

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
CONTRACT MODIFICATION FORM

Provider Agency Name Partnership for Maternal and Child Health of NNJ Modification # 2
Fiscal-Year-End 12/31 Contract Term 1/1/21 thru 6/30/22

Contract # 21BUPP Cognizant Contract: Yes No X
Division(s) affected by the Modification

Date of most recently approved Contract Modification: N/A

Requested effective date for this Contract Modification: 3/1/21

Check applicable area(s) for modification:

- 1) X Change to the Reimbursable Ceiling: from \$4,475,567 to \$5,500,646
2) Increase in Total Cost: from to
3) Change in the Contract Term: currently from / / to / / to the revised term / / to / /
4) Change exceeding the Flexible Limits.
5) Transfer of budgeted cost across DCF Contracts or Clusters.
6) Transfer of federal and/or other revenue across DCF Contracts or Clusters.
7) Change to the method of allocating G&A, the indirect cost rate and/or its application.
8) Addition or deletion of an entire Budget Category (A through M individually).
9) Addition of Line Items within Budget Category (B) Consultants and Professional Fees.
10) Equipment not in approved budget above \$5,000 per item.
11) Change in payment methodology.
12) Change in the payment rate(s)
13) Change in target population
14) Change in contracted performance standards
15) Change in contracted level of service
16) Change in contracted staff/client ratios.
17) Change of Subcontractors providing direct services or change to subcontracted direct services.

Please attach an explanation

This form, its attachments and/or revised section(s) of the programmatic Annex A and/or the revised itemized Annex B Budget or Rate Information Summary, constitute this entire Contract Modification. The persons whose signatures appear below agree to this Contract Modification.

BY: (Signature)
(Type name)

BY: (Signature)
(Type name)

Title President & CEO

Title Business Administrator

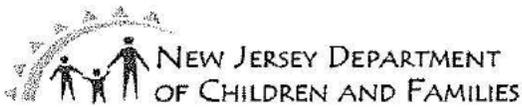
Provider Partnership of Mater & Child Health of NNJ
Agency:

Departmental
Component: DCF

Date: 12/23/2021

Date: 2/22/2022

DATE EFFECTIVE: 3/1/2021



NEW JERSEY DEPARTMENT
OF CHILDREN AND FAMILIES

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 1 of 2

Provider Partnership for Maternal and Child Health of Northern NJ, Inc.
 Division FCP
 Contract 21BUPP
 Dates 1/1/2021 to 6/30/2022

Contract Characteristics

Reporting Requirements

- None
- Monthly
- Quarterly
- Other

Advance Payments

- None
- Monthly

Type of Contract

- Cost Related
- Non-Cost Related

Reimbursement Type

- Periodic Reported Expenditures
- Installments
- Provisional
- Fixed Rate

Account and CFDA Information	Amt
1610-062 TITLE IV - (93.556)	\$360,500.00
1620-062 NURSE FP - ST AID GRTS	\$167,382.00
1620-080 NJ Home Visiting Initiative	\$78,556.00
1620-081 Healthy Families America	\$141,055.00
1630-010 EARLY CHILDHOOD SERVICES - GIA	\$917,084.00
1630-024 FAMILY SUPPORT SERVICES	\$420,000.00
1630-032 COMMBASE - (93.590)	\$302,000.00
1630-039 TANF EARLY START KIDS NEEDS (93.558)	\$587,620.00
1630-040 TANF-TIP/INITIATIVE FOR PARENTS (93.558)	\$823,815.00
1630-044 MATERNAL INFANT & EARLY CHILD (93.870)	\$1,161,327.00
1630-065 COMM BASED INTEGRATED SERV SYS (93.110)	\$11,663.00
1630-086 PRESCHOOL DEVELOPMENT GRANT (93.434)	\$450,000.00
1630-098 COVID ARP Home Visiting (93.870)	\$79,644.00
Grand Total	\$5,500,646.00

Authorized Provider Signature

[Redacted Signature]

Date 12/23/2021

DCF Contract Supervisor Signature

[Redacted Signature]

Date 2/18/2022

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 2 of 2

Provider **Partnership for Maternal and Child Health of Northern NJ, Inc.**
 Division **FCP**
 Contract **21BUPP**
 Dates **1/1/2021** to **6/30/2022**

Original Contract Ceiling
\$4,408,821.00

Contract Modifications	
Mod 1	\$66,746.00
Mod 2	\$1,025,079.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00
	\$1,091,825.00

Total Contract Ceiling
\$5,500,646.00

Total Match Amount
\$0.00

Amended Contract Ceiling *
\$5,500,646.00

Payments by Month *	
2021 January	\$332,447.00
2021 February	\$332,420.00
2021 March	\$334,420.00
2021 April	\$332,420.00
2021 May	\$332,420.00
2021 June	\$344,211.00
2021 July	\$348,887.00
2021 August	\$358,997.00
2021 September	\$359,000.00
2021 October	\$359,001.00
2021 November	\$358,997.00
2021 December	\$359,040.00
2022 January	\$224,731.00
2022 February	\$224,722.00
2022 March	\$224,722.00
2022 April	\$224,722.00
2022 May	\$224,722.00
2022 June	\$224,767.00
Grand Total	\$5,500,646.00

Payments by State Fiscal Year *		
2021	1610-062	\$131,957.00
2021	1630-086	\$225,000.00
2021	1630-040	\$274,605.00
2021	1630-024	\$140,000.00
2021	1630-032	\$102,000.00
2021	1630-044	\$580,660.00
2021	1630-039	\$195,873.00
2021	1630-010	\$305,694.00
2021	1620-062	\$42,552.00
2021	1630-065	\$9,997.00
2022	1610-062	\$228,543.00
2022	1630-086	\$225,000.00
2022	1630-040	\$549,210.00
2022	1630-024	\$280,000.00
2022	1630-032	\$200,000.00
2022	1630-044	\$580,667.00
2022	1630-039	\$391,747.00
2022	1630-010	\$611,390.00
2022	1620-062	\$124,830.00
2022	1630-065	\$1,666.00
2022	1630-098	\$79,644.00
2022	1620-080	\$78,556.00
2022	1620-081	\$141,055.00
Grand Total		\$5,500,646.00

* Please note, if this SEC contains mortgage repayment(s) those deductions are reflected.



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Irvington Family Development CTR

Contract Administrator XXXXXXXXXX

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	Annualized		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	January	21	\$20,000.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$20,000.00
	March	21	\$20,000.00
	April	21	\$20,000.00
	May	21	\$20,000.00
	June	21	\$20,000.00
	July	21	\$20,000.00
	August	21	\$20,000.00
Match Required? (enter Yes/No)	September	21	\$20,000.00
	October	21	\$20,000.00
	November	21	\$20,000.00
	December	21	\$20,000.00
0.0%	Total		\$240,000.00

Type of Funding	Annualized		
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	January	22	\$20,000.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	22	\$20,000.00
	March	22	\$20,000.00
	April	22	\$20,000.00
	May	22	\$20,000.00
	June	22	\$20,000.00
Match Required? (enter Yes/No)			
0.0%	Total		\$120,000.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage 0.00%
 Component Match Amount \$0 00
 Original Component Ceiling \$360,000 00
 Modifications to Component Ceiling \$0 00
 Total Component Ceiling \$360,000 00

Mod 1	\$0.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Morris County Family Success CTR

Contract Administrator XXXXXXXXXX

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding Annualized			
1630-032 COMMBASE - (93.590)			
	Month	YY	Amount
	January	21	\$16,670.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$16,666.00
	March	21	\$16,666.00
	April	21	\$16,666.00
	May	21	\$16,666.00
	June	21	\$16,666.00
	July	21	\$16,666.00
	August	21	\$16,666.00
Match Required? (enter Yes/No)	September	21	\$16,666.00
	October	21	\$16,666.00
	November	21	\$16,666.00
	December	21	\$16,670.00
0.0%	Total		\$200,000.00

Type of Funding Annualized			
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	January	21	\$3,335.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$3,333.00
	March	21	\$3,333.00
	April	21	\$3,333.00
	May	21	\$3,333.00
	June	21	\$3,333.00
	July	21	\$3,333.00
	August	21	\$3,333.00
Match Required? (enter Yes/No)	September	21	\$3,333.00
	October	21	\$3,333.00
	November	21	\$3,333.00
	December	21	\$3,335.00
0.0%	Total		\$40,000.00

Type of Funding Annualized			
1630-032 COMMBASE - (93.590)			
	Month	YY	Amount
	January	22	\$16,670.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	22	\$16,666.00
	March	22	\$16,666.00
	April	22	\$16,666.00
	May	22	\$16,666.00
	June	22	\$16,666.00
Match Required? (enter Yes/No)			
0.0%	Total		\$100,000.00

Type of Funding Annualized			
1630-024 FAMILY SUPPORT SERVICES			
	Month	YY	Amount
	January	22	\$3,335.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	22	\$3,333.00
	March	22	\$3,333.00
	April	22	\$3,333.00
	May	22	\$3,333.00
	June	22	\$3,333.00
Match Required? (enter Yes/No)			
0.0%	Total		\$20,000.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$360,000 00
Modifications to Component Ceiling	\$0 00
Total Component Ceiling	\$360,000 00
Mod 1	\$0.00
Mod 2	\$0.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:

APU:1630-039,CFDA# 93.590 FY19 & FY20. Please note CBCAP funding requires a 20% match, which can either be cash or in-kind, as match may be in-kind the amount of \$40,000 is not included in the component match amount.



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Bergen/Morris - Parent as Teacher (PAT)

Contract Administrator XXXXXXXXXX

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-044 MATERNAL INFANT & EARLY CHILD (93.870)			
	Month	YY	Amount
	January	21	\$16,250.00
Enter Mod # 1 thru 10 above.	February	21	\$16,250.00
If new or renewal leave blank	March	21	\$16,250.00
	April	21	\$16,250.00
	May	21	\$16,250.00
	June	21	\$16,250.00
	July	21	\$16,250.00
	August	21	\$16,250.00
Match Required? (enter Yes/No)	September	21	\$16,250.00
0.0%	October	21	\$16,250.00
	November	21	\$16,250.00
	December	21	\$16,250.00
	Total		\$195,000.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$195,000 00
Modifications to Component Ceiling	\$0 00
Total Component Ceiling	\$195,000 00
Mod 1	\$0.00
Mod 2	\$0.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:

APU: 1630-044,CFDA# 93.870 FY 19 7 FY 20

Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Healthy Families/TIP of Passaic Co.

Contract Administrator [REDACTED]

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding: 1-Time Funding			
1630-039 TANF EARLY START KIDS NEEDS (93.558)			
	Month	YY	Amount
	January	21	\$11,934.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$11,933.00
	March	21	\$11,933.00
	April	21	\$11,933.00
	May	21	\$11,933.00
	June	21	\$11,933.00
	July	21	\$11,933.00
	August	21	\$11,933.00
	September	21	\$11,934.00
Match Required? (enter Yes/No)			
0.0%	Total		\$107,399.00

Type of Funding: Annualized			
1610-062 TITLE IV - (93.556)			
	Month	YY	Amount
	January	21	\$8,239.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$8,236.00
	March	21	\$8,236.00
	April	21	\$8,236.00
	May	21	\$8,236.00
	June	21	\$8,236.00
	July	21	\$8,236.00
	August	21	\$8,236.00
	September	21	\$8,236.00
	October	21	\$8,236.00
	November	21	\$8,236.00
	December	21	\$8,240.00
Match Required? (enter Yes/No)			
0.0%	Total		\$98,839.00

Type of Funding: Annualized			
1630-010 EARLY CHILDHOOD SERVICES - GIA			
	Month	YY	Amount
	January	21	\$9,365.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$9,364.00
	March	21	\$9,364.00
	April	21	\$9,364.00
	May	21	\$9,364.00
	June	21	\$9,364.00
	July	21	\$9,364.00
	August	21	\$9,364.00
	September	21	\$9,364.00
	October	21	\$9,364.00
	November	21	\$9,364.00
	December	21	\$9,366.00
Match Required? (enter Yes/No)			
0.0%	Total		\$112,371.00

Type of Funding: 1-Time Funding			
1630-040 TANF-TIP/INITIATIVE FOR PARENTS (93.558)			
	Month	YY	Amount
	January	21	\$19,380.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$19,380.00
	March	21	\$19,380.00
	April	21	\$19,380.00
	May	21	\$19,380.00
	June	21	\$19,380.00
	July	21	\$19,380.00
	August	21	\$19,380.00
	September	21	\$19,380.00
Match Required? (enter Yes/No)			
0.0%	Total		\$174,420.00

Type of Funding: 1-Time Funding			
1630-044 MATERNAL INFANT & EARLY CHILD (93.870)			
	Month	YY	Amount
	January	21	\$8,431.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$8,426.00
	March	21	\$8,426.00
	April	21	\$8,426.00
	May	21	\$8,426.00
	June	21	\$8,426.00
	July	21	\$8,426.00
	August	21	\$8,426.00
	September	21	\$8,426.00
	October	21	\$8,426.00
	November	21	\$8,426.00
	December	21	\$8,430.00
Match Required? (enter Yes/No)			
0.0%	Total		\$101,121.00

Type of Funding: Annualized			
1610-062 TITLE IV - (93.556)			
	Month	YY	Amount
	January	22	\$8,239.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	22	\$8,236.00
	March	22	\$8,236.00
	April	22	\$8,236.00
	May	22	\$8,236.00
	June	22	\$8,236.00
Match Required? (enter Yes/No)			
0.0%	Total		\$49,419.00

Type of Funding: Annualized			
1630-010 EARLY CHILDHOOD SERVICES - GIA			
	Month	YY	Amount
	January	22	\$9,364.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	22	\$9,364.00
	March	22	\$9,364.00
	April	22	\$9,364.00
	May	22	\$9,364.00
	June	22	\$9,365.00
Match Required? (enter Yes/No)			
0.0%	Total		\$56,185.00

Type of Funding: 1-Time Funding			
1630-039 TANF EARLY START KIDS NEEDS (93.558)			
	Month	YY	Amount
2	October	21	\$11,933.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	November	21	\$11,933.00
	December	21	\$11,933.00
	January	22	\$11,933.00
	February	22	\$11,933.00
	March	22	\$11,933.00
	April	22	\$11,933.00
	May	22	\$11,933.00
	June	22	\$11,935.00
Match Required? (enter Yes/No)			
0.0%	Total		\$107,399.00

Type of Funding: 1-Time Funding			
1630-040 TANF-TIP/INITIATIVE FOR PARENTS (93.558)			
	Month	YY	Amount
2	October	21	\$19,224.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	November	21	\$19,222.00
	December	21	\$19,222.00
	January	22	\$19,222.00
	February	22	\$19,222.00
	March	22	\$19,222.00
	April	22	\$19,222.00
	May	22	\$19,222.00
	June	22	\$19,223.00
Match Required? (enter Yes/No)			
0.0%	Total		\$173,001.00

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$699,754.00
Modifications to Component Ceiling	\$280,400.00
Total Component Ceiling	\$980,154.00
Mod 1	\$0.00
Mod 2	\$280,400.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:

APU: 1630-039 7 1630-040, CFDA# 93.558 FY 19 & FY 20
 APU: 1610-062, CFDA# 93.556 FY 19 & FY 20



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Healthy Families/TIP of Essex Co

Contract Administrator

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding 1-Time Funding			
1630-039 TANF EARLY START KIDS NEEDS (93.558)			
2	Month	YY	Amount
	October	21	\$8,220.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	November	21	\$8,220.00
	December	21	\$8,220.00
	January	22	\$8,220.00
	February	22	\$8,220.00
	March	22	\$8,220.00
	April	22	\$8,220.00
	May	22	\$8,220.00
	June	22	\$8,220.00
Match Required? (enter Yes/No)			
0.0%	Total		\$73,980.00

Type of Funding 1-Time Funding			
1630-039 TANF EARLY START KIDS NEEDS (93.558)			
2	Month	YY	Amount
	October	21	\$8,052.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	November	21	\$8,050.00
	December	21	\$8,050.00
	January	22	\$8,050.00
	February	22	\$8,050.00
	March	22	\$8,050.00
	April	22	\$8,050.00
	May	22	\$8,050.00
	June	22	\$8,051.00
Match Required? (enter Yes/No)			
0.0%	Total		\$72,453.00

Type of Funding 1-Time Funding			
1630-040 TANF-TIP/INITIATIVE FOR PARENTS (93.558)			
2	Month	YY	Amount
	October	21	\$26,545.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	November	21	\$26,545.00
	December	21	\$26,545.00
	January	22	\$26,545.00
	February	22	\$26,545.00
	March	22	\$26,545.00
	April	22	\$26,545.00
	May	22	\$26,545.00
	June	22	\$26,547.00
Match Required? (enter Yes/No)			
0.0%	Total		\$238,907.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$0 00
Modifications to Component Ceiling	\$385,340 00
Total Component Ceiling	\$385,340 00
Mod 1	\$0.00
Mod 2	\$385,340.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Bergen Passaic Co. Nurse Family Partnership

Contract Administrator

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding: Annualized			
1630-010 EARLY CHILDHOOD SERVICES - GIA			
	Month	YY	Amount
	January	21	\$35,085.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$35,085.00
	March	21	\$35,085.00
	April	21	\$35,085.00
	May	21	\$35,085.00
	June	21	\$35,085.00
	July	21	\$35,085.00
	August	21	\$35,085.00
Match Required? (enter Yes/No)	September	21	\$35,085.00
	October	21	\$35,085.00
	November	21	\$35,085.00
	December	21	\$35,085.00
0.0%	Total		\$421,020.00

Type of Funding: 1-Time Funding			
1630-044 MATERNAL INFANT & EARLY CHILD (93.870)			
	Month	YY	Amount
	January	21	\$43,900.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$43,894.00
	March	21	\$43,894.00
	April	21	\$43,894.00
	May	21	\$43,894.00
	June	21	\$43,894.00
	July	21	\$43,894.00
	August	21	\$43,894.00
Match Required? (enter Yes/No)	September	21	\$43,894.00
	October	21	\$43,894.00
	November	21	\$43,894.00
	December	21	\$43,894.00
0.0%	Total		\$526,734.00

Type of Funding: 1-Time Funding			
1620-062 NURSE FP -ST AID GRTS			
	Month	YY	Amount
	January	21	\$7,092.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$7,092.00
	March	21	\$7,092.00
	April	21	\$7,092.00
	May	21	\$7,092.00
	June	21	\$7,092.00
Match Required? (enter Yes/No)			
0.0%	Total		\$42,552.00

Type of Funding: Annualized			
1630-010 EARLY CHILDHOOD SERVICES - GIA			
	Month	YY	Amount
	January	22	\$35,085.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	22	\$35,085.00
	March	22	\$35,085.00
	April	22	\$35,085.00
	May	22	\$35,085.00
	June	22	\$35,085.00
Match Required? (enter Yes/No)			
0.0%	Total		\$210,510.00

Type of Funding: 1-Time Funding			
1620-062 NURSE FP -ST AID GRTS			
1	Month	YY	Amount
	July	21	\$5,398.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	August	21	\$5,395.00
	September	21	\$5,395.00
	October	21	\$5,395.00
	November	21	\$5,395.00
	December	21	\$5,395.00
	January	22	\$5,395.00
	February	22	\$5,395.00
Match Required? (enter Yes/No)	March	22	\$5,395.00
	April	22	\$5,395.00
	May	22	\$5,395.00
	June	22	\$5,398.00
0.0%	Total		\$64,746.00

Type of Funding: (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding: (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding: (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding: (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$1,200,816.00
Modifications to Component Ceiling	\$64,746.00
Total Component Ceiling	\$1,265,562.00

Mod 1	\$64,746.00	Mod 6	\$0.00
Mod 2	\$0.00	Mod 7	\$0.00
Mod 3	\$0.00	Mod 8	\$0.00
Mod 4	\$0.00	Mod 9	\$0.00
Mod 5	\$0.00	Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Central Intake Passaic - SEC

Contract Administrator

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-044 MATERNAL INFANT & EARLY CHILD (93.870)			
	Month	YY	Amount
	January	21	\$8,333.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$8,333.00
	March	21	\$8,333.00
	April	21	\$8,333.00
	May	21	\$8,333.00
	June	21	\$8,333.00
	July	21	\$8,333.00
	August	21	\$8,333.00
Match Required? (enter Yes/No)	September	21	\$8,333.00
	October	21	\$8,333.00
	November	21	\$8,333.00
	December	21	\$8,337.00
0.0%	Total		\$100,000.00

Type of Funding	1-Time Funding		
1630-065 COMM BASED INTEGRATED SERV SYS (93.110)			
	Month	YY	Amount
	January	21	\$1,662.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$1,667.00
	March	21	\$1,667.00
	April	21	\$1,667.00
	May	21	\$1,667.00
	June	21	\$1,667.00
	July	21	\$1,666.00
Match Required? (enter Yes/No)			
0.0%	Total		\$11,663.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$111,663 00
Modifications to Component Ceiling	\$0 00
Total Component Ceiling	\$111,663 00
Mod 1	\$0.00
Mod 2	\$0.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Warren - Parents as Teachers (PAT)

Contract Administrator XXXXXXXXXX

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-044 MATERNAL INFANT & EARLY CHILD (93.870)			
	Month	YY	Amount
	January	21	\$13,500.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$13,500.00
	March	21	\$13,500.00
	April	21	\$13,500.00
	May	21	\$13,500.00
	June	21	\$13,500.00
	July	21	\$13,500.00
	August	21	\$13,500.00
Match Required? (enter Yes/No)	September	21	\$13,500.00
	October	21	\$13,500.00
	November	21	\$13,500.00
	December	21	\$13,500.00
0.0%	Total		\$162,000.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$162,000 00
Modifications to Component Ceiling	\$0 00
Total Component Ceiling	\$162,000 00
Mod 1	\$0.00
Mod 2	\$0.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Central Intake Passaic Hudson Bergen Union Morris

Contract Administrator

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-086 PRESCHOOL DEVELOPMENT GRANT (93.434)			
	Month	YY	Amount
	January	21	\$37,500.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	February	21	\$37,500.00
	March	21	\$37,500.00
	April	21	\$37,500.00
	May	21	\$37,500.00
	June	21	\$37,500.00
	July	21	\$37,500.00
	August	21	\$37,500.00
Match Required? (enter Yes/No)	September	21	\$37,500.00
	October	21	\$37,500.00
	November	21	\$37,500.00
	December	21	\$37,500.00
0.0%	Total		\$450,000.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$450,000 00
Modifications to Component Ceiling	\$0 00
Total Component Ceiling	\$450,000 00
Mod 1	\$0.00
Mod 2	\$0.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name NJ Child Abuse Prev & Awar Fam Event

Contract Administrator

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-032 COMMBASE - (93.590)			
1	Month	YY	Amount
	March	21	\$2,000.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$2,000.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$0 00
Modifications to Component Ceiling	\$2,000 00
Total Component Ceiling	\$2,000 00
Mod 1	\$2,000.00
Mod 2	\$0.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Covid ARP Home Visiting Bergen/Morris-PAT

Contract Administrator

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-098 COVID ARP Home Visiting (93.870)			
2	Month	YY	Amount
	July	21	\$569.00
Enter Mod # 1 thru 10 above.	August	21	\$568.00
	September	21	\$568.00
	October	21	\$568.00
	November	21	\$568.00
If new or renewal leave blank	December	21	\$568.00
	January	22	\$568.00
	February	22	\$568.00
Match Required? (enter Yes/No)	March	22	\$568.00
	April	22	\$568.00
	May	22	\$568.00
	June	22	\$578.00
0.0%	Total		\$6,827.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$0 00
Modifications to Component Ceiling	\$6,827 00
Total Component Ceiling	\$6,827 00
Mod 1	\$0.00
Mod 2	\$6,827.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Covid ARP Home Visiting HF Passaic

Contract Administrator

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-098 COVID ARP Home Visiting (93.870)			
2	Month	YY	Amount
	July	21	\$1,726.00
Enter Mod # 1 thru 10 above.	August	21	\$1,725.00
If new or renewal leave blank	September	21	\$1,725.00
	October	21	\$1,725.00
	November	21	\$1,725.00
	December	21	\$1,725.00
	January	22	\$1,725.00
	February	22	\$1,725.00
	March	22	\$1,725.00
Match Required? (enter Yes/No)	April	22	\$1,725.00
	May	22	\$1,725.00
	June	22	\$1,731.00
0.0%	Total		\$20,707.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$0 00
Modifications to Component Ceiling	\$20,707 00
Total Component Ceiling	\$20,707 00
Mod 1	\$0.00
Mod 2	\$20,707.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Covid ARP Home Visiting HF Morris/Essex

Contract Administrator

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-098 COVID ARP Home Visiting (93.870)			
2	Month	YY	Amount
	July	21	\$1,972.00
Enter Mod # 1 thru 10 above.	August	21	\$1,972.00
If new or renewal leave blank	September	21	\$1,972.00
	October	21	\$1,972.00
	November	21	\$1,972.00
	December	21	\$1,972.00
	January	22	\$1,972.00
	February	22	\$1,972.00
	March	22	\$1,972.00
Match Required? (enter Yes/No)	April	22	\$1,972.00
	May	22	\$1,972.00
	June	22	\$1,973.00
0.0%	Total		\$23,665.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$0 00
Modifications to Component Ceiling	\$23,665 00
Total Component Ceiling	\$23,665 00
Mod 1	\$0.00
Mod 2	\$23,665.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Covid ARP Home Visitation NFP Bergen/Passaic

Contract Administrator XXXXXXXXXX

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-098 COVID ARP Home Visiting (93.870)			
2	Month	YY	Amount
	July	21	\$1,897.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	August	21	\$1,896.00
	September	21	\$1,896.00
	October	21	\$1,896.00
	November	21	\$1,896.00
	December	21	\$1,896.00
	January	22	\$1,896.00
	February	22	\$1,896.00
Match Required? (enter Yes/No)	March	22	\$1,896.00
	April	22	\$1,896.00
	May	22	\$1,896.00
	June	22	\$1,899.00
0.0%	Total		\$22,756.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$0 00
Modifications to Component Ceiling	\$22,756 00
Total Component Ceiling	\$22,756 00
Mod 1	\$0.00
Mod 2	\$22,756.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Covid ARP Home Visitation PAT Warren

Contract Administrator

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1630-098 COVID ARP Home Visiting (93.870)			
2	Month	YY	Amount
	July	21	\$474.00
Enter Mod # 1 thru 10 above.	August	21	\$474.00
	September	21	\$474.00
	October	21	\$474.00
If new or renewal leave blank	November	21	\$474.00
	December	21	\$474.00
	January	22	\$474.00
	February	22	\$474.00
Match Required?	March	22	\$474.00
	April	22	\$474.00
(enter Yes/No)	May	22	\$474.00
	June	22	\$475.00
0.0%	Total		\$5,689.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required?			
(enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$0 00
Modifications to Component Ceiling	\$5,689 00
Total Component Ceiling	\$5,689 00
Mod 1	\$0.00
Mod 2	\$5,689.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name NJ Home Visiting Initiative (PAT) Bergen/Morris

Contract Administrator XXXXXXXXXX

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1620-080 NJ Home Visiting Initiative			
2	Month	YY	Amount
	July	21	\$3,459.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	August	21	\$3,457.00
	September	21	\$3,457.00
	October	21	\$3,457.00
	November	21	\$3,457.00
	December	21	\$3,457.00
	January	22	\$3,457.00
	February	22	\$3,457.00
Match Required? (enter Yes/No)	March	22	\$3,457.00
	April	22	\$3,457.00
	May	22	\$3,457.00
	June	22	\$3,461.00
0.0%	Total		\$41,490.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$0.00
Modifications to Component Ceiling	\$41,490.00
Total Component Ceiling	\$41,490.00
Mod 1	\$0.00
Mod 2	\$41,490.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name NJ Home Visiting Initiative (PAT) Warren

Contract Administrator

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1620-080 NJ Home Visiting Initiative			
2	Month	YY	Amount
	July	21	\$3,092.00
Enter Mod # 1 thru 10 above.	August	21	\$3,088.00
	September	21	\$3,088.00
	October	21	\$3,088.00
	November	21	\$3,088.00
If new or renewal leave blank	December	21	\$3,088.00
	January	22	\$3,088.00
	February	22	\$3,088.00
Match Required? (enter Yes/No)	March	22	\$3,088.00
	April	22	\$3,088.00
	May	22	\$3,088.00
	June	22	\$3,094.00
0.0%	Total		\$37,066.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$0 00
Modifications to Component Ceiling	\$37,066 00
Total Component Ceiling	\$37,066 00
Mod 1	\$0.00
Mod 2	\$37,066.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Nurse Family Partnership Bergen/Passaic Leg

Contract Administrator

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1620-062 NURSE FP -ST AID GRTS			
2	Month	YY	Amount
	July	21	\$5,007.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	August	21	\$5,007.00
	September	21	\$5,007.00
	October	21	\$5,007.00
	November	21	\$5,007.00
	December	21	\$5,007.00
	January	22	\$5,007.00
	February	22	\$5,007.00
Match Required? (enter Yes/No)	March	22	\$5,007.00
	April	22	\$5,007.00
	May	22	\$5,007.00
	June	22	\$5,007.00
0.0%	Total		\$60,084.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$0.00
Modifications to Component Ceiling	\$60,084.00
Total Component Ceiling	\$60,084.00
Mod 1	\$0.00
Mod 2	\$60,084.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Healthy Families America Morris Essex

Contract Administrator

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1620-081 Healthy Families America			
2	Month	YY	Amount
	July	21	\$6,414.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	August	21	\$6,412.00
	September	21	\$6,412.00
	October	21	\$6,412.00
	November	21	\$6,412.00
	December	21	\$6,412.00
	January	22	\$6,412.00
	February	22	\$6,412.00
Match Required? (enter Yes/No)	March	22	\$6,412.00
	April	22	\$6,412.00
	May	22	\$6,412.00
	June	22	\$6,415.00
0.0%	Total		\$76,949.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$0 00
Modifications to Component Ceiling	\$76,949 00
Total Component Ceiling	\$76,949 00
Mod 1	\$0.00
Mod 2	\$76,949.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:



Schedule of Estimated Claims

Third Party Contracts

Provider Name Partnership for Maternal and Child Health of Northern NJ, Inc.

