

**FAMILY RESOURCE NETWORK
QUARTERLY PROGRAM ACTIVITY REPORT
State Fiscal Year 2015**

FRN County and Director: *list the county and FRN director's name here*
Grant Number: *Please put the correct grant number here. This will help your grant specialist attach it to the correct file.*

Report Period: (check one) *Please observe the report due dates. Your timely submission is appreciated.*

- First Quarter (July – September 2014)
Due: October 30, 2014
- Second Quarter (October – December 2014)
Due: January 30, 2015
- Third Quarter (January – March 2015)
Due: April 30, 2015
- Fourth Quarter/Final Report (April – June 2015)
Due: August 15, 2015
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Program activity reports should be submitted ELECTRONICALLY, via email, when possible.

SUBMIT THE ORIGINAL ACTIVITY REPORT TO:

Since this report should be shorter, electronic format is preferred. However, if you need to snail mail it, the original goes to your grant specialist and copies need to come to Gary Keen and Regan McGahan.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR CHILDREN AND FAMILIES, OFFICE OF FINANCE AND ADMINISTRATION
DIVISION OF GRANTS AND CONTRACTS
350 CAPITOL STREET, ROOM 730
CHARLESTON, WEST VIRGINIA 25301-3711

ATTN: YOUR REGIONAL CONTRACT SPECIALIST EXPENDITURE REPORTS CONTINUE TO GO TO THE GRANT SPECIALIST

SUBMIT A COPY OF THIS PROGRAM ACTIVITY REPORT TO:

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR CHILDREN AND FAMILIES, OFFICE OF CHILDREN AND ADULT POLICY
DIVISION OF CHILDREN AND ADULT SERVICES
350 CAPITOL STREET, ROOM 691
CHARLESTON, WEST VIRGINIA 25301-3711

ATTN: GARY W. KEEN

GARY.W.KEEN@WV.GOV

REGAN.S.M.MCGAHAN

REGAN.S.M.MCGAHAN@WV.GOV

SECTION I: ASSESSMENT AND MOBILIZATION ACTIVITIES

1. *Did the FRN meet monthly this quarter?*

Exhibit A requires the FRN to meet monthly. Whether this is the board, general membership, or committee structure that meets is up to each FRN. Please give a brief description of the FRN board, membership, committee meetings held during the quarter.

2. *Did the members of the FRN Board of Directors change? If yes, provide a list of the new board members and their contact information.*

Board composition is subject to change depending on the circumstances, whether by term limit, replacement by voting, or if a board members leaves. Please make sure you update program staff on any changes in board composition.

3. *Did the FRN attend or otherwise participate in the multi-county collaborative this quarter?*

The FRN is an integral part of the collaborative. Attendance is expected although situations can arise that prevent this. Please describe attendance, consultation with collaborative chair in the event of absence, or other method of participation. **Remember, FRNS are allowed to rotate Regional Summit attendance this year due to tight travel budgets. ** (If the FRN does not attend the Summit, they are expected to catch up with the FRN who did or the Summit chair to maintain engagement and involvement)

4. *List and describe the meetings attended this quarter. Describe how they relate to the FRN outcomes and the work established for the FRN by the Board of Directors.*

All of the meetings and networks the FRN is involved must tie back to the 6 FRN outcomes which correlate with the 7 Child and Family Services Review outcomes. Please describe or list the correlation here.

5. *Describe the efforts made to involve family members with the FRN and the collaborative.*

WV Code §49-6C-2(4) reads, "Having non-providers, which include family representatives and other members who are not employees of publicly funded agencies, as the majority of the members of the governing body, and having family representatives as the majority of the non-providers;"

Research around the Child and Family Services Review also shows that family engagement in the process is crucial to ensuring the safety, permanency and well-being of children.

<http://www.americanhumane.org/assets/pdfs/children/fgdm/pc-fgdm-cfsr-pip-review.pdf>

Please describe the efforts made to engage, retain, and recruit family members to the FRN Board and the collaborative.

