Plans[[5]](#footnote-6) (FSP) Not applicable for CY23 we will follow up with this item in the next workplan.**

Clinician and Family Partner develop FSP with the family, may include other FRC staff. **All** families who are designated a CRA family should have a FSNA and an FSP. (100%). If programs are using a FSP with other families, please describe.

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| **Goal/Target Audience:** | | | |
| **Program Baseline:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  **Virtual or in Person** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# of Family Support Plans completed**  **# of FSP follow up mtgs. at 2 weeks**  **# of FSP follow up mtgs. at 30 days**  **# of FSP follow up mtgs. at 60 days** |
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| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q2** Due July 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

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| **CSM Comments Sections II CRA Services Q1:** |
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| **CSM Comments Sections II CRA Services Q2:** |

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| **CSM Comments Sections II CRA Services Q3:** |

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| **CSM Comments Sections II CRA Services Q4:** |

### III BASIC SERVICES

The minimum services each Family Resource Center shall be expected to provide, including information and referral services; peer to peer support groups for youth and adults; parent education groups using evidence-based curricula; networking and mentoring support; cultural, social, recreational and community service activities for Family Members. How are your programs tailoring activities to meet the needs of your local multicultural, multilingual community?

**Goal: To provide strength-based, family- centered programs and services based on contract expectations and the needs of the families and the community.**

**III.1. Parenting Education Classes[[6]](#footnote-7) (Evidence Based- EB)**

**Network Average: 383 families members attending EB parenting education programs in a 12-month period.**

Please address specific activities for all three models. Describe in person and virtual activities. All parenting education classes should use the AAPI.

**III.1.a. Nurturing Programs:** FRC’s can alternate Nurturing Programs curricula to meet the requirement. **Minimum required two cycles per year.** Please include Pre and Post AAPI and family meeting activities. Describe your efforts to plan and implement programs in multiple languages that reflect your community.

**Programs available:** Nurturing Families, Nurturing Fathers, Nurturing Families in Recovery, Nurturing Birth, Foster, and Kinship Families, Nurturing Young Fathers.

* To identify the # of cycles of a class completed, go to Tableau to your monthly report*.* Go to “*Events”* and filter for the months that are in the quarter you are reporting on. Go to “Dashboard page 2”. Next, filter for “*Event Type*” and unselect “*All*” and set it to “*A-Evidenced-based Parenting Education Programs*”. Then, go to the “*Event Name from List*” filter and select all the Nurturing programs. (Remember if you conduct any of these programs in collaboration with another entity, you should also check “*Collaborative Events*” and follow the same steps).

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# cycles completed yearly**  **#participants enrolled per cycle**  **# of participants graduating**  **# of parents completing AAPI - A**  **# of parents completing AAPI - B**  **# of parents completing AAPI family meeting** |
| **Staff Training**  **Name and position** |  |  | **# of staff who completed training** |
|  |  |  | **Optional measures**  **# of unduplicated participants attending (manual count)** |
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| **Outcome:** | | | |

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**III.1.b. Parenting Journey: Minimum required two cycles per year.** Please include Pre and Post AAPI and family meeting activities. Describe your efforts to plan and implement programs in multiple languages that reflect your community.

**Programs available:** PJ1, PJ2, Parenting in America, Parenting in Recovery, Parenting Journey Fathers

* To identify the # of cycles of a class completed, go to Tableau to your monthly report*.* Go to “*Events”* and filter for the months that are in the quarter you are reporting on. Go to “Dashboard page 2”. Next, filter for “*Event Type*” and unselect “*All*” and set it to “*A-Evidenced-based Parenting Education Programs*”. Then, go to the “*Event Name from List*” filter and select all the Parenting Journey programs. (Remember if you conduct any of these programs in collaboration with another entity, you should also check “*Collaborative Events*” and follow the same steps).
* To identify the # of unduplicated participants attending, graduation, and AAPI counts, a report can be run in the CRM. Contact [FRCHelp@umassmed.edu](mailto:FRCHelp@umassmed.edu) to have a report created.