Component Name Healthy Families America Passaic

Contract Administrator

Division	FCP	Contract No	21BUPP	Contract Start	1/1/2021	Contract End	6/30/2022
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Type of Funding	1-Time Funding		
1620-081 Healthy Families America			
2	Month	YY	Amount
	July	21	\$5,343.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	August	21	\$5,342.00
	September	21	\$5,342.00
	October	21	\$5,342.00
	November	21	\$5,342.00
	December	21	\$5,342.00
	January	22	\$5,342.00
	February	22	\$5,342.00
Match Required? (enter Yes/No)	March	22	\$5,342.00
	April	22	\$5,342.00
	May	22	\$5,342.00
	June	22	\$5,343.00
0.0%	Total		\$64,106.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding	(enter Type of Funding here from drop-down)		
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above. If new or renewal leave blank			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0 00
Original Component Ceiling	\$0 00
Modifications to Component Ceiling	\$64,106 00
Total Component Ceiling	\$64,106 00
Mod 1	\$0.00
Mod 2	\$64,106.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:

1 | THE SOURCE |
 Agency: The Partnership for Maternal and Child Health of Northern New Jersey Inc
 Contract#: 20BUPP

PURPOSE:
 BUDGET PREPARATION
 MODIFICATION BUDGET
 EXPENDITURE REPORT
 PERIOD COVERED: 2/1/21-6/30/22

DESCRIPTION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
	0 AL	IFDC	MCFS	Bergen Morris PA	Passaic HF	Morris Essex HF	Bergen Passaic NFP	Passaic CI	Warren PA	PDG	COVID ARP Home Visiting Bergen Morris	COVID ARP Home Visiting HF Passaic	COVID ARP Home Visiting HF Morris/Essex	COVID ARP Home Visitation NFP Bergen/Passaic	COVID ARP Home Visitation PA Warren	N Home Visiting Initiative (PA) Bergen/Morris	N Home Visiting Initiative (PA) Warren	Nurse Family Partnership Bergen Passaic	Healthy Families America Morris Essex	Healthy Families America Passaic	Non DCF	0	0	0	0	0	0	UNALLOWABLE C O S S	GENERAL AND ADMINISTRATIVE C O S S
In-Kind Support of Remaining Program Expenses	\$ 716,371				\$ 23,21	\$ 5,675	\$ 68,216	\$ 19,816	\$ 5,150												\$ 55,300								
Expected Future Funds from DCF	\$ 805,657			\$ 97,500	\$ 51,980	\$ 36,809	\$ 263,370	\$ 9,998	\$ 81,000	\$ 225,000																			
	\$																												
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total K Revenue	\$ 1,522,028	\$	\$	\$ 97,500	\$ 76,194	\$ 82,484	\$ 331,586	\$ 69,814	\$ 86,150	\$ 225,000	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 554,300	\$	\$	\$	\$	\$	\$	\$	

Supporting documentation is required to substantiate the allocations

Agency: The Partnership for Materna

Contract#: 20BUPP

THIS SCHEDULE IS NOT

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B
SCHEDULE 3-APPLICABLE CREDITS
PAGE 27 OF 31

PURPOSE
BUDGET PREPARATION
MODIFICATION BUDGET
EXPENDITURE REPORT
PERIOD COVERED

7/1/21-6/30/22

#	DESCRIPTION OF CREDIT/INCOME	AMOUNT	TREATMENT (EXPENSE ITEM OR CATEGORY OFFSET)	EXPLANATORY NOTES
1				
2				
3				
4				
5				
6				
7				
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17				
18				

Notice of Standard Contract Requirements, Processes, and Policies

I. Instructions:

Please carefully read all the information on these page(s) and then sign, scan, and email this executed document to: OfficeOf.ContractAdministration@DCF.NJ.Gov

II. Organizations awarded contracts are required to comply with:

- A. the terms and conditions of the Department of Children and Families' (DCF) contracting rules and regulations as set forth in the Standard Language Document (SLD), or the Individual Provider Agreement (IPA), or Department Agreement with a State Entity. Contractors may view these items on the internet at: <https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>
- B. the terms and conditions of the policies of the Contract Reimbursement Manual and the Contract Policy and Information Manual. Contractors may review these items on the internet at: <https://www.nj.gov/dcf/providers/contracting/manuals>
- C. all applicable State and Federal laws and statues, assurances, certifications, and regulations.
- D. the Equal Employment Opportunity (EEO) requirements of the State Affirmative Action Policy, N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27.
- E. the laws relating to Anti-Discrimination, including N.J.S.A 10:2-1, Discrimination in Employment on Public Works.
- F. the Diane B. Allen Equal Pay Act, N.J.S.A. 34:11-56.14 and N.J.A.C. 12:10-1.1 et seq., mandate to provide the Commissioner of Labor and Workforce Development a report regarding the compensation and hours worked by employees categorized by gender, race, ethnicity, and job category using the report templates found at <https://nj.gov/labor/equalpay/equalpay.html>.
- G. the confidentiality rules and regulations related to the recipients of contracted services including, but not limited to:
 - 1. Compliance with 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.

2. Maintenance of client specific and patient personal health information (PHI) and other sensitive and confidential information in accordance with all applicable New Jersey and Federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 3. Safeguarding of the confidentiality of case information as mandated by N.J.S.A. 9:68.10a with the understanding that the release of any information may be in violation of State law and may result in the conviction of individuals for a disorderly person's level offense as well as possibly other disciplinary, civil, or criminal actions pursuant to N.J.S.A. 9:6-8.10b.
 4. Ensuring the content of every contractor's web site protects the confidentiality of and avoids misinformation about the youth served and provides visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.
- H. the terms of Executive Order No. 291 (EO 291) issued March 7, 2022; and DCF Administrative Order 14 titled Limitations on Activity Involving Russia, Belarus, and Ukraine; prohibiting the use of DCF funds to knowingly procure goods or services from any entity owned by or closely tied to the governments of Russia or Belarus, their instrumentalities, or companies investing directly in the same. In addition, every entity contracting with the State must submit to DCF a copy of a signed certification that it is not engaged in prohibited activities in Russia or Belarus, as defined in L.2022, c.3 (S1889). The certification is available at:
<https://www.nj.gov/dcf/providers/contracting/forms/>
- I. the requirement of N.J.S.A. 52:34-15 to warrant, by signing this document, that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by the contractor for the purpose of securing business. If a breach or violation of this section occurs, the State shall have the right to terminate the contract without liability or in its discretion to deduct from the contract price or consideration the full amount of such commission, percentage, brokerage, or contingent fee.

III. Organizations awarded contracts are advised:

- A. As noted in Section 5.12 of the SLD, or in Section 5.03 of the IPA, the initial provision of funding and the continuation of such funding under this contract is expressly dependent upon the availability to DCF of funds appropriated by the State Legislature and the availability of resources. Funds awarded under this contract program may

not be used to supplant or duplicate existing funding. If any scheduled payments are authorized under this contract, they will be subject to revision based on any audit or audits required by Section 3.13 Audit of the Standard Language Document (SLD) and the contract close-out described in: [Contract Closeout - CON-I-A-7-7.01.2007 \(nj.gov\)](https://www.nj.gov/contract-closeout)

- B. All documentation related to products, transactions, proof of services and payments under this contract must be maintained for a period of five years from the date of final payment and shall be made available to the New Jersey Office of the State Comptroller upon request.
- C. Any software purchased in connection with the proposed project must receive prior approval from the New Jersey Office of Information Technology, and any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.
- D. Any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.
- E. Contractors shall maintain a financial management system consistent with all the requirements of Section 3.12 of the SLD or the IPA.
- F. As defined in N.J.S.A. 52:32-33, contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320 b-8 to serve in this State.
- G. DCF endorsed the Prevent Child Abuse of New Jersey's (PCANJ) Sexual Abuse Safe-Child Standards (Standards) as a preventative tool for contractors working with youth and children to reference when implementing policies and procedures to minimize the risks of the occurrence of child sexual abuse. The Standards are available on the internet at: <https://www.nj.gov/dcf/SafeChildStandards.pdf>
- H. NJ Rev Stat § 9.6-8.10f (2017) requires the Department of Children and Families (DCF) to conduct a check of its child abuse registry for each person who is seeking employment in any facility or program that is licensed, contracted, regulated, or funded by DCF to determine if the person is included on the child abuse registry as a substantiated perpetrator of child abuse or neglect. Contractors are to utilize the Child Abuse Record Information (CARI) Online Application to set-up a facility account by visiting: <https://www.njportal.com/dcf/cari>
- I. DCF staff may conduct site visits to monitor the progress and problems of its contractors in conforming to all contract requirements and in accomplishing its

responsibilities. The contractor may receive a written report of the site visit findings and may be expected to submit a plan of correction, if necessary, for overcoming any problems found. Corrective Action Plan (CAP) requirements, timeframes and consequences are explained on the internet at: https://www.nj.gov/dcf/policy_manuals/CON-I-A-8-8.03_issuance.shtml

- J. Contractors must have the ability to maintain the full operations census specified in the contract, and to submit timely service reports for Contracted Level of Service (CLOS) utilization in the format and at the time DCF requests.
- K. Contractors awarded contracts must have the ability to achieve full operational census within the time DCF specifies. Extensions may be available by way of a written request to the Contract Administrator, copied to the DCF Director managing the contracted services.
- L. As noted in Section 4.01 of the SLD or the IPA, DCF or the contractor may terminate this contract upon 60 days written advance notice to the other party for any reason whatsoever.
- M. DCF will advise contractors of the documents and reports in support of this contract that they must either timely submit or retain on-site as readily available upon request. The contractor also shall submit all required programmatic and financial reports in the format and within the timeframes that DCF specifies as required by Section 3.02 of the SLD or IPA. Changes to the information in these documents and reports must be reported to DCF. Contractors are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed the NJ Department of Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms. Failure to timely submit updated documentation and required reports may result in the suspension of payments and other remedies including termination.

IV. Organizations awarded contracts for the provision of certain types of services additionally shall be aware of the following:

- A. If services are provided at licensed sites, contractors must meet all NJ Department of Children and Families and other applicable Federal Licensure Standards.
- B. If services are paid with Medicaid funds, contractors must have the demonstrated ability, experience, and commitment to enroll in NJ Medicaid, and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, within prescribed times.

- C. If services are paid with federal funds (including Medicaid funds), contractors must adhere to the provisions set forth in the Rider for Purchases funded in whole or in part, by federal funds. <https://www.nj.gov/dcf/providers/contracting/forms/RIDER-For-Purchases-Funded-by-Federal-Funds-7.31.2020.pdf>
- D. If services are provided by programs licensed, contracted, or regulated by DCF and provide services to individuals with developmental disabilities, contractors must comply with:
1. the Central Registry of Offenders against individuals with Developmental Disabilities law, N.J.S.A 30:6D-73 et seq. (Individuals on the Central Registry are barred from working in DCF-funded programs for persons with developmental disabilities. If you are not registered to access the Central Registry, DCF will facilitate the qualified applicant's registration into this system after the award of a contract.); and
 2. Danielle's Law:
<https://www.state.nj.us/humanservices/dds/documents/fireprocurement/dd/Danielle%27s%20Law.pdf>
- E. If services are to be administered by the Contracted System Administrator (CSA), contractors must conform with, and provide services under, protocols that include required documentation and timeframes established by DCF and managed by the CSA. The CSA is the single point of entry for these services and facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. Contractors of these services will be required to utilize "Youth Link", the CSOC web-based out-of-home referral/bed tracking system process to manage admissions and discharge after being provided training.
- F. If services are to be provided to youth and families who have an open child welfare case due to allegations of abuse and neglect, then contractors shall deliver these services in a manner consistent with the DCF Case Practice Management Plan (CPM) and the requirements for Solution Based Casework (SBC), an evidence-based, family centered practice model that seeks to help the family team organize, prioritize, and document the steps they will take to enhance safety, improve well-being, and achieve permanency for their children. SBC provides a common conceptual map for child welfare case workers, supervisors, leadership, and treatment providers to focus their efforts on clear and agreed upon outcomes. DCF may require contractors to participate in DCF sponsored SBC training, and to be involved in developing plans with the consensus of other participants, incorporating the elements of the plans into their treatment, participating in Family Team Meetings, and documenting progress and outcomes by race, age, identified gender, and other criteria DCF deems relevant and appropriate.

- G. If services provided under a DCF contract are for mental health, behavioral health, or addictions services by a contractor with at least 10 regular full-time or regular part-time employees who principally work for the contractor to provide those services, then P.L. 2021, c.1 (N.J.S.A. 30:1-1.2b) requires the contractor to:
1. submit no later than 90 days after the effective date of the contract an attestation: (a) signed by a labor organization, stating that it has entered into a labor harmony agreement with such labor organization; or (b) stating that its employees are not currently represented by a labor organization and that no labor organization has sought to represent its employees during the 90-day period following the initiation or renewal of the contract; or (c) signed by a labor organization, stating that it has entered into an agreement or binding obligation to be maintained through the term of the contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (N.J.S.A. 30:1-1.2c). The required attestation is submitted to ensure the uninterrupted delivery of services caused by labor-management disputes and is a condition of maintaining a DCF contract. The failure to submit it shall result in DCF's issuance of a financial recovery and a Corrective Action Plan (CAP). Should the contractor not adhere to the terms of the CAP, DCF shall cancel or not renew the contract upon obtaining a replacement contractor to assume the contract or otherwise provide the services. An extension of the 90-day deadline shall be warranted if a labor organization seeks to represent a contractor's employees after the contract is renewed or entered into, but within the 90-day period following the effective date of the contract. The Commissioner of DCF may review any interested person's report of a failure by the contractor to adhere to these requirements and upon finding that a covered contractor failed to adhere to the requirements shall take corrective action which may include a CAP, financial recovery, and cost recoupment, and cancelling or declining to renew the contract. Should the covered contractor fail to engage in or complete corrective action, the Commissioner of DCF shall cancel or decline to renew the contract; and
 2. make good faith efforts to comply with COVID-19 minimum health and safety protocols issued by DCF to adequately ensure the safety of the contractors, employees, and service recipients until the 366th day following the end of the public health emergency and state of emergency declared by the Governor in Executive Order No. 103 of 2020. The Commissioner of DCF shall take into account, prior to awarding or renewing any contract, any prior failures reported by any interested party to demonstrate a good faith effort to contain, limit, or mitigate the spread of COVID-19 among the covered contractor's employees or service recipients and require at a minimum the submission of a CAP to contain, limit, or mitigate the spread of COVID-19 cases. Should the

contractor fail to implement a plan or repeatedly fail to demonstrate good faith efforts to contain, limit, or mitigate the spread of COVID-19, the Commissioner shall act, including financial penalties or cancellation or non-renewal of the contract.

- H. If the employees of a contractor or its subcontractor enter, work at, or provide services in any state agency location, then they are covered by Executive Order No. 271 (EO 271), which was signed and went into effect on October 20, 2021. A covered contractor must have a policy in place: (1) that requires all covered workers to provide adequate proof, in accordance with EO 271, to the covered contractor that the covered worker has been fully vaccinated; or (2) that requires that unvaccinated covered workers submit to COVID-19 screening testing at minimum one to two times weekly until such time as the covered worker is fully vaccinated; and (3) that the covered contractor has a policy for tracking COVID-19 screening test results as required by EO 271 and must report the results to local public health departments. The requirements of EO 271 apply to all covered contractors and subcontractors, at any tier, providing services, construction, demolition, remediation, removal of hazardous substances, alteration, custom fabrication, repair work, or maintenance work, or a leasehold interest in real property through which covered workers have access to State property. EO 271 excludes financial assistance; contracts or sub-contracts whose value is less than the State bid Advertising threshold under N.J.S.A. 52:34-7; employees who perform work outside of the State of New Jersey; or contracts solely for the provision of goods.
- I. If a contract includes the allocation and expenditure of COVID-19 Recovery Funds, then it is covered by Executive Order No. 166 (EO166), which was signed by Governor Murphy on July 17, 2020. The Office of the State Comptroller (“OSC”) is required to make all such contracts available to the public by posting them on the New Jersey transparency website developed by the Governor’s Disaster Recovery Office (GDRO Transparency Website), and by subjecting them to possible review by an Integrity Monitor.

By my signature below, I hereby confirm I am authorized to sign this document on behalf of my organization. I have read, understand, and have the authority to ensure my organization will comply with the terms and conditions of providing services under my contracts with DCF as described in the text and referenced documents above. The terms set forth in this document govern all executed contracts with DCF and contracts to be entered into with DCF in the future.

Department of Children and Families
(Rev. 04.23.2022)

Signature: _____



Date: 01/03/2023

Printed Name: _____



Title: President & CEO

RIDER FOR PURCHASES FUNDED, IN WHOLE OR IN PART, BY FEDERAL FUNDS

The provisions set forth in this Rider apply to all purchases funded, in whole or in part, by Federal funds as required by 2 CFR 200.317.

I. PROCUREMENT OF RECOVERED MATERIALS

To the extent that the scope of work or specifications in the contract requires the contractor to provide any of the following items, this Section 7.1 of the Standard Terms and Conditions modifies the terms of the scope of work or specification.

Pursuant to 2 CFR 200.322, the contractor must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act, 42 U.S.C. § 6962. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$ 10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$ 10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

- A. Designated items are those set forth in 40 CFR 247 subpart B, as may be amended from time to time, including:
1. Paper and paper products listed in 40 C.F.R. 247.10;
 2. Certain vehicular products as listed in 40 CFR 247.11;
 3. Certain construction products listed in 40 C.F.R. 247.12;
 4. Certain transportation products listed in 40 C.F.R. 247.13;
 5. Certain park and recreation products, 40 C.F.R. 247.14;
 6. Certain landscaping products listed in 40 C.F.R. 247.15;
 7. Certain non-paper office products listed in 40 C.F.R. 247.16; and
 8. Other miscellaneous products listed in 40 C.F.R. 247.17.
- B. As defined in 40 CFR 247.3, "recovered material" means:
1. waste materials and byproducts which have been recovered or diverted from solid waste, but such term does not include those materials and byproducts generated from, and commonly reused within, an original manufacturing process; and
 2. for purposes of purchasing paper and paper products, means waste material and byproducts that have been recovered or diverted from solid waste, but such term does not include those materials and byproducts generated from, and commonly reused within, an original manufacturing process. In the case of paper and paper products, the term recovered materials includes:
 - a. Postconsumer materials such as -
 - i. Paper, paperboard, and fibrous wastes from retail stores, office buildings, homes, and so forth, after they have passed through their end-usage as a consumer item, including: used corrugated boxes; old newspapers; old magazines; mixed waste paper; tabulating cards; and used cordage; and
 - ii. All paper, paperboard, and fibrous wastes that enter and are collected from municipal solid waste, and
 - b. Manufacturing, forest residues, and other wastes such as -
 - i. Dry paper and paperboard waste generated after completion of the papermaking process (that is, those manufacturing operations up to and including the cutting and trimming of the paper machine reel in smaller rolls of rough sheets) including: envelope cuttings, bindery trimmings, and other paper and paperboard waste, resulting from printing, cutting, forming, and other converting operations; bag, box, and carton manufacturing wastes; and butt rolls, mill wrappers, and rejected unused stock; and
 - ii. Finished paper and paperboard from obsolete inventories of paper and paperboard manufacturers, merchants, wholesalers, dealers, printers, converters, or others;
 - iii. Fibrous byproducts of harvesting, manufacturing, extractive, or wood-cutting processes, flax, straw, lintels, bagasse, slash, and other forest residues;
 - iv. Wastes generated by the conversion of goods made from fibrous material (that is, waste rope from cordage manufacture, textile mill waste, and cuttings); and
 - v. Fibers recovered from waste water which otherwise would enter the waste stream.

- C. For contracts in an amount greater than \$ 100,000, at the beginning of each contract year, contractor shall provide the State estimates of the total percentage of recovered material utilized in the performance of its contract for each of the categories listed in subsection (A). For all contracts subject to this Section 7.1 of the Standard Terms and Conditions, at the conclusion of each contract year, contractor shall certify to the State the minimum recovered material content actually utilized in the prior contract year.

II. EQUAL EMPLOYMENT OPPORTUNITY

Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "federally assisted construction contract" in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

During the performance of this contract, the contractor agrees as follows:

- (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following:

Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.
- (2) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.
- (3) The contractor will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the contractor's legal duty to furnish information.
- (4) The contractor will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (5) The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
- (6) The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his/her books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (7) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said

rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

- (8) The contractor will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (8) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance:

Provided, however, that in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

The applicant further agrees that it will be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work: Provided, That if the applicant so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract.

The applicant agrees that it will assist and cooperate actively with the administering agency and the Secretary of Labor in obtaining the compliance of contractors and subcontractors with the equal opportunity clause and the rules, regulations, and relevant orders of the Secretary of Labor, that it will furnish the administering agency and the Secretary of Labor such information as they may require for the supervision of such compliance, and that it will otherwise assist the administering agency in the discharge of the agency's primary responsibility for securing compliance.

The applicant further agrees that it will refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts and federally assisted construction contracts pursuant to the Executive Order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed upon contractors and subcontractors by the administering agency or the Secretary of Labor pursuant to Part II, Subpart D of the Executive Order. In addition, the applicant agrees that if it fails or refuses to comply with these undertakings, the administering agency may take any or all of the following actions: Cancel, terminate, or suspend in whole or in part this grant (contract, loan, insurance, guarantee); refrain from extending any further assistance to the applicant under the program with respect to which the failure or refund occurred until satisfactory assurance of future compliance has been received from such applicant; and refer the case to the Department of Justice for appropriate legal proceedings.

III. DAVIS-BACON ACT, 40 U.S.C. 3141-3148, AS AMENDED

When required by Federal program legislation, all prime construction contracts in excess of \$ 2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the

Copeland "Anti-Kickback" Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.

IV. CONTRACT WORK HOURS AND SAFETY STANDARDS ACT, 40 U.S.C. 3701-3708

Where applicable, all contracts awarded by the non-Federal entity in excess of \$ 100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

V. RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT

If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

VI. CLEAN AIR ACT, 42 U.S.C. 7401-7671q, AND THE FEDERAL WATER POLLUTION CONTROL ACT, 33 U.S.C. 1251-1387, AS AMENDED

Contracts and subgrants of amounts in excess of \$ 150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

VII. DEBARMENT AND SUSPENSION (EXECUTIVE ORDERS 12549 AND 12689)

A contract award (see 2 CFR 180.220) must not be made to parties listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

VIII. BYRD ANTI-LOBBYING AMENDMENT, 31 U.S.C. 1352

Contractors that apply or bid for an award exceeding \$ 100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

Attachment 2 Notice of Executive Order 166 Requirement for Posting of Winning Proposal
and Contract Documents

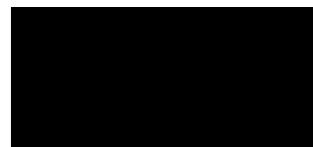
Principal State departments, agencies and independent State authorities must include the following notice in any solicitation:

Pursuant to Executive Order No. 166, signed by Governor Murphy on July 17, 2020, the Office of the State Comptroller (“OSC”) is required to make all approved State contracts for the allocation and expenditure of COVID-19 Recovery Funds available to the public by posting such contracts on an appropriate State website. Such contracts will be posted on the New Jersey transparency website developed by the Governor’s Disaster Recovery Office (GDRO Transparency Website).

The contract resulting from this [RFP/RFQ] is subject to the requirements of Executive Order No. 166. Accordingly, the OSC will post a copy of the contract, including the [RFP/RFQ], the winning bidder’s proposal and other related contract documents for the above contract on the GDRO Transparency website.

In submitting its proposal, a bidder/proposer may designate specific information as not subject to disclosure. However, such bidder must have a good faith legal or factual basis to assert that such designated portions of its proposal: (i) are proprietary and confidential financial or commercial information or trade secrets; or (ii) must not be disclosed to protect the personal privacy of an identified individual. The location in the proposal of any such designation should be clearly stated in a cover letter, and a redacted copy of the proposal should be provided. A Bidder’s/Proposer’s failure to designate such information as confidential in submitting a bid/proposal shall result in waiver of such claim.

The State reserves the right to make the determination regarding what is proprietary or confidential and will advise the winning bidder/proposer accordingly. The State will not honor any attempt by a winning bidder/proposer to designate its entire proposal as proprietary or confidential and will not honor a claim of copyright protection for an entire proposal. In the event of any challenge to the winning bidder’s/proposer’s assertion of confidentiality with which the State does not concur, the bidder /proposer shall be solely responsible for defending its designation.



**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
PROGRAM DESCRIPTION
Section 2.2**

Program Name: Irvington Family Development Center
Family Success Center (FSC)

Please note that additional information/addenda may be required in order to complete the contract package. Any specific requirements/stipulations pertaining to the program will be forwarded as applicable.

Label all answers clearly as outlined below:

- 1. Provide a brief program/component description and its purpose. The description should reflect the program requirements set forth in the initial RFP and any changes that may have resulted from negotiations.**

The Division of Family and Community Partnerships (DFCP) Office of Family Support Services is responsible for the programmatic development and oversight of Family Success Centers (FSC) throughout the State. FSCs are multi-faceted community-based programs that offer families and individuals convenient access to information, support, and resources that help develop and maximize their strengths and potential.

The overarching goal of the Family Success Center model is to prevent child maltreatment by strengthening individual and family functioning; enhancing parental capacity for growth and development; increasing the stability, health and well-being of children and families; and empowering community residents to acquire the knowledge, skills and resources they need to succeed and provide optimal outcomes for children and families.

Family Success Centers are characterized by:

- A welcoming, homelike setting that reflects the community, engages its residents and offers direct services, activities and resources that promote family well-being and empowerment
- Collaboration with community partners to assemble all available resources into an integrated service system that addresses the unique needs of the target area
- Broad-based participation and community involvement

The design and delivery of services affirm the rich ethnic and cultural diversity that characterize the community. Centers strive to ensure that families receive the support and connections they need in the least intrusive manner possible.

All Centers provide an array of education, enrichment, and support services to help strengthen families and improve the quality of life and wellbeing for all community residents. Depending on available resources, some services are provided directly by the FSC and others are offered through collaborative relationships with other community based groups and organizations.

2. Identify the target population served by this program/component (i.e. individuals who have been unemployed for the past 6-12 months).

The target population is children, families and community residents located in the following geographic area: Irvington, Nj and surrounding communities

3. Detail what the program intends to address through service delivery. State the results the program intends to achieve.

