

**FRC Initiative
2017-2022 Activities Guide**

The following definitions, frequency and objectives are meant to guide scope of work/activity planning for the FRC Initiative. Each Family Resource Center develops a Scope of Work in negotiation with First 5 SF and with consideration to funding level, neighborhood and population needs, and agency capacity.

Section 1: Family Engagement	FRC Funding Level: All	Relevant WI Competencies in Family Support: 3, 6	Minimum Staff Requirements: None
<i>Core Evaluated Essential Services</i>		<i>Other Required Essential Services</i>	<i>Discretionary Services</i>
Intake & Retention		Outreach and Engagement	
		Referral Partnerships	
		Basic Information and Referral	
Suggested Staff Training		Evaluation Methods	
Home Visiting, Professional Boundaries, Conducting Effective Outreach		PPAS, CMS, Intake Form	

Core Evaluated Essential Services

Intake and Retention

Intake: Includes procedures and policies for welcoming of new families, ensuring participants are referred to all applicable Essential and/or other Services, and completion of intake paperwork/informed consent and the related data entry. *For FRC collaboratives,* care is taken to ensure a coordinated and smooth entry into services and participant access to all applicable FRC services across partner agencies.

Retention: includes procedures for in-reach activities including distribution of FRC calendars and flyers to current, enrolled participants and follow up strategies for re-engaging families who stop attending activities without notice. Follow-up for families who leave an Essential Service without notice occurs within two weeks and should include, at minimum two phone calls and a letter. A home visit is also indicated if in any form of case management. Retention practices also include scheduling of FRC activities and drop-in hours during times accessible to families, including weekends and evening hours as applicable.

Intake and Retention overall frequency: Daily

Objective: Increased knowledge and information about the FRC or city services

Outreach and Engagement

Direct Outreach: Direct outreach involves proactive, in-person efforts to invite and encourage new, non-enrolled families to access Family Resource Center offerings. This may include strategies such as: phone calls, door to door invites, peer referrals, attendance at external community and health fairs and other direct communication efforts. All FRCs focus outreach efforts to families who are isolated as a result of language, cultural, geographic/transportation, economic, or other societal barriers. Outreach strategies are tailored to address the needs of families from a wide variety of

backgrounds including single parents, fathers, foster or kin-care, teen parents, LGBTQ parents, homeless families, families living in public housing, couples, and others.

FRCs will often offer one or more on-going or time-limited activities at an off-site location such as at a public housing community room or library in order to build trust and relationships with families who may not otherwise have known about or attended an FRC-office based service. Intentional strategies are utilized to help bridge the families to other services delivered at the FRC.

For FRC collaboratives: Each individual member organization of an FRC collaborative outreaches for the FRC in addition to specific information about their own organization. **Frequency:** 1 hour / week per staff/ minimum

Referral Partnerships: FRCs build and maintain formal partnerships with one or more of the following for the purpose of efficient and expedited referral processes for families seeking FRC services:

1. City departments and current city wide initiatives such as HOPE SF/MOHCD, DPH, SFUSD, SF Public Libraries, Adult/Juvenile probation; Office of Economic and Workforce Development; SFPD; Park and Rec; HSA; and/or DCYF
2. Community Organizations such as health clinics, hospitals, and pediatricians; preschools and childcare sites; mental health clinics; and/or housing and tenants rights organizations

These partnerships include a referral process in which FRC staff oversees the referral process by providing a means for FRC to confirm receipt of the referral and service connections made, and ensuring regular opportunities for cross-training for all involved staff on the referral process and services available. Referral partnerships take into consideration each party's capacity for new participants as well as staff skills and expertise. For further partnership related activities beyond the purposes of FRC referral, see also: *Partnerships, Connections and Collaborations, Section 2: Community Connections.*

Indirect Outreach: Indirect outreach involves development and dissemination of print-based or audio-visual materials to be distributed widely to increase awareness of the FRC presence in the community. Materials include flyers, newsletters (print or electronic), and media ads/spots/programming.

Objective: Increased knowledge and information about the FRC or city services

Basic Information and Referral

In response to a request for assistance usually via phone or drop-in visit, families are connected to services they need. This includes services offered internally by the FRC or externally by another organization/service provider. Family Resource Centers make intentional efforts to ensure that families are **connected to all available public benefits and city funded programs** for which they may be eligible i.e. child care, after school programming, CalWORKS, CalFresh (food stamps), MediCal or other Health Insurance plans, etc. Families are referred to **mental health services and counseling** as needed. Additionally, families are encouraged to access all available economic self-sufficiency supports and strategies to help provide financially for their family. Agency is intentional in efforts to be informed on available resources and service providers. Information is gathered in a systemized log format (Basic I & R). **Frequency:** Available during business hours.