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# cycles completed**  **# of participants graduating**  **# of parents completing AAPI - A**  **# of parents completing AAPI - B**  **# of parents completing AAPI family meeting** |
| Staff Training  Name and position |  |  | # of staff who completed training |
|  |  |  | Optional measures  **Unduplicated # of parents attending (manual count)** |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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**III.1.c. Evidence Based Parenting Education Program.** Using an evidence-based program of your choice (from the approved list) Minimum requirement 4 times per year. Please include Pre and Post AAPI and family meeting activities. Describe your efforts to plan and implement programs in multiple languages that reflect your community.

**Active Parenting programs available:** 4rth Edition, First Five Years, Teens, Teens: Families in Action, Cooperative Parenting and Divorce

* To identify the # of cycles of a class completed, go to Tableau to your monthly report*.* Go to “*Events”* and filter for the months that are in the quarter you are reporting on. Go to “Dashboard page 2”. Next, filter for “*Event Type*” and unselect “*All*” and set it to “*A-Evidenced-based Parenting Education Programs*”. Then, go to the “*Event Name from List*” filter and select all the Parenting Journey programs. (Remember if you conduct any of these programs in collaboration with another entity, you should also check “*Collaborative Events*” and follow the same steps).

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# cycles completed**  **# of participants graduating**  **# of parents completing AAPI - A**  **# of parents completing AAPI - B**  **# of parents completing AAPI family meeting** |
| Staff training  Name and position |  |  | # of staff that completed training |
|  |  |  | Optional measures  # of unduplicated participants attending (manual count) |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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**III.2. Fathers Involvement/Programming: If you have a particular emphasis in fathers programming please describe in other sections of your workplan. We will follow up with this section in the next workplan.**

**How is your program meeting the needs of fathers? What activities have you designed to meet their needs?**

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity name and title:** | | | |
| **Activity Name** | **Action Steps**  How will you implement your goal? | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
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| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **CSM Comments Section III Parenting Classes Q1:** |
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| **CSM Comments Section III Parenting Classes Q2:** |

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| **CSM Comments Section III Parenting Classes Q3:** |

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| **CSM Comments Section III Parenting Classes Q4:** |

**III.3. Mutual Self-help Groups:[[7]](#footnote-8)**

Mutual Self-help groups are weekly groups typically open ended with the purpose of building support among members, may have an educational component. **Describe your efforts to plan and implement programs in multiple languages that reflect your community.**

Describe in person and virtual activities. Do not duplicate activities in other sections. Include workshops for adults, youth, and young adults. Please create a row for each workshop you are planning to provide.

**Network Average: 343 family members attending mutual self-help groups in a 12-month period.**

**Add a table** for each type of Mutual Self-help Group you intend to implement **for families/adults.**

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  Virtual or in Person | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | # cycles/workshops offered  # of attendances in each quarter (Tableau) |
|  |  |  | **Optional Measures**  # of unduplicated participants attending (manual count)  % of participants attending more than 50% of meetings held. (manual count) |
| **Outcome:** | | | |

**III.3.a Other Mutual Self-help Groups for Youth/Young Adults; Required once per week, per program offered**

Please create a table for each support group you are planning to implement.Describe in person and virtual activities. Do not duplicate activities in other sections

**Add a table** for each type of Mutual Self-help Group you intend to implement for **youth and young adults.**

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  (virtual or in person) | **Action Steps**  How will you implement your goal? | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | # of groups per quarter  # of total participation in each quarter |
|  |  |  | **Optional measures**  # of unduplicated participants attending  % of participants attending more than 50% of meetings held. |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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**III.3.b. Grand Parents Support Group: Required at least twice per month**

All FRCs shall offer at least one grandparents support group. Grandparent support groups shall meet at least twice per month and be informed by the efforts of the **MA Commission on the Status of Grandparents Raising Grandchildren**.