The purpose of Family Success Centers is to:

- Develop networks of family strengthening services intended to enhance parental capacity and prevent or reduce the incidence of child abuse and neglect
- Enrich the lives of children by strengthening families and neighborhoods
- Provide integrated, locally-based services that are family focused and culturally responsive
- Reduce isolation and strengthen connections within families, between families and among all members of the community
- Improve each family's ability to provide for their children by establishing successful linkages to formal and informal supports
- Redefine public spaces within the community as family friendly, safe and non-stigmatizing
- Improve the quality of life for all community residents

4. Describe the program approach and method of service delivery (i.e. in the community, on site, etc.).

PROGRAM APPROACH

Because participation and service delivery are driven by the self-identified needs and choices of local residents, all Family Success Centers are contracted to maintain and demonstrate fidelity to the program model prescribed by DCF. This framework for service delivery embodies the Department of Children and Families' Core Values and is grounded in the *New Jersey Standards for Prevention Programs: Building Success through Family Support*, the Protective Factors outlined in the nationally recognized *Strengthening Families Program*, and the principles of family support practice.

All Family Success Centers are expected to integrate these defining elements into their direct service operations:

Standards for Prevention Programs: Building Success through Family Support		
Conceptual Standards	Practice Standards	Administrative Standards
Family centered	Flexible and responsive	Sound program structure & practice
Community based	Partnership approach	Committed caring staff
Culturally sensitive & competent	Links with informal & formal supports	Data collection & documentation
Early Start	Universally available & voluntary	Measurable outcomes & program evaluations
Developmentally appropriate	Comprehensive & integrated	Adequate funding & long range plans
Participants as partners	Easily accessible	Participant and community collaboration
Empowerment and strength based approaches	Long term and adequate intensity	

Protective Factors for Strengthening Families
Parental Resilience: A parent's ability to manage all types of challenges & find ways to solve problems, builds and sustains trusting relationships including relationships with their children
Social Connections: Friends, family & community provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents
Knowledge of parenting & child development: Information about child development and appropriate expectations for children's behavior help parents see children in a positive light and promote healthy development
Concrete Support in times of need: Meeting basic needs like food, shelter, clothing and health care is essential. Adequate services & supports must be in place to provide stability, treatment and help for families in crisis
Social & Emotional Competence of children: A child's ability to interact positively with others, self-regulate behavior & effectively communicate feelings positively impacts their relationships with family, other adults, & peers
Nurturing and Attachment: The importance of early bonding and nurturing throughout childhood build close bonds and help parents better understand, respond to, and communicate with their children
Effective Problem Solving & Communications Skills: A parent, caregiver or family's ability to identify their goals, consider challenges, set realistic approaches to overcome challenges, & communicate effectively with others helps families reach their goals
*Healthy (Marriages) Relationships: Developing and sustaining relationships with diminished levels of conflict and other attributes such as affectionate parents, high self-esteem, or appropriate role models help children and youth achieve positive outcomes

*The USDHSS Children's Bureau/AYCF lists "Healthy Marriages" as a protective factor. New Jersey has opted to expand this definition to include parental, kinship, foster, adoptive, intimate partner/dating, and spousal relationships

Principles of Family Support Practice
Staff and families work together in relationships based on equality and respect
Staff enhances families' capacity to support growth and development of all family members
Families are resources to their own members, other families, programs and communities
Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society
Programs are embedded in their communities and contribute to the community building process
Programs advocate with families for services and systems that are fair, responsive and accountable
Staff works with families to employ formal and informal resources to support family development
Programs are flexible and continually responsive to emerging family and community issues

FSC OPERATING PROCEDURES

- All sites have a clearly defined FSC identity, are non-stigmatizing and reflective of their communities. Signs in or around the neighborhood are readily visible to assist residents in locating and accessing the program. The FSC space is designed and organized with the input of residents and families. The atmosphere and décor is professional, community appropriate, welcoming and non-stigmatizing. All sites provide sufficient space to accommodate the provision of FSC services. Such accommodations minimally include:
 - Designated area for confidential or private communications
 - Public access to informational materials and relevant resources
 - Recreational/Communal gathering space
 - Work space for program staff
 - Dedicated phone lines, voice mail, email, internet capabilities, and essential office automation equipment including computer, copier and fax machines
- Family Success Centers are flexible and responsive to the unique circumstances, characteristics and needs of families and their communities. Services are provided at no cost and with sufficient time and intensity to achieve and maintain positive outcomes for diverse populations.
- FSCs affirm and strengthen cultural identity, are culturally sensitive, culturally responsive and culturally fluent in the diverse nature of New Jersey families, their structure, cultural values and life stages.
- All programs develop sustainable collaborative relationships with diverse community groups, organizations, and public and private agencies to provide relevant services to families. These include but are not limited to affiliations with informal or natural helping networks such as language services, neighborhood and civic associations, faith based organizations, and recreational programs as appropriate.
- All Centers maintain a DCF approved Cultural Competency Plan that outlines the methods employed by the managing agency to ensure that policies, materials, environment,

recruitment, hiring, promotion, training and Advisory Board membership reflect the community and promote the cultural competency of the organization. Cultural Competency Plans are maintained on site and available for inspection.

- Each community and its families share responsibility for designing, operating, and overseeing the FSC through a Parent/Community Advisory Board. Studies indicate that successful child abuse prevention initiatives are community-led and community-driven since area residents are better able to identify the strengths and challenges facing neighborhood families. Empowering local residents with a voice in decision-making ensures that FSCs offer services that are both meaningful and accessible.

Parent/Community Advisory Boards meet once per month and serve in a consultative capacity without legal responsibility. Participation is voluntary and the majority of members (51% or more) are parents and/or community residents who reflect the diversity of the communities they serve.

Advisory Board members serve as ambassadors and help build bridges into the community. Board activities include but are not limited to:

- Conducting surveys of local needs
- Developing recommendations for continued program improvement
- Assisting the FSC in attracting resources and community participation
- Participating in FSC activities and events
- Conducting evaluations and satisfaction surveys

Conflict of interest policies are in place prohibiting anyone who is affiliated with an agency that serves families either on site or by referral, from participating on the Advisory Board. Source documentation, including current membership listings that specify the names and addresses of all members, operational guidelines, meeting minutes and attendance records are retained on site and available for annual inspection.

- All FSC staff and Advisory Board members are encouraged to attend specialized training regarding Standards for Prevention Programs, the Principles of Family Support, and Protective Factors for Strengthening Families.

FSC CONTRACTED SERVICES

Family Success Centers utilize a strength-based approach and seek active collaboration with parents, youth, community partners, stakeholders, service providers and public agencies to provide a seamless network of education, enrichment and support services.

All FSC services support the overarching goal to strengthen individual and family functioning and empower community residents to acquire the knowledge, skills and resources they need to succeed and achieve optimal outcomes for children. Service delivery is directly linked to DCF core values and fixed on the premise that engaging, involving, strengthening and supporting families is the most effective approach to ensuring safety, stability and well-being. FSC services include but are not limited to:

- **Access to Child, Maternal and Family Health Services:** Preventative and primary health services are offered to all community residents either on-site or through linkages to other agencies. Related topics and activities include: pre- and post-natal care; nutritional health; home-based life-saving skills; smoking cessation programs; immunizations; blood pressure

screening; wellness checks; exams; etc. FSCs also assist families in navigating the various health and medical service systems and completing relevant paper work when needed, including NJ Family Care Applications.

List any on-going groups or activities that will be provided within the contract term. Indicate either On Site or Off Site: (i.e. blood pressure screening - On Site; flu shots - Off Site, etc.)

Assist families that are eligible for the NJ State Children's Health Insurance Program (SCHIP) with the completion and submission of an application for NJ Family Care. - Onsite

Provide general health education workshops or activities that will focus on topics of health promotion, maternal and child health, awareness and improvement. -Onsite

- **Family Success Plans:** Center staff partner with interested families and assist in the development of functional plans to help them attain their identified goals. Family Success Plans are based on the unique needs and circumstances of all participants and are intended to:
 - Guide the family in identifying their strengths
 - Chart the short and long term goals established by the family
 - Outline the agreed-upon steps that will be taken to reach their goals
 - Specify reasonable time frames for attaining their goals

FSC staff follow up with families to provide assistance and support as needed

- **Parent Education:** Parenting education is an essential component of FSC programs and offered to all residents via a combination of information, skill-building and supportive services. Emphasis is placed on healthy child development and the use of positive parenting techniques. Services are intended to help strengthen families by enhancing parental resilience and social connections. All Family Success Centers are expected to conduct or sponsor at least one activity per month that promotes positive interaction between parents and children. Related topics, services, and activities include but are not limited to: mentoring programs, teen parenting; grandparents raising children; and information regarding relevant issues that impact family life.

List any on-going groups or activities that will be provided within the contract term. Indicate either On Site or Off Site:

Provide parenting trainings to increase participant's knowledge and awareness of topics focused on improving parenting skills and techniques. The series is called Active Parenting which is an evidence-based curriculum. This series is up to 6 sessions and will be implemented by FSC staff 2 cycles per year and must serve at least 15 individuals in total. - On Site

Organize monthly activities focused on promoting interaction between parents and their children (Parent/Child Activities). -Onsite

All Centers are encouraged to use evidence based, evidence emerging, or evidence informed parent education programs. **Identify the parent education program provided under this contract. Specify the frequency with which it is offered and the target population, i.e. education for parents of infants, toddlers, school age children, and adolescents:**

Active Parenting curriculum which is made available to FSC parents. At least 2

cycles will be offered. Each cycle will be offered on at least 1 day per week from start to completion. - On Site

According to the U.S. Department of Health and Human Services, children with involved, loving fathers are significantly more likely to do well in school, have healthier self-esteem, and exhibit more empathy and pro-social behavior when compared to children who have uninvolved fathers. **List any fatherhood related activities, events or programs that will be provided within the contract term:**

The FSC implements a monthly "Man Cave" group session to engage men from the community to teach life skills, parenting, and other topics of interest. - On Site.

- **Employment-Related Services:** FSCs promote economic self-reliance by providing assistance with or access to services and supports that lead to employment including but not limited to: job readiness skills such as resume writing and interviewing techniques; employment counseling; training programs; job development and placement services; etc.

List any on-going groups or activities that will be provided within the contract term. Indicate either On Site or Off Site:

Provide individual assistance for career development to Irvington parents/caregivers to support them to create resumes, develop interview skills, pursue professional training or a GED, and secure employment. -Onsite

Additionally, the FSC offers a half-day Job Readiness Seminar twice per year. -On site

- **Life Skills:** All Centers provide educational programs, workshops or individual instruction designed to enhance skills, overcome barriers to success, and improve the quality of life for children, families and individuals. Emphasis is placed on asset and skill development topics and activities including but not limited to: education and literacy services (GED, ESL, tutoring, etc.); financial management; communication; daily living; computer skills; etc.

List any on-going groups or activities that will be provided within the contract term. Indicate either On Site or Off Site:

Provide monthly life skills workshops, classes, and/or presentations to enhance a participants's ability to perform a skill or learn a new or different method of accomplishing a goal. -Onsite

- **Housing Related Services:** Adequate housing is essential to establishing family stability, child safety and well-being, and community viability. Family Success Centers provide information about housing resources, leasing and tenant rights; assistance completing applications for various federal, state and local programs that assist with or provide affordable housing, emergency shelter, home energy, weatherization, and homelessness prevention programs; and access to tangible supports that address basic needs such as utilities, household furnishings, and home repair.

List any on-going groups or activities that will be provided within the contract term. Indicate either On Site or Off Site:

Provide housing-related workshops to increase participants' knowledge and awareness of issues such as weather-proofing a home, child-proofing a home, homeownership, testing your home for lead poisoning, etc. -Onsite

Provide assistance, as needed, with housing and utility assistance applications. -
Onsite

- **Advocacy & Related Support:** Center staff advocate for all community residents as needed and appropriate by interceding, supporting or advancing the cause of individuals and families in their dealings with public and private entities. Advocacy takes many forms including accompanying families/individuals to meetings, appointments, or visits with other service providers to assist them in navigating the system and facilitating direct linkages, communication and/or problem solving. Advocacy not related to any of the FSC Contracted Services listed above is recorded separately. *(Note: Contracted agencies are prohibited from using DCF funds for lobbying activities including any written, verbal or non-verbal acts that seek to influence legislation, regulation or governmental process).*
- **General Information and Referral/Linkages:** All programs maintain an up to date information and referral directory of available local, county, and state supported services as well as “primary” and “secondary” prevention resources and non-traditional service providers such as houses of worship and grassroots organizations. Information & Referrals/Linkages not related to any of the FSC Contracted Services listed above is recorded separately. FSC staff follow-up with residents on all referrals/linkages to ensure that services are accessible, appropriate and responsive to the needs of the community.
- **Special Assistance:** FSC programs may provide very limited financial assistance to address emergent needs, ensure child safety and well-being, and help families overcome tangible barriers to success.

FSC programs are authorized to allot up to \$5,000 per year in financial assistance funding for this purpose. This allotment is considered “Specific Assistance to Clients” and must be specified in the approved budget (DCF Contract Annex B).

Funds, including gift cards, are dispersed at the discretion of the FSC on an as needed basis. All disbursements are directly related to the goals and objectives of the program and may not exceed \$200 per household per year. Allowable expenditures include but are not limited to: essential household items; food; clothing; and other necessities. If gift cards are used, the retail outlet must be appropriate and provide goods or services that fall within the parameters of allowable expenditures.

Programs are expected to maintain a system with appropriate documentation and strict internal controls that satisfy established financial management and accounting standards as outlined in the *DCF Contract Reimbursement Manual; Section 2.2; Internal Controls* <http://www.nj.gov/dcf/providers/contracting/manuals/>. Written policies and procedures for accessing and dispersing Special Assistance funds are retained on file.

Check if Special Assistance will be available and specify the amount of DCF funds allotted in the Contract Annex B for this purpose: \$100

- **Engagement:** All programs employ a variety of engagement strategies to enlist community participation. Such strategies are essential to the FSC model as they seek public involvement that promotes relationship building through learning, action, recreation and the expression of needs and values. Community engagement tools vary from traditional activities such as home visits, surveys, and town hall-type meetings to more contemporary approaches that utilize

innovative outreach techniques like social networking technology. Public events and activities such as neighborhood festivals, resource fairs, and community gatherings encourage social interactions, promote a local sense of identity, help forge connections, and communicate that FSCs are committed to making participation as easy as possible.

The use of DCF funds for client-centered events is permissible provided that:

- DCF clients are the sole beneficiaries of the events or activities;
- Such events or activities are specified in the space provided in this section of the contract document* and included in the approved budget (DCF Contract Annex B);
- Adequate documentation is retained on file including: a description of the event, its purpose and target population; the actual number of attendees including DCF clients and any FSC staff; an itemized list of all costs; and any receipts or invoices; and
- As a general guideline, no more than \$350 is allocated per event. Costs that exceed \$350 require written approval from the FSC Regional Coordinator.

DCF funds may not be used for costs associated with events in which agency staff is the direct beneficiary. Incentives (i.e. meals or refreshments) provided to community members who participate on FSC Advisory Boards are considered Engagement activities.

****List any planned activities or events that will be provided during the contract term:***

Clothing/Coat Donation Event
Mobile Van Health/Resource Events
Back to School Event
Fall Family Festival
Give Thanks Celebration
Winter Wonderland Toy Distribution Event

- **Strengthening Families Event:** All FSCs conduct an annual Strengthening Families event during the month of April. The purpose of the event is to promote community education and public awareness regarding the importance of positive child development, child health, parenting, safety, and the prevention of child maltreatment. Forums vary in scope and topic and include such activities as resource fairs, workshops, focus groups, etc. The use of DCF funds to offset the costs of this event is permissible provided that the agency complies with the same terms and conditions specified in the preceding section regarding Engagement activities.

OTHER FSC SERVICE OPTIONS

Some Centers provide additional services either on or off-site in an effort to meet the unique needs of families and residents. These services exceed the minimum expectations outlined above and are not provided by all Family Success Centers. Examples of expanded FSC service options include outreach to senior citizens; mentoring, community gardening, healthy relationships; etc. ***If applicable, describe any expanded services that will be provided during the contract term:***

Donations provided as available and as needed

Programs offering activities targeted specifically to youth (i.e. tutoring, mentoring, homework club, etc.) require parental consent for all participants under the age of 18 who are unaccompanied by an adult. All consent forms are signed by a parent or caretaker and retained on file.

STAFF REQUIREMENTS

At a minimum, FSCs employ one (1) Program Director; two (2) Family Partners; and one (1) Volunteer and Community Partnership Coordinator. Because some programs were established prior to the implementation of these requirements, the qualifications specified in this section apply to new hires:

- **Family Success Center Director:** A Bachelor's degree is required. Additional education and related experience is preferred. Staff who do not possess a Bachelor's Degree may substitute an Associate's Degree and 2 years of related experience
- **Family Partner:** An Associate's degree or 60 semester hours from an accredited institution of higher learning is required. Additional education and related experience is preferred.
- **Volunteer and Community Partnership Coordinator:** An Associate's Degree or 60 semester hours from an accredited institution of higher learning is required. Additional education and experience in recruiting, training and coordinating volunteers for community-based organizations, charities, etc. is preferred. Volunteer/Community Coordinators provide a minimum 25 hours of service per week.

The Office of Family Support Services and DCF Contract Administrator are notified of all personnel changes.

5. Detail how customers access services.

- **Cite any physical limitations that might preclude program admission or referral acceptance**
- **Discuss referral procedures and discharge planning with respect to the continuum of care**
- **Cite negative and planned discharge procedures**
- **Indicate specific documents needed for referrals, when applicable**

Family Success Centers are designed to be easily accessible, non-threatening, unintrusive, and welcoming to all who seek their services. Referrals from public and private agencies are accepted but not required, eligibility is unrestricted, formal intake procedures are not in place, and program participation is voluntary.

A voluntary Registration process is instituted in lieu of a formal social services intake. All community participants with whom the program has face-to-face contact are asked to complete a brief information profile that includes:

- Name
- Address
- Age

- Family size (total number of adults & children in household)
- Ethnicity
- Primary Language
- Phone number and/or Email address (if available)

Registration data is retained on file, up-dated annually, and compiled for contracted Level of Service (LOS) reporting purposes. Residents who do not wish to complete a participant profile are not denied services.

Hours of operation meet the needs of the community and include evenings and/or weekends as appropriate.

6. Describe the neighborhood(s) and the building(s) where each program site(s) is located. Detail accessibility to mass transportation. Identify the program catchment area.

As part of the Standards for Prevention, program accessibility and location are critical and were considered when the agency was selected during the initial Request For Proposals (RFP) process.

All Centers have a separate and distinct identity apart from their respective managing agencies. Whether stand alone or physically located in the same facility as the managing agency or another program, FSCs have a dedicated, clearly identifiable space and welcoming atmosphere that embodies the look and feel of the community.

The DFCP Office of Family Support Services is notified of any relocation plans.

7. Detail the program's emergency procedures. Provide any after-hours telephone numbers, emergency contacts, and special instructions.

All programs maintain an answering service to communicate important information regarding emergency closings or event cancellations in languages appropriate to the community.

In the event of a statewide or local emergency, DCF may contact the Executive Director or Chief program official at the following cellular telephone number: **Mariekarl Vilceus-Talty 973-704-3571**

8. Provide the total number of unduplicated customers served in the previous contract period for each of the contracted programs. Unduplicated customers refers to the practice of counting a customer receiving services only once within a service cycle.

- **Indicate the number of unduplicated customers achieving results.**
- **Indicate how the information was captured and measured.**

The FSC program model and service approach is open and unconstrained by formality. As a result, traditional intakes are not completed, program participation is voluntary, and residents are encouraged to "stop in" spontaneously and frequently. This open and informal design precludes programs from accurately identifying and tracking unduplicated service recipients.

Programs record the number of community participants served and aggregate utilization rates in

order to provide a broad view of service delivery across the (annual) contract term.

For Level of Service (LOS) purposes, all Family Success Centers are contracted to serve **250 registered community participants** within a contract year. Community residents with whom the program has at least one face-to-face contact while receiving any of the enumerated FSC Contracted Services are registered.

Indicate the Actual LOS achieved for the previous contract term: 487

REPORTING REQUIREMENTS

All programmatic reports are submitted electronically to DCF in accordance with the guidelines specified below:

Monthly Reports

Monthly Reports are completed and submitted electronically to the Office of Family Support Services by the fifteenth day of each month for the preceding month in which services were provided. All data is submitted in the format prescribed by the Department.

Quarterly Service Reports

Quarterly Reports are completed and submitted electronically to the Office of Family Support Services and the DCF Contract Administrator by the fifteenth of the month following each quarter. All information is submitted in the format prescribed by the Department.

Program Name: Family Success Centers (FSC) Irvington
Family Development Center

**Annex A
PERFORMANCE OUTCOMES INSTRUCTIONS
Programs complete objectives and activities for each goal.**

GOALS		OBJECTIVES		ACTIVITIES		PERFORMANCE OUTCOMES	
1.	Families requesting information and referrals are appropriately connected to resources.	1.	Increase access to health information	1.	Provide general health education workshops, and completion and submission of SCHIP applications.	1.	70% of families improve their ability to provide for their children as evidenced in successful linkages to formal and informal supports.
		2.	Increase economic self-sufficiency	2.	Provide resume support, interview support and job search support and conduct employment seminars.		
		3.	Increase linkages to needed services	3.	Provide information and referral services.		
		4.	Increase family life skills	4.	Provide life skills workshops.		
		5.	Increase housing stability	5.	Provide housing related workshops.		
2.	Families participating in the development of family plans will show improvement or reach stated goals.	1.	Increase family functioning and self sufficiency	1.	Provide parenting classes and monthly parent-child activities.	2.	70% of families are strengthened as evidenced in their ability to reach goals on their family success plan.
		2.	Strengthen family relationships.	2.	Provide services at times and locations as needed by families, including expanded hours and advocate on behalf of participants.		
		3.	Support family involvement through provision of services in family center format.	3.			
		4.		4.			
		5.		5.			
3.	Advisory boards involve parents and the community in planning and governance.	1.	Increase family involvement in planning of center activities.	1.	Hold Community Advisory Board meetings and implement recommendations.	3.	Parent Community Advisory Board (PCAB) operates with 70% of parent involvement as evidenced in parent and community members taking on leadership roles.
		2.		2.			
		3.		3.			
		4.		4.			
		5.		5.			
4.		1.		1.		4.	
		2.		2.			

		3.		3.		
		4.		4.		
		5.		5.		
5.		1.		1.		5.
		2.		2.		
		3.		3.		
		4.		4.		
		5.		5.		

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
Annex A
PROGRAM PERSONNEL INFORMATION
Section 2.4

Program Name: Ifdc-Fsc

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		%OF TIME TO PROGRAM	QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO			
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Chief Financial Officer	██████████	8:30am	4:30pm	2.46%	MBA	Overseeing audit activities, and preparing required reports
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Chief Operating Officer	██████████	8:30am	4:30pm	2.46%	MPH, MD	Supervision, implementation and overseeing the progress and outcomes of the project
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Finance Specialist	██████████	8:30am	4:30pm	2.46%		Process payroll, AP
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Chief Human Resource Officer	██████████	8:30am	4:30pm	2.46%	PHR	Establishing and maintaining personnel files for project staff, addressing human resource issues
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Human Resources Specialist	██████████	8:30am	4:30pm	2.46%	ABA, SHRM	Managing fringe benefits
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Chief Strategy Officer	██████████	8:30am	4:30pm	2.46%	MS	Program Development, quarterly expenditure report
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Grants Controller	██████████	8:30am	4:30pm	2.46%	MBA	Budgeting, monitoring expenditures and revenues
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
Annex A
PROGRAM PERSONNEL INFORMATION
Section 2.4**

Program Name: Ifdc-Fsc

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		%OF TIME TO PROGRAM	QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO			
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Fsc Program Coordinator/Family Partner	██████████	9:00am	5:00pm	100%	BS Public Health	Responsible for the daily operations of the IFDC Family Success Center, including the provision of one-on-one services to families and the supervision of the Community Educator/Volunteer Specialist and the IFDC Administrative Assistant. Responsible for working in partnership with families to identify strengths and support families with reaching goals through the provision of resources, referrals and information.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Director Of Community Programs	██████████	9:00am	5:00pm	85.3%	MPH & FDC Leadership Institute	Responsible for the management of the Irvington FSC and the Morris County FSC. Supervises and provides guidance to the FSC Program Coordinator/Managers. Manages the budgets, reports and contracts.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Volunteer & Community Partnerships Specialist/Family Partner	██████████	9:00am	5:00pm	100%	BA in Psychology (5 credits shy)	Responsible for resource and volunteer development by integrating into the immediate community and building mutually beneficial relationships with parents, faith community, businesses, advocates, and key stakeholders. Works with the community to highlight strengths and identify challenges where resources need to be leveraged and developed to better support and serve its children, youth, and

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
LEVEL OF SERVICE
Section 2.5**

Program/Component Name:	lfdc
Service Type:	Fsc
Description of Unit Measurement:	Unduplicated Families
Number of Contracted Slots/Units:	250
Number of Annualized Units:	250

Numbers should reflect unduplicated service counts

	1	2	3
	MONTH	MONTHLY SERVICE DAYS OR UNITS	MONTHLY CONTRACT LOS
1	January	20	20
2	February	19	20
3	March	23	21
4	April	20	21
5	May	22	21
6	June	22	21
7	July	20	21
8	August	23	21
9	September	20	21
10	October	22	21
11	November	22	21
12	December	20	21
	ANNUAL TOTALS	253	250

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
PROGRAM DESCRIPTION
Section 2.2**

Program Name: Morris County
Family Success Center (FSC)

Please note that additional information/addenda may be required in order to complete the contract package. Any specific requirements/stipulations pertaining to the program will be forwarded as applicable.

Label all answers clearly as outlined below:

- 1. Provide a brief program/component description and its purpose. The description should reflect the program requirements set forth in the initial RFP and any changes that may have resulted from negotiations.**

The Division of Family and Community Partnerships (DFCP) Office of Family Support Services is responsible for the programmatic development and oversight of Family Success Centers (FSC) throughout the State. FSCs are multi-faceted community-based programs that offer families and individuals convenient access to information, support, and resources that help develop and maximize their strengths and potential.

The overarching goal of the Family Success Center model is to prevent child maltreatment by strengthening individual and family functioning; enhancing parental capacity for growth and development; increasing the stability, health and well-being of children and families; and empowering community residents to acquire the knowledge, skills and resources they need to succeed and provide optimal outcomes for children and families.

Family Success Centers are characterized by:

- A welcoming, homelike setting that reflects the community, engages its residents and offers direct services, activities and resources that promote family well-being and empowerment
- Collaboration with community partners to assemble all available resources into an integrated service system that addresses the unique needs of the target area
- Broad-based participation and community involvement

The design and delivery of services affirm the rich ethnic and cultural diversity that characterize the community. Centers strive to ensure that families receive the support and connections they need in the least intrusive manner possible.

All Centers provide an array of education, enrichment, and support services to help strengthen families and improve the quality of life and wellbeing for all community residents. Depending on available resources, some services are provided directly by the FSC and others are offered through collaborative relationships with other community based groups and organizations.

2. Identify the target population served by this program/component (i.e. individuals who have been unemployed for the past 6-12 months).

The target population is children, families and community residents located in the following geographic area: Morris County Residents

3. Detail what the program intends to address through service delivery. State the results the program intends to achieve.

The purpose of Family Success Centers is to:

- Develop networks of family strengthening services intended to enhance parental capacity and prevent or reduce the incidence of child abuse and neglect
- Enrich the lives of children by strengthening families and neighborhoods
- Provide integrated, locally-based services that are family focused and culturally responsive
- Reduce isolation and strengthen connections within families, between families and among all members of the community
- Improve each family's ability to provide for their children by establishing successful linkages to formal and informal supports
- Redefine public spaces within the community as family friendly, safe and non-stigmatizing
- Improve the quality of life for all community residents

4. Describe the program approach and method of service delivery (i.e. in the community, on site, etc.).

PROGRAM APPROACH

Because participation and service delivery are driven by the self-identified needs and choices of local residents, all Family Success Centers are contracted to maintain and demonstrate fidelity to the program model prescribed by DCF. This framework for service delivery embodies the Department of Children and Families' Core Values and is grounded in the *New Jersey Standards for Prevention Programs: Building Success through Family Support*, the Protective Factors outlined in the nationally recognized *Strengthening Families Program*, and the principles of family support practice.