Guide to Symbols Used in this Document

B = Basic Funded FRC service

© = Comprehensive Funded FRC

i = Intensive Funded FRC

[No mark = all funded levels perform this service]

Section 2: Community Connections	Funding Levels: All	Relevant Competencies: 1, 3, 4, 5, 6	Minimum Staff Requirements: As required by service
<i>Core Evaluated Essential Services</i>	<i>Other Required Essential Services</i>	<i>Discretionary Services</i>	
Parent Leadership	FRC Collaborative Meetings	Physical Fitness Activities	
Community Events and Collaboration		Field Trips	
Workshops and Classes		Basic Needs	
Suggested Staff Training	Evaluation Method(s)		
Developing a Parent Advisory Committee, Oral Health, Enhanced I&R; Inclusion, IEP/School Related	Abriendo Puertas Pre/Post, Parent Café Evaluation, PPAS		

Core Evaluated Essential Services

Parent Leadership

Parent Advisory Council: A formalized and ongoing process to collect parent input on the design and implementation of the funded activities. Parents should receive support to assist in their contribution to and the demonstration of appropriate leadership skills. **Frequency:** 1 meeting per quarter minimally primarily held on-site. New and unduplicated participants are added at least once per year.

Parent Volunteers: Parents may provide volunteer services to support the functioning of the family resource center. **Frequency:** As needed

©, i *Parent Leadership Development Activities:* An evidence based or informed series of workshops, classes or cafes which provide parents opportunities to learn, develop, and strengthen skills to become leaders in the their FRC and/or school communities. Activities are conducted by practitioners trained and certified in the curriculum, as applicable. Examples of curricula include Abriendo Puertas and Parent Cafes. Pending funding availability, a *Parent ACTION Grant* may be implemented as a parent leadership development activity. **Frequency:** As defined by curricula, minimum 1 cycle per year, primarily held on-site.

Objectives: Improved advocacy skills, improved connections to community, improved leadership development with regards to family, children, and community.

Community Events and Collaboration

FRC Family Events: Smaller, fun, recreational or cultural events held either on-site or in another location to enhance program accessibility. Events provide enrolled participants opportunity to increase their social networks and for FRC staff to strengthen relationships with families currently enrolled in the FRC. Such activities include Dinner and a Movie, Meet and Eats, Coffee/Tea hours, and celebrations open primarily to FRC participants and their families. Family events requires participant enrollment. **Frequency:** minimum quarterly

©, i **Community Events:** Larger fun, recreational or cultural events hosted by the FRC that provide an opportunity for FRC staff to meet and engage with new families not currently enrolled in the FRC. Such activities include holding a large holiday party for neighborhood residents or hosting a parents' health and wellness fair advertised to the general public. **Frequency:** maximum 1-2 times annually

Partnerships, Connections and Collaborations: Family Resource Centers often emerge as organizational leaders in the community and form collaborative partnerships with multiple agencies in order to leverage services and coordinate programming for families and children. Collaborations and connections are often formed and hosted at the family resource center to address neighborhood or population issues and include such activities as:

- *Co-locating needed services from outside resources at the FRC*
- *Co-locating FRC staff at other community based organizations or city departments,*
- *Sharing resources,*
- *Regular, structured meetings among provider organizations*

Partnerships Frequency: Frequency and participation as decided by community/neighborhood and requirements of the partnership.

Objective: Increased connection and collaboration between neighborhood or community leaders and service providers.

Workshops and Classes

Structured, stand-alone, or series of sessions that provide information on a variety of topics promoting parental and life competencies. On-going classes may consist of instructional sessions designed to enhance a participant's skill or knowledge base in a particular area and are taught by FRC staff or other experts in the identified area. Workshops are held either on-site or in another consistent location to enhance program accessibility and topics are developed with consideration to parent input and requests.