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| **Program Baseline:** | | | |
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| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  Virtual or in Person | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | # of groups per quarter  # of total participation in each quarter |
|  |  |  | **Optional measures**  # of unduplicated participants attending  % of participants attending more than 50% of meetings held. |
| **Outcome:** | | | |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

#### III.4 Life Skills Workshops[[8]](#footnote-9) Required once per month

Life Skills Workshops are typically short in duration with a specific focus on topics like financial literacy, nutrition, and budgeting leadership development. **Describe your efforts to plan and implement programs in multiple languages that reflect your community.**

Describe in person and virtual activities. Do not duplicate activities in other sections. Include workshops for adults, youth, and young adults. Please create a row for each workshop you are planning to provide.

**Network Average: 378 family members attending mutual Life Skills workshop in a 12-month period.**

**Add a table** for each type of Mutual Self-help Group you intend to implement.

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  (virtual or in person)  (indicate frequency) | **Action Steps**  How will you implement your goal? | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | # of groups per quarter  # of total participation in each quarter |
|  |  |  | **Optional Measures**  # of unduplicated participants attending  % of participants attending more than 50% of meetings held. |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q2** Due July 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

**III.5. Concrete Supports in Time of Need[[9]](#footnote-10)**

Parents must have access to the type of concrete supports and services that can minimize the stress of demanding situations. May include basic needs such as food, clothing, and shelter. Food pantry activities can be included in this section

**Network Average: 1061 family members receiving concrete supports in a 12-month period.**

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | Total # of services provided each quarter (Tableau)  Total # of family members receiving services (Tableau) |
|  |  |  |  |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q2** Due July 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

#### III.6. Child Safety Content [[10]](#footnote-11)

Provide activities that will support parents’ information on child safety including young children as well as youth. These activities should be in addition to what is normally offered as part of the EB curricula. If you have teen groups, you may want to add specific activities for that age group.Describe in person and virtual activities. Do not duplicate activities in other sections Please create a row for each activity you are planning to provide or a new chart to separate activities according to the youth’s age.

Add rows as needed

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  (virtual or in person) | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | # of activities created (manual count)  # of parents taking part in child safety activities (manual count)  # of youth participating in child safety activities |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q2** Due July 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

#### III.7. On site Educational Programs [[11]](#footnote-12) Required once per quarter

Educational program may include computer literacy, ESL, HiSET, college preparation. It could be through a collaboration and delivered on site. **Describe your efforts to plan and implement programs in multiple languages that reflect your community.**

#### Please create a row for each on site group you are planning to provide. Describe in person and virtual activities. Do not duplicate activities in other sections.

**Network Average: 221 family members attending educational groups in a 12-month period.**

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  (virtual or in person)  (in partnership with) | **Action Steps**  How will you implement your goal? | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# of workshops/groups created (Tableau)**  **Total attendance per quarter (Tableau)** |
|  |  |  | Optional measures  # of unduplicated participants attending  # of unduplicated participants completing the program |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q2** Due July 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

#### III.8. Parent/Child Activities[[12]](#footnote-13)

Activities that provide opportunities for parents to interact directly with their child(ren) and encourage building strong parent/child relationships. **Describe your efforts to plan and implement programs in multiple languages that reflect your community.**

Describe in person and virtual activities. Do not duplicate activities in other sections Please create a row for each parent-child group you are planning to provide.

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  Virtual or in Person | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | # of events created (Tableau)  Number of participants attending per quarter (Tableau) |
|  |  |  | **Optional measure**  # of unduplicated participants attending(manual count) |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

**III.9. Special Family Events[[13]](#footnote-14) cultural, social, recreational and community service activities for families and youth.**

**Required for Full FRC every 2 months**

**Network Average: 1037 family members attending recreational events in a 12-month period.**

Special Family events and activities designed to provide fun, relaxation, build healthy informal support systems, and foster a sense of communityDescribe your efforts to create opportunities for families from multicultural backgrounds.Please create a row for each activity you want to accomplish this year. Describe in person and virtual activities. Do not duplicate activities in other sections

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | # of events created quarterly (Tableau)  # of participants attending events quarterly (Tableau) |
|  |  |  |  |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

**III.10. Hours of Operation[[14]](#footnote-15)**

**Designated times for families to access a variety of in person services at the FRC including weekend hours. Please describe the activities that take place only during these hours. In this section we are going to focus on activities offered during evening and weekend hours.**

#### Requirement: Full-service FRCs shall be open at least three evenings per week, and a minimum of two weekend days per month, it should include drop-in time and scheduled activities.

