

**FRC WORK PLAN January 1st, 2024, to December 31st, 2024**

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

**Person Submitting the workplan Initial Submission 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 in time 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 CY24 workplan by **March 1, 2024**.

**Reporting Schedule**

|  |  |  |
| --- | --- | --- |
|  | **Period Covered** | **Reporting Submission Deadline** |
| **Q1** | **January 1st – March 30th 2024** | **April 30th, 2024** |
|  | **CSM Feedback to FRC by** | **May 30, 2024** |
|  | **FY25 12-month Budget** | **May 30th, 2024** |
| **Q2** | **April 1 – June 30th 2024** | **July 30th**, **2024** |
|  | **FY24 Financial Report July1, 2023-June 30, 2024** | **August 30th**, **2024** |
|  | **CSM Feedback to FRC by** | **August 30, 2024** |
| **Q3** | **July 1st – September 30th 2024** | **October 30th, 2024** |
|  | **CSM Feedback to FRC by** | **November 30th, 2024** |
| **Q4 - Final** | **October 1st – December 31st, 2024 Workplan Final Report** | **January 30th, 2025** |
|  | **CSM Feedback to FRC by** | **February 28, 2025** |

**Signature Page**

Program Director Signature PD Supervisor Signature

Community Support Manager

DCF/FRC Program Manager

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

Feedback provided by CSM Date:

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

Feedback provided by CSM Date:

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

Feedback provided by CSM Date:

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

Feedback provided by CSM Date:

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

Feedback provided by CSM Date:

### I OUTREACH AND ENGAGEMENT 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 and Engagement to Families[[1]](#footnote-2)**

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

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

All FRC staff involve 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**

* **This data point can be found in Tableau in the monthly report. It is the first data point on the 2-page snapshot. You can filter for the months to include the correct months for the quarter.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title: All staff** | | | |
| **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 |
| Engage families through a variety of outreach strategies | Monthly Newsletter  Social Media outreach  e- blast Email list  Magazine  Collaborative events in person | Monthly | Total # families reached.  # of newsletters distributed  # of hits in social media pages  #of virtual/ outreach events created  # of families who register to follow up activities  #of new families who request monthly calendar/sign up for mailing list  # families reached at community event |
| New intakes completed | Intakes completed by all staff. |  | # of new intakes completed during quarter (Tableau report)  # of contacts monthly in entry log |
| **Outcome: Increase the number of families that know about the FRC and engage in services** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**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: For CY24 do not use the new service duration benchmarks in your indicators.***

1. *25% of adult family members served in the year have more than 5 unique days of service (service intensity indicator). Request a data report* [*Link*](https://umassmed.co1.qualtrics.com/jfe/form/SV_efBv32pUjpyv698)
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)
* The ASO will run a report on the number and percentage of adult family members with more than 5 days of service.

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |
| Review your total number of families served and your service intensity indicator. | **Complete** | Quarterly | **Total # families served quarterly.**  **Total number and percentage of adult family members with more than 5 days of service per quarter.** |
|  |  |  |  |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**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.**

* 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.
* The ASO will run a report on the percentage of adult screenings completed within 30 days of intake.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 adult screenings completed during the quarter**  **% of new adult screenings per quarter**  **# of new adult screenings completed within 30 days of intake** |
| **Staff supervision** | Review data with staff during monthly meetings and individual supervision | Monthly | Data entered in supervision log.  Staff meeting agendas on file |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**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 6-17 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 ASO will run a report on the percentage of child screenings completed within 30 days of intake.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
| Staff supervision | Review data with staff during monthly meetings and individual supervision | Monthly | Data entered in supervision log.  Staff meeting agendas on file |
|  |  |  |  |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**Section I Feedback**

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q1 May 30,2024:** |
|  |
| **CSM Comments Sections I Outreach and Engagement Q2 August 30, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q3 November 30th, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q4 February 28, 2025:** |

**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 ASO will run a quarterly report on the percentage of FSNA completed within 30 days of intake.

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |
| **Review data entry** | PD and PM review data with staff  PD and PM provided reports from [FRCHelp@umassmed.edu](mailto:FRCHelp@umassmed.edu) | Monthly  Quarterly | # of youth identified as CRA or at risk for CRA  Number and % of FSNA completed.  Number and % of families declined |
|  | **Complete other activities as necessary** |  |  |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**II.2. Development of Family Support Plans[[5]](#footnote-6) (FSP)**

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

* This should be tracked by the FRC on a monthly basis.
* The ASO will provide a quarterly report on the number of youths identified as CRA or at risk for a CRA, the number of FSPs documented as completed, and the number of FSPs uploaded into the CRM.