FRCs provide workshops from each of the following workshop categories throughout the year:

Navigating and Partnering with Schools: Information for families to support student readiness and success in school. Topics may include, but are not limited to: Enrollment in the Public School System, Understanding Key Transitions to Kindergarten, Middle School, High School, and Higher Education; Navigating Critical School Issues such as school placement, attendance and access to academic interventions such as the IEP. **Frequency:** *Basic* 1 minimum; *Comprehensive and Intensive* 2 minimum

Child/Youth Development: Information for families on children's emotional, physical, or social development. Topics may include, but are not limited to: Learning and developmental disabilities; Talking to children or youth about gender/sexual identity or reproductive health; Understanding Ages and Stages; and Impact of Violence on Children. **Frequency:** 2 Minimum

Health and wellness: Information for families on the importance of good health and hygiene practices throughout childhood. Topics may include, but are not limited to: oral health, family nutrition, and illness and injury prevention. **Frequency:** 1 minimum

Perinatal and Early Infancy: Information for prospective, expecting and/or parents of infants on perinatal health and well-being including topics such as reproductive health and family planning; perinatal physical and emotional well-being including information about prenatal care, labor and delivery, and/or perinatal depression and anxiety; breastfeeding and infant nutrition; infant care and safety including vaccinations, child-proofing, safe sleep practices and SIDS prevention. This is a developing topic; future requirements may be different. **Frequency**: 1 minimum

©, i *Family Economic Success*: Information for families to support family economic self-sufficiency. Topics may include, but are not limited to: Enrollment in public benefits such as CalWORKS or CalFRESH; Financial Management; Informational Sessions on vocational training or college opportunities; Resume building workshops. **Frequency**: *Comprehensive* 1 minimum and *Intensive* 2 minimum

Other Workshop topics: As negotiated.

Frequency: Workshops are held minimally 6-8 times per year

Objectives: Improved knowledge of systems, improved child advocacy, increased value of education.

Other Required Essential Services

FRC Collaboratives

FRCs conducting the Essential Services as a collaborative meet regularly to discuss, implement, and oversee administrative policies and procedures, service and care coordination, cross training of staff, and fiscal needs. **FRC Collaborative Meeting Frequency**: Collaborative meetings occur, at minimum, bi-monthly with regular communication in the interim

Discretionary Services

Physical Fitness Activities

Provide opportunities for parents/caregivers and their children to learn about and experience the benefits of physical fitness through such activities as swimming, yoga, Zumba, urban hikes, and gardening. Fitness activities must be led by qualified, trained practitioners and FRC must have insurance policies which cover these types of activities. A parent leader without formal training, but who has experience or interest in a particular activity, may co-lead under the direct supervision of the trained practitioner. Fitness classes are not a substitute for support groups; they may be used as an add-on component to engage families or to help participants in Essential Services practice healthy ways of releasing emotions raised in groups. **Frequency**: As negotiated.

Field Trips

Provide child-centered opportunities to reduce barriers for enrolled families to participate in educational, need based, or cultural activities in the immediate SF Bay Area (generally, field trips should be accessible by MUNI, BART, SamTrans, Alameda County Transit and/or Golden Gate Transit). Field trips complement and enhance the Essential Services and must be pre-approved by First 5. Field trip participants arrive and leave together. Such activities include field trips to the

annual SFUSD enrollment fair, SF public libraries, children's museums, and park and rec centers. Field trips to paid sporting events/games and amusement parks are not permitted. Does not include field trips that occur during the course of an ongoing service requiring enrollment such as a PCI group or the Parent ACTION grant. **Frequency:** As negotiated.

Basic Needs

Families are provided with goods and concrete household items to meet their basic living needs which are not available through other sources. Many family resource centers operate distribution of the needed items on-site, while others provide referrals to nearby locations. Examples include food, clothing, diapers, and furniture. Scholarships to fee-based FRC services are not considered a Basic Needs service. FRCs who operate a community food pantry must be able to leverage other funding and/or volunteers for this service to be approved use of FRC staff time and resources. **Frequency:** As negotiated. Available during business hours or specific marked day and time

Section 3: Parent/Caregiver Capacity Building	Funding Levels: All	Relevant Competencies: All	Minimum Staff Requirements: As required by service
<i>Core Evaluated Essential Services</i>	<i>Other Required Essential Services</i>	<i>Discretionary Services</i>	
Parent Support Groups	Perinatal Supports	Respite	
Parent Interaction Groups	Health and Development Screenings	Parents of Teen Support Groups	
Curriculum Based Parent Education	Drop in Child Watch	Curriculum Based Parent Education – Teen Specific	
		Young School-Age PCI Groups	
		Child Development Groups	
Suggested Staff Training	Evaluation Method(s)		
Developing and Conducting Support Groups, Child Development 101, ASQ, KIPS, Helping Families Navigate Conflict, Mandated Reporter, ACES, Parent Ed Curriculum Training	The Parenting Scale, DASS, ECBI, ASQ, KIPS, PPAS, Post-partum Depression Screening		