All Family Success Centers are expected to integrate these defining elements into their direct service operations:

Standards for Prevention Programs: Building Success through Family Support		
Conceptual Standards	Practice Standards	Administrative Standards
Family centered	Flexible and responsive	Sound program structure & practice
Community based	Partnership approach	Committed caring staff
Culturally sensitive & competent	Links with informal & formal supports	Data collection & documentation
Early Start	Universally available & voluntary	Measurable outcomes & program evaluations
Developmentally appropriate	Comprehensive & integrated	Adequate funding & long range plans
Participants as partners	Easily accessible	Participant and community collaboration
Empowerment and strength based approaches	Long term and adequate intensity	

Protective Factors for Strengthening Families
Parental Resilience: A parent's ability to manage all types of challenges & find ways to solve problems, builds and sustains trusting relationships including relationships with their children
Social Connections: Friends, family & community provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents
Knowledge of parenting & child development: Information about child development and appropriate expectations for children's behavior help parents see children in a positive light and promote healthy development
Concrete Support in times of need: Meeting basic needs like food, shelter, clothing and health care is essential. Adequate services & supports must be in place to provide stability, treatment and help for families in crisis
Social & Emotional Competence of children: A child's ability to interact positively with others, self-regulate behavior & effectively communicate feelings positively impacts their relationships with family, other adults, & peers
Nurturing and Attachment: The importance of early bonding and nurturing throughout childhood build close bonds and help parents better understand, respond to, and communicate with their children
Effective Problem Solving & Communications Skills: A parent, caregiver or family's ability to identify their goals, consider challenges, set realistic approaches to overcome challenges, & communicate effectively with others helps families reach their goals
*Healthy (Marriages) Relationships: Developing and sustaining relationships with diminished levels of conflict and other attributes such as affectionate parents, high self-esteem, or appropriate role models help children and youth achieve positive outcomes

*The USDHSS Children's Bureau/AYCF lists "Healthy Marriages" as a protective factor. New Jersey has opted to expand this definition to include parental, kinship, foster, adoptive, intimate partner/dating, and spousal relationships

Principles of Family Support Practice
Staff and families work together in relationships based on equality and respect
Staff enhances families' capacity to support growth and development of all family members
Families are resources to their own members, other families, programs and communities
Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society
Programs are embedded in their communities and contribute to the community building process
Programs advocate with families for services and systems that are fair, responsive and accountable
Staff works with families to employ formal and informal resources to support family development
Programs are flexible and continually responsive to emerging family and community issues

FSC OPERATING PROCEDURES

- All sites have a clearly defined FSC identity, are non-stigmatizing and reflective of their communities. Signs in or around the neighborhood are readily visible to assist residents in locating and accessing the program. The FSC space is designed and organized with the input of residents and families. The atmosphere and décor is professional, community appropriate, welcoming and non-stigmatizing. All sites provide sufficient space to accommodate the provision of FSC services. Such accommodations minimally include:
 - Designated area for confidential or private communications
 - Public access to informational materials and relevant resources
 - Recreational/Communal gathering space
 - Work space for program staff
 - Dedicated phone lines, voice mail, email, internet capabilities, and essential office automation equipment including computer, copier and fax machines
- Family Success Centers are flexible and responsive to the unique circumstances, characteristics and needs of families and their communities. Services are provided at no cost and with sufficient time and intensity to achieve and maintain positive outcomes for diverse populations.
- FSCs affirm and strengthen cultural identity, are culturally sensitive, culturally responsive and culturally fluent in the diverse nature of New Jersey families, their structure, cultural values and life stages.
- All programs develop sustainable collaborative relationships with diverse community groups, organizations, and public and private agencies to provide relevant services to families. These include but are not limited to affiliations with informal or natural helping networks such as language services, neighborhood and civic associations, faith based organizations, and recreational programs as appropriate.
- All Centers maintain a DCF approved Cultural Competency Plan that outlines the methods employed by the managing agency to ensure that policies, materials, environment,

recruitment, hiring, promotion, training and Advisory Board membership reflect the community and promote the cultural competency of the organization. Cultural Competency Plans are maintained on site and available for inspection.

- Each community and its families share responsibility for designing, operating, and overseeing the FSC through a Parent/Community Advisory Board. Studies indicate that successful child abuse prevention initiatives are community-led and community-driven since area residents are better able to identify the strengths and challenges facing neighborhood families. Empowering local residents with a voice in decision-making ensures that FSCs offer services that are both meaningful and accessible.

Parent/Community Advisory Boards meet once per month and serve in a consultative capacity without legal responsibility. Participation is voluntary and the majority of members (51% or more) are parents and/or community residents who reflect the diversity of the communities they serve.

Advisory Board members serve as ambassadors and help build bridges into the community. Board activities include but are not limited to:

- Conducting surveys of local needs
- Developing recommendations for continued program improvement
- Assisting the FSC in attracting resources and community participation
- Participating in FSC activities and events
- Conducting evaluations and satisfaction surveys

Conflict of interest policies are in place prohibiting anyone who is affiliated with an agency that serves families either on site or by referral, from participating on the Advisory Board. Source documentation, including current membership listings that specify the names and addresses of all members, operational guidelines, meeting minutes and attendance records are retained on site and available for annual inspection.

- All FSC staff and Advisory Board members are encouraged to attend specialized training regarding Standards for Prevention Programs, the Principles of Family Support, and Protective Factors for Strengthening Families.

FSC CONTRACTED SERVICES

Family Success Centers utilize a strength-based approach and seek active collaboration with parents, youth, community partners, stakeholders, service providers and public agencies to provide a seamless network of education, enrichment and support services.

All FSC services support the overarching goal to strengthen individual and family functioning and empower community residents to acquire the knowledge, skills and resources they need to succeed and achieve optimal outcomes for children. Service delivery is directly linked to DCF core values and fixed on the premise that engaging, involving, strengthening and supporting families is the most effective approach to ensuring safety, stability and well-being. FSC services include but are not limited to:

- **Access to Child, Maternal and Family Health Services:** Preventative and primary health services are offered to all community residents either on-site or through linkages to other agencies. Related topics and activities include: pre- and post-natal care; nutritional health; home-based life-saving skills; smoking cessation programs; immunizations; blood pressure

screening; wellness checks; exams; etc. FSCs also assist families in navigating the various health and medical service systems and completing relevant paper work when needed, including NJ Family Care Applications.

List any on-going groups or activities that will be provided within the contract term. Indicate either On Site or Off Site: (i.e. blood pressure screening - On Site; flu shots - Off Site, etc.)

The Opioid Epidemic Workshop - Risks and Prevention of Diabetes Type II Workshops - Healthy Families Workshops - Prevention of Child Abuse and Domestic Violence - Human Trafficking Seminars - NJ Family Care - Nutrition and Obesity in Children Workshops - Nutrition, Vitamins and Healthy Foods Workshops - Healthy Cooking Classes - Soiless Gardens - Free Farmers Market (Produce) - Coronavirus Workshops - Developmental Screening for Children ages 1-5 - Fitness Workshops - HPS Prevention Workshops. All activities are on site, either in the MCFSC or designated sites in the Town of Dover.

- **Family Success Plans:** Center staff partner with interested families and assist in the development of functional plans to help them attain their identified goals. Family Success Plans are based on the unique needs and circumstances of all participants and are intended to:
 - Guide the family in identifying their strengths
 - Chart the short and long term goals established by the family
 - Outline the agreed-upon steps that will be taken to reach their goals
 - Specify reasonable time frames for attaining their goals

FSC staff follow up with families to provide assistance and support as needed

- **Parent Education:** Parenting education is an essential component of FSC programs and offered to all residents via a combination of information, skill-building and supportive services. Emphasis is placed on healthy child development and the use of positive parenting techniques. Services are intended to help strengthen families by enhancing parental resilience and social connections. All Family Success Centers are expected to conduct or sponsor at least one activity per month that promotes positive interaction between parents and children. Related topics, services, and activities include but are not limited to: mentoring programs, teen parenting; grandparents raising children; and information regarding relevant issues that impact family life.

List any on-going groups or activities that will be provided within the contract term. Indicate either On Site or Off Site:

Support Groups for Parents of Children with Special Needs: SPAN
Active Parenting Group in both Spanish and English
Monthly Parent/ Child Activities
Go Noodle for Kids
Homework Assistance Program for children and their parents, four times per week.
All activities are on site, either in the MCFSC or designated sites in the Town of Dover, and one Parent/Child Activity in Wharton.

All Centers are encouraged to use evidence based, evidence emerging, or evidence informed parent education programs. *Identify the parent education program provided under this contract. Specify the frequency with which it is offered and the target population, i.e. education for parents of infants, toddlers, school age children, and adolescents:*

The MCFSC partners with the Family Intervention Services to offer the Active

Parenting evidence-based curriculum for parents of children 5-12, as well as parents of teenagers ages 13-18 offered 3 times a year, program ranging from 6 to 8 weeks. The MCFSC also partners with Prevention Is Key to offer the Strengthening Families Program.

According to the U.S. Department of Health and Human Services, children with involved, loving fathers are significantly more likely to do well in school, have healthier self-esteem, and exhibit more empathy and pro-social behavior when compared to children who have uninvolved fathers. **List any fatherhood related activities, events or programs that will be provided within the contract term:**

Ongoing Fatherhood engagement sessions will be offered in partnership with Morris County Head Start and other local organizations.

- **Employment-Related Services:** FSCs promote economic self-reliance by providing assistance with or access to services and supports that lead to employment including but not limited to: job readiness skills such as resume writing and interviewing techniques; employment counseling; training programs; job development and placement services; etc.

List any on-going groups or activities that will be provided within the contract term. Indicate either On Site or Off Site:

We provide employment-related services by helping people with their resumes, job applications, preparation for job interviews, and assistance to validate foreign credentials. We have computers available that can be used to complete job search. Flyers and brochures of job positions available are maintained in a public area.

- **Life Skills:** All Centers provide educational programs, workshops or individual instruction designed to enhance skills, overcome barriers to success, and improve the quality of life for children, families and individuals. Emphasis is placed on asset and skill development topics and activities including but not limited to: education and literacy services (GED, ESL, tutoring, etc.); financial management; communication; daily living; computer skills; etc.

List any on-going groups or activities that will be provided within the contract term. Indicate either On Site or Off Site:

Technology Classes
English as a Second Language Classes
Financial Workshops
Homeownership
Citizenship Preparation Classes
Homework assistance program for parents and children.
Photography Workshops
Cooking Classes
Healthy Relationships.

- **Housing Related Services:** Adequate housing is essential to establishing family stability, child safety and well-being, and community viability. Family Success Centers provide information about housing resources, leasing and tenant rights; assistance completing applications for various federal, state and local programs that assist with or provide affordable housing, emergency shelter, home energy, weatherization, and homelessness prevention programs; and access to tangible supports that address basic needs such as utilities, household furnishings, and home repair.

List any on-going groups or activities that will be provided within the contract term. Indicate either On Site or Off Site:

We provide information about affordable housing, shelters, rental assistance, landlord/ tenant issues, and utility assistance programs. Our staff also assists with the completion of paperwork. MCFSC has created a partnership with the Housing Partnership in order to provide workshops on different areas of interest, such as but not limited to Foreclosure, Step by Step, and Financial Fitness to landlords and/ or first time home buyers. Onsite and offsite

- **Advocacy & Related Support:** Center staff advocate for all community residents as needed and appropriate by interceding, supporting or advancing the cause of individuals and families in their dealings with public and private entities. Advocacy takes many forms including accompanying families/individuals to meetings, appointments, or visits with other service providers to assist them in navigating the system and facilitating direct linkages, communication and/or problem solving. Advocacy not related to any of the FSC Contracted Services listed above is recorded separately. *(Note: Contracted agencies are prohibited from using DCF funds for lobbying activities including any written, verbal or non-verbal acts that seek to influence legislation, regulation or governmental process).*
- **General Information and Referral/Linkages:** All programs maintain an up to date information and referral directory of available local, county, and state supported services as well as “primary” and “secondary” prevention resources and non-traditional service providers such as houses of worship and grassroots organizations. Information & Referrals/Linkages not related to any of the FSC Contracted Services listed above is recorded separately. FSC staff follow-up with residents on all referrals/linkages to ensure that services are accessible, appropriate and responsive to the needs of the community.
- **Special Assistance:** FSC programs may provide very limited financial assistance to address emergent needs, ensure child safety and well-being, and help families overcome tangible barriers to success.

FSC programs are authorized to allot up to \$5,000 per year in financial assistance funding for this purpose. This allotment is considered “Specific Assistance to Clients” and must be specified in the approved budget (DCF Contract Annex B).

Funds, including gift cards, are dispersed at the discretion of the FSC on an as needed basis. All disbursements are directly related to the goals and objectives of the program and may not exceed \$200 per household per year. Allowable expenditures include but are not limited to: essential household items; food; clothing; and other necessities. If gift cards are used, the retail outlet must be appropriate and provide goods or services that fall within the parameters of allowable expenditures.

Programs are expected to maintain a system with appropriate documentation and strict internal controls that satisfy established financial management and accounting standards as outlined in the *DCF Contract Reimbursement Manual; Section 2.2; Internal Controls* <http://www.nj.gov/dcf/providers/contracting/manuals/>. Written policies and procedures for accessing and dispersing Special Assistance funds are retained on file.

Check if Special Assistance will be available and specify the amount of DCF funds allotted in the Contract Annex B for this purpose: \$100

- **Engagement:** All programs employ a variety of engagement strategies to enlist community participation. Such strategies are essential to the FSC model as they seek public involvement that promotes relationship building through learning, action, recreation and the expression of needs and values. Community engagement tools vary from traditional activities such as home visits, surveys, and town hall-type meetings to more contemporary approaches that utilize innovative outreach techniques like social networking technology. Public events and activities such as neighborhood festivals, resource fairs, and community gatherings encourage social interactions, promote a local sense of identity, help forge connections, and communicate that FSCs are committed to making participation as easy as possible.

The use of DCF funds for client-centered events is permissible provided that:

- DCF clients are the sole beneficiaries of the events or activities;
- Such events or activities are specified in the space provided in this section of the contract document* and included in the approved budget (DCF Contract Annex B);
- Adequate documentation is retained on file including: a description of the event, its purpose and target population; the actual number of attendees including DCF clients and any FSC staff; an itemized list of all costs; and any receipts or invoices; and
- As a general guideline, no more than \$350 is allocated per event. Costs that exceed \$350 require written approval from the FSC Regional Coordinator.

DCF funds may not be used for costs associated with events in which agency staff is the direct beneficiary. Incentives (i.e. meals or refreshments) provided to community members who participate on FSC Advisory Boards are considered Engagement activities.

****List any planned activities or events that will be provided during the contract term:***

Annual Dover Family Fun Festival
 Halloween Parade (October)
 Senior Fun Nights
 Basketball and Volleyball Tournaments (Summer months)
 Open-Mic Events for the Youth
 Movie Night (Summer months)
 Board Games for Children
 Board Games for Seniors
 Strengthening Families

- **Strengthening Families Event:** All FSCs conduct an annual Strengthening Families event during the month of April. The purpose of the event is to promote community education and public awareness regarding the importance of positive child development, child health, parenting, safety, and the prevention of child maltreatment. Forums vary in scope and topic and include such activities as resource fairs, workshops, focus groups, etc. The use of DCF funds to offset the costs of this event is permissible provided that the agency complies with the same terms and conditions specified in the preceding section regarding Engagement activities.

OTHER FSC SERVICE OPTIONS

Some Centers provide additional services either on or off-site in an effort to meet the unique needs of families and residents. These services exceed the minimum expectations outlined above and are not provided by all Family Success Centers. Examples of expanded FSC service options include outreach to senior citizens; mentoring, community gardening, healthy relationships; etc. ***If applicable, describe any expanded services that will be provided during the contract term:***

Translation and Notarization of Documents for CAB members

Free Farmers Market

Fun Activities and Special Health Related Workshops for Senior Citizens

Homework Assistance Program

Immigration and Naturalization Workshops: Citizenship Classes

Programs offering activities targeted specifically to youth (i.e. tutoring, mentoring, homework club, etc.) require parental consent for all participants under the age of 18 who are unaccompanied by an adult. All consent forms are signed by a parent or caretaker and retained on file.

STAFF REQUIREMENTS

At a minimum, FSCs employ one (1) Program Director; two (2) Family Partners; and one (1) Volunteer and Community Partnership Coordinator. Because some programs were established prior to the implementation of these requirements, the qualifications specified in this section apply to new hires:

- **Family Success Center Director:** A Bachelor's degree is required. Additional education and related experience is preferred. Staff who do not possess a Bachelor's Degree may substitute an Associate's Degree and 2 years of related experience
- **Family Partner:** An Associate's degree or 60 semester hours from an accredited institution of higher learning is required. Additional education and related experience is preferred.
- **Volunteer and Community Partnership Coordinator:** An Associate's Degree or 60 semester hours from an accredited institution of higher learning is required. Additional education and experience in recruiting, training and coordinating volunteers for community-based organizations, charities, etc. is preferred. Volunteer/Community Coordinators provide a minimum 25 hours of service per week.

The Office of Family Support Services and DCF Contract Administrator are notified of all personnel changes.

5. Detail how customers access services.

- **Cite any physical limitations that might preclude program admission or referral acceptance**
- **Discuss referral procedures and discharge planning with respect to the continuum of care**
- **Cite negative and planned discharge procedures**
- **Indicate specific documents needed for referrals, when applicable**

Family Success Centers are designed to be easily accessible, non-threatening, unintrusive, and

welcoming to all who seek their services. Referrals from public and private agencies are accepted but not required, eligibility is unrestricted, formal intake procedures are not in place, and program participation is voluntary.

A voluntary Registration process is instituted in lieu of a formal social services intake. All community participants with whom the program has face-to-face contact are asked to complete a brief information profile that includes:

- Name
- Address
- Age
- Family size (total number of adults & children in household)
- Ethnicity
- Primary Language
- Phone number and/or Email address (if available)

Registration data is retained on file, up-dated annually, and compiled for contracted Level of Service (LOS) reporting purposes. Residents who do not wish to complete a participant profile are not denied services.

Hours of operation meet the needs of the community and include evenings and/or weekends as appropriate.

6. Describe the neighborhood(s) and the building(s) where each program site(s) is located. Detail accessibility to mass transportation. Identify the program catchment area.

As part of the Standards for Prevention, program accessibility and location are critical and were considered when the agency was selected during the initial Request For Proposals (RFP) process.

All Centers have a separate and distinct identity apart from their respective managing agencies. Whether stand alone or physically located in the same facility as the managing agency or another program, FSCs have a dedicated, clearly identifiable space and welcoming atmosphere that embodies the look and feel of the community.

The DFCP Office of Family Support Services is notified of any relocation plans.

7. Detail the program's emergency procedures. Provide any after-hours telephone numbers, emergency contacts, and special instructions.

All programs maintain an answering service to communicate important information regarding emergency closings or event cancellations in languages appropriate to the community.

In the event of a statewide or local emergency, DCF may contact the Executive Director or Chief program official at the following cellular telephone number: **Mariekarl Vilceus-Talty 973-704-3571**

8. Provide the total number of unduplicated customers served in the previous contract period for each of the contracted programs. Unduplicated

customers refers to the practice of counting a customer receiving services only once within a service cycle.

- **Indicate the number of unduplicated customers achieving results.**
- **Indicate how the information was captured and measured.**

The FSC program model and service approach is open and unconstrained by formality. As a result, traditional intakes are not completed, program participation is voluntary, and residents are encouraged to “stop in” spontaneously and frequently. This open and informal design precludes programs from accurately identifying and tracking unduplicated service recipients.

Programs record the number of community participants served and aggregate utilization rates in order to provide a broad view of service delivery across the (annual) contract term.

For Level of Service (LOS) purposes, all Family Success Centers are contracted to serve **250 registered community participants** within a contract year. Community residents with whom the program has at least one face-to-face contact while receiving any of the enumerated FSC Contracted Services are registered.

Indicate the Actual LOS achieved for the previous contract term: 247

REPORTING REQUIREMENTS

All programmatic reports are submitted electronically to DCF in accordance with the guidelines specified below:

Monthly Reports

Monthly Reports are completed and submitted electronically to the Office of Family Support Services by the fifteenth day of each month for the preceding month in which services were provided. All data is submitted in the format prescribed by the Department.

Quarterly Service Reports

Quarterly Reports are completed and submitted electronically to the Office of Family Support Services and the DCF Contract Administrator by the fifteenth of the month following each quarter. All information is submitted in the format prescribed by the Department.

Program Name: Family Success Centers (FSC) Morris County

Annex A
PERFORMANCE OUTCOMES INSTRUCTIONS
Programs complete objectives and activities for each goal.

GOALS		OBJECTIVES		ACTIVITIES		PERFORMANCE OUTCOMES	
1.	Families requesting information and referrals are appropriately connected to resources.	1.	Increase access to health information	1.	Provide general health education workshops, and completion and submission of SCHIP applications.	1.	70% of families improve their ability to provide for their children as evidenced in successful linkages to formal and informal supports.
		2.	Increase economic self-sufficiency	2.	Provide resume support, interview support and job search support and conduct employment seminars.		
		3.	Increase linkages to needed services	3.	Provide information and referral services.		
		4.	Increase family life skills	4.	Provide life skills workshops.		
		5.	Increase housing stability	5.	Provide housing related workshops.		
2.	Families participating in the development of family plans will show improvement or reach stated goals.	1.	Increase family functioning and self sufficiency	1.	Provide parenting classes and monthly parent-child activities.	2.	70% of families are strengthened as evidenced in their ability to reach goals on their family success plan.
		2.	Strengthen family relationships.	2.	Provide services at times and locations as needed by families, including expanded hours and advocate on behalf of participants.		
		3.	Support family involvement through provision of services in family center format.	3.			
		4.		4.			
		5.		5.			
3.	Advisory boards involve parents and the community in planning and governance.	1.	Increase family involvement in planning of center activities.	1.	Hold Community Advisory Board meetings and implement recommendations.	3.	Parent Community Advisory Board (PCAB) operates with 70% of parent involvement as evidenced in parent and community members taking on leadership roles.
		2.		2.			
		3.		3.			
		4.		4.			
		5.		5.			
4.		1.		1.		4.	
		2.		2.			

		3.		3.		
		4.		4.		
		5.		5.		
5.		1.		1.		5.
		2.		2.		
		3.		3.		
		4.		4.		
		5.		5.		

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
Annex A
PROGRAM PERSONNEL INFORMATION
Section 2.4

Program Name: Morris County Family Success Center 21bupp

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		%OF TIME TO PROGRAM	QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO			
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Chief Financial Officer	████████	8:30am	4:30pm	3.01%	MBA	Overseeing audit activities, and preparing required reports
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Chief Operating Officer	████████	8:30am	4:30pm	3.01%	MPH, MD	Supervision, implementation and overseeing the progress and outcomes of the project
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Finance Specialist	██████████	8:30am	4:30pm	3.01%		Process payroll, AP
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Chief Human Resources Officer	██████████	8:30am	4:30pm	3.01%	PHR	Establishing and maintaining personnel files for project staff, addressing human resource issues
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Human Resources Specialist	██████████	8:30am	4:30pm	3.01%	ABA, SHRM	Managing fringe benefits
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Chief Strategy Officer	██████████	8:30am	4:30pm	3.01%	MS	Program Development, quarterly expenditure report
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Grants Controller	██████████	8:30am	4:30pm	3.01%	MBA	Budgeting, monitoring expenditures and revenues
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
Annex A
PROGRAM PERSONNEL INFORMATION
Section 2.4

Program Name: Morris-Fsc

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		%OF TIME TO PROGRAM	QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO			
<input type="checkbox"/> FT <input checked="" type="checkbox"/> PT	Faily Success Worker/Family Partner	██████████	1:30pm	4:30pm	66.67%	BS Business Managemet	Responsible for organizing, scheduling and overseeing culturally competent community education workshops for MCFSC including homework assistance for children; marketing and outreach efforts related to workshop sessions.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Director Of Community Programs	██████████	8:30am	4:30pm	10%	MPH & FDC Leadership	Responsible for the management of the Irvington FSC and the Morris County FSC. Supervises and provides guidance to the FSC Program Coordinator/Managers. Manages the budgets, reports and contracts.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Program Manager	██████████	8:30am	4:30pm	100%	MD & FDC Leadership	Responsible for the daily operations of the Morris County Family Success Center, including the supervision of the Family Partner and Community Educator/Volunteer Coordinator positions. Also responsible for the Shaping Dover program and Site Administration duties.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Success Worker/ Family Partner	██████████	8:30am	4:30pm	100%	BA Sociology, BA Elementary and Early Education, FDC	Responsible for working in partnership with families to identify strengths and support families with reaching goals through the provision of resources, referrals and information. Responsible for organizing, scheduling and overseeing culturally competent community education

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
LEVEL OF SERVICE
Section 2.5**

Program/Component Name: Morris County Fsc
Service Type: Fsc
Description of Unit Measurement: Unduplicated Families
Number of Contracted Slots/Units: 250
Number of Annualized Units: 250

Numbers should reflect unduplicated service counts

	1	2	3
	MONTH	MONTHLY SERVICE DAYS OR UNITS	MONTHLY CONTRACT LOS
1	January	20	20
2	February	19	20
3	March	23	21
4	April	20	21
5	May	22	21
6	June	22	21
7	July	20	21
8	August	23	21
9	September	20	21
10	October	22	21
11	November	22	21
12	December	20	21
	ANNUAL TOTALS	253	250

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

Annex A
PROGRAM DESCRIPTION
Section 2.2

Program Name: Bergen and Morris Counties PAT

Please note that additional information/addenda may be required in order to complete the contract package. Any specific requirements/stipulations pertaining to the program will be forwarded as applicable.

Label all answers clearly as outlined below:

- 1. Provide a brief description of the program/component and its purpose. The description should reflect the goals and services set forth in the initial RFP and any changes that may have resulted from negotiations.**

The Parents As Teachers (PAT) model is an evidenced-based home visitation program (EBHV) that provides in-home health and parenting education, and supportive services to at-risk families, especially those overburdened by stressors that may contribute to child neglect and abuse. Once enrolled, families are offered intensive long-term home visitation services through age three (on a case-by-case basis families can be offered services through age five (See Section 2). Participation in PAT is voluntary. These voluntary home visits provide an added emphasis on education, employment, family stability/well-being, and school readiness.

Specially trained home visitors, who often share the families' culture and community, educate families on important issues: prenatal health, infant/child health and development, positive parenting practices, nurturing parent-child relationships, child safety, education and employment, and the prevention of child neglect and abuse. They also link parents/families to existing social service and health care resources.

All DCF funded PAT sites must adhere to the Parents As Teachers National Quality Assurance Guidelines as set forth by the Parents As Teachers National Center. These national guidelines closely correspond to the *NJ Standards for Prevention*. The PAT model is strength-based and emphasizes the importance of focusing on the *Protective Factors* in its work with families. Program staffing and supervision must be in keeping with the PAT program standards. All DCF funded PAT sites must successfully complete the PAT Quality Endorsement as set forth by the PAT National Center. The NJ PAT State Leader, Prevent Child Abuse NJ (PCANJ), will assist local PAT sites with technical assistance for program implementation and the Quality Endorsement process. All DCF funded sites must report data monthly to PCANJ. In addition, all sites are required to submit an annual report to PCANJ for data verification/quality review before submission to the PAT national office annually.

2. Identify the target population served by this program/component (i.e. individuals who have been unemployed for the past 6-12 months).

PAT services are provided to pregnant women, and parents of infants and children up to age three or entry into preschool (service may continue to age five on a case by case basis). If so, all PAT educators need to be trained in the “3-K curriculum.” Programs will contact DCF to discuss services beyond 3 years.

While DCF still places an emphasis on enrolling families early (prenatally), the PAT program may accept referrals of eligible families at any point in time from pregnancy through early childhood (age three). In doing so the PAT Program must have the ability to offer the family services for at least 2 years. For example, a PAT Program that offers services through age 3 should not enroll a family with a child over 1 year old.

Potential clients are screened for a variety of risk factors, including but not limited to teen pregnancy, first-time or subsequent pregnancy, low income, inadequate or no prenatal care, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place a child at risk of abuse and neglect.

3. Detail what the program intends to address through service delivery. State the results the program intends to achieve.