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | # of families who drop-in at the FRC quarterly (manual count)  # and types of activities designed during these hours (manual count) |
|  |  |  |  |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

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| **CSM Comments Section III All Other Basic Needs Q1:** |
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| **CSM Comments Section III Other Basic Needs Q2:** |

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| **CSM Comments Section III Other Basic Needs Q3:** |

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| **CSM Comments Section III Other Basic Needs Q4:** |

### IV COMMUNITY RESOURCES, COLLABORATION AND REFERRAL SERVICES

**Goal: To develop collaborative working relationships with local businesses and organizations** **to effectively link families to community services and resources.**

**IV.1. Community Collaboration[[15]](#footnote-16)**

FRCs follow a community-based approach, with the focus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level. For Calendar Year 2023 FRCs should focus on strengthening your existing collaborations and developing MOU for your most important relationships. You can list new relationships if you have MOU’s in place that describe mutual commitments.

**Expand one row per each organization you are planning to develop a written agreement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity name and title:** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | MOU completed – provided copy |
|  |  |  | MOU completed – provided copy |
|  |  |  | **Formal MOU with local EI (tableau)** |
|  |  |  | **Formal MOU with local Head Start or other early childhood programs CFCE programs** |
|  |  |  | Total # of MOUs completed (12 mo.) |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

**IV.2. Referral Sources [[16]](#footnote-17)**

Using the information provided in CRM please identify gaps in referral sources and develop a plan to reach out to organizations to meet those gaps. **Describe your plan to develop or strengthen your relationship with Early Intervention and Head Start programs or other early childhood programs in your area.**

This item measures the referrals that the FRC receives. Add a row for each relationship you want to develop/enhance.

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| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name** | **Action Steps**  How will you implement your goal? | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# of referrals from Early Intervention i.e., Head start or other type of early childhood program (Tableau)** |
|  |  |  | **# of referrals (from other sources of your choice) (Tableau)** |
|  |  |  | **Optional**  # of referrals from Head Start (manual count) |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

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| **CSM Comments Section IV Collaborations Q1:** |
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| **CSM Comments Section IV Collaborations Q2:** |

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| **CSM Comments Section IV Collaborations Q3:** |

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| **CSM Comments Section IV Collaborations Q4:** |

**V PARENT INVOLVEMENT & LEADERSHIP**

Section V (OPTIONAL) since most programs have not developed these types of activities. We will provide training and guidance in the upcoming year to address this item. However, if you are currently engaging parents and youth in leadership activities – advisory councils for your FRC or in collaboration with the local Community Connections Coalitions please complete this section.

Goal: To expand opportunities for meaningful involvement of parents and youth-as –consumers in the planning, implementation, and evaluation of FRC programs and services.

**Youth and Family Involvement[[17]](#footnote-18)**

### Design and implement an explicit strategy for involving Family Members served by the FRC in all aspects of program planning, operations, and evaluation. It may include development of advisory boards, joining existing advisory boards, partner with community connection coalitions, parents volunteering in a variety of capacities at the FRC – childcare, outreach, managing distribution of basic needs, parents creating and leading their own groups. Please describe specific efforts towards implementing these activities.

**Describe how your program enhances the ability of families to navigate a diverse society and to advance equity and inclusion[[18]](#footnote-19)**

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| --- | --- | --- | --- |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# of parents taking part in designated activity (manual counts)**  **# of youth taking part in designated activity**  **# of meetings held (notes filed)**  **# of staff taking part in training**  **# of focus groups held** |
|  |  |  |  |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q2** Due July 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

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| **CSM Comments Section V Leadership Development Q1:** |
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| **CSM Comments Section V Leadership Development Q2:** |

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| **CSM Comments Section V Leadership Development Q3:** |

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| **CSM Comments Section V Leadership Development Q4:** |

**VI FAMILY RESOURCE CENTER OPERATIONS**

### Goal: To implement a well-run efficient, financially sound program that incorporates well trained staff who represent the community they serve.