Core Evaluated Essential Services

Parent/Peer Support Groups

Whether Peer-led or Staff-facilitated, FRCs conduct support groups targeted to one or more of the following: parents of newborns/young children; mothers; fathers; parents of elementary age children; grandparents/kin-caregivers; single parents; pregnant parents; and others as parent request/needs arise. Support groups are held on a regular basis either on-site or in another consistent location to enhance program accessibility.

B *Peer –led Support Group:* An on-going *peer-led* group that provides parents and caregivers the opportunity to support each other and to share information/advice or problem-solving strategies relating to parenting experiences. Frequently groups are formed by individuals sharing a demographic or experiential characteristic. Peer leaders should be members of the group who have regularly attended the group as a participant. FRC staff are available on site while group is in session and provide immediate and regular assistance and supervision to leaders and as needed to participants. **Frequency:** 3 meetings per month minimum. New and unduplicated participants are added on a regular basis throughout the year.

©, i *Staff facilitated Support Group:* *Staff-led*, and formally structured on-going or time limited groups that provide guided discussion and problem solving about shared parenting experiences. Staff led groups focus on one or more of the Five Protective Factors, material covered in Curriculum Based Parent Education, and/or emotional health and wellness. **Frequency:** Minimum of 3 open meetings per month or, for closed groups, minimum one, 8-10 week session, group per quarter. New and unduplicated participants are added minimally each quarter for on-going groups and at start of each cycle for closed groups.

Overall frequency: All FRCs provide at least one support group weekly.

Objectives: Build community, improved communication, identifying strengths and challenges with peer generated strategies, increased support.

Parent and Infant/Child Groups

Parent and Infant/Child Interactive (PCI) Groups (Playgroups): Parent/caregivers engage with their children and youth in developmentally appropriate activities. Age appropriate activities, materials, and equipment are utilized to encourage parent-child bonding and school readiness and success. PCI groups may be closely linked with parent education activities to encourage practice of parenting skills taught. Collaboration with the San Francisco Public Library is strongly encouraged. Best practices incorporate health and developmental supports or assessments as appropriate.

Infant (0-18 months; other age groupings within this range may be considered): Activities and the physical environment encourage and strengthen Infant-Parent bonding; parental caregiving capacity; and provide staff an opportunity to support parents with post-natal or post-adoptive depression and/or feeding and sleeping concerns. Infant massage may be taught by trained practitioners. Referrals for lactation or infant-feeding support, mental health consultation, childcare, developmental assessments, healthcare, and/or basic needs should be available.

Toddler/preschool (18 months – 5 years; other age groupings within this range may be considered): Activities and the physical environment encourage parent support of children's early literacy, pre-math, and social-emotional skill development. Early Literacy Activities build pre-literacy skills – print motivation, vocabulary, phonological awareness, letter knowledge, print awareness and narrative skills. Referrals for preschool and school enrollment, nutrition support, mental health consultation, developmental assessments, healthcare, and/or basic needs should be available.

Frequency: PCI activities are held minimally on a weekly basis and in a structured format either on-site or in another consistent location to enhance program accessibility.

Objectives: Increased child development knowledge, improved parent child relationship, provides age appropriate experiences for parent and child in social setting

Curriculum-Based Parenting Series

Curriculum-based parenting series provide a minimum of 8 sequential learning sessions for a core group of attending parents and caregivers. Minimum participation standards are set for families that are considered graduated from the curriculum. Programs will be expected to provide evidenced based, evidenced informed and or culturally appropriate promising practices curriculum in these series

Evidence-Based / Informed Parent Education Curriculum is structured research based educational sessions. Evidence-based programs frequently require staff to attend training and for implementation of the curriculum to be monitored by the curriculum vendor. Some examples include Triple P, 123 Magic, Partners in Parent Education (PIPE) and Incredible Years.