EBHV programs are designed to promote the health and well being of pregnant women, parents/families and their infants and young children. Parent Educators work closely with families to develop a trusting relationship, assess parent/family strengths (*protective factors*) and promote a better understanding of the essential role of the parent (mothers, fathers and other responsible caregivers) in providing a nurturing, healthy and safe environment for their children. Parents learn that they are their child (rens’) first teacher. While the overall goal is to prevent child maltreatment, the program addresses key factors that are known (evidence-based) to contribute to child neglect and abuse-- prenatal health, infant/child health, child growth and development, parenting skills/anticipatory guidance, parent-child bonding and interaction, school readiness, family/social support and adult relationships, education/employment, and linkages to needed treatment services, childcare and/or other community resources. Home visits are the key service delivery vehicle, and home visitors must adhere to the recommended schedule of visits to ensure that participating families benefit from the full impact of the program.

Data, Evaluation, and Reporting:

EBHV grantees must participate in the statewide evaluation and research study being conducted by Johns Hopkins University and any other approved research projects in response to funding requirements. EBHV grantees must inform their DCF/DFCP Administrator and/or DFCP HV Program Specialist of their participation in any additional research/evaluation studies.

All PAT grantees are required to record visit information and track specified data in the PATSys data system. To ensure accurate monthly, quarterly, and annual report data, EBHV grantees must enter all documentation into the PATSys database by the 10th of the month for the previous month. This database is overseen by PATNJ state affiliate, PCANJ. NOTE: All HFNJ grantees are required to pay a \$600 annual fee for PATSys data management support.

SPECT Data System:

DCF collaborates with the NJ Dept. of Health (DOH) and Family Health Initiatives (FHI) in regards to the Single Point of Entry Client Tracking data system (SPECT). The SPECT data system is utilized by prenatal providers, Central Intake, EBHV sites, and other core programs and partners. To ensure accurate monthly, quarterly, and annual report data, EBHV sites must enter all documentation into the SPECT database by the 10th of the month for the previous month.

DCF has established a standard quarterly report that is inclusive of a set of performance indicators for all EBHV grantees supported by the department. These EBHV Objectives include three areas of focus--1) process, 2) impacts and 3) outcomes. Grantees are required to collect, review, and analyze program performance data and report to DCF on a quarterly basis.

EBHV Quarterly Progress Report:

All grantees are required to send quarterly report data to the designated DCF Contract Administrator and DFCEP HV Program Specialist—using the following standard reporting periods: (The following is the program year for collecting the data required. It may not reflect the contract/fiscal year).

- July 1st to September 30th
- October 1st to December 31st
- January 1st to March 31st
- April 1st to June 30th

EBHV Quarterly Progress Reports are due no later than 15 days after the report end date and should accompany the agency's submission of its quarterly Report of Expenditures.

Continuous Quality Improvement (CQI):

CQI is an essential aspect of service delivery. Grantees must demonstrate progress in meeting established program targets, federal MIECHV Benchmark measures and outcomes, and that Continuous Quality Improvement (CQI) practices are utilized. The purpose of continuous quality improvement is to ensure that DCF funded grantees are effective in reaching and supporting families, and helping families to achieve these core program objectives. Through this process, grantees identify areas for performance improvement to reach optimal levels of program functioning. Refer to Section 2.2–subsubsection #8 for additional CQI requirements specific to the program model.

CQI is initiated throughout the program year and incorporates a systematic data collection and CQI approach that includes a data management component that supports regular data collection. The CQI process will include input/consultation from model developers, grantee agency, DCF staff, DCF Contract Administrator, DHS/DFD program staff, and other stakeholders/local advisory boards (including parent representatives), as appropriate. Home Visiting Collaborative Improvement and Innovation Network (HV CollIN) is a CQI process that implements experimental tests of change that can be adopted into program practices and procedures. CQI and HV CollIN approach can be utilized to address underperformance in the following areas:

- Target Process / Level of Service (LOS) Measures (Table A)
- EBHV Objectives and Performance Measures (Table B)

All grantees should strive to reach the above mentioned measures and benchmarks. As part of the CQI process, grantees respond to the underperformance as part of the EBHV Quarterly Progress Report. Underperformance in any area is reviewed and addressed. When underperformance occurs and is unable to be corrected, DCF initiates the development of a Pre-Corrective Action or Corrective Action Plan. During this time period, DFCP HV Program Specialists, model developers, and grantees identify improvement goals and strategies. Model developers provide intensive technical assistance and support activities to assist the grantee in achieving the identified goals. Pre-Corrective Action and Corrective Action Plans are shared with and/or developed in collaboration with the DCF Contract Administrator. If a program is placed on Corrective Action for underperformance, additional program data reports maybe requested more frequently. Note: These targets continue to undergo review and analysis. DCF and/ or federal funders may make revisions and further refinements to specific targets, or add additional indicators, after this analysis is complete. All grantees will be required to track data and submit through the EBHV Quarterly Progress Report.

4. Describe the method of service delivery (i.e. in the community, on site, etc.).

PAT services are provided to participating families primarily in the home setting. At times, visits may be conducted in an alternate mutually agreed upon setting, e.g. after school, work or community setting. Visits must be able to accommodate the participant's schedule and may be provided at alternate mutually agreed upon times, i.e. early morning, early evening or on a weekend day.

Each program shall have a monthly parent group meeting or activity in accordance with the "Group Connections" requirement of national PAT as described in the PAT NJ national policy and procedures manual. The "Group Connections" shall meet at least once a month to address isolation issues and encourage meeting others in the community. A "Group Connection" must include the Parent Educator and at least 2 participants. It is advised that the lesson plan include an area from the PAT curriculum.

Referrals and Linkages:

On an ongoing basis, the Parent Educator will assist participating families with referrals for health, social service, child care or other community supports as needed and mutually agreed upon. EBHV grantee staff are encouraged to link families with additional resources that provide services in the target community, including other DFCP programs (e.g., Family Success Centers, School-Linked Services, DV support, Strengthening Families childcare providers, CCYC, etc.), as appropriate. In addition, grantees shall routinely review and update existing entries in state, county and local resource networks and directories, e.g. DFCP's online directory or NJ's 2-1-1 Partnership Database, to ensure complete, accurate and up-to-date information for families and professionals trying to locate EBHV services.

Local Community Advisory Board:

HV grantees shall establish and/or maintain alignment with the local County Council for Young Children (CCYC) to form an active advisory board.

The advisory board must be an organized active body, which meets at least quarterly to advise/govern the activities of planning, implementation, and assessment of program services. This includes but is not limited to a review of program practices, policies, quarterly/annual performance measures, Continuous Quality Improvement (CQI) efforts, providing input and timely recommendations with respect to program strengths, areas of

growth, and improvement. HV grantees are encouraged to integrate and/or develop this advisory role within the broader perinatal and/or early childhood community.

The HV grantee Program Supervisor/Manager (or other program representative) and the advisory board must work as an effective team in the planning and developing of program policies and procedures.

HV grantees must also identify at least one parent/caregiver from each FTE home visitor to invite to the advisory board and collaborate with the CCYC lead agency and/or members to encourage and facilitate parent/caregiver participation.

HV grantees must provide documentation of advisory board activities, have available meeting notes, and attendance records during site visits or as requested. HV grantees must also refer to the DCF Policy and Procedure: Advisory Boards

Program Compliance:

In an effort to provide effective oversight, optimize enrollment and retention of eligible families in target communities grantees are monitored and assessed by the DFCP HV Program Specialists on an on-going basis. EBHV grantees are expected to participate in the following:

- Evaluative site visits - site visits are conducted separately or in collaboration with the DCF Contract Administrator.
- Quarterly Supervisors' Meetings
- Mandatory model specific trainings and DCF sponsored trainings related to federal benchmarks
- Comply with national and state model specific policies and procedures
- Comply with Office of Early Childhood Services (OECS) policies and procedures

All DCF-funded EBHV grantees must also comply with the following requirements:

Be active partners with the local Central Intake (CI) and comply with the business agreements set forth, to ensure easy linkages for eligible pregnant women/parents and families.

- Complete the core training and adhere to the Parents as Teachers New Jersey (PATNJ) policies and procedures as set forth by the New Jersey state affiliate, Prevent Child Abuse New Jersey (PCANJ).
- Maintain program staffing and supervision in accordance with the PAT National and HFNJ program standards.
- Successfully complete the PAT Quality Endorsement process.
- Complete training on and implement the Parents As Teachers (PAT) Foundational Curriculum.
- Agencies are permitted to use supplemental curricula. **This EBHV grantee utilizes the following supplemental curricula**
- Adhere to the conceptual, practice, and administrative standards as set forth in the Standards for Prevention Programs: Building Success through Family Support developed by the New Jersey Task Force on Child Abuse and Neglect.
- Have knowledge of the Protective Factors Framework.

5. Detail how customers access services.

Generally, HV services are provided in the participant's home. There are no physical limitations that preclude enrollment or participation.

Pregnant women and parents are screened by prenatal care providers, health care providers or other community agencies. HV sites are expected to be active partners with the local Central Intake (CI) and comply with the business agreements set forth, to ensure easy linkages for eligible pregnant women/parents and families. PCANJ and/or DFCP HV staff will help to facilitate these relationships with CI, as needed.

Once a family is referred to the program they receive an initial contact from the program within three working days and eligible families are offered enrollment into the program. Families that decline or are ineligible for home visiting services are still provided with information that is age appropriate, and suitable community resources that will assist with the families current needs. Based upon local Business Agreements/Rules, programs should provide a status report and re-route these families back to central intake for links to alternate services, as appropriate.

Families that agree to participate in the program are enrolled and visits are conducted by specially trained and certified Parent Educators (PE). The PE will jointly develop the PAT program plan and establish an appropriate visit schedule with the family based on the phase of care and the needs of the family. PAT grantees should follow the PAT visit schedule guidelines established for DCF funded programs:

New Enrollees (any age)	Visit at least every 2 weeks for a minimum of 6 months
Pregnancy	Visit at least every 2 weeks until delivery
Birth to 2 months of age	Visit weekly
2 months to 23 months old	Visit at least every 2 weeks
2 years of age and up	Visit at least once a month
Parent Groups:	Monthly for DCF-funded sites (target all participants)

Families that are enrolled but inactive, will continue to receive positive, creative outreach for at least 6 weeks and not to exceed three months. The definition of “inactive status” is located in the NJ PAT policy and procedure manual.

The PE and the parent/family collaborate to complete an initial Goal Plan within the first 4 visits of enrollment to meet the needs of the family, including but not limited to: education on age-appropriate child growth and development, family literacy/book sharing, parent-child interaction, parent socialization/group meetings, developmental screening and other key areas. The PE and parent/family collaborate to continuously develop new goal plans. The PE will assist participating families with referrals for health, social services, child care or other community supports, as needed.

Staffing/Caseload Requirements:

- PAT Supervisor – DCF funded PAT sites will have a supervisor to staff ratio of not more than 1.0 FTE to twelve (12) full-time staff.
- Parent Educators - A full-time (1.0 FTE) Parent Educator carries a caseload of 20 families.

Discharge Process:

Ideally a participating family remains enrolled in PAT until the child turns three (3) years old and enters preschool, has received at least 2 years of service, has made progress in achieving key PAT family planning goals, and has reached specified HV health and well-being performance indicators. [Note: Families may remain enrolled beyond age three only on a case by case basis after consultation with DCF/DFCP Program Specialist.] For a variety of reasons, families may withdraw from the program earlier. Sites are

required to track length of participation, reasons for discharge and progress in reaching specified goals and objectives.

6. Describe the neighborhood(s) and the building(s) where each program site(s) is located. Detail accessibility to mass transportation. Identify the program catchment area.

EBHV grantees provide services in the homes of participating families.

The catchment area for this site is
(specify county and major at-risk municipalities for your agency)

7. Detail the program's emergency procedures. Provide any after-hours telephone numbers, emergency contacts, and special instructions.

Client and staff safety is an important concern in home visitation programs. All program staff are required to undergo background checks. Field staff carry cell phones and are instructed to remain in regular contact with the office during the course of the day.

In the event of any staff or client emergency
(briefly summarize key safety policies for your agency)

Emergency contacts for this agency are:
(complete this for your agency)

8. Provide the total number of unduplicated customers served in the previous contract period for each of the contracted programs. Unduplicated customers refers to the practice of counting a customer receiving services only once within a service cycle.

In compliance with the Parents as Teachers Model, all sites must submit an Annual Report to PCANJ via the PAT Portal (PAT National Website) in compliance with annual due date as established by PAT National.

Furthermore, DFCP/OECS requires the Quarterly Report/Year-End Report to be submitted 15 days after the end of the report period. The Quarterly Reports should include explanations why a program may not be reaching a particular objective and what is the plan to make improvements.

It is recognized by DCF that collection, analysis and reporting of data for these objectives is an ongoing process. Adjustments to performance measures may still be needed and will include the federal MIECHV benchmarks. Adjustments will be made by DCF in consultation with PCANJ and HV partners, as indicated.

Program Name: Parents As Teachers (Bergen and Morris)

PERFORMANCE OUTCOMES

Section 2.3

Goals	Objectives	Activities	Performance Outcomes - Targets
I. To enroll and maintain eligible families in PAT home visiting services. (process objectives)	1. Identify at-risk families according to home visitation program guidelines	Agency has MOUs with key prenatal care, health & social service providers to identify eligible pregnant women/ parents for services. Agency coordinates outreach efforts with other HV providers and community programs; and partners with Central Intake.	1. <u> </u> families are referred for PAT services.
	2. Complete the first (enrollment) home visit to eligible families according to home visitation program guidelines.	Agency confirms/updates contact information to enhance likelihood of locating families for enrollment. PE enrolls the families and completes the first (enrollment) home visit to determine their ongoing participation in the program.	2. At least 50% (n= <u> </u>) of those referred will complete the first (enrollment) home visit.
	3. Maintain ongoing program caseload capacity according to HV program guidelines (based on agency staffing/20 families per 1 FTE PE).	Complete home visits and develop a rapport with families to keep them enrolled in HV services.	3a. Maintain LOS of at least 85% of capacity. 3b. Less than 10% of families enrolled are lost-to-care or inactive.
	4. Enroll women prenatally in services according to home visitation program guidelines.	Agency has MOUs with key prenatal care, health & social service providers. HV staff conducts outreach, as needed, to enroll women while they are pregnant.	4. 60% of women/families are enrolled in PAT services prenatally.
	5. Complete the expected number of home visits for each family according to home visitation program guidelines.	HV supervisor works closely with staff to monitor home visits and offer support as needed to maintain expected number of visits for each family.	5. 80% of families receive the expected number of home visits.
	6. Maintain participant retention in program services over an extended period of time, as per home visitation program guidelines.	Adhere to HV model fidelity, monitors progress toward client/family goals and offer assistance to help families progress and maintain program enrollment.	6a. 60% of families remain enrolled for at least 1 year. 6b. 50% of families remain enrolled for at least 2 years. 6c. 40% of families remain enrolled for at least 3 years.
II. To improve health and well-being of participating	7a. All eligible pregnant women will be referred to and enroll in WIC.	Educate and promote healthy nutrition during pregnancy. Determine enrollment status/eligibility of pregnant women for WIC, and refer eligible women to WIC. Track WIC enrollment and participation.	7a. 90% of eligible pregnant women are enrolled in WIC during pregnancy.

Goals	Objectives	Activities	Performance Outcomes - Targets
families: Pregnant women and new mothers (impact objectives) (7a-f2, 8a-f2)	7b. Enrolled pregnant women will complete ACOG recommended prenatal care medical visits.	Review ACOG recommended prenatal care medical visits with all pregnant women; monitor and assist with scheduling prenatal care visit appointments, as necessary.	7b. 85% of enrolled pregnant women are on-schedule for prenatal care medical visits.
	7c. Pregnant women are screened for intimate partner violence.	All women are screened for intimate partner violence utilizing the HITS tool even if participant states that he/she is not currently in a relationship. Provide support, referrals and linkages as appropriate.	7c. 80% of enrolled pregnant women are screened for intimate partner violence within 6 months of enrollment.
And Target children (impact objectives) (9a-i)	7d. Pregnant women referred to tobacco counseling or services	Discuss the effects of tobacco use during the prenatal period on the unborn child and risks of smoke exposure for infants/children. Refer and assist the family as needed, in accessing cessation or counseling services.	7d. 80% of enrolled pregnant women who reported tobacco or cigarette use are referred to tobacco cessation or counseling services.
	7e. Enrolled pregnant women will complete the 6-8 week postpartum medical visit.	Educate women during pregnancy and after childbirth on the importance of completing recommended postpartum medical visits; monitor/assist customer in scheduling the postpartum medical appointment, as necessary.	7e. 90% of enrolled pregnant women completed the required 6-8 week postpartum medical visit.
	7f. Postpartum women are screened for depression.	Screen all women for depression utilizing the EDPS and provide support, referrals and linkages as appropriate	7f. 80% of postpartum women are screened for depression within 3 months of delivery.
	7f1. Postpartum women that screen positive for depression are referred for recommended services.	Refer and assist family as needed, with accessing recommended services for depression.	7f1. 80% of postpartum women who score positively for depression are referred for recommended services within 15 days.
	7f2. Postpartum women receive recommended services for depression.	Discuss referrals to community resources and activities to support the parent such as stress reduction techniques, self-care and healthy eating.	7f2. 60% of postpartum women that scored positively for depression received recommended services within 30 days.
	8a. Enrolled eligible mothers have health insurance 8b. Link all enrolled mothers to a primary care provider (PCP). 8c. Enrolled women will complete an annual PCP/women's health care visit.	Discuss with women the importance of having insurance and a PCP for reproductive health/annual checkups. If she does not, refer and assist, as needed, to access a PCP. Encourage and monitor completion of an annual health checkup (GYN or other PCP).	8a. 80% of eligible parenting women have health insurance 8b. 100% of enrolled mothers have a primary care provider. 8b. 80% of enrolled women completed an annual primary care/women's health care visit
	8d. Parenting women are screened for intimate partner violence.	All women are screened for intimate partner violence utilizing the HITS tool even if participant states that he/she is not currently in a relationship. Provide support, referrals and linkages as appropriate.	8d. 80% of enrolled parenting women are screened for intimate partner violence within 6 months of enrollment.

Goals	Objectives	Activities	Performance Outcomes - Targets
	8e. Parenting women referred to tobacco counseling or services	Discuss the effects of tobacco use and risks of smoke exposure for infants/children. Refer and assist the family as needed, in accessing cessation or counseling services.	8e. 80% of enrolled parenting women who reported tobacco or cigarette use are referred to tobacco cessation or counseling services.
	8f. Parenting women are screened for depression.	Screen all women for depression utilizing the EDPS and provide support, referrals and linkages as appropriate	8f. 80% of enrolled women are screened for depression within 3 months of enrollment.
	8f1. Parenting women that screen positive for depression are referred for recommended services.	Refer and assist family as needed, with accessing recommended services for depression.	8f1. 80% of enrolled parenting women who score positively for depression are referred for recommended services within 15 days.
	8f2. Parenting women receive recommended services for depression.	Discuss referrals to community resources and activities to support the parent such as stress reduction techniques, self-care and healthy eating.	8f2. 60% of enrolled parenting women that scored positively for depression received recommended services within 30 days.
	9a. Enrolled eligible infants/children have health insurance.	Discuss importance and availability of health insurance for infants/children. Assist families to determine eligibility and secure health insurance for all eligible infants/children.	9a. 100% of eligible enrolled infants/children have health insurance.
	9b. Enrolled infants/children have a primary care provider (medical home).	Discusses the importance for all children to have a medical home. If infant/child does not, refer and assist the family, as needed, to access primary care for the child.	9b. 100% of enrolled infants/children have a primary care provider (medical home).
	9c. Enrolled infants/children are up-to-date with well-child medical visits according to the AAP schedule.	Educates parents on importance of keeping up to date with well child medical visits for infants/children; monitors and assist parents to schedule, complete and track all AAP recommended well-child medical visits.	9c. 90% of enrolled infants/children are up-to-date with well child medical visits.
	9d. Enrolled infants/children are up-to-date with the recommended HV schedule for developmental screening.	Educate parents about normal growth & development, and purpose of Ages & Stages Questionnaire (ASQ-3) to determine child's status/progress. Provide parents with age-appropriate activities that support growth & development. Use ASQ-3 in home setting per recommended HV schedule.	9d. 95% of all enrolled infants/children are up-to-date with developmental screens.
	9d1. Children with positive screen are referred for additional support and services.	Children with delays receive follow-up and/or further evaluation according to ASQ guidelines.	9d1. 100% of enrolled infants/children that scored positively for a developmental delay OR are identified as needing additional support are referred for supports and

Goals	Objectives	Activities	Performance Outcomes - Targets
	9d2. Children with positive screen receive recommended support and services.	Refer and assist family as needed, with accessing recommended services.	services or provided such by the home visitor. 9d2. 80% of enrolled infants/children that scored positively for a developmental delay OR are identified as needing additional support received recommended supports and services within 30 days.
	9e. Parent concerns regarding child's development, behavior, or learning are elicited.	Parent viewpoints and concerns are elicited during home visits regarding their child's development, behavior, or learning.	9e. 80% of home visits parents were asked if they have any concerns regarding their child's development, behavior, or learning.
	9f. Participating families enroll their eligible infants/children in the WIC Supplemental Nutrition Program.	Educate parents about healthy infant/child nutrition. Determine enrollment status/eligibility of children and refer eligible families for WIC. Track child's WIC enrollment and participation.	9f. 95% of eligible infants/children are enrolled in WIC.
	9g. Enrolled infants/children are up-to-date with the NJ recommended childhood immunization schedule.	Educate parents on importance of protecting the health of infants/children and receiving up-to-date immunizations. Monitor and assist parents to schedule, complete and track recommended immunizations.	9g. 90% of all enrolled infants/children are up-to-date with immunizations.
	9h. Enrolled infants/children are screened for childhood lead poisoning (by age one).	Educate parents on importance of protecting infants/children from lead poisoning. Monitor/assist parents to schedule a lead test by age 1. Provide follow-up, as needed.	9h. 80% of all enrolled infants/children are tested for lead poisoning by age 1.
	9i. All infants are always placed to sleep on their backs (AAP Guidelines)	Educate parents on the importance of placing infants to sleep on their backs and its correlation to the reduction of SIDS.	9i. 100% of families with a child less than 1 year of age place their infant to sleep on their back.
III. Other Outcomes Increase breastfeeding in at-risk families (promotes child health and maternal-	10a. Enrolled mothers will understand the benefits of breastfeeding. 10b. Mothers that choose to breastfeed infants will continue to do so at 6 months of age.	Discuss cultural issues, attitudes and practices surrounding breastfeeding with all pregnant women and new parents. Provide staff with additional training to enhance skills related to educating mothers, and providing assistance and referral for breastfeeding support services.	10a. 90% of enrolled pregnant women/parents initiate breastfeeding (any amount). 10b. 60% of infants are breastfed, any amount, at 6 months of age.

Goals	Objectives	Activities	Performance Outcomes - Targets
infant bonding (10a-b). Reduce subsequent unplanned pregnancy (11a-b).	11a. Reduce subsequent unplanned pregnancies (increase interval from birth to a subsequent pregnancy). 11b. Decrease subsequent teen births (age 19 or under).	Educate pregnant women/new mothers about recommended time frames and health/social benefits of delaying subsequent pregnancy. Provide reproductive health/family planning information to all pregnant women/parents.	11a. 90% of enrolled women have inter-pregnancy intervals of 18 months or more. 11b. Less than 20% of enrolled teen mothers have a subsequent pregnancy before turning 20 years old.
School Readiness and Achievement (12a-c)	12a. Enrolled women/families demonstrate support for children's learning and development.	Educate/demonstrate activities that support parental involvement, engagement, and an environment that supports learning.	12a. 85% of enrolled families score above the lowest quartile on both the "Learning Materials" and "Involvement" subsections
	12b. Enrolled women/families demonstrate knowledge of child development and of their child's developmental progress.	Educate/demonstrate activities that support child development and the identification of child developmental progress.	12b. 85% of enrolled families score above the lowest quartile on the total HOME score.
	12c. Enrolled women/families demonstrate positive parenting behaviors and parent-child relationships.	Assess parent's ability to respond positively to the child. Educate/demonstrate activities that support positive parenting behaviors and acceptance.	12c. 85% of enrolled families score above the lowest quartile on both the "Responsivity" and "Acceptance" subscales.
Promote parent/family self-sustainability. [Required for TANF/TIP families.] (13a-b)	13a-b. Parents engage in workforce related activities (improving education and/or employment) to improve family economic self-sufficiency.	Assist participants in developing and working toward educational/economic self-sufficiency service goals. Encourage & provide supports for TANF recipients to comply with WFNJ requirements to maintain benefits.	13a. 95% of TANF families are connected to employment through the One-Stop Center. 13b. 75% of enrolled mothers/parents have improved education and/or employment status by the time the child is age 2.

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
Annex A
PROGRAM PERSONNEL INFORMATION
Section 2.4

Program Name: Bergen & Morris County Parents As Teachers Program

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		%OF TIME TO PROGRAM	QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
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<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Parent Educator	██████████	8:30am	4:30pm	100%	AS	Conducts home visits, provides education and support to families, connects families to resources, monitors child development and growth..
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Program Supervisor	██████████	8am	4pm	50%	BS	Provides daily support, supervision and crisis management to staff, assist in staff hiring and training process, collects and analyze data for evaluation of outcomes.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Parent Educator	██████████	8:30am	4:30pm	100%	BS	Conducts home visits, provides education and support to families, connects families to resources, monitors child development and growth.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Parent Educator	██████████████████	8:30am	4:30pm	100%	AS	Conducts home visits, provides education and support to families, connects families to resources, monitors child development and growth.
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STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
Annex A
PROGRAM PERSONNEL INFORMATION
Section 2.4

Program Name:

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS	%OF TIME TO PROGRAM	QUALIFICATIONS (DEGREES,	FUNCTIONAL JOB DUTIES
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**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
PROGRAM PERSONNEL INFORMATION**

Program Name: _____

Section 2.4

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**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

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**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

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**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
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**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

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**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
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Section 2.4

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**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
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Section 2.4

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**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
PROGRAM PERSONNEL INFORMATION**

Program Name: _____

Section 2.4

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
LEVEL OF SERVICE
Section 2.5**

Program/Component Name: Bergen County Pat
Service Type: _____
Description of Unit Measurement: Case Load
Number of Contracted Slots/Units: 20
Number of Annualized Units: _____

Numbers should reflect unduplicated service counts

	1	2	3
	MONTH	MONTHLY SERVICE DAYS OR UNITS	MONTHLY CONTRACT LOS
1	January	19	2
2	February	19	2
3	March	20	2
4	April	20	2
5	May	19	2
6	June	20	2
7	July	19	2
8	August	20	1
9	September	19	1
10	October	20	1
11	November	19	1
12	December	18	0
	ANNUAL TOTALS	272	20

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
LEVEL OF SERVICE
Section 2.5**

Program/Component Name: Morris County PAT
Service Type: _____
Description of Unit Measurement: Case Weight
Number of Contracted Slots/Units: 40
Number of Annualized Units: _____

Numbers should reflect unduplicated service counts

	1	2	3
	MONTH	MONTHLY SERVICE DAYS OR UNITS	MONTHLY CONTRACT LOS
1	January	19	4
2	February	19	4
3	March	20	4
4	April	20	2
5	May	19	2
6	June	20	2
7	July	19	2
8	August	20	4
9	September	19	4
10	October	20	4
11	November	19	4
12	December	18	4
	ANNUAL TOTALS	251	40

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

Annex A
PROGRAM DESCRIPTION
Section 2.2

Program Name: Healthy Families

Please note that additional information/addenda may be required in order to complete the contract package. Any specific requirements/stipulations pertaining to the program will be forwarded as applicable.

Label all answers clearly as outlined below:

- 1. Provide a brief description of the program/component and its purpose. The description should reflect the goals and services set forth in the initial RFP and any changes that may have resulted from negotiations.**

DFCP and the NJ Department of Human Services (DHS), Division of Family Development (DFD), have collaborated to blend the TANF Initiative for Parents (TIP) with the Healthy Families (HF) model to ensure that all participating families benefit from a unified, research-based approach.

The program, known as HF-TIP, provides HFA research-based parent education and support strategies to families that are receiving public assistance and supportive services, i.e., Temporary Assistance to Needy Families (TANF). A goal of this collaboration is to further strengthen and support families who are receiving TANF and/or other assistance programs through home visits. [NOTE: This paragraph does not apply to HF-only sites]

The Healthy Families America (HFA) model is an evidenced-based home visitation (EBHV) program that provides in-home health and parenting education, and supportive services to eligible at-risk families, especially those overburdened by stressors that may contribute to child neglect and abuse. HFA is based upon a set of 12 Critical Elements which provide a framework for program development and implementation and assure quality services.