**VI.1. Staff Recruitment (We will keep staff vacancies and recruitment in the monthly report only)**

Please describe your recruitment and hiring efforts for each vacant position. The FRC shall reflect the cultural, linguistic, and socio-economic backgrounds, values and beliefs of the Family Members served. **Identify staff’s bilingual/bicultural capacity.**

Please continue to update this section on your monthly report.

**VI.2. Staff Retention**

Please describe your agency’s staff retention efforts for your existing positions. How do you promote a positive and supportive work environment? What activities do you have/create to support staff retention?

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| --- | --- | --- | --- |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
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| Outcome: | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

**VI.3. Staff Supervision**

Please describe your FRC supervision activities, what is the frequency of supervision. Develop a log to keep track of supervision meetings

**Best practice: Weekly individual 1 hr. supervision for all staff and regular group supervision weekly to 2xmo for 1.5hrs. (can be more time or more often). In the upcoming year we will offer training on this item.**

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| --- | --- | --- | --- | --- |
| **Goal/Target Audience:** | | | | |
| **Supervisor:** | | | | |
| **Person responsible for completing the activity, name, and title:** | | | | |
| **Activity Name**  **Staff Supervision** | **Supervisor** | **Action Steps**  How will you measure your goal?  Frequency of supervision | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? **Develop a supervision log to track ongoing supervision activities** |
| **PD will monitor supervision log** |  |  |  |  |
| **Program Director** |  |  |  |  |
| **Program Manager** |  |  |  |  |
| **Clinician** |  |  |  |  |
| **School Liaison** |  |  |  |  |
| **Family Partner** |  |  |  |  |
| **Family Support Worker 1** |  |  |  |  |
| **Family Support Worker 2** |  |  |  |  |
| **Administrative support staff** |  |  |  |  |
| **Group Supervision** |  |  |  | **Dated agenda on file** |
|  |  |  |  |  |
| **Outcome:** | | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

**VI.4 Staff Training (Starting January 1, 2023 please report training in the workplan not in the monthly report)**

This section shall include your yearly training plan for all new and existing staff.

Please include all essential trainings; FRC staff Orientation, Managers orientation, **Evidence Based curriculum** **(Parenting Journey, Nurturing Families/Fathers/other, Active Parenting)**, **AAPI**, Positive Youth Development, Trauma informed Care, 51A Mandated Reporter, CPR, and CRM trainings. Include activities that will enhances the ability of both staff members and families to navigate a diverse society and to advance equity and inclusion.

Add as many rows as necessary to describe all essential trainings. **Include all current/existing staff who** are already trained in EB curricula or completed orientation and **provide the date completed**. **This will become your baseline**.

Evidence Based Parenting Education training requires that 2 staff be trained per model

Please add as many lines as needed (keep information on staff that leaves during the year)

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Training Name**  **Staff name/position** | **Date for training and curriculum** | **Estimated Timeline**  When do you expect achieving your goal?  Date/staff completed trainings | **Indicator/Measurement**  How will you know you have achieved your goal? |
| **New Staff Orientation** |  |  | Date completed |
| Staff name/position |  |  |  |
| Staff name/position |  |  |  |
|  |  |  |  |
| **Youth Development Series** |  |  | Date completed |
| Staff name/position |  |  |  |
| Staff name/position |  |  |  |
|  |  |  |  |
| **Managers Orientation TBD** |  |  | Date completed |
| Staff name/position |  |  |  |
| Staff name/position |  |  |  |
| **Workplan Orientation** |  |  | Date completed |
| Staff name/position |  |  |  |
| Staff name/position |  |  |  |
| **Parenting Journey Series** | **Specify curriculum** |  | Date completed |
| Staff name/position |  |  |  |
| Staff name/position |  |  |  |
| Staff name/position |  |  |  |
| **Nurturing Families Series** | **Specify curriculum** |  | Date completed |
| Staff name/position |  |  |  |
| Staff name/position |  |  |  |
| Staff name/position |  |  |  |
| **Active Parenting** | **Specify curriculum** |  | Date completed |
| Staff name/position |  |  |  |
| Staff name/position |  |  |  |
| **Other EB practice (please list)** | **Specify curriculum** |  | Date completed |
| Staff name/position |  |  |  |
| Staff name/position |  |  |  |
| **AAPI** |  |  | Date completed |
| Staff name/position |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **CRM trainings** |  |  | Date completed |
| Staff name/position |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Mandated Reporter** |  |  | Date completed |
| Staff name/position |  |  |  |
| **CPR Training** |  |  | Date completed |
| Staff name/position |  |  |  |
| **Safe Serve Certification** |  |  | Date completed |
| Staff name/position |  |  |  |
| **Other specify training**  Add as many lines as needed |  |  | Date completed |
| Staff name/position |  |  |  |
| Staff name/position |  |  |  |
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| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