Frequency: *Basic 1-2 cycles per year; Comprehensive 2-3 cycles per year; Intensive 3-4 cycles per year*

Objectives: Behavior change, improved family relationship and communication, increased knowledge of family, child, and community

Other Required Essential Services

Perinatal Supports

Activities may include group or individual childbirth preparation classes; linkage and referral to prenatal or pediatric care; lactation counseling or infant feeding support; and/or new parent home visiting activities. All perinatal supports are conducted by appropriately certified or trained staff or contractors such as certified childbirth educators, lactation educators and counselors, nurses, etc. Specific activities are as defined in Scope. **Frequency:** Available during business hours and as needed for specific programming.

Health and Developmental Supports for Young Children and their Parents/Caregivers

ASQ-3 and ASQ-SE: Appropriately trained staff will utilize developmental screening tools – such as Ages and Stages-3 and Ages and Stages - Social/Emotional - and are expected to recruit and periodically screen children for identification of potential developmental delays. FRCs will then link children identified with concerns to available services and follow up with families within 30 days of referral to ensure successful linkage. Where appropriate, a referral to the FRC supporting families with children with disabilities should be made. **Frequency:** Available during business hours and as needed for specific programming.

Other health and developmental screening tools: Other screening tools to be utilized as specified in scope may include tools such as Keys to Interactive Parenting Scale (KIPS), DRDP, DASS, ECBI, postpartum depression, and/or Oral Health Screenings. **Frequency:** As negotiated. Available during business hours and as needed/required for specific programming.

Drop In Child Watch

Child watch is provided for children in support of parents participating in other activities at the FRC. Activities are designed to meet the developmental needs of infant/toddlers, preschool aged children, school aged children which may suggest separate programming for each age group. **Frequency:** Available during business hours and as needed for specific programming; required support for Curriculum Based Parent Education classes.

Discretionary Services

Respite Care

A child care space where parents can leave their children to receive care while they are handling personal issues, or simply for time away from their children during periods of stress or other personal turmoil. **Frequency:** available during business hours and as needed for specific programming

Parents of Tweens/Teenagers Support Groups

Staff-led, formally structured on-going or time limited groups that provide guided discussion and problem solving about shared experiences parenting tweens and teens. Staff led groups focus on one or more of the Five Protective Factors, material covered in Curriculum Based Parent Education, and/or emotional health and wellness. **Frequency:** As negotiated. Minimum of 1-3 open meetings per month or, for closed groups, minimum one, 8-10 week session, group per quarter. New and unduplicated participants are added minimally each quarter for on-going groups and at start of each cycle for closed groups.

Curriculum-Based Parenting Series – Tween/Teen Specific

Curriculum-based parenting series for parents of tweens and teens provide a minimum of 8 sequential learning sessions for a core group of attending parents and caregivers. Minimum participation standards are set for families that are considered graduated from the curriculum. Programs will be expected to provide evidenced based, evidenced informed and or culturally appropriate promising practices curriculum in these series. **Frequency:** As negotiated.

Evidence-Based / Informed Parent Education Curriculum is structured research based educational sessions. Evidence-based programs frequently require staff to attend training and for implementation of the curriculum to be monitored by the curriculum vendor. An example includes Teen Triple P.

Young School age PCI

Developmentally appropriate activities for parents to engage with their children ages 5-8 years old that increase skill development in literacy and/or Science, Technology, Engineering, Art, or Math (STEAM) skills. Referrals for academic supports, out-of-school time providers, and basic needs should be available. **Frequency for School age PCI:** As negotiated. Bi-monthly.

Child Development Groups:

Curriculum based group series for children which focus on one or more of the following areas: social-emotional development, early literacy, literacy, and school success. Groups must be age stratified and children must register to attend the full series. Child development groups often incorporate a pre- and post- assessment of child's progress using the ASQ-3 or other tool. Parents are provided opportunities to learn how to support their children in practicing the skills covered in the group and are provided with feedback about how their children are doing in the group. Groups are facilitated by a mental health specialist, masters-level social workers, or other highly trained practitioners with experience and training in ECE, social-emotional development, or youth development. Child development groups may be held concurrently with adult programming, but are not the same as Child Watch. Child development groups are often targeted towards children who are identified as needing additional developmental supports to be ready for kindergarten or to be successful in school. Such groups do not take the place of formal preschool enrollment and where appropriate in strong partnership with related city agencies, schools, and/or other CBOs.

Frequency: As negotiated. 6-8 week sessions.