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal/Target Audience: Complete FSP for families involved in CRA services** | | | |
| **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? |
| PM and PD review FSPs | Monthly meetings with clinician and FP to review FSPs.  [FRCHelp@umassmed.edu](mailto:FRCHelp@umassmed.edu) | Monthly | # of youth identified as CRA or at risk for CRA  # of Family Support Plans completed  # of Family Support Plans uploaded into CRM  # of FSP follow up meetings documented in CRM |
|  |  |  |  |
| **Outcome: All families involved in CRA services will have their needs identified and met through the implementation and review of a FSP** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**Section II Feedback**

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q1 May 30,2024:** |
|  |
| **CSM Comments Sections I Outreach and Engagement Q2 August 30, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q3 November 30th, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q4 February 28, 2025:** |

### 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.

* The ASO will run a quarterly report on family members who have attended a class, graduation status, and AAPI data points.

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  **Nurturing Programs** | **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  #unduplicated participants enrolled per cycle (manual count)  # of participants graduating  # of parents completing AAPI - A  # of parents completing AAPI - B  # of completed AAPI feedback family meeting |
| **AAPI consistently documented in CRM.** | PD and PM Review AAPI data with staff monthly  ASO will provide a report.  Review and correct discrepancies | Monthly Reviews  Quarterly  Monthly | **100 % compliance with documentation of AAPI in AAPI data base and CRM**  **Reduce the discrepancies between AAPI data base and CRM** |
| **Review staff AAPI training needs** | Schedule training as needed |  | **# of staff that completed AAPI training** |
| **Request TA to your site as needed** |  |  |  |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**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

* The ASO will run a quarterly report on family members who have attended a class, graduation status, and AAPI data points.

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Activity Name**  **Parenting Journey** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# cycles completed**  **#unduplicated participants enrolled per cycle**  **# of participants graduating**  **# of parents completing AAPI - A**  **# of parents completing AAPI - B**  **# of completed AAPI feedback meeting** |
| **AAPI consistently documented in CRM** | PD and PM Review AAPI data with staff monthly  ASO will provide a report.  Review and correct discrepancies | Monthly Reviews  Quarterly  Monthly | **100 % compliance with documentation of AAPI in AAPI data base and CRM**  **Reduce the discrepancies between AAPI database and CRM.** |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**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

* The ASO will run a quarterly report on unduplicated count of family members who have attended a class, graduation status, and AAPI data points.

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  **Active Parenting Other** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  | **# cycles completed (manual count)**  **#unduplicated participants enrolled per cycle**  **# of participants graduating**  **# of parents completing AAPI - A**  **# of parents completing AAPI - B**  **# of completed AAPI feedback meeting** |
| **AAPI consistently documented in CRM** | PD and PM Review AAPI data with staff monthly  ASO will provide a report.  Review and correct discrepancies | Monthly Reviews  Quarterly  Monthly | **100 % documentation of AAPI in AAPI data base and CRM**  **Reduce the discrepancies between AAPI data base and CRM** |
|  |  |  |  |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**III.2. Fathers Involvement/Programming: Please describe your in fathers programming in addition to attending training outlined below.**

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

**Register for Training at the Children’s Trust**

[Family Support Training – Fatherhood (childrenstrustma.org)](https://childrenstrustma.org/training-center/training-topics/fatherhood)

**Email** [**rayna.charles@mass.gov**](mailto:rayna.charles@mass.gov) **for registrations**

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |
| **Attend Children’s Trust Trainings** | Attend Engaging Dads | 2/15/2024 from 10am-12pm  6/27/2024 from 10am-12pm | **# of staff who attended training** |
|  | Attend Parents as Partners | 2/22/2024 from 10am-12pm  4/9/2024 from 10am-12pm | **# of staff who attended training** |
| **MA Fatherhood Collaborative Sumit** | Staff attend the FC summit | Summer 2024  Date TBD | **# of staff who attended the summit** |
| Complete google doc.  Link: Classes and Workshops doc.  [<https://docs.google.com/spreadsheets/d/1tpyxNUHkFMCJ3XWeNKNCTBdrVXIV2Pt3/edit?usp=sharing&ouid=113881929021562405135&rtpof=true&sd=true>](https://docs.google.com/spreadsheets/d/1tpyxNUHkFMCJ3XWeNKNCTBdrVXIV2Pt3/edit?usp=sharing&ouid=113881929021562405135&rtpof=true&sd=true) | Assign staff to update group information in **google doc** document | Monthly | Calendar and **Google Doc** maintained up to date |
| **FRC activities to engage fathers** |  |  | **# of unduplicated fathers engaged in group services quarterly (manual count)** |
|  |  |  |  |
| **Outcome: Fathers will be more engaged with their children/family as a result of participating in FRC activities** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**Section III Feedback**