**VI.5. DEI Training: Provide opportunities for staff to learn to navigate a diverse society and to advance equity and inclusion[[19]](#footnote-20).**

Please identify staff training opportunities to meet this goal. (review resources on the FRC website) **Complete as you advance during the year.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Training Name**  **Staff name/position** | **Date for training** | **Estimated Timeline**  When do you expect achieving your goal?  Date/staff completed trainings | **Indicator/Measurement**  How will you know you have achieved your goal? |
| **Identify a list staff training** |  |  |  |
| **Training name** |  |  |  |
| Staff name/position |  |  | Date completed |
|  |  |  |  |
| **Training name** |  |  |  |
| Staff name/position |  |  | Date completed |
| **Training name** |  |  |  |
| Staff name/position |  |  |  |
| **Training name** |  |  |  |
| Staff name/position |  |  |  |
|  |  |  | Staff name and position who completed training |
|  |  |  |  |
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| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

**VI.1.b. DEI System Improvement Practice: Program engages in ongoing reflection and adaptation to advance diversity equity and inclusion within the organization and FRC. Please include plans to implements formal systems and practices to reflect on diversity, equity, and inclusion on an ongoing basis at your lead agency and FRC.[[20]](#footnote-21)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity name and title:** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  |  |
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| Outcome: | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

**VI.6 System Improvement Practice: Program engages in reflection and adaptation to become a trauma informed responsive organization.[[21]](#footnote-22) Participation with the Center of Child Wellbeing and Trauma (CCWT)**

**This section is optional if you have not taken part in training with CCWT**

**If you already took part in the pilot program with the CCWT, please include your goals from the project here.**

**Review resource in the FRC website and at the Center of Child Wellbeing and Trauma**

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| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity name and title:** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
| **Learn about CCWT resources** |  |  |  |
| **Participate in CCWT activities** |  |  |  |
| **Engage in self-assessment** |  |  |  |
| **Participate in training** |  |  |  |
| **Join communities of practice** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Outcome: | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

|  |
| --- |
| **Q1**Due April 15, 2023 |

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| **Q2** Due July 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

**VI.7 Cohort and other required meetings**

This section shall include your yearly plan for all required meetings for new and existing staff.

**Please report your progress on staff who attended the required meetings** **and dates. (Goal- 100% compliance by the end of the reporting year) Add as many rows as necessary**

**Complete each quarter starting January 1, 2023**

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| **Goal/Target Audience:** |
| **Supervisor:** |
| **Person responsible for completing the activity name and title:** |
| **Outcome:** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Add names under each row** | Completion Dates | | | | | | |
|  | Q1 | Q2 | Q3 | Q4 | Date | Date | Date |
| **FSW Cohort** |  |  |  |  |  |  |  |
| Staff name/position |  |  |  |  |  |  |  |
| Staff name/position |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **School Liaison Cohort** |  |  |  |  |  |  |  |
| Staff name/position |  |  |  |  |  |  |  |
| Staff name/position |  |  |  |  |  |  |  |
| **Clinician and FP Cohort** |  |  |  |  |  |  |  |
| Staff name/position |  |  |  |  |  |  |  |
| Staff name/position |  |  |  |  |  |  |  |
| Staff name/position |  |  |  |  |  |  |  |
| **Regional Cluster Meetings** |  |  |  |  |  |  |  |
| Staff name/position |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Monthly FRC and CC Mtgs** |  |  |  |  |  |  |  |
| Staff name/position |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **PMPD Meetings** |  |  |  |  |  |  |  |
| Staff name/position |  |  |  |  |  |  |  |
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**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q2** Due July 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

**VI.8 G.** **Fiscal Management**

Please describe your efforts to monitor your program expenses and modify your budget accordingly to ensure that your organization maximizes the funds available towards meeting the needs of the families, staff, and program.