In NJ, families with a positive Healthy Families New Jersey (HFNJ) Screen are offered intensive, long-term home visitation services from pregnancy to age three. Services are strengths-based and rely on parent/family input and active involvement. Participation in HFA is voluntary.

Specially trained home visitors, who often share the families' culture and community, educate families on important issues: prenatal health, infant/child health and development, positive parenting practices, nurturing parent-child relationships, child safety, education and employment, and the prevention of child neglect and abuse. They also link parents/families to existing social service and health care resources.

2. Identify the target population served by this program/component (i.e. individuals who have been unemployed for the past 6-12 months).

Families are screened for eligibility during pregnancy and no later than two weeks after the target child's birth. Families deemed eligible must enroll no later than three months after the target child's birth. When an eligible family enrolls for services, the family is eligible to receive services up to the target child's third birthday.

Additionally, HF-TIP is available to parents with an infant up to twelve months old if they are currently receiving or eligible to receive TANF, Emergency Assistance (EA) or General Assistance (GA). [The TANF extension to age one for HF enrollment does not apply to HF-only sites.]

3. Detail what the program intends to address through service delivery. State the results the program intends to achieve.

All DCF-funded HF sites must comply with the following requirements:

- HV sites are expected to be active partners with the local Central Intake (CI) and comply with the business agreements set forth, to ensure easy linkages for eligible pregnant women/parents and families. PCANJ and/or DFCEP HV staff will help to facilitate these relationships with CI, as needed.
- Complete the core training and adhere to the Healthy Families New Jersey (HFNJ) policies and procedures as set forth by the New Jersey state affiliate, Prevent Child Abuse New Jersey (PCANJ).
- Maintain Program staffing and supervision in accordance with the HFNJ program standards.
- Successfully complete the HFA accreditation process.
- Complete training on and implement the Parents As Teachers (PAT) Foundational Curriculum.
- Agencies are permitted to use supplemental criteria. If your agency routinely uses supplemental curricula, please identify the materials here:

At present, ___ of ___ (total) staff have attended the PAT Foundational training.

- All programs are expected to adhere to conceptual, practice and administrative standards as set forth in the Standards for Prevention Programs: Building Success through Family Support developed by the New Jersey Task Force on Child Abuse and Neglect. Grantee program and administrative staff are expected to have knowledge of the Protective Factors Framework.

4. Describe the method of service delivery (i.e. in the community, on site, etc.).

A. Direct Services to Families

- The HV site is required to initiate contact with a family within three working days of Central Intake’s referral of the family to the HV site
- If a family declines services, the HV site is required to provide the family with information that is age appropriate, and suitable community services to assist with the family’s current needs
- The HV site, consistent with local Business Agreements/Rules, is required to provide a status report and reroute families back to Central Intake for links to alternative services, as appropriate.
- When a family enrolls in the HV program, the Family Support Worker (FSW) establishes a visitation schedule consistent with the appropriate level of intensity, as noted below:

Level P-1 (prenatal)	2 visits per month (minimum)	Case Weight = 2
Level I	1 visit per week (minimum)	Case Weight = 2
Level M-I (multiples)	1 visit per week (minimum)	Case Weight = 3
Level II	1 visit every other week	Case Weight = 1
Level III	1 visit per month	Case Weight = 0.5
Level IV	1 visit per quarter	Case Weight = 0.25
Level 1-SS	2 visit per week	Case Weight = 3
Level X (lost-to-care)	0 visit per week (active outreach)	Case Weight = 0.5
Level TR	transition to a new worker	Case Weight = 0.5

- The FSW/HV site is required to continue to engage in positive, creative outreach to enrolled, but inactive, families (i.e. Level X - lost-to-care) for at least three months following the family’s classification as “inactive”, and not to exceed four months. The definition of “inactive status” is located in the HF-NJ policy and procedure manual.
- HF services are provided to participating families primarily in the home setting.
- Visits must be able to accommodate the participant's schedule and may be provided at alternate mutually agreed upon times, i.e. early morning, early evening or on a weekend day.
- At times, visits may be conducted in an alternate mutually agreed upon setting, e.g. after school, work or community setting.

- The FSW must complete the Parent Survey, per the PCA-NJ Assessment Tool and Procedures, within 30 days of the family's enrollment.
- The FSW and the parent/family collaborate to complete an initial Goal Plan within 45 days of enrollment.
- The Goal Plan includes measurable family goals (pregnancy, parenting, infant/child, family sustainability, TIP/employment) with ongoing progress documented.
- The FSW and parent/family collaborate to develop a new Goal Plan at least every six months.
- On an ongoing basis, the FSW will assist participating families with referrals for health, social service, child care or other community supports as needed and mutually agreed upon, including but not limited to:

Referrals and Linkages:

HV program staff are encouraged to link families with additional resources that provide services in the target community, including other DFCP programs (e.g., Family Success Centers, School-Linked Services, DV support, Strengthening Families childcare providers, etc.), as appropriate. In addition, grantees shall routinely review and update existing entries in state, county and local resource networks and directories, e.g. DFCP's online directory or NJ's 2-1-1 Partnership Database, to ensure complete, accurate and up-to-date information for families and professionals trying to locate HV services.

Discharge Process: Ideally a participant remains enrolled in HF until the family is stable (at level IV), has made progress in achieving key goals on the Goal Plan, has reached specified HV health and well-being performance indicators, and the target child reaches age three. [Note: Families may remain enrolled beyond age three only on a case by case basis after consultation from the DFCP HV Program Specialist and HFNJ state affiliate, PCANJ.] For a variety of reasons, families may withdraw from the program earlier. Sites are required to track length of participation, reasons for discharge and progress in reaching specified goals and objectives.

B. Maintain Staffing Levels and Caseloads consistent with HF Model

Staffing/Caseload Requirements:

- HF Supervisor – The ratio of full time equivalent (FTE) Supervisor to direct service staff should not exceed 1:6 (one FTE Supervisor to six FTE staff).
- The ratio of FTE Supervisor to part-time direct service staff should not exceed 1:8 (one FTE Supervisor to eight part-time staff).
- Family Support Worker – A minimum caseload case weight of 26 per 1.0 FTE, not to exceed 30 per 1.0 FTE. In regards to caseloads, grantees shall adhere to the HFA Best Practice Standards.

C. Data, Evaluation, and Reporting

HV grantees must participate in the statewide evaluation and research study being conducted by Johns Hopkins University and any other approved research projects in response to funding requirements.

HV programs must have the DCF/DFCP HV Program Manager and/or Program Specialist of their participation in any additional research/evaluation studies.

All HF sites are required to record visit information and track specified data in the FAMSYS data system. To ensure accurate monthly, quarterly, and annual report data, EBHV sites must enter all documentation into the FAMSYS database by the 10th of the month for the previous month. This database is overseen by HFNJ state affiliate, PCANJ. [NOTE: All HFNJ sites are required to pay a \$600 annual fee for FamSys data management support.]

SPECT Data System: DCF collaborates with the NJ Dept. of Health (DOH) and Family Health Initiatives (FHI) in regards to the Single Point of Entry Client Tracking data system (SPECT). The SPECT data system is utilized by prenatal providers, Central Intake, EBHV sites, and other core programs and partners. To ensure accurate monthly, quarterly, and annual report data, EBHV sites must enter all documentation into the SPECT database by the 10th of the month for the previous month.

DCF has established a standard quarterly report that is inclusive of a set of performance indicators for all EBHV programs supported by the department (refer to the attached word file, EBHV Quarterly Progress Reporting Form). These HV Objectives include three areas of focus--1) process, 2) impacts and 3) outcomes. Grantees are required to collect, review and analyze program performance data send it to PCANJ for preliminary review, quality checks, and then report to DCF on a quarterly basis.

Quarterly Service Reports: All programs are required to send quarterly report data to the designated DCF contract administrator and DFCP HV Program Specialist—using the following standard reporting periods: (The following is the program year for collecting the data required. It may not reflect the contract/fiscal year).

- July 1st to September 30th
- October 1st to December 31st
- January 1st to March 31st
- April 1st to June 30th

Quarterly reports are due no later than 15 days after the report end date and should accompany the agency's submission of its quarterly Report of Expenditures.

Continuous Quality Improvement (CQI): CQI is an essential aspect of service delivery. Funded agencies must demonstrate progress in meeting established program targets. The purpose of continuous quality improvement is to ensure that DCF funded programs are effective in reaching and supporting families, and helping families to achieve these

core program objectives. Through this process, grantees identify areas for performance improvement to reach optimal levels of program functioning. Refer to Section 2.2– subsection #8 for additional CQI requirements specific to the program model.

CQI is initiated throughout the program year and as needed, based on the following guidelines:

- a. Target Process / Level of Service (LOS) Measures (Table A)--Chronic underperformance (i.e. over 3-months) in any of the indicators in Table A- LOS, Enrollment, Discharges, Expected Visits and Retention. Note: Retention is a challenge both nationally and statewide, but it is important to continue to strive to meet national and state standards. DCF, DHS/DFD and PCANJ will work collaboratively with sites to strengthen performance in this area over the next few years.
- b. Performance Objectives and Performance Measures (Table B)--Chronic underperformance (over 6months) in five or more areas Objectives- WIC enrollment, primary care providers, well visit, etc.

All grantees should strive to reach the above mentioned measures and benchmarks; however, we recognize that there may be variability across target populations and target communities. As part of the CQI process, programs respond to the underperformance as part of the quarterly report. Underperformance in any area is reviewed and addressed. If a program is placed on corrective action for underperformance, additional program data reports maybe requested more frequently. Revisions to mandated data reporting requirements for the federally legislated Maternal, Infant, and Early Childhood (MIEC) HV benchmarks will be issued in collaboration with all HV partners and will be required to track and be submitted by the program.

Note: These targets continue to undergo review and analysis. DCF HV program staff may make further refinements to specific targets, or add additional indicators, after this analysis is complete.

The CQI process will include input/consultation from all HV partners--PCANJ, grantee agency, DFCP HV Program Specialist, DCF contract administrator, DHS/DFD program manager (for TIP sites), and other stakeholders/local advisory board (including parent representatives), as appropriate. CQI processes will be reviewed on a regular basis.

D. Community Collaboration

Local Community Advisory Board:

HV grantees shall establish and/or maintain alignment with the local County Council for Young Children (CCYC) to form an active advisory board.

The advisory board must be an organized active body, which meets at least quarterly to advise/govern the activities of planning, implementation, and assessment of program services. This includes but is not limited to a review of program practices, policies,

quarterly/annual performance measures, Continuous Quality Improvement (CQI) efforts, providing input and timely recommendations with respect to program strengths, areas of growth, and improvement. HV grantees are encouraged to integrate and/or develop this advisory role within the broader perinatal and/or early childhood community.

The HV grantee Program Supervisor/Manager (or other program representative) and the advisory board must work as an effective team in the planning and developing of program policies and procedures.

HV grantees must also identify at least one parent/caregiver from each FTE home visitor to invite to the advisory board and collaborate with the CCYC lead agency and/or members to encourage and facilitate parent/caregiver participation.

HV grantees must provide documentation of advisory board activities, have available meeting notes, and attendance records during site visits or as requested. HV grantees must also refer to the DCF Policy and Procedure: Advisory Boards

5. Detail how customers access services.

- a. Cite any physical limitations that might preclude program admission or referral acceptance**
- b. Discuss referral procedures and discharge planning with respect to the continuum of care**
- c. Cite negative and planned discharge procedures**
- d. Indicate specific documents needed for referrals, when applicable**

Generally, HF services are provided in the participant's home. There are no physical limitations that preclude enrollment or participation.

6. Describe the neighborhood(s) and the building(s) where each program site(s) is located. Detail accessibility to mass transportation. Identify the program catchment area.

Grantees provide services in the homes of participating families. **The catchment area for this site is __Passaic County__ (specify county and major at-risk municipalities for your agency--remember all HF-TIP programs are county wide).**

7. Detail the program's emergency procedures. Provide any after-hours telephone numbers, emergency contacts, and special instructions.

Client and staff safety is an important concern in home visitation programs. All program staff are required to undergo background checks. Field staff carry cell phones and are instructed to remain in regular contact with the office during the course of the day.

In the event of any staff or client emergency _____ (briefly summarize key safety policies for your agency).

Emergency contacts for this agency are: [REDACTED]
(complete this for your agency).

- 8. Provide the total number of unduplicated customers served in the previous contract period for each of the contracted programs. Unduplicated customers refers to the practice of counting a customer receiving services only once within a service cycle.**
- **Indicate the number of unduplicated customers achieving results.**
 - **Indicate how the information was captured and measured.**

In compliance with the Healthy Families America Model, all sites must submit the most recent Annual Service Review/Quality Improvement Planning report to PCANJ within 90 days of the end of the contract period.

Furthermore, DFCP/OECS requires the Quarterly Report/Year-End Report to be submitted 15 days after the end of the report period. The Quarterly Reports should include explanations why a program may not be reaching a particular objective and what is the plan to make improvements.

It is recognized by DCF that collection, analysis and reporting of data for these objectives is an ongoing process. Adjustments to performance measures may still be needed and will include the federal MIECHV benchmarks. Adjustments will be made by DCF in consultation with PCANJ and HF partners, as indicated.

Program Name: Healthy Families-TIP (Passaic)

PERFORMANCE OUTCOMES

Section 2.3

Goals	Objectives	Activities	Performance Outcomes - Targets
I. To enroll and maintain eligible families in HF-TIP home visiting services. (process objectives)	1. Identify at-risk families according to home visitation program guidelines.	Agency has MOUs with key prenatal care, health & social service providers to identify eligible pregnant women/ parents for services. Agency coordinates outreach efforts with other HV providers and community programs; and partners with Central Intake.	1. ___ families are screened for HF services.
	2. Complete the first (enrollment) home visit to eligible families according to home visitation program guidelines.	Agency confirms/updates contact information to enhance likelihood of locating families for enrollment. FSW enrolls the families and completes the first (enrollment) home visit to determine their ongoing participation in the program.	2. At least 50% (n= ___) of positive screens will complete the first (enrollment) home visit.
	3. Maintain ongoing program caseload capacity according to HV program guidelines and the case weight assigned to your agency as per the Annex A. <i>(caseload of 26-30 per 1.0 FTE FSW)</i>	Complete home visits and develop a rapport with families to keep them enrolled in HV services.	3a. Maintain LOS of at least 85% of capacity 3b. Less than 10% of families enrolled are lost to care or inactive (Level X).
	4. Enroll women prenatally in services according to home visitation program guidelines.	Agency has MOUs with key prenatal care, health & social service providers. HV staff conducts outreach, as needed, to enroll women while they are pregnant.	4. 80% of women/families are enrolled in HV services prenatally.
	5. Complete the expected number of home visits for each family according to home visitation program guidelines.	HV supervisor works closely with staff to monitor home visits and offer support as needed to maintain expected number of visits for each family.	5. 80% of families receive the expected number of home visits.
	6. Maintain participant retention in program services over an extended period of time, as per home visitation program guidelines.	Adhere to HV model fidelity/critical elements, monitors progress toward client/family goals and offer assistance to help families progress and maintain program enrollment.	6a. 60% of families will remain enrolled for at least 1 year. 6b. 50% of families will remain enrolled for at least 2 years. 6c. 40% of families will remain enrolled for at least 3 years.
II. To improve health and well-being of participating	7a. All eligible pregnant women will be referred to and enroll in WIC.	Educate and promote healthy nutrition during pregnancy. Determine enrollment status/eligibility of pregnant women for WIC, and refer eligible women to WIC. Track WIC enrollment and participation.	7a. 90% of eligible pregnant women are enrolled in WIC during pregnancy.

Goals	Objectives	Activities	Performance Outcomes - Targets
families: Pregnant women and new mothers (impact objectives) (7a-f2, 8a-f2)	7b. Enrolled pregnant women will complete ACOG recommended prenatal care medical visits.	Review ACOG recommended prenatal care medical visits with all pregnant women; monitor and assist with scheduling prenatal care visit appointments, as necessary.	7b. 85% of enrolled pregnant women are on-schedule for prenatal care medical visits.
	7c. Pregnant women are screened for intimate partner violence.	All women are screened for intimate partner violence utilizing the HITS tool even if the participant states that he/she is not currently in a relationship. Provide support, referrals and linkages as appropriate.	7c. 80% of enrolled pregnant women are screened for intimate partner violence within 6 months of enrollment.
And Target children (impact objectives) (9a-i)	7d. Pregnant women referred to tobacco counseling or services	Discuss the effects of tobacco use during the prenatal period on the unborn child and risks of smoke exposure for infants/children. Refer and assist the family as needed, in accessing cessation or counseling services.	7d. 80% of enrolled pregnant women who reported tobacco or cigarette use are referred to tobacco cessation or counseling services.
	7e. Enrolled pregnant women will complete the 6-8 week postpartum medical visit.	Educate women during pregnancy and after childbirth on the importance of completing recommended postpartum medical visits; monitor/assist customer in scheduling the postpartum medical appointment, as necessary.	7e. 90% of enrolled pregnant women completed the required 6-8 week postpartum medical visit.
	7f. Postpartum women are screened for depression.	Screen all women for depression utilizing the EDPS and provide support, referrals and linkages as appropriate.	7f. 80% of postpartum women are screened for depression within 3 months of delivery.
	7f1. Postpartum women that screen positive for depression are referred for recommended services.	Refer and assist family as needed, with accessing recommended services for depression.	7f1. 80% of postpartum women who score positively for depression are referred for recommended services within 15 days.
	7f2. Postpartum women receive recommended services for depression.	Discuss referrals to community resources and activities to support the parent such as stress reduction techniques, self-care and healthy eating.	7f2. 60% of postpartum women that scored positively for depression received recommended services within 30 days.
	8a. Enrolled eligible mothers have health insurance 8b. Link all enrolled mothers to a primary care provider (PCP). 8c. Enrolled women will complete an annual PCP/women's health care visit.	Discuss with women the importance of having insurance and a PCP for reproductive health/annual checkups. If she does not, refer and assist, as needed, to access a PCP. Encourage and monitor completion of an annual health checkup (GYN or other PCP).	8a. 80% of eligible parenting women have health insurance 8b. 100% of enrolled mothers have a primary care provider. 8b. 80% of enrolled women completed an annual primary care/women's health care visit
	8d. Parenting women are screened for intimate partner violence.	All women are screened for intimate partner violence utilizing the HITS tool even if the participant states that he/she is not currently in a relationship. Provide support, referrals and linkages as appropriate.	8d. 80% of enrolled parenting women are screened for intimate partner violence within 6 months of enrollment.

Goals	Objectives	Activities	Performance Outcomes - Targets
	8e. Parenting women referred to tobacco counseling or services	Discuss the effects of tobacco use and risks of smoke exposure for infants/children. Refer and assist the family as needed, in accessing cessation or counseling services.	8e. 80% of enrolled parenting women who reported tobacco or cigarette use are referred to tobacco cessation or counseling services.
	8f. Parenting women are screened for depression.	Screen all women for depression utilizing the EDPS and provide support, referrals and linkages as appropriate.	8f. 80% of enrolled women are screened for depression within 3 months of enrollment.
	8f1. Parenting women that screen positive for depression are referred for recommended services. 8f2. Parenting women receive recommended services for depression.	Refer and assist family as needed, with accessing recommended services for depression. Discuss referrals to community resources and activities to support the parent such as stress reduction techniques, self-care and healthy eating.	8f1. 80% of enrolled parenting women who score positively for depression are referred for recommended services within 15 days. 8f2. 60% of enrolled parenting women that scored positively for depression received recommended services within 30 days.
	9a. Enrolled eligible infants/children have health insurance.	Discuss importance and availability of health insurance for infants/children. Assist families to determine eligibility and secure health insurance for all eligible infants/children.	9a. 100% of eligible enrolled infants/children have health insurance.
	9b. Enrolled infants/children have a primary care provider (medical home).	Discusses the importance for all children to have a medical home. If infant/child does not, refer and assist the family, as needed, to access primary care for the child.	9b. 100% of enrolled infants/children have a primary care provider (medical home).
	9c. Enrolled infants/children are up-to-date with well-child medical visits according to the AAP schedule.	Educates parents on importance of keeping up to date with well child medical visits for infants/children; monitors and assist parents to schedule, complete and track all AAP recommended well-child medical visits.	9c. 90% of enrolled infants/children are up-to-date with well child medical visits.
	9d. Enrolled infants/children are up-to-date with the recommended HV schedule for developmental screening.	Educate parents about normal growth & development, and purpose of Ages & Stages Questionnaire (ASQ-3) to determine child's status/progress. Provide parents with age-appropriate activities that support growth & development. Use ASQ-3 in home setting per recommended HV schedule.	9d. 95% of all enrolled infants/children are up-to-date with developmental screens.
	9d1. Children with positive screen are referred for additional support and services.	Children with delays receive follow-up and/or further evaluation according to ASQ guidelines.	9d1. 100% of enrolled infants/children that scored positively for a developmental delay OR are identified as needing additional support are referred for supports and

Goals	Objectives	Activities	Performance Outcomes - Targets
	9d2. Children with positive screen receive recommended support and services.	Refer and assist family as needed, with accessing recommended services.	services or provided such by the home visitor. 9d2. 80% of enrolled infants/children that scored positively for a developmental delay OR are identified as needing additional support received recommended supports and services within 30 days.
	9e. Parent concerns regarding child's development, behavior, or learning are elicited.	Parent viewpoints and concerns are elicited during home visits regarding their child's development, behavior, or learning.	9e. 80% of home visits parents were asked if they have any concerns regarding their child's development, behavior, or learning.
	9f. Participating families enroll their eligible infants/children in the WIC Supplemental Nutrition Program.	Educate parents about healthy infant/child nutrition. Determine enrollment status/eligibility of children and refer eligible families for WIC. Track child's WIC enrollment and participation.	9f. 95% of eligible infants/children are enrolled in WIC.
	9g. Enrolled infants/children are up-to-date with the NJ recommended childhood immunization schedule.	Educate parents on importance of protecting the health of infants/children and receiving up-to-date immunizations. Monitor and assist parents to schedule, complete and track recommended immunizations.	9g. 90% of all enrolled infants/children are up-to-date with immunizations.
	9h. Enrolled infants/children are screened for childhood lead poisoning (by age one).	Educate parents on importance of protecting infants/children from lead poisoning. Monitor/assist parents to schedule lead test by age 1. Provide follow-up, as needed.	9h. 80% of all enrolled infants/children are tested for lead poisoning by age 1.
	9i. All infants are always placed to sleep on their backs (AAP Guidelines)	Educate parents on the importance of placing infants to sleep on their backs and its correlation to the reduction of SIDS.	9i. 100% of families with a child less than 1 year of age place their infant to sleep on their back.
III. Other Outcomes Increase breastfeeding in at-risk families (promotes child health and maternal-	10a. Enrolled mothers will understand the benefits of breastfeeding. 10b. Mothers that choose to breastfeed infants will continue to do so at 6 months of age.	Discuss cultural issues, attitudes and practices surrounding breastfeeding with all pregnant women and new parents. Provide staff with additional training to enhance skills related to educating mothers, and providing assistance and referral for breastfeeding support services.	10a. 90% of enrolled pregnant women/parents initiate breastfeeding (any amount). 10b. 60% of infants are breastfed, any amount, at 6 months of age.

Goals	Objectives	Activities	Performance Outcomes - Targets
<p>infant bonding (10a-b).</p> <p>Reduce subsequent unplanned pregnancy (11a-b).</p>	<p>11a. Reduce subsequent unplanned pregnancies (increase interval from birth to a subsequent pregnancy).</p> <p>11b. Decrease subsequent teen births (age 19 or under).</p>	<p>Educate pregnant women/new mothers about recommended time frames and health/social benefits of delaying subsequent pregnancy. Provide reproductive health/family planning information to all pregnant women/parents.</p>	<p>11a. 90% of enrolled women have interpregnancy intervals of 18 months or more.</p> <p>11b. Less than 20% of enrolled teen mothers have a subsequent pregnancy before turning 20 years old.</p>
<p>School Readiness and Achievement (12a-c)</p>	<p>12a. Enrolled women/families demonstrate support for children's learning and development.</p>	<p>Educate/demonstrate activities that support parental involvement, engagement, and an environment that supports learning.</p>	<p>12a. 85% of enrolled families score above the lowest quartile on both the "Learning Materials" and "Involvement" subsections</p>
	<p>12b. Enrolled women/families demonstrate knowledge of child development and of their child's developmental progress.</p>	<p>Educate/demonstrate activities that support child development and the identification of child developmental progress.</p>	<p>12b. 85% of enrolled families score above the lowest quartile on the total HOME score.</p>
	<p>12c. Enrolled women/families demonstrate positive parenting behaviors and parent-child relationships.</p>	<p>Assess parent's ability to respond positively to the child. Educate/demonstrate activities that support positive parenting behaviors and acceptance.</p>	<p>12c. 85% of enrolled families score above the lowest quartile on both the "Responsivity" and "Acceptance" subscales.</p>
<p>Promote parent/family self sustainability. [Required for TANF/TIP families.] (13a-b)</p>	<p>13a-b. Parents engage in workforce related activities (improving education and/or employment) to improve family economic self-sufficiency.</p>	<p>Assist participants in developing and working toward educational/economic self-sufficiency service goals. Encourage & provide supports for TANF recipients to comply with WFNJ requirements to maintain benefits.</p>	<p>13a. 95% of TANF families are connected to employment through the One-Stop Center.</p> <p>13b. 75% of enrolled mothers/parents have improved education and/or employment status by the time the child is age 2.</p>

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
Annex A
PROGRAM PERSONNEL INFORMATION
Section 2.4

Program Name: Passaic County Healthy Families-Tip Program

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		%OF TIME TO PROGRAM	QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO			
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Program Supervisor	██████████	8am	4pm	100%	BA	Provides daily support, supervision and crisis management to staff, assist in staff hiring and training process, collects and analyze data for evaluation of outcomes.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Program Supervisor	██████████	8:30am	4:30	100%	MA	Provides daily support, supervision and crisis management to staff, assist in staff hiring and training process, collects and analyze data for evaluation of outcomes.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8am	4pm	100%	MA	Conducts home visits, provides education and support to families, connects families to resources, monitors child development and growth.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████████████	8:30am	4:30pm	100%	AS	Conducts home visits, provides education and support to families, connects families to resources, monitors child development and growth..
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8:30am	4:30pm	100%	AS	Conducts home visits, provides education and support to families, connects families to resources,monitors child development and growth. .
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8am	4pm	100%	BA	Conducts home visits, provides education and support to families, connects families to resources, monitors child development and growth..
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████████████	8:30am	4:30pm	100%	AS	Conducts home visits, provides education and support to families, connects families to

							resources,monitors child development and growth..
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8:30am	4:30pm	100%	BA	Conducts home visits, provides education and support to families, connects families to resources, monitors child development and growth..
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8:30am	4:30pm	100%	BA	Conducts home visits, provides education and support to families, connects families to resources, monitors child development and growth..
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8:30am	4:30pm	100%	Some college	Conducts home visits, provides education and support to families, connects families to resources,monitors child development and growth. .

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
Annex A
PROGRAM PERSONNEL INFORMATION
Section 2.4

Program Name: _____

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
LEVEL OF SERVICE
Section 2.5**

Program/Component Name: Passaic County HF
Service Type: _____
Description of Unit Measurement: Case Weight
Number of Contracted Slots/Units: 275
Number of Annualized Units: 275

Numbers should reflect unduplicated service counts

	1	2	3
	MONTH	MONTHLY SERVICE DAYS OR UNITS	MONTHLY CONTRACT LOS
1	January	19	23
2	February	19	23
3	March	20	23
4	April	20	23
5	May	19	22
6	June	20	23
7	July	19	23
8	August	20	23
9	September	19	23
10	October	20	23
11	November	19	23
12	December	18	23
	ANNUAL TOTALS	251	275

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

Annex A
PROGRAM DESCRIPTION
Section 2.2

Program Name: Essex Healthy Families/TIP

Please note that additional information/addenda may be required in order to complete the contract package. Any specific requirements/stipulations pertaining to the program will be forwarded as applicable.