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q1 May 30,2024:** |
|  |
| **CSM Comments Sections I Outreach and Engagement Q2 August 30, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q3 November 30th, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q4 February 28, 2025:** |

**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.**

* The ASO will run a quarterly report on mutual self-help groups and attendance counts and unduplicated counts.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (manual count)  # of attendances in each quarter  # of unduplicated participants attending |
|  |  |  |  |
|  |  |  |  |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**III.3. 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.

* The ASO will run a quarterly report on mutual self-help groups for youth/young adults for attendance counts and unduplicated counts.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (manual count)  # of total participation in each quarter  # of unduplicated participants attending |
|  |  |  |  |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**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**.

* The ASO will run a quarterly report on grandparents raising grandchildren in support groups for attendance counts and unduplicated counts.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 groups per quarter (manual count)  # of total participation in each quarter  # of unduplicated participants attending |
|  |  |  |  |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**Section III Feedback**

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q1 May 30,2024:** |
|  |
| **CSM Comments Sections I Outreach and Engagement Q2 August 30, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q3 November 30th, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q4 February 28, 2025:** |

#### 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.**

* The ASO will run a quarterly report on Life Skills Workshop attendance counts and unduplicated counts.

**Add a table** for each type of Life Skills Workshop you intend to implement.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (manual count)  # of total participation in each quarter  # of unduplicated participants attending |
|  |  |  |  |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**Section III Feedback**

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q1 May 30,2024:** |
|  |
| **CSM Comments Sections I Outreach and Engagement Q2 August 30, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q3 November 30th, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q4 February 28, 2025:** |

**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.

* In Tableau on page 2 of the 2-page snapshot, you can filter for the months need for the quarter and go to “Category” and select “I. Basic Needs”. This will allow you to see the program services provided that fall under “Basic Needs”. After you document the counts, clear the filter and go back to “Category” and select “H. Network Services & Supports”. This will display the service provisions under “Network Services & Supports”.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |
| **Data Review** | Review Tableau to monitor number of supports provided to families | **Quarterly** | 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, including your successes and challenges towards achieving your goals.

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (manual count) |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

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

Educational programs 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.

* The ASO will run a quarterly report on Education Programs for attendance counts and unduplicated counts.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (manual count)  Total attendance per quarter  # of unduplicated participants attending  # of unduplicated participants completing the program (manual count) |
|  |  |  |  |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**Section III Feedback**

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q1 May 30,2024:** |
|  |
| **CSM Comments Sections I Outreach and Engagement Q2 August 30, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q3 November 30th, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q4 February 28, 2025:** |

#### 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.

* In Tableau, this information can be found on the second page of the 2-page snapshot. Filter for the months that you need for the quarter.

|  |  |  |  |
| --- | --- | --- | --- |
| **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)  # of participants attending events per quarter (Tableau) |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**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 (6 events per year)**

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

Special Family events and activities are 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.

* In Tableau, this information can be found on the second page of the 2-page snapshot. Filter for the months that you need for the quarter.

|  |  |  |  |
| --- | --- | --- | --- |
| **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, including your successes and challenges towards achieving your goals.

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**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: RFR Section 2.13.4: Full-service FRCs shall be open at least 40 hrs. per week which includes extended hours and availability by appointment. The FRC 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **FRC Schedule: Please list your FRC schedule in this section. XX** | | | |
| **Activity Name**  **Define day and time** | **Action Steps**  **Describe activities provided during evening and weekend hours** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
| **Evening 1**  **Tue 5:00-7:00** |  | Weekly | # of participants attending evening hrs. quarterly (manual count) |
| **Evening 2** |  | Weekly | # of participants attending evening hrs. quarterly (manual count)  30 unduplicated participants attending ESL |
| **Evening 3** |  | Weekly | # of participants attending evening hrs. quarterly (manual count) |
| **Weekend 1 and 2** |  | Monthly | # of participants attending weekend hrs. quarterly (manual count) |
|  |  |  |  |
| **Full Schedule displayed in monthly Calendar** | Review monthly calendar to include full schedule and all group activities | Monthly | Calendar shows all active groups and full schedule including evening hours. |
| **Outcome: Families will have increase access to the FRC** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q1 May 30,2024:** |
|  |
| **CSM Comments Sections I Outreach and Engagement Q2 August 30, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q3 November 30th, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q4 February 28, 2025:** |