**Deadlines:**

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| FY24 12-month Budget | **May 15th, 2023** |
| FY23 Financial Report July1, 2022-June 30, 2023 | **August 30th**, **2023** |

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| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity name and title:** | | | |
| **Activity Name** | **Action Steps**  How will you implement your goal? | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# of meetings between PD and Fiscal Manager** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Outcome:** | | | |

**Progress:** Please report on changes made to your budges in response of your conversations with your fiscal department. **Complete end of year fiscal report due: August 30, 2023**

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q2** Due July 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

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| **CSM Comments Section VI FRC Operations Q1:** |
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| **CSM Comments Section VI FRC Operations Q2:** |

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| **CSM Comments Section VI FRC Operations Q3:** |

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| **CSM Comments Section VI FRC Operations Q4:** |

**VII PROGRAM EVALUATION AND QUALITY IMPROVEMENT**

**Goal: To implement evaluation processes throughout your FRC program activities to ensure that services are based on the most promising practices of family support and are meeting the needs of the families served.**

**VIII.1 Complete satisfactions surveys**

**New Benchmark: All FRCs complete a minimum of 100 Satisfaction Surveys annually**

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| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity name and title:** | | | |
| **Activity Name** | **Action Steps**  How will you implement your goal? | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# of surveys completed quarterly** |
|  |  |  |  |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q2** Due July 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

**VIII.2 Develop a quality improvement plan for CY23 selecting 1-2 activities of your choice (Optional)**

Activities may include, parent recruitment and engagement, group participation, graduation rates, attendance to activities, completion of evaluation surveys, improvements in data collection or others.

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| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity name and title:** | | | |
| **Activity Name** | **Action Steps**  How will you implement your goal? | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# of surveys completed quarterly** |
|  |  |  |  |
| **Outcome:** | | | |

**Progress Reports:** Please provide a detailed description of your activities, include your successes and challenges towards achieving your goals

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| **Q1**Due April 15, 2023 |

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| **Q2** Due July 15, 2023 |

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| **Q3** Due October 15, 2023 |

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| **Q4** and Final Due January 15, 2023 |

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| **CSM Comments Section VII Evaluation and Q1:** |

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| **CSM Comments Section VII Evaluation and Q2:** |

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| **CSM Comments Section VII Evaluation and Q3:** |

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| **CSM Comments Section VII Evaluation and Q4:** |