Label all answers clearly as outlined below:

- 1. Provide a brief description of the program/component and its purpose. The description should reflect the goals and services set forth in the initial RFP and any changes that may have resulted from negotiations.**

DFCP and the NJ Department of Human Services (DHS), Division of Family Development (DFD), have collaborated to blend the TANF Initiative for Parents (TIP) with the Healthy Families (HF) model to ensure that all participating families benefit from a unified, research-based approach.

The program, known as HF-TIP, provides HFA research-based parent education and support strategies to families that are receiving public assistance and supportive services, i.e., Temporary Assistance to Needy Families (TANF). A goal of this collaboration is to further strengthen and support families who are receiving TANF and/or other assistance programs through home visits. [NOTE: This paragraph does not apply to HF-only sites]

The Healthy Families America (HFA) model is an evidenced-based home visitation (EBHV) program that provides in-home health and parenting education, and supportive services to eligible at-risk families, especially those overburdened by stressors that may contribute to child neglect and abuse. HFA is based upon a set of 12 Critical Elements which provide a framework for program development and implementation and assure quality services.

In NJ, families with a positive Healthy Families New Jersey (HFNJ) Screen are offered intensive, long-term home visitation services from pregnancy to age three. Services are strengths-based and rely on parent/family input and active involvement. Participation in HFA is voluntary.

Specially trained home visitors, who often share the families' culture and community, educate families on important issues: prenatal health, infant/child health and development, positive parenting practices, nurturing parent-child relationships, child safety, education and employment, and the prevention of child neglect and abuse. They also link parents/families to existing social service and health care resources.

2. Identify the target population served by this program/component (i.e. individuals who have been unemployed for the past 6-12 months).

Families are screened for eligibility during pregnancy and no later than two weeks after the target child's birth. Families deemed eligible must enroll no later than three months after the target child's birth. When an eligible family enrolls for services, the family is eligible to receive services up to the target child's third birthday.

Additionally, HF-TIP is available to parents with an infant up to twelve months old if they are currently receiving or eligible to receive TANF, Emergency Assistance (EA) or General Assistance (GA). [The TANF extension to age one for HF enrollment does not apply to HF-only sites.]

3. Detail what the program intends to address through service delivery. State the results the program intends to achieve.

All DCF-funded HF sites must comply with the following requirements:

- HV sites are expected to be active partners with the local Central Intake (CI) and comply with the business agreements set forth, to ensure easy linkages for eligible pregnant women/parents and families. PCANJ and/or DFCEP HV staff will help to facilitate these relationships with CI, as needed.
- Complete the core training and adhere to the Healthy Families New Jersey (HFNJ) policies and procedures as set forth by the New Jersey state affiliate, Prevent Child Abuse New Jersey (PCANJ).
- Maintain Program staffing and supervision in accordance with the HFNJ program standards.
- Successfully complete the HFA accreditation process.
- Complete training on and implement the Parents As Teachers (PAT) Foundational Curriculum.
- Agencies are permitted to use supplemental criteria. If your agency routinely uses supplemental curricula, please identify the materials here: Great Beginnings and Healthy Start, Grow Smart

At present, 11 of 11 (total) staff have attended the PAT Foundational training.

- All programs are expected to adhere to conceptual, practice and administrative standards as set forth in the Standards for Prevention Programs: Building Success through Family Support developed by the New Jersey Task Force on Child Abuse and Neglect. Grantee program and administrative staff are expected to have knowledge of the Protective Factors Framework.

4. Describe the method of service delivery (i.e. in the community, on site, etc.).

A. Direct Services to Families

- The HV site is required to initiate contact with a family within three working days of Central Intake’s referral of the family to the HV site
- If a family declines services, the HV site is required to provide the family with information that is age appropriate, and suitable community services to assist with the family’s current needs
- The HV site, consistent with local Business Agreements/Rules, is required to provide a status report and reroute families back to Central Intake for links to alternative services, as appropriate.
- When a family enrolls in the HV program, the Family Support Worker (FSW) establishes a visitation schedule consistent with the appropriate level of intensity, as noted below:

Level P-1 (prenatal)	2 visits per month (minimum)	Case Weight = 2
Level I	1 visit per week (minimum)	Case Weight = 2
Level M-I (multiples)	1 visit per week (minimum)	Case Weight = 3
Level II	1 visit every other week	Case Weight = 1
Level III	1 visit per month	Case Weight = 0.5
Level IV	1 visit per quarter	Case Weight = 0.25
Level 1-SS	2 visit per week	Case Weight = 3
Level X (lost-to-care)	0 visit per week (active outreach)	Case Weight = 0.5
Level TR	transition to a new worker	Case Weight = 0.5

- The FSW/HV site is required to continue to engage in positive, creative outreach to enrolled, but inactive, families (i.e. Level X - lost-to-care) for at least three months following the family’s classification as “inactive”, and not to exceed four months. The definition of “inactive status” is located in the HF-NJ policy and procedure manual.
- HF services are provided to participating families primarily in the home setting.
- Visits must be able to accommodate the participant's schedule and may be provided at alternate mutually agreed upon times, i.e. early morning, early evening or on a weekend day.
- At times, visits may be conducted in an alternate mutually agreed upon setting, e.g. after school, work or community setting.

- The FSW must complete the Parent Survey, per the PCA-NJ Assessment Tool and Procedures, within 30 days of the family's enrollment.
- The FSW and the parent/family collaborate to complete an initial Goal Plan within 45 days of enrollment.
- The Goal Plan includes measurable family goals (pregnancy, parenting, infant/child, family sustainability, TIP/employment) with ongoing progress documented.
- The FSW and parent/family collaborate to develop a new Goal Plan at least every six months.
- On an ongoing basis, the FSW will assist participating families with referrals for health, social service, child care or other community supports as needed and mutually agreed upon, including but not limited to:

Referrals and Linkages:

HV program staff are encouraged to link families with additional resources that provide services in the target community, including other DFCP programs (e.g., Family Success Centers, School-Linked Services, DV support, Strengthening Families childcare providers, etc.), as appropriate. In addition, grantees shall routinely review and update existing entries in state, county and local resource networks and directories, e.g. DFCP's online directory or NJ's 2-1-1 Partnership Database, to ensure complete, accurate and up-to-date information for families and professionals trying to locate HV services.

Discharge Process: Ideally a participant remains enrolled in HF until the family is stable (at level IV), has made progress in achieving key goals on the Goal Plan, has reached specified HV health and well-being performance indicators, and the target child reaches age three. [Note: Families may remain enrolled beyond age three only on a case by case basis after consultation from the DFCP HV Program Specialist and HFNJ state affiliate, PCANJ.] For a variety of reasons, families may withdraw from the program earlier. Sites are required to track length of participation, reasons for discharge and progress in reaching specified goals and objectives.

B. Maintain Staffing Levels and Caseloads consistent with HF Model

Staffing/Caseload Requirements:

- HF Supervisor – The ratio of full time equivalent (FTE) Supervisor to direct service staff should not exceed 1:6 (one FTE Supervisor to six FTE staff).
- The ratio of FTE Supervisor to part-time direct service staff should not exceed 1:8 (one FTE Supervisor to eight part-time staff).
- Family Support Worker – A minimum caseload case weight of 26 per 1.0 FTE, not to exceed 30 per 1.0 FTE. In regards to caseloads, grantees shall adhere to the HFA Best Practice Standards.

C. Data, Evaluation, and Reporting

HV grantees must participate in the statewide evaluation and research study being conducted by Johns Hopkins University and any other approved research projects in response to funding requirements.

HV programs must the DCF/DFCP HV Program Manager and/or Program Specialist of their participation in any additional research/evaluation studies.

All HF sites are required to record visit information and track specified data in the FAMSYS data system. To ensure accurate monthly, quarterly, and annual report data, EBHV sites must enter all documentation into the FAMSYS database by the 10th of the month for the previous month. This database is overseen by HFNJ state affiliate, PCANJ. [NOTE: All HFNJ sites are required to pay a \$600 annual fee for FamSys data management support.]

SPECT Data System: DCF collaborates with the NJ Dept. of Health (DOH) and Family Health Initiatives (FHI) in regards to the Single Point of Entry Client Tracking data system (SPECT). The SPECT data system is utilized by prenatal providers, Central Intake, EBHV sites, and other core programs and partners. To ensure accurate monthly, quarterly, and annual report data, EBHV sites must enter all documentation into the SPECT database by the 10th of the month for the previous month.

DCF has established a standard quarterly report that is inclusive of a set of performance indicators for all EBHV programs supported by the department (refer to the attached word file, EBHV Quarterly Progress Reporting Form). These HV Objectives include three areas of focus--1) process, 2) impacts and 3) outcomes. Grantees are required to collect, review and analyze program performance data send it to PCANJ for preliminary review, quality checks, and then report to DCF on a quarterly basis.

Quarterly Service Reports: All programs are required to send quarterly report data to the designated DCF contract administrator and DFCP HV Program Specialist—using the following standard reporting periods: (The following is the program year for collecting the data required. It may not reflect the contract/fiscal year).

- July 1st to September 30th
- October 1st to December 31st
- January 1st to March 31st
- April 1st to June 30th

Quarterly reports are due no later than 15 days after the report end date and should accompany the agency's submission of its quarterly Report of Expenditures.

Continuous Quality Improvement (CQI): CQI is an essential aspect of service delivery. Funded agencies must demonstrate progress in meeting established program targets. The purpose of continuous quality improvement is to ensure that DCF funded programs are effective in reaching and supporting families, and helping families to achieve these

core program objectives. Through this process, grantees identify areas for performance improvement to reach optimal levels of program functioning. Refer to Section 2.2– subsection #8 for additional CQI requirements specific to the program model.

CQI is initiated throughout the program year and as needed, based on the following guidelines:

- a. Target Process / Level of Service (LOS) Measures (Table A)--Chronic underperformance (i.e. over 3-months) in any of the indicators in Table A- LOS, Enrollment, Discharges, Expected Visits and Retention. Note: Retention is a challenge both nationally and statewide, but it is important to continue to strive to meet national and state standards. DCF, DHS/DFD and PCANJ will work collaboratively with sites to strengthen performance in this area over the next few years.
- b. Performance Objectives and Performance Measures (Table B)--Chronic underperformance (over 6months) in five or more areas Objectives- WIC enrollment, primary care providers, well visit, etc.

All grantees should strive to reach the above mentioned measures and benchmarks; however, we recognize that there may be variability across target populations and target communities. As part of the CQI process, programs respond to the underperformance as part of the quarterly report. Underperformance in any area is reviewed and addressed. If a program is placed on corrective action for underperformance, additional program data reports maybe requested more frequently. Revisions to mandated data reporting requirements for the federally legislated Maternal, Infant, and Early Childhood (MIEC) HV benchmarks will be issued in collaboration with all HV partners and will be required to track and be submitted by the program.

Note: These targets continue to undergo review and analysis. DCF HV program staff may make further refinements to specific targets, or add additional indicators, after this analysis is complete.

The CQI process will include input/consultation from all HV partners--PCANJ, grantee agency, DFCP HV Program Specialist, DCF contract administrator, DHS/DFD program manager (for TIP sites), and other stakeholders/local advisory board (including parent representatives), as appropriate. CQI processes will be reviewed on a regular basis.

D. Community Collaboration

Local Community Advisory Board:

HV grantees shall establish and/or maintain alignment with the local County Council for Young Children (CCYC) to form an active advisory board.

The advisory board must be an organized active body, which meets at least quarterly to advise/govern the activities of planning, implementation, and assessment of program services. This includes but is not limited to a review of program practices, policies,

quarterly/annual performance measures, Continuous Quality Improvement (CQI) efforts, providing input and timely recommendations with respect to program strengths, areas of growth, and improvement. HV grantees are encouraged to integrate and/or develop this advisory role within the broader perinatal and/or early childhood community.

The HV grantee Program Supervisor/Manager (or other program representative) and the advisory board must work as an effective team in the planning and developing of program policies and procedures.

HV grantees must also identify at least one parent/caregiver from each FTE home visitor to invite to the advisory board and collaborate with the CCYC lead agency and/or members to encourage and facilitate parent/caregiver participation.

HV grantees must provide documentation of advisory board activities, have available meeting notes, and attendance records during site visits or as requested. HV grantees must also refer to the DCF Policy and Procedure: Advisory Boards

5. Detail how customers access services.

- a. Cite any physical limitations that might preclude program admission or referral acceptance**
- b. Discuss referral procedures and discharge planning with respect to the continuum of care**
- c. Cite negative and planned discharge procedures**
- d. Indicate specific documents needed for referrals, when applicable**

Generally, HF services are provided in the participant's home. There are no physical limitations that preclude enrollment or participation.

6. Describe the neighborhood(s) and the building(s) where each program site(s) is located. Detail accessibility to mass transportation. Identify the program catchment area.

Grantees provide services in the homes of participating families. **The catchment area for this site is __Essex County (major at-risk communities are Newark, Irvington, Orange, and East Orange).**

7. Detail the program's emergency procedures. Provide any after-hours telephone numbers, emergency contacts, and special instructions.

Client and staff safety is an important concern in home visitation programs. All program staff are required to undergo background checks. Field staff carry cell phones and are instructed to remain in regular contact with the office during the course of the day.

In the event of any staff or client emergency staff are instructed to call 9-1-1. In the case of a critical incident involving a client, FSWs are required to contact their supervisor

immediately and, when appropriate, Child Protective Services (or other appropriate service) and will complete a Critical Incident Report and complete all required forms. The program has clear and thorough written policies regarding safety and critical incidents which are followed strictly.

Emergency contacts for this agency are: [REDACTED]

- 8. Provide the total number of unduplicated customers served in the previous contract period for each of the contracted programs. Unduplicated customers refers to the practice of counting a customer receiving services only once within a service cycle.**
- **Indicate the number of unduplicated customers achieving results.**
 - **Indicate how the information was captured and measured.**

In compliance with the Healthy Families America Model, all sites must submit the most recent Annual Service Review/Quality Improvement Planning report to PCANJ within 90 days of the end of the contract period.

Furthermore, DFCP/OECS requires the Quarterly Report/Year-End Report to be submitted 15 days after the end of the report period. The Quarterly Reports should include explanations why a program may not be reaching a particular objective and what is the plan to make improvements.

It is recognized by DCF that collection, analysis and reporting of data for these objectives is an ongoing process. Adjustments to performance measures may still be needed and will include the federal MIECHV benchmarks. Adjustments will be made by DCF in consultation with PCANJ and HF partners, as indicated.

Program Name: Healthy Families-TIP Essex

PERFORMANCE OUTCOMES

Section 2.3

Goals	Objectives	Activities	Performance Outcomes - Targets
I. To enroll and maintain eligible families in HF-TIP home visiting services. (process objectives)	1. Identify at-risk families according to home visitation program guidelines.	Agency has MOUs with key prenatal care, health & social service providers to identify eligible pregnant women/ parents for services. Agency coordinates outreach efforts with other HV providers and community programs; and partners with Central Intake.	1. <u>400</u> families are screened for HF services.
	2. Complete the first (enrollment) home visit to eligible families according to home visitation program guidelines.	Agency confirms/updates contact information to enhance likelihood of locating families for enrollment. FSW enrolls the families and completes the first (enrollment) home visit to determine their ongoing participation in the program.	2. At least 50% (n= <u>200</u>) of positive screens will complete the first (enrollment) home visit.
	3. Maintain ongoing program caseload capacity according to HV program guidelines and the case weight assigned to your agency as per the Annex A. <i>(caseweight of 27.5- 30 per 1.0 FTE FSW)</i>	Complete home visits and develop a rapport with families to keep them enrolled in HV services.	3a. Maintain LOS of at least 85% of capacity 3b. Less than 10% of families enrolled are lost to care or inactive (Level CO).
	4. Enroll women prenatally in services according to home visitation program guidelines.	Agency has MOUs with key prenatal care, health & social service providers. HV staff conducts outreach, as needed, to enroll women while they are pregnant.	4. 80% of women/families are enrolled in HV services prenatally.
	5. Complete the expected number of home visits for each family according to home visitation program guidelines.	HV supervisor works closely with staff to monitor home visits and offer support as needed to maintain expected number of visits for each family.	5. 80% of families receive the expected number of home visits.
	6. Maintain participant retention in program services over an extended period of time, as per home visitation program guidelines.	Adhere to HV model fidelity/critical elements, monitors progress toward client/family goals and offer assistance to help families progress and maintain program enrollment.	6a. 60% of families will remain enrolled for at least 1 year. 6b. 50% of families will remain enrolled for at least 2 years. 6c. 40% of families will remain enrolled for at least 3 years.
II. To improve health and well-being of participating	7a. All eligible pregnant women will be referred to and enroll in WIC.	Educate and promote healthy nutrition during pregnancy. Determine enrollment status/eligibility of pregnant women for WIC, and refer eligible women to WIC. Track WIC enrollment and participation.	7a. 90% of eligible pregnant women are enrolled in WIC during pregnancy.

Goals	Objectives	Activities	Performance Outcomes - Targets
<p>families:</p> <p>Pregnant women and new mothers (impact objectives) (7a-f2, 8a-f2)</p> <p>And</p> <p>Target children (impact objectives) (9a-i)</p>	7b. Enrolled pregnant women will complete ACOG recommended prenatal care medical visits.	Review ACOG recommended prenatal care medical visits with all pregnant women; monitor and assist with scheduling prenatal care visit appointments, as necessary.	7b. 85% of enrolled pregnant women are on-schedule for prenatal care medical visits.
	7c. Pregnant women are screened for intimate partner violence.	All women are screened for intimate partner violence utilizing the HITS tool even if the participant states that he/she is not currently in a relationship. Provide support, referrals and linkages as appropriate.	7c. 80% of enrolled pregnant women are screened for intimate partner violence within 6 months of enrollment.
	7d. Pregnant women referred to tobacco counseling or services	Discuss the effects of tobacco use during the prenatal period on the unborn child and risks of smoke exposure for infants/children. Refer and assist the family as needed, in accessing cessation or counseling services.	7d. 80% of enrolled pregnant women who reported tobacco or cigarette use are referred to tobacco cessation or counseling services.
	7e. Enrolled pregnant women will complete the 6-8 week postpartum medical visit.	Educate women during pregnancy and after childbirth on the importance of completing recommended postpartum medical visits; monitor/assist customer in scheduling the postpartum medical appointment, as necessary.	7e. 90% of enrolled pregnant women completed the required 6-8 week postpartum medical visit.
	7f. Postpartum women are screened for depression.	Screen all women for depression utilizing the EDPS and provide support, referrals and linkages as appropriate.	7f. 80% of postpartum women are screened for depression within 3 months of delivery.
	7f1. Postpartum women that screen positive for depression are referred for recommended services.	Refer and assist family as needed, with accessing recommended services for depression.	7f1. 80% of postpartum women who score positively for depression are referred for recommended services within 15 days.
	7f2. Postpartum women receive recommended services for depression.	Discuss referrals to community resources and activities to support the parent such as stress reduction techniques, self-care and healthy eating.	7f2. 60% of postpartum women that scored positively for depression received recommended services within 30 days.
	8a. Enrolled eligible mothers have health insurance	<p>Discuss with women the importance of having insurance and a PCP for reproductive health/annual checkups. If she does not, refer and assist, as needed, to access a PCP.</p> <p>Encourage and monitor completion of an annual health checkup (GYN or other PCP).</p>	8a. 80% of eligible parenting women have health insurance
	8b. Link all enrolled mothers to a primary care provider (PCP).		8b. 100% of enrolled mothers have a primary care provider.
	8c. Enrolled women will complete an annual PCP/women's health care visit.		8b. 80% of enrolled women completed an annual primary care/women's health care visit
8d. Parenting women are screened for intimate partner violence.	All women are screened for intimate partner violence utilizing the HITS tool even if the participant states that he/she is not currently in a relationship. Provide support, referrals and linkages as appropriate.	8d. 80% of enrolled parenting women are screened for intimate partner violence within 6 months of enrollment.	

Goals	Objectives	Activities	Performance Outcomes - Targets
	8e. Parenting women referred to tobacco counseling or services	Discuss the effects of tobacco use and risks of smoke exposure for infants/children. Refer and assist the family as needed, in accessing cessation or counseling services.	8e. 80% of enrolled parenting women who reported tobacco or cigarette use are referred to tobacco cessation or counseling services.
	8f. Parenting women are screened for depression.	Screen all women for depression utilizing the EDPS and provide support, referrals and linkages as appropriate.	8f. 80% of enrolled women are screened for depression within 3 months of enrollment.
	8f1. Parenting women that screen positive for depression are referred for recommended services. 8f2. Parenting women receive recommended services for depression.	Refer and assist family as needed, with accessing recommended services for depression. Discuss referrals to community resources and activities to support the parent such as stress reduction techniques, self-care and healthy eating.	8f1. 80% of enrolled parenting women who score positively for depression are referred for recommended services within 15 days. 8f2. 60% of enrolled parenting women that scored positively for depression received recommended services within 30 days.
	9a. Enrolled eligible infants/children have health insurance.	Discuss importance and availability of health insurance for infants/children. Assist families to determine eligibility and secure health insurance for all eligible infants/children.	9a. 100% of eligible enrolled infants/children have health insurance.
	9b. Enrolled infants/children have a primary care provider (medical home).	Discusses the importance for all children to have a medical home. If infant/child does not, refer and assist the family, as needed, to access primary care for the child.	9b. 100% of enrolled infants/children have a primary care provider (medical home).
	9c. Enrolled infants/children are up-to-date with well-child medical visits according to the AAP schedule.	Educates parents on importance of keeping up to date with well child medical visits for infants/children; monitors and assist parents to schedule, complete and track all AAP recommended well-child medical visits.	9c. 90% of enrolled infants/children are up-to-date with well child medical visits.
	9d. Enrolled infants/children are up-to-date with the recommended HV schedule for developmental screening.	Educate parents about normal growth & development, and purpose of Ages & Stages Questionnaire (ASQ-3) to determine child's status/progress. Provide parents with age-appropriate activities that support growth & development. Use ASQ-3 in home setting per recommended HV schedule.	9d. 95% of all enrolled infants/children are up-to-date with developmental screens.
	9d1. Children with positive screen are referred for additional support and services.	Children with delays receive follow-up and/or further evaluation according to ASQ guidelines.	9d1. 100% of enrolled infants/children that scored positively for a developmental delay OR are identified as needing additional support are referred for supports and

Goals	Objectives	Activities	Performance Outcomes - Targets
	9d2. Children with positive screen receive recommended support and services.	Refer and assist family as needed, with accessing recommended services.	services or provided such by the home visitor. 9d2. 80% of enrolled infants/children that scored positively for a developmental delay OR are identified as needing additional support received recommended supports and services within 30 days.
	9e. Parent concerns regarding child's development, behavior, or learning are elicited.	Parent viewpoints and concerns are elicited during home visits regarding their child's development, behavior, or learning.	9e. 80% of home visits parents were asked if they have any concerns regarding their child's development, behavior, or learning.
	9f. Participating families enroll their eligible infants/children in the WIC Supplemental Nutrition Program.	Educate parents about healthy infant/child nutrition. Determine enrollment status/eligibility of children and refer eligible families for WIC. Track child's WIC enrollment and participation.	9f. 95% of eligible infants/children are enrolled in WIC.
	9g. Enrolled infants/children are up-to-date with the NJ recommended childhood immunization schedule.	Educate parents on importance of protecting the health of infants/children and receiving up-to-date immunizations. Monitor and assist parents to schedule, complete and track recommended immunizations.	9g. 90% of all enrolled infants/children are up-to-date with immunizations.
	9h. Enrolled infants/children are screened for childhood lead poisoning (by age one).	Educate parents on importance of protecting infants/children from lead poisoning. Monitor/assist parents to schedule lead test by age 1. Provide follow-up, as needed.	9h. 80% of all enrolled infants/children are tested for lead poisoning by age 1.
	9i. All infants are always placed to sleep on their backs (AAP Guidelines)	Educate parents on the importance of placing infants to sleep on their backs and its correlation to the reduction of SIDS.	9i. 100% of families with a child less than 1 year of age place their infant to sleep on their back.
III. Other Outcomes Increase breastfeeding in at-risk families (promotes child health and maternal-	10a. Enrolled mothers will understand the benefits of breastfeeding. 10b. Mothers that choose to breastfeed infants will continue to do so at 6 months of age.	Discuss cultural issues, attitudes and practices surrounding breastfeeding with all pregnant women and new parents. Provide staff with additional training to enhance skills related to educating mothers, and providing assistance and referral for breastfeeding support services.	10a. 90% of enrolled pregnant women/parents initiate breastfeeding (any amount). 10b. 60% of infants are breastfed, any amount, at 6 months of age.

Goals	Objectives	Activities	Performance Outcomes - Targets
<p>infant bonding (10a-b).</p> <p>Reduce subsequent unplanned pregnancy (11a-b).</p>	<p>11a. Reduce subsequent unplanned pregnancies (increase interval from birth to a subsequent pregnancy).</p> <p>11b. Decrease subsequent teen births (age 19 or under).</p>	<p>Educate pregnant women/new mothers about recommended time frames and health/social benefits of delaying subsequent pregnancy. Provide reproductive health/family planning information to all pregnant women/parents.</p>	<p>11a. 90% of enrolled women have interpregnancy intervals of 18 months or more.</p> <p>11b. Less than 20% of enrolled teen mothers have a subsequent pregnancy before turning 20 years old.</p>
<p>School Readiness and Achievement (12a-c)</p>	<p>12a. Enrolled women/families demonstrate support for children's learning and development.</p>	<p>Educate/demonstrate activities that support parental involvement, engagement, and an environment that supports learning.</p>	<p>12a. 85% of enrolled families score above the lowest quartile on both the "Learning Materials" and "Involvement" subsections</p>
	<p>12b. Enrolled women/families demonstrate knowledge of child development and of their child's developmental progress.</p>	<p>Educate/demonstrate activities that support child development and the identification of child developmental progress.</p>	<p>12b. 85% of enrolled families score above the lowest quartile on the total HOME score.</p>
	<p>12c. Enrolled women/families demonstrate positive parenting behaviors and parent-child relationships.</p>	<p>Assess parent's ability to respond positively to the child. Educate/demonstrate activities that support positive parenting behaviors and acceptance.</p>	<p>12c. 85% of enrolled families score above the lowest quartile on both the "Responsivity" and "Acceptance" subscales.</p>
<p>Promote parent/family self sustainability. [Required for TANF/TIP families.] (13a-b)</p>	<p>13a-b. Parents engage in workforce related activities (improving education and/or employment) to improve family economic self-sufficiency.</p>	<p>Assist participants in developing and working toward educational/economic self-sufficiency service goals. Encourage & provide supports for TANF recipients to comply with WFNJ requirements to maintain benefits.</p>	<p>13a. 95% of TANF families are connected to employment through the One-Stop Center.</p> <p>13b. 75% of enrolled mothers/parents have improved education and/or employment status by the time the child is age 2.</p>

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
Annex A
PROGRAM PERSONNEL INFORMATION
Section 2.4

Program Name: Hf Essex

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		%OF TIME TO PROGRAM	QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO			
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Chief Financial Officer	████████	8:30am	4:30pm	9.6%	MBA	Overseeing audit activities, and preparing required reports
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Chief Operating Officer	████████	8:30am	4:30pm	9.6%	MPH, MD	Supervision, implementation and overseeing the progress and outcomes of the project
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Finance Specialist	██████████	8:30am	4:30pm	9.6%		Process payroll, AP
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Human Resources Director	██████████	8:30am	4:30pm	9.6%	PHR	Establishing and maintaining personnel files for project staff, addressing human resource issues
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Human Resources Specialist	██████████	8:30am	4:30pm	9.6%	ABA, SHRM	Managing fringe benefits
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Director, Corporate Planning	██████████	8:30am	4:30pm	9.6%	MS	Program Development, quarterly expenditure report
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Grants Controller	██████████	8:30am	4:30pm	9.6%	MBA	Budgeting, monitoring expenditures and revenues
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
Annex A
PROGRAM PERSONNEL INFORMATION
Section 2.4**

Program Name: Hf Essex

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		%OF TIME TO PROGRAM	QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO			
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8:30am	4:30pm	100%	BA	Outreach families referred through Central Intake or service provider. Conduct family-centered and strength-based Home Visits based on the assigned enrolled family's level of service.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Program Supervisor	██████████	8:30am	4:30pm	100%		Provide direct supervision to the Family Support Workers. Coordinate all data collection for evaluation of outcomes and program success.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8:30am	4:30pm	100%		Outreach families referred through Central Intake or service provider. Conduct family-centered and strength-based Home Visits based on the assigned enrolled family's level of service.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Program Supervisor	██████████	8:30am	4:30pm	50%	BS	Outreach families referred through Central Intake or service provider. Conduct family-centered and strength-based Home Visits based on the assigned enrolled family's level of service.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8:30am	4:30pm	100%	CHW	Outreach families referred through Central Intake or service provider. Conduct family-centered and strength-based Home Visits based on the assigned enrolled family's level of service.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8:30am	4:30pm	100%	BA	Outreach families referred through Central Intake or service provider. Conduct family-

							centered and strength-based Home Visits based on the assigned enrolled family's level of service.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8:30am	4:30pm	100%	BA	Outreach families referred through Central Intake or service provider. Conduct family-centered and strength-based Home Visits based on the assigned enrolled family's level of service.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8:30am	4:30pm	100%	BA	Outreach families referred through Central Intake or service provider. Conduct family-centered and strength-based Home Visits based on the assigned enrolled family's level of service.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8:30am	4:30pm	100%	BA	Outreach families referred through Central Intake or service provider. Conduct family-centered and strength-based Home Visits based on the assigned enrolled family's level of service.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Assistant Program Supervisor	██████████	8:30am	4:30pm	100%	BA	Provide weekly supervision time for each staff member assigned of at least 1 1/2 hrs. Maintain files for referrals processed to the HF program through SPECT system and on-site pregnancy testing
	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS	STATE OF NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES	PROGRAM	QUALIFICATIONS (DEGREES,	FUNCTIONAL JOB DUTIES

Annex A

PROGRAM PERSONNEL INFORMATION

Section 2.4

Program Name: Hf Essex

			FROM	TO			
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Program Assistant	██████████	8:30am	4:30pm	100%	BA	Input HF data in a timely and accurate manner into the web based informational system. Coordinate data collection and compile data for reports. Conduct Quality Assurance calls and surveys to HF/TIP-E participants.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Program Supervisor	██████	8am	4pm	50%	BS	Supervise staff of 4 with intensive case management services, Responsible for supporting outcomes
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8am	4pm	100%	High School Diploma	Outreach families referred through Central Intake or service provider. Conduct family-centered and strength-based Home Visits based on the assigned enrolled family's level of service.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8am	4pm	100%	High School Diploma	Outreach families referred through Central Intake or service provider. Conduct family-centered and strength-based Home Visits based on the assigned enrolled family's level of service.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Worker	██████████	8am	4pm	100%	High School Diploma	Outreach families referred through Central Intake or service provider. Conduct family-centered and strength-based Home Visits based on the assigned enrolled family's level of service.
<input type="checkbox"/> FT <input checked="" type="checkbox"/> PT	Family Support Worker/Data Entry Specialist	██████████	8am	4pm	100%	AS	case management services, data entry, filing, introducing the program to potential clients
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
LEVEL OF SERVICE
Section 2.5**

Program/Component Name:	Hf Essex
Service Type:	Ebhv
Description of Unit Measurement:	Case Load
Number of Contracted Slots/Units:	220
Number of Annualized Units:	220

Numbers should reflect unduplicated service counts

	1	2	3
	MONTH	MONTHLY SERVICE DAYS OR UNITS	MONTHLY CONTRACT LOS
1	January	21	18
2	February	21	18
3	March	22	18
4	April	21	18
5	May	22	18
6	June	21	18
7	July	21	18
8	August	23	21
9	September	19	19
10	October	23	19
11	November	21	19
12	December	20	16
	ANNUAL TOTALS	255	220

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

Annex A
PROGRAM DESCRIPTION
Section 2.2

Program Name: Passaic and Bergen Nurse Family Partnership

Please note that additional information/addenda may be required in order to complete the contract package. Any specific requirements/stipulations pertaining to the program will be forwarded as applicable.