### 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 2024 FRCs should focus on strengthening your existing collaborations and developing MOU for your most important relationships. You can list 3 new relationships if you have MOUs in place that describe mutual commitments. **Describe your plan to develop or strengthen your relationship with Early Intervention and Head Start programs or other early childhood programs in your area.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity name and title:** | | | |
| **List 3 organizations you will develop agreements in CY24** | **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 to CSM (date) |
|  |  |  | MOU completed – provided copy to CSM (date) |
|  |  |  | MOU completed – provided copy to CSM (date) |
|  |  |  | **Formal MOU with local EI** provided copy to CSM (date) |
|  |  |  | **Formal MOU with local Head Start or other early childhood programs** provided copy to CSM (date) |
|  |  |  | **Formal MOU with CFCE programs** provided copy to CSM (date) |
|  |  | Yearly | Total # of MOUs completed (12 mo.) |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

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

Using the information provided in Tableau, please identify gaps in referral sources and develop a plan to reach out to **3** organizations to meet those gaps.

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

* In Tableau, this historical information can be found on the graphic aggregate link in report 4 called “Referral Source”. There you can visualize trends in referral sources to help determine your goals. Filter for year and month, multiple years and months can be selected. It is a great way to see trends.

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Baseline:** | | | |
| **Goal/Target Audience:** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title:** | | | |
| **Activity Name**  **Identify 3 gaps in referral sources** | **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? |
| **List organizations** |  |  |  |
| **Referral Source 1** |  |  | **Increase # of referrals by 25%** |
| **Referral Source 2** |  |  | **Increase # of referrals by 25%** |
| **Referral Source 3** |  |  | **Increase # of referrals by 25%** |
| **Improving documentation of referral sources** |  |  | **80% documentation** |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q1 May 30,2024:** |
|  |
| **CSM Comments Sections I Outreach and Engagement Q2 August 30, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q3 November 30th, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q4 February 28, 2025:** |

**V PARENT INVOLVEMENT & LEADERSHIP**

Section V

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

**Describe how your program enhances the ability of families to navigate a diverse society and to advance equity and inclusion[[17]](#footnote-18)**

Attend required training and select either Phase I or Phase II activities.

**Youth and Family Involvement[[18]](#footnote-19)**

### 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal/Target Audience: Program Manager and Program Director will implement an FRC advisory board** | | | |
| **Supervisor:** | | | |
| **Person responsible for completing the activity, name, and title: PM and PD** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
| **Attend NFSN training Family Advisory Committees** | PM and PD will attend NFSN training |  | # staff taking part in training |
| **Advisory Board implementation Phase I** | PM and PD develop procedures to implement the FRC Advisory Board  PM and PD will develop 2 focus groups to engage families and youth in the developing an advisory board |  | FRC Advisory Board procedures completed.  # of focus groups held to request feedback  # of youth participating in focus groups |
| **Advisory Board implementation Phase II** | **Develop your own activities here** |  | # of parents taking part in FRC Advisory Board (manual counts)  # of youth taking part in FRC Advisory Board (manual counts)  # of meetings held (notes on file) |
| **Outcome: Parents and youth will have a voice in the FRC program** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q1 May 30,2024:** |
|  |
| **CSM Comments Sections I Outreach and Engagement Q2 August 30, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q3 November 30th, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q4 February 28, 2025:** |

**VI STAFF TRAINING**

**This section describes 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 enhance the ability of both staff members and families to navigate a diverse society and to advance equity and inclusion.

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

**CY24 January – December staff training plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal/Target Audience: All FRC staff** | | | |
| **Supervisor: PD and PM** | | | |
| **Person responsible for completing the activity, name, and title: All FRC staff** | | | |
| **Training Name**  **Staff name/position** | **Date for training and curriculum** | **Estimated Timeline**  **Winter/Spring/Summer/Fall** | **Indicator/Measurement**  **Date/staff completed trainings** |
| **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 TA sessions** |  |  | 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 |  |  |  |
|  |  |  |  |
| **AAPI Part I and Part 2** |  |  |  |
| Staff name/position |  |  | Date completed |
| Staff name/position |  |  |  |
|  |  |  |  |
| **Other EB practice (please list)** | **Specify curriculum** |  | Date completed |
| Staff name/position |  |  |  |
| Staff name/position |  |  |  |
|  |  |  |  |
| **CRM trainings** |  |  | Date completed |
| Staff name/position |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Mandated Reporter/ All staff** |  |  | Date completed |
| Staff name/position |  |  |  |
| Staff name/position |  |  |  |
| **CPR Training** |  |  | Date completed |
| Staff name/position |  |  |  |
| 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 |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Outcome:** | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**VII EMBRACING DIVERSITY**