1. Outreach to Families – formal and informal outreach to potential families and individuals to engage in FRC programs and services. Activities include disseminating information about programs and services, to families with children birth to 18 yrs. at community festivities, during street outreach, networking activities, churches. Services are provided at the center, via phone or through virtual platforms. [↑](#footnote-ref-2)
2. Family Engagement – Any FRC staff involves families in services, through in person or phone conversations, completing the front desk log, family intake, consent forms and additional family information. Family Intake should be completed within 48 hrs. of initial call requesting information or services. [↑](#footnote-ref-3)
3. Adult and child screenings to identify needs, supports and referrals needed. Completed by any member of the FRC team within the first 30 days of engagement. [↑](#footnote-ref-4)
4. Completion of the Family Strengths and Needs Assessments to identify needs, supports and services needed by CRA families. Completed by an experienced clinician with the support of the family partner. [↑](#footnote-ref-5)
5. Family Service Plans completed by clinician and family partner, follow up completed at 2 weeks, 30 and 60 days. It may include other members of the team based on the family’s needs. [↑](#footnote-ref-6)
6. Parenting Educational classes are structures, sequential, group-based parenting education courses using evidence-based practice including the Nurturing Families and Parenting Journey series and, one additional curriculum from a list of approved programs. Groups are designed to meet the needs of a diverse group of families. Families should be screened to determine which group is best suited to meet their needs. [↑](#footnote-ref-7)
7. Mutual Self-help groups are weekly groups typically open ended with the purpose of building support among members, may have an educational component or focus on topics such as family and parent support groups, peer support groups, recovery groups, including Alanon/Alateen, and other groups for assisting children with behavioral health and/or substance abuse issues these workshops may occur at the Family Resource Center. [↑](#footnote-ref-8)
8. Life Skills Workshops are typically short in duration with a specific focus on topics like financial literacy, nutrition, and budgeting leadership development. May be part of a series; these workshops may occur at the Family Resource Center and could be delivered in partnership with other organizations but available on site. Include virtual and in person activities. [↑](#footnote-ref-9)
9. Concrete supports in time of need, parents must have access to the type of concrete supports and services that can minimize the stress of demanding situations, such as a family crisis, a condition (substance abuse), or stress associated with lack of resources. Concrete supports help to ensure a family’s basic needs are met, such as food, clothing, and shelter. [↑](#footnote-ref-10)
10. The FRC shall integrate child safety content including safe sleeping practices and shaken baby syndrome prevention lead poisoning prevention, fire safety, car seat safety, internet safety, medicine storage in all aspects of its programming as appropriate. May be part of a series; these workshops may occur at the Family Resource Center and could be delivered in partnership with other organizations but available on site. Include virtual and in person activities. [↑](#footnote-ref-11)
11. On site educational programs. Can be accomplished in partnership with other organizations, may include computer literacy, ESL, HiSET, college preparation delivered on site for FRC participants. Delivered in partnership with other organizations but available on site, include virtual activities. [↑](#footnote-ref-12)
12. Parent/Child Activities provide opportunities for parents to interact directly with their child(ren) and encourage building strong parent/child relationships. For example, a weekly drop-in program may offer parent and child craft, play, music and art activities, virtual activities, drop in materials for parents to engage in activities with their children lead virtually. Activities include all events that facilitate and encourage developmentally appropriate interactions between parents and children. [↑](#footnote-ref-13)
13. Special Family events and activities designed to provide fun, relaxation, build healthy informal support systems, and foster a sense of community. Examples include recreation programs, special celebrations, and field trips and virtual gatherings. [↑](#footnote-ref-14)
14. Extended hours for families to access the center outside of traditional working hours. [↑](#footnote-ref-15)
15. Collaborations: through a local community-based network of service providers that families can access through on-site staff placement or referral. Network Services providers include any Collaborations to provide supplemental FRC services community, municipal, state, federal, non-profit, for-profit, or private sector organization that provides services or opportunities for children and families. [↑](#footnote-ref-16)
16. Referral Sources, the FRC shall accept referrals from sources including but not limited to state agencies, Mass211 or other information and referral services, juvenile courts, schools, early childcare providers, law enforcement, pediatricians and other health care providers, other community agencies, as well as self-referrals (e.g., children, youth, and families walking in seeking assistance). [↑](#footnote-ref-17)
17. The FRC leadership shall obtain ongoing and consistent feedback from youth and families participating in the program by designing and implementing an explicit strategy for involving Youth and Family Members served by the FRC in all aspects of program planning, operations, and evaluation. FRC shall develop innovative ideas and approaches to meet the challenges inherent in keeping Family Members engaged and actively involved [↑](#footnote-ref-18)
18. National Standard of Quality for Family Strengthening and Support from the National Family Support Network Program Self-Assessment. [↑](#footnote-ref-19)
19. National Standard of Quality for Family Strengthening and Support from the National Family Support Network Program Self-Assessment [↑](#footnote-ref-20)
20. National Standard of Quality for Family Strengthening and Support from the National Family Support Network Program Self-Assessment [↑](#footnote-ref-21)
21. Follows guiding principles from the Center on Child Wellbeing and Trauma [↑](#footnote-ref-22)