Section 4: Coordinated Formal Supports	Funding Level: Comprehensive and Intensive	Relevant Competencies: All	Minimum Staff Requirements: Bachelor Degree or licensed clinician as required
<i>Core Evaluated Essential Services</i>		<i>Other Required Essential Services</i>	<i>Discretionary</i>
Family Advocacy		Family Team Meetings	Aftercare Case Management
Case Management		Enhanced Information & Referral	Individual/Family/Group Counseling
Child Welfare Services: Differential Response and Enhanced Visitation			
Suggested Staff Training		Evaluation Method(s)	
High Risk Case Management, Case Management 101, Home Visiting, Mandated Reporter, Helping Families Navigate Conflict, DV, Substance Use, Mental Health 101,		FDM, PPAS, KIPS, ASQ	

Core Evaluated Essential Services

Family Advocacy

Family Advocacy includes providing staff support to remove institutional and other barriers preventing families from linking to and accessing available services and resources. FRC services may include providing information, making phone calls, translation, and/or accompanying a family member to medical, legal or other essential appointments. *DR includes assessment.* Family Advocacy is usually a brief service of approximately 3 - 6 months. **Frequency:** 2 contacts / month minimum. Face to face contact to open file required.

Case Management

Formal intake, needs assessment, and facilitated planning process to assist families in developing a plan of action to address concerns impacting child development, health related issues, and/or family functioning. Presenting issues to be addressed may include: child safety, family functioning/relationships, parenting, health, mental health, substance abuse, and/or well-being. Consistent monitoring is provided to review progress towards service plan identified goals and desired outcomes. Families with an open-CPS case are ineligible for FRC case management services, unless the case will be closed within three months.

Case management for families of preschool or school age children should include advocacy and assistance in navigating critical school issues such as school enrollment, attendance and access to academic interventions.

All families in case management are assessed for Family Economic Self Sufficiency needs in the areas of employment, household budgeting, and other financial management concerns. Case managers provide referrals as needed to vocational training, ESL classes, and other related resources. Linkage with public agency self-sufficiency programs such as CalWORKS, CalFresh (food stamps) and health insurance (Medi-Cal, Healthy Kids, Covered California) should be offered whenever appropriate.

Case Management is usually a more intensive service of at least 6 months or longer.

Frequency: 3 contacts / month minimum. Best practice suggests weekly contact. Face to face contact required for intake and majority of contacts. Case management visits are often conducted in the family home or in other off-site community based locations to maximize access to this service.

Objectives: Identify family needs and provide assistance to improve family functioning. Assist family to develop skills to help themselves. Connect families to resources.

Child Welfare Involved Services

Agencies work in partnership by communicating and connecting with child welfare department staff to (1) support families referred by or involved with child welfare services, (2) serving as a family advocate and resource in child welfare family conferencing and (3) providing space, supervision and support for families whose children have been removed from the home, depending upon the specific child welfare needs of the community. Referrals from the Child Welfare Department generally inform the type and volume of services needed.

Differential Response (DR): Provision of Differential Response Services requires referrals from SF Family & Children's Services. Differential Response is a *home-based* service which includes contacting and visiting families with children who have been assessed by the CPS hotline as moderate to low risk and no or mitigated safety threats with joint community and FCS response for families. FRC will then work to engage family in voluntary services appropriate to meet their needs; family may benefit from DR family advocacy or case management services. FRCs must follow procedures as outlined in the DR Procedure Manual and must participate in HSA sponsored workgroups, quality assurance, and evaluation activities.

Frequency: As designated by HSA, service and/or family needs. 1 FTE DR staff maintains a caseload of 15-20 DR participants at any one time.

Objectives: Reduced system involvement for family, increased child safety, improved family functioning, improved knowledge of resources and collaboration for family

Enhanced Visitation: Requires referrals from SF Family & Children's Services. Intended for Child Welfare involved families who are seeking reunification (time-limited and/or court ordered), this service is designed to support and expand the availability of neighborhood-based locations where family visits can occur. Visitation services can be offered for extended durations and flexible visiting hours including evenings and weekends. FRCs must follow procedures as outlined in the EV Procedure Manual and must participate in HSA sponsored workgroups, quality assurance, and evaluation activities.

Successful implementation provides:

1. On-site space for child visitation, including extended hours and/or weekend hours
2. Staffing for supervision and observation of each visit and provide a written report of each visit to the Child Welfare Worker who referred the family
3. A qualified individual trained in parent-child observation techniques to provide one-on-one coaching, interventions and support as needed for participating families.