**VI.1. DEI System Improvement Practice: Program engages in ongoing reflection and adaptation to advance diversity equity and inclusion within the organization and FRC. Program reviews the National Family Support Network, Embracing Diversity Standards.[[19]](#footnote-20)**

**and identify measures to accomplish in CY24.**

**National Family Support Network Standards of Quality for Family Strengthening & Support**

[ec0538\_2c96cbb636ed4374adfe2eb5accfb4ac.pdf (nationalfamilysupportnetwork.org)](https://www.nationalfamilysupportnetwork.org/_files/ugd/ec0538_2c96cbb636ed4374adfe2eb5accfb4ac.pdf) **(pg. 26-31)**

**Identify activities you want to accomplish for each standard.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |
| **Review NFSN Embracing Diversity Standards** | Program Manager and Director Review the Embracing Diversity Standards | **XX** | Completed Review (date) |
| **Standard 1. Program acknowledges and respects the diversity of families, including their cultural traditions, languages, values, socio-economic status, family structures, sexual orientation, religion, individual abilities, and other aspects** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Standard 2. Program enhances the ability of families and staff to participate in a diverse society and to navigate the dynamics of difference** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Standard 3. Program engages in ongoing learning and adaptation of its practices to address diversity** | | | |
| **Activity Name** | **Action Steps** | **Estimated Timeline**  When do you expect achieving your goal? | **Indicator/Measurement**  How will you know you have achieved your goal? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Outcome: | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**Section VI Feedback**

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q1 May 30,2024:** |
|  |
| **CSM Comments Sections I Outreach and Engagement Q2 August 30, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q3 November 30th, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q4 February 28, 2025:** |

**VIII 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.**

* To get the count of satisfaction surveys, go to Tableau and open the report called “Satisfaction\_Survey\_Count\_Benchmark”. This report is updated on a monthly basis.

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal/Target Audience:** | | | |
| **Baseline:** | | | |
| **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, including your successes and challenges towards achieving your goals.

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**Section VIII Feedback**

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q1 May 30,2024:** |
|  |
| **CSM Comments Sections I Outreach and Engagement Q2 August 30, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q3 November 30th, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q4 February 28, 2025:** |

**IX FAMILY RESOURCE CENTER OPERATIONS**

**Lead Agency Section**

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

|  |
| --- |
| **Name and Title person responsible for this section:** |

**IX.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 in your monthly report.

**IX.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?

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Outcome: | | | |

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

**IX.3** **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:**

|  |  |
| --- | --- |
| FY25 12-month Budget | **May 30th, 2024** |
| FY24 Financial Report July1, 2023-June 30, 2024. | **August 30th**, **2024** |

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |
| **Fiscal Monitoring** | PD and Fiscal Manager discuss utilization of funds regularly | At least quarterly | # of meetings between PD and Fiscal Manager |
| **Review the impact of staff vacancies and reallocation of funds** | PD and Fiscal Manager discuss utilization of funds regularly | At least quarterly | Fiscal Manager to provide update quarterly in section below |
|  |  |  |  |
|  |  |  |  |
| **Outcome:** | | | |

**Progress:** Please report on changes made to your budget in response to your conversations with your fiscal department. **Complete end of year fiscal report due: August 30, 2024**

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

|  |
| --- |
| **Q1**Due April 30, 2024 |

|  |
| --- |
| **Q2** Due July 30, 2024 |

|  |
| --- |
| **Q3** Due October 30, 2024 |

|  |
| --- |
| **Q4** and Final Due January 30, 2024 |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q1 May 30,2024:** |
|  |
| **CSM Comments Sections I Outreach and Engagement Q2 August 30, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q3 November 30th, 2024:** |

|  |
| --- |
| **CSM Comments Sections I Outreach and Engagement Q4 February 28, 2025:** |

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.

   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-2)
2. [↑](#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. National Standard of Quality for Family Strengthening and Support from the National Family Support Network Program Self-Assessment. [↑](#footnote-ref-18)
18. 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-19)
19. National Standard of Quality for Family Strengthening and Support from the National Family Support Network Program Self-Assessment [↑](#footnote-ref-20)