LIST ANY ISSUES/COMMENTS/CONCERNS WITH ASSESSMENT AND MOBILIZATION ACTIVITIES THIS QUARTER:

This office is here to support you. In addition to communicating with us via e-mail, in-person visits, or telephone consultations, you may list your concerns, ideas, comments, issues, successes, or any other information you wish to convey in this area. Please note that program staff will keep track of these Issues/Concerns and will look into helping the FRNs with the circumstances documented. Please offer Issues/Concerns and if you have any suggestions or recommendations, please feel free to list those as well.

SECTION II: PLANNING AND EVALUATION ACTIVITIES

1. *Has the 2015 paper resource guide been submitted? If not, please describe progress towards completion. Submission of resources to the WV 211 website is mandatory. FRNs continue to be required to submit paper resource guides each grant year. This can be electronic as long as it is in a PDF format that can easily be printed out for the community to access.*
2. *On or before August 15, 2015, attach data resource sheet or indicate which FRN in your collaborative is submitting for your collaborative. The community snapshot has been replaced with the data resource sheet found at http://www.wvdhhr.org/bcf/eces_coordinate.asp or e-mailed to you upon request. The way the data is kept is UP TO THE COLLABORATIVE. The collaborative members may desire tri-county data or individual county statistics, they may prefer links to pull up with the overhead projector or printed copies kept in a notebook. The preference is at the local level.*
3. *Describe Medicaid/CHIP promotion activities, expected outcomes and results. Part of FRN funding is derived from Medicaid dollars. Please describe efforts to promote Medicaid and CHIPS in the community you serve. This will also include enrollment into the WV HealthCare Exchange.*
4. *How are you getting the information from the collaborative to your FRN network? FRN engagement with the collaborative should be more than a body at the meeting. Please describe how the information from the collaborative is being transmitted to your community and county.*

LIST ANY ISSUES/COMMENTS/CONCERNS WITH PLANNING AND EVALUATION ACTIVITIES THIS QUARTER:

This office is here to support you. In addition to communicating with us via e-mail, in-person visits, or telephone consultations, you may list your concerns, ideas, comments, issues, successes, or any other information you wish to convey in this area. Please note that program staff will keep track of these Issues/Concerns and will look into helping the FRNs with the circumstances documented. Please offer Issues/Concerns and if you have any suggestions or recommendations, please feel free to list those as well.

SECTION III: QUALITY AND ACCOUNTABILITY

1. *List any changes in office days and hours.*
This question seeks to capture your standard operating hours. While there is a lot of change/flex with the FRN office to attend other meetings, etc, each Director should have set office hours. For example, "my office hours are 8-4. I may work way beyond but I am generally expected unless I am in a meeting or adjusting my hours."

2. *Has the FRN contact list for participation in the Continuous Quality Improvement Survey been submitted?*
Each FRN is required to participate in a continuous quality improvement survey. It is a brief survey to capture the community's view of the FRN. Each FRN needs to submit their network or membership list. This should be a separate and more expansive than the Board Roster required with your grant application. Mailing lists should be sent to program staff before the second quarter reports are filed. The program office will also follow up with each FRN Director to confirm the list, obtain if not submitted yet, determine paper or electronic or both administration, and work with the FRN director on timelines and additional details.

3. *Please attach or indicate the timeframe for the annual evaluation of the FRN Coordinator/Director by the Board of Directors.*
Standards of good non-profit management require that the Board of Directors evaluate the Coordinator/Director each year. Many FRNs already do this and can just provide a copy of the evaluation. For those who do not already have an evaluation form, the Department will provide a "template" for each Board to adapt and use as they see fit. If the evaluation has not been completed, please just indicate when it will be. It is ok to even be general i.e. "I will be evaluated in January." As long as your evaluation is turned in by August 15th, you have met the requirement. If it has already been turned in, please indicate this i.e. "Annual evaluation was e-mailed to Gary Keen in November 2014" or other similar wording.

4. *Describe any dollars leveraged or received in-kind as a direct result of FRN Efforts.*
Here is where we can list all the monies brought to the communities by the FRN. These include grants, donations, and in-kind donations. This will show what a difference we make in the community by leveraging our resources.

List Attachments to this Report here:

Please list any attachments here in case the report gets separated from them. Your assistance is appreciated!