4. EV supervisors may be asked to attend on-going Child and Family Team Meetings to be informed about the case status as well as to inform the family's social work team about progress in visitation.

Frequency: As designated by HSA, service and/or family needs. 1 FTE EV supervisor should maintain about 8 -10 three-hour visit sessions per week; allowing for 1 hour prep per session, 1 staff meeting per week, and 1 CFT or other type meeting per week.

Objectives: Reduced system involvement for family, increased child safety, improved family functioning, improved knowledge of resources and collaboration for family

Other Required Essential Services

Child and Family Team Meetings

Requires referrals from SF Family & Children's Services (FCS). For FCS families who have been either separated or at-risk of being separated from their children for child abuse and neglect, this service is designed to provide support for birth parents by assisting parent(s) in understanding the departmental process, the department's concerns related to safety and risk and/or in voicing questions and concerns during the meeting. Other support may include sharing awareness of available resources and services in the parents' community. FRCs will provide a staff representative to attend the meetings at HSA office or in the community and who will be available as a liaison between FCS and the FRC for purposes of on-going care coordination. **Frequency:** As designated by HSA, service and/or family needs

Enhanced I&R

Staff provide participant with information and/or referrals given and a follow-up contact is rendered within 7 days with information recorded as to the success of the referrals given to the family. **Frequency:** As negotiated, Available during business hours

Discretionary Services

Aftercare Case Management

Case management for families currently involved in SF Family and Children's Services for the purpose of preparing for after care services and will not overlap with an open Child Welfare case for longer than 3 months unless agreed upon for a specific purpose by all parties. Families who are expected to remain open with CPS for longer than three months can be referred for inclusion in activities such as parenting, support groups, etc. without being an active case management file. **Frequency:** Refer to Case Management description.

Counseling/Therapy

Supportive individual, group, and /or family therapy sessions in pursuit of improved family functioning. Activity to be delivered by a trained master's level clinician with appropriate supervision and case consultation. Often offered in conjunction with case management support. **Frequency:** Optional, Contacts determined by need and primarily fact to face.

Section 5: Staff Development and Training	Funding Level: All	
<i>Consultation and Service Supports</i>	<i>Staff Training</i>	<i>Staff Performance</i>
Early Childhood Mental Health	Orientation	Performance Evaluation
Public Health Nurses	Service/Skill Specific Training	Supervision
Coaching/Peer Group Learning (TBD)	Competency development	
Clinical/case consultation		

All FRC staff participate in regular and on-going staff development and training opportunities. FRC leadership gathers and shares information regarding staff training and coaching needs to funders.

Consultation and Service Supports

Examples of service supports for the funding cycle may include:

Early Childhood Mental Health Consultation
Public Health Nurses
Peer Group Learning

Clinical/Case consultation

All practitioners responsible for support groups, family advocacy, case management, counseling, and/or child-welfare involved services should have access to FRC-provided regular and frequent group and/or individual clinical or case consultation/supervision to ensure quality of service and evaluate participant outcomes.

Staff Training

Orientation

In addition to the particulars of the service activities, all new FRC staff receive orientation in the following areas, as applicable: early literacy, protective factors, and/or other information as applicable.

Skill Specific and Competency development

All FRC staff are expected to participate in on-going training in areas related to their assigned position including but not limited to: Triple P accreditation and/or training in other parent education curricula, child welfare practices, reflective supervision/supervision skills, cultural competency, National Standards of Quality in Family Strengthening and Support, and/or other skills as needed.

All FRC staff are expected to participate in on-going training in competencies needed for family support including components of the Wisconsin Core Competencies in Family Support, Standards of Quality in Family Strengthening and Support, the Protective Factors, etc.

Staff Performance **Performance Evaluation**

All staff have written annual performance evaluations which include opportunities for supervisor and his/her staff to engage in a reflective process which:

- discusses the employee's strengths and accomplishments,
- provides constructive feedback on the quality of employee's work,
- develops goals related to the work as well as staff development needs
- provides the employee opportunity to provide feedback to the FRC about the employee's work environment/experience, including supervision strengths and needs

Supervision

All FRC staff have regular and frequent individual supervision which uses a reflective process to discuss employee performance, training needs, and opportunities for growth and promotion.