Label all answers clearly as outlined below:

1. Provide a brief description of the program/component and its purpose. The description should reflect the goals and services set forth in the initial RFP and any changes that may have resulted from negotiations.

The Nurse-Family Partnership (NFP) model is an evidenced-based home visitation program (EBHV) that provides in-home health and parenting education, and supportive services to at-risk low income, first-time pregnant women and their families. NFP identifies eligible families through a systematic screening and assessment process conducted during pregnancy. Families enrolled in the program are offered intensive, long-term home visitation services from pregnancy to age two. Services are strength-based and rely on parent/family input and active involvement. Participation in NFP is voluntary.

Specially trained nurse home visitors educate families on important issues that impact on the health and well-being of the mother/parents and infant. Nurse home visitors follow a standard set of written guidelines issued by the NFP National Service Office (NSO) for pregnancy, infancy and toddlerhood; and a core parenting curriculum, Partners in Parenting Education. Home visits help parents/families to develop protective factors in five domains (program content areas):

- My Health (Personal Health)—nutrition, exercise, tobacco/alcohol/other drug use, mental health.
- My Home (Environmental Health)—healthy and safe homes, work, schools and neighborhoods.
- My Life (Life Course Development)—childbirth planning, education and finding employment.
- My Child/Taking Care of My Child (Maternal/Parental Role)—promoting infant/toddler health, development and security.
- My Family & Friends (Family & Friends)—healthy supportive relationships to meet family/childcare needs.

In addition, home visitors work within all domains to link families with available health, social services, and other resources that will help to address family needs.

All DCF funded sites must adhere to the NFP model elements and program guidelines set forth by the the national office and operate under the terms of their contracts with NFP. The NFP Model Elements provide a framework for program development, implementation, and quality assurance; and are closely aligned with the *NJ Standards for Prevention*. The NFP model is strengths-based and emphasizes the importance of focusing on the *Protective Factors* in its work with families. Program staffing, supervision and training must be in keeping with the NFP program standards as set forth in the contract between the implementing agency, DCF and the NSO.

2. Identify the target population served by this program/component (i.e. individuals who have been unemployed for the past 6-12 months).

NFP is available to families from pregnancy up to age two. Criteria for enrollment is limited to pregnant women in the first or second trimester of pregnancy (no later than 28 weeks gestation).

Potential clients are screened for a variety of risk factors, including but not limited to first-time live birth (includes women with a prior miscarriage or fetal death), teen pregnancy, low income, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place an infant/child at risk of abuse and neglect.

3. Detail what the program intends to address through service delivery. State the results the program intends to achieve.

EBHV programs are designed to promote the protective factors that support the health and well being of pregnant women, parents/families and their infants and young children. Nurse home visitors work closely with families to develop a trusting relationship with the goals of improving prenatal health, child health and development, and economic self-sufficiency. Nurse home visitors assess parent/family strengths and promote a better understanding of the essential role of the parent (mothers, fathers and other responsible caregivers) in providing a nurturing, healthy and safe environment for their children. A major focus of NFP is the prevention of child maltreatment. To this end, the program addresses key factors that are known (evidence-based) to contribute to child neglect and abuse--prenatal health, infant/child health, child growth and development, parenting skills/anticipatory guidance, parent-child bonding and interaction, early learning/school readiness, family/social support and adult relationships, education/employment, and linkages to needed treatment services, childcare and/or other community resources. Home visits are the key service delivery vehicle, and home visitors must adhere to the recommended schedule of visits to ensure that participating families benefit from the full impact of the program.

Data, Evaluation, and Reporting:

EBHV grantees must participate in the statewide evaluation and research study being conducted by Johns Hopkins University and any other approved research projects in response to funding requirements. EBHV grantees must inform their DCF/DFCP Administrator and/or DFCP HV Program Specialist of their participation in any additional research/evaluation studies.

NFP sites are required to record visit information and track specified data using the web-based NFP data collection and reporting system that has been designed to keep track of family characteristics, needs, services provided, and progress toward accomplishing national objectives. DCF funded NFP sites have access to various data summary

reports from the NSO data system. DCF expects sites to use these reports to provide helpful feedback to staff, monitor performance and improve quality of services. To ensure accurate monthly, quarterly, and annual report data, EBHV sites must enter all documentation into the NSO data system by the 10th of the month for the previous month.

SPECT Data System:

DCF collaborates with the NJ Dept. of Health (DOH) and Family Health Initiatives (FHI) in regards to the Single Point of Entry Client Tracking data system (SPECT). The SPECT data system is utilized by prenatal providers, Central Intake, EBHV grantees, and other core programs and partners. To ensure accurate monthly, quarterly, and annual report data, EBHV grantees must enter all documentation into the SPECT database by the 10th of the month for the previous month.

DCF has established a standard quarterly report that is inclusive of a set of performance indicators for all EBHV grantees supported by the department. These EBHV Objectives include three areas of focus--1) process, 2) impacts and 3) outcomes. Grantees are required to collect, review, and analyze program performance data and report to DCF on a quarterly basis.

EBHV Quarterly Progress Report:

All grantees are required to send quarterly report data to the designated DCF Contract Administrator and DFCP HV Program Specialist—using the following standard reporting periods: (The following is the program year for collecting the data required. It may not reflect the contract/fiscal year).

- July 1st to September 30th
- October 1st to December 31st
- January 1st to March 31st
- April 1st to June 30th

EBHV Quarterly Progress Reports are due no later than 15 days after the report end date and should accompany the agency's submission of its quarterly Report of Expenditures.

Continuous Quality Improvement (CQI):

CQI is an essential aspect of service delivery. Grantees must demonstrate progress in meeting established program targets, federal MIECHV Benchmark measures and outcomes, and that Continuous Quality Improvement (CQI) practices are utilized. The purpose of continuous quality improvement is to ensure that DCF funded grantees are effective in reaching and supporting families, and helping families to achieve these core program objectives. Through this process, grantees identify areas for performance improvement to reach optimal levels of program functioning. Refer to Section 2.2– subsection #8 for additional CQI requirements specific to the program model.

CQI is initiated throughout the program year and incorporates a systematic data collection and CQI approach that includes a data management component that supports regular data collection. The CQI process will include input/consultation from model developers, grantee agency, DCF staff, DCF Contract Administrator, DHS/DFD program staff, and other stakeholders/local advisory boards (including parent representatives), as appropriate. Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) is a CQI process that implements experimental tests of change that can be adopted into program practices and procedures. CQI and HV CoIIN approach can be utilized to address underperformance in the following areas:

- Target Process / Level of Service (LOS) Measures (Table A)
- EBHV Objectives and Performance Measures (Table B)

All grantees should strive to reach the above mentioned measures and benchmarks. As part of the CQI process, grantees respond to the underperformance as part of the EBHV Quarterly Progress Report. Underperformance in any area is reviewed and addressed. When underperformance occurs and is unable to be corrected, DCF initiates the development of a Pre-Corrective Action or Corrective Action Plan. During this time period, DFCP HV Program Specialists, model developers, and grantees identify improvement goals and strategies. Model developers provide intensive technical assistance and support activities to assist the grantee in achieving the identified goals. Pre-Corrective Action and Corrective Action Plans are shared with and/or developed in collaboration with the DCF Contract Administrator. If a program is placed on Corrective Action for underperformance, additional program data reports may be requested more frequently. Note: These targets continue to undergo review and analysis. DCF and/ or federal funders may make revisions and further refinements to specific targets, or add additional indicators, after this analysis is complete. All grantees will be required to track data and submit through the EBHV Quarterly Progress Report.

4. Describe the method of service delivery (i.e. in the community, on site, etc.).

NFP services are provided to participating families primarily in the home setting. At times, visits may be conducted in an alternate mutually agreed upon setting, e.g. after school, work or community setting. Visits must be able to accommodate the participant's schedule and may be provided at alternate mutually agreed upon times, i.e. early morning, early evening or on a weekend day.

Referrals and Linkages:

On an ongoing basis, the Nurse Home Visitor will assist participating families with referrals for health, social service, child care or other community supports as needed and mutually agreed upon. EBHV grantee staff are encouraged to link families with additional resources that provide services in the target community, including other DFCP programs (e.g., Family Success Centers, School-Linked Services, DV support, Strengthening Families childcare providers, CCYC, etc.), as appropriate. In addition, grantees shall routinely review and update existing entries in state, county and local resource networks and directories, e.g. DFCP's online directory or NJ's 2-1-1 Partnership Database, to ensure complete, accurate and up-to-date information for families and professionals trying to locate EBHV services.

Local Community Advisory Board:

HV grantees shall establish and/or maintain alignment with the local County Council for Young Children (CCYC) to form an active advisory board.

The advisory board must be an organized active body, which meets at least quarterly to advise/govern the activities of planning, implementation, and assessment of program services. This includes but is not limited to a review of program practices, policies, quarterly/annual performance measures, Continuous Quality Improvement (CQI) efforts, providing input and timely recommendations with respect to program strengths, areas of growth, and improvement. HV grantees are encouraged to integrate and/or develop this advisory role within the broader perinatal and/or early childhood community.

The HV grantee Program Supervisor/Manager (or other program representative) and the advisory board must work as an effective team in the planning and developing of program policies and procedures.

HV grantees must also identify at least one parent/caregiver from each FTE home visitor to invite to the advisory board and collaborate with the CCYC lead agency and/or members to encourage and facilitate parent/caregiver participation.

HV grantees must provide documentation of advisory board activities, have available meeting notes, and attendance records during site visits or as requested. HV grantees must also refer to the DCF Policy and Procedure: Advisory Boards

Program Compliance:

In an effort to provide effective oversight, optimize enrollment and retention of eligible families in target communities grantees are monitored and assessed by the DFPC HV Program Specialists on an on-going basis. EBHV grantees are expected to participate in the following:

- Evaluative site visits - site visits are conducted separately or in collaboration with the DCF Contract Administrator.
- Quarterly Supervisors' Meetings
- Mandatory model specific trainings and DCF sponsored trainings related to federal benchmarks
- Comply with national and state model specific policies and procedures
- Comply with Office of Early Childhood Services (OECS) policies and procedures

All DCF-funded EBHV grantees must also comply with the following requirements:

- Be active partners with the local Central Intake (CI) and comply with the business agreements set forth, to ensure easy linkages for eligible pregnant women/parents and families.
- Complete the core training and adhere to the National Service Office policies and procedures.
- Maintain program staffing and supervision in accordance with NSO program standards.
- Agencies are permitted to use supplemental curricula. **This EBHV grantee utilizes the following supplemental curricula**
- Adhere to the conceptual, practice, and administrative standards as set forth in the Standards for Prevention Programs: Building Success through Family Support developed by the New Jersey Task Force on Child Abuse and Neglect.
- Have knowledge of the Protective Factors Framework.

5. Detail how customers access services.

Generally, NFP services are provided in the participant's home. There are no physical limitations that preclude enrollment or participation.

Pregnant women and parents are screened by prenatal care providers, health care providers or other community agencies. HV sites are expected to be active partners with the local Central Intake (CI) and comply with the business agreements set forth, to ensure easy linkages for eligible pregnant women/parents and families. DFPC HV staff will help to facilitate these relationships with CI, as needed.

Once a family is referred to the program they receive an initial contact from the program within three working days and are scheduled for an initial home visit for a nursing assessment and eligible families are offered enrollment into the program.

Families that decline or are ineligible for services are provided with resource information about available/ suitable community services and supports, and are assisted with any essential referrals. Based upon local Business Agreements/Rules, programs should provide a status report and re-route these families back to central intake for links to alternate services, as appropriate.

Families that meet program eligibility and agree to participate in the program are enrolled and visits are conducted by the assigned nurse home visitor. Visit frequency is determined by the nurse based on the phase of care and the families' needs. Visit guidelines are as follows:

Prenatal - during 1st month of enrollment	Weekly (4 visits)
Prenatal - end of 1st month to delivery	Every other week (8-10 visits)
Infant - from birth to six weeks of age	Weekly (6 visits)
Infant-Toddler - age 8 weeks to 21 months	Every other week (40 visits)
Toddler - age 21 months to 24 months (age 2)	Monthly (3-4 visits)

Families that are enrolled but inactive, i.e. missed three or more consecutive scheduled visits or are lost-to-care, will continue to receive outreach for at least three months.

The nurse and the parent/family collaborate in goal planning (pregnancy, parenting, infant/child, family sustainability). Ongoing progress is documented and new goals are established over the course of home visits. The nurse will assist participating families with referrals for health, social service, child care or other community supports as needed and mutually agreed upon. The nurse will assist participating families with referrals for health, social services, child care or other community supports, as needed.

Staffing/Caseload Requirements:

- Each full-time 1.0 FTE nurse home visitor carries a caseload of 25 - 30 families.
- The ratio of 1.0 FTE nurse supervisor to direct service staff should not exceed 1:8 FTE
- The ratio of 0.5 FTE nurse supervisor to direct service staff should not exceed 1: 4 FTE.

Discharge Process:

Ideally a participant remains enrolled in NFP until the child has reached age two and the family has achieved specified health and well-being performance indicators. For a variety of reasons, families may withdraw from the program earlier. Sites are required to track length of participation, reasons for discharge and progress in reaching specified goals and objectives.

6. Describe the neighborhood(s) and the building(s) where each program site(s) is located. Detail accessibility to mass transportation. Identify the program catchment area.

EBHV grantees provide services in the homes of participating families.

The catchment area for this site is Bergen and Passaic Counties
(Specify county and major at-risk municipalities for your agency)

7. Detail the program’s emergency procedures. Provide any after-hours telephone numbers, emergency contacts, and special instructions.

Client and staff safety is an important concern in home visitation programs. All program staff are required to undergo background checks. Field staff carry cell phones and are instructed to remain in regular contact with the office during the course of the day.

- In the event of any staff or client emergency**
1. maintain a safe environment
 2. call for immediate support people to assist
 3. notify EMS/911 as needed
 4. notify supervisor and administration
 5. monitor staff as needed
 6. check for environmental hazards or safety issues
 7. complete employee incident report
 8. reassess conditions and situations as indicated (briefly summarize key safety policies for your agency).

(briefly summarize key safety policies for your agency)

Emergency contacts for this agency are: 1. [REDACTED] - site manager

2. [REDACTED]
Nurse Family Partnership Program Supervisor – Passaic & Bergen Counties

Partnership for Maternal and Child Health of Northern New Jersey

[REDACTED]

(complete this for your agency)

8. Provide the total number of unduplicated customers served in the previous contract period for each of the contracted programs. Unduplicated customers refers to the practice of counting a customer receiving services only once within a service cycle.

In compliance to NSO/NFP, all sites must submit the NFP Implementing Agency Annual Plan/Quality Improvement Planning report to NSO within the appropriate timeframe. In addition, NFP Implementing Agencies must submit the most recent plan to DCF within 90 days of the end of the contract period. This report shall be submitted to both the contract administrator and DFCP HV Program Specialist.

Furthermore, DFCP/OECS requires the Quarterly Report/Year-End Report to be submitted 15 days after the end of the report period. The Quarterly Reports should include explanations why a program may not be reaching a particular objective and what is the plan to make improvements.

It is recognized by DCF that collection, analysis and reporting of data for these objectives is an ongoing process. As previously, adjustments to performance measures

may still be needed and will include the federal MIECHV benchmarks. Adjustments will be made by DCF in consultation with NFP partners, as indicated.

Program Name: Nurse-Family Partnership (Passaic)

PERFORMANCE OUTCOMES

Section 2.3

Goals	Objectives	Activities	Performance Outcomes - Targets
I. To enroll and maintain eligible families in NFP home visiting services. (process objectives)	1. Identify eligible families for referral to NFP services (first-time pregnant or first-time live birth, under 28 weeks gestation).	Agency has MOUs with key prenatal care, health & social service providers to identify eligible pregnant women/ families for services. Agency coordinates outreach efforts with other HV providers and community programs; and partners with Central Intake.	1. <u> </u> families are referred for NFP services.
	2. Complete the first (enrollment) home visit to eligible families according to home visitation program guidelines.	Agency confirms/updates contact information to enhance likelihood of locating families for enrollment. Nurse enrolls the families and completes the first (enrollment) home visit and nursing assessment for their ongoing participation in the program.	2. At least 50% (n= <u> </u>) of those referred will complete the first (enrollment) home visit.
	3. Maintain ongoing program caseload capacity according to HV program guidelines (based on agency staffing/ 25 families per 1 FTE Nurse HV).	Complete home visits and develop a rapport with families to keep them enrolled in HV services.	3a. Maintain LOS of at least 85% of capacity. 3b. Less than 10% of families enrolled are lost-to-care or inactive.
	4. Enroll women prenatally in NFP services according to HV program guidelines (by 28 weeks gestation).	Agency has MOUs with key prenatal care, health & social service providers. HV staff conducts outreach, as needed, to enroll women while they are pregnant.	4. 100% of women/families are enrolled in HV services prenatally (before 28 weeks of gestation).
	5. Complete the expected number of home visits for each family according to home visitation program guidelines.	HV supervisor works closely with staff to monitor home visits and offer support as needed to maintain expected number of visits for each family.	5. 80% of families receive the expected number of home visits.
	6. Maintain participant retention in program services over an extended period of time, as per home visitation program guidelines.	Adhere to HV model fidelity, monitors progress toward client/family goals and offer assistance to help families progress and maintain program enrollment.	6a. 60% of families remain enrolled for at least 1 year. 6b. 50% of families remain enrolled for at least 2 years. 6c. 40% of families remain enrolled for at least 3 years.
II. To improve health and well-being of participating	7a. All eligible pregnant women will be referred to and enroll in WIC.	Educate and promote healthy nutrition during pregnancy. Determine enrollment status/eligibility of pregnant women for WIC, and refer eligible women to WIC. Track WIC enrollment and participation.	7a. 90% of eligible pregnant women are enrolled in WIC during pregnancy.

Goals	Objectives	Activities	Performance Outcomes - Targets
families: Pregnant women and new mothers (impact objectives) (7a-f2, 8a-f2)	7b. Enrolled pregnant women will complete ACOG recommended prenatal care medical visits.	Review ACOG recommended prenatal care medical visits with all pregnant women; monitor and assist with scheduling prenatal care visit appointments, as necessary.	7b. 85% of enrolled pregnant women are on-schedule for prenatal care medical visits.
	7c. Pregnant women are screened for intimate partner violence.	All women are screened for intimate partner violence utilizing the HITS tool even if the participant states that he/she is not currently in a relationship. Provide support, referrals and linkages as appropriate.	7c. 80% of enrolled pregnant women are screened for intimate partner violence within 6 months of enrollment.
And	7d. Pregnant women referred to tobacco counseling or services	Discuss the effects of tobacco use during the prenatal period on the unborn child and risks of smoke exposure for infants/children. Refer and assist the family as needed, in accessing cessation or counseling services.	7d. 80% of enrolled pregnant women who reported tobacco or cigarette use are referred to tobacco cessation or counseling services.
Target children (impact objectives) (9a-i)	7e. Enrolled pregnant women will complete the 6-8 week postpartum medical visit.	Educate women during pregnancy and after childbirth on the importance of completing recommended postpartum medical visits; monitor/assist customer in scheduling the postpartum medical appointment, as necessary.	7e. 90% of enrolled pregnant women completed the required 6-8 week postpartum medical visit.
	7f. Postpartum women are screened for depression.	Screen all women for depression utilizing the PHQ-9 and provide support, referrals and linkages as appropriate.	7f. 80% of postpartum women are screened for depression within 3 months of delivery.
	7f1. Postpartum women that screen positive for depression are referred for recommended services.	Refer and assist family as needed, with accessing recommended services for depression.	7f1. 80% of postpartum women who score positively for depression are referred for recommended services within 15 days.
	7f2. Postpartum women receive recommended services for depression.	Discuss referrals to community resources and activities to support the parent such as stress reduction techniques, self-care and healthy eating.	7f2. 60% of postpartum women that scored positively for depression received recommended services within 30 days.
	8a. Enrolled eligible mothers have health insurance 8b. Link all enrolled mothers to a primary care provider (PCP). 8c. Enrolled women will complete an annual PCP/women's health care visit.	Discuss with women the importance of having insurance and a PCP for reproductive health/annual checkups. If she does not, refer and assist, as needed, to access a PCP. Encourage and monitor completion of an annual health checkup (GYN or other PCP).	8a. 80% of eligible parenting women have health insurance 8b. 100% of enrolled mothers have a primary care provider. 8b. 80% of enrolled women completed an annual primary care/women's health care visit
8d. Parenting women are screened for intimate partner violence.	All women are screened for intimate partner violence utilizing the HITS tool even if the participant states that he/she is not currently in a relationship. Provide support, referrals and linkages as appropriate.	8d. 80% of enrolled parenting women are screened for intimate partner violence within 6 months of enrollment.	

Goals	Objectives	Activities	Performance Outcomes - Targets
	8e. Parenting women referred to tobacco counseling or services	Discuss the effects of tobacco use and risks of smoke exposure for infants/children. Refer and assist the family as needed, in accessing cessation or counseling services.	8e. 80% of enrolled parenting women who reported tobacco or cigarette use are referred to tobacco cessation or counseling services.
	8f. Parenting women are screened for depression.	Screen all women for depression utilizing the PHQ-9 and provide support, referrals and linkages as appropriate.	8f. 80% of enrolled women are screened for depression within 3 months of enrollment.
	8f1. Parenting women that screen positive for depression are referred for recommended services.	Refer and assist family as needed, with accessing recommended services for depression.	8f1. 80% of enrolled parenting women who score positively for depression are referred for recommended services within 15 days.
	8f2. Parenting women receive recommended services for depression.	Discuss referrals to community resources and activities to support the parent such as stress reduction techniques, self-care and healthy eating.	8f2. 60% of enrolled parenting women that scored positively for depression received recommended services within 30 days.
	9a. Enrolled eligible infants/children have health insurance.	Discuss importance and availability of health insurance for infants/children. Assist families to determine eligibility and secure health insurance for all eligible infants/children.	9a. 100% of eligible enrolled infants/children have health insurance.
	9b. Enrolled infants/children have a primary care provider (medical home).	Discusses the importance for all children to have a medical home. If infant/child does not, refer and assist the family, as needed, to access primary care for the child.	9b. 100% of enrolled infants/children have a primary care provider (medical home).
	9c. Enrolled infants/children are up-to-date with well-child medical visits according to the AAP schedule.	Educates parents on importance of keeping up to date with well child medical visits for infants/children; monitors and assist parents to schedule, complete and track all AAP recommended well-child medical visits.	9c. 90% of enrolled infants/children are up-to-date with well child medical visits.
	9d. Enrolled infants/children are up-to-date with the recommended HV schedule for developmental screening.	Educate parents about normal growth & development, and purpose of Ages & Stages Questionnaire (ASQ-3) to determine child's status/progress. Provide parents with age-appropriate activities that support growth & development. Use ASQ-3 in home setting per recommended HV schedule.	9d. 95% of all enrolled infants/children are up-to-date with developmental screens.
	9d1. Children with positive screen are referred for additional support and services.	Children with delays receive follow-up and/or further evaluation according to ASQ guidelines.	9d1. 100% of enrolled infants/children that scored positively for a developmental delay OR are identified as needing additional support are referred for supports and

Goals	Objectives	Activities	Performance Outcomes - Targets
	9d2. Children with positive screen receive recommended support and services.	Refer and assist family as needed, with accessing recommended services.	services or provided such by the home visitor. 9d2. 80% of enrolled infants/children that scored positively for a developmental delay OR are identified as needing additional support received recommended supports and services within 30 days.
	9e. Parent concerns regarding child's development, behavior, or learning are elicited.	Parent viewpoints and concerns are elicited during home visits regarding their child's development, behavior, or learning.	9e. 80% of home visits parents were asked if they have any concerns regarding their child's development, behavior, or learning.
	9f. Participating families enroll their eligible infants/children in the WIC Supplemental Nutrition Program.	Educate parents about healthy infant/child nutrition. Determine enrollment status/eligibility of children and refer eligible families for WIC. Track child's WIC enrollment and participation.	9f. 95% of eligible infants/children are enrolled in WIC.
	9g. Enrolled infants/children are up-to-date with the NJ recommended childhood immunization schedule.	Educate parents on importance of protecting the health of infants/children and receiving up-to-date immunizations. Monitor and assist parents to schedule, complete and track recommended immunizations.	9g. 90% of all enrolled infants/children are up-to-date with immunizations.
	9h. Enrolled infants/children are screened for childhood lead poisoning (by age one).	Educate parents on importance of protecting infants/children from lead poisoning. Monitor/assist parents to schedule a lead test by age 1. Provide follow-up, as needed.	9h. 80% of all enrolled infants/children are tested for lead poisoning by age 1.
	9i. All infants are always placed to sleep on their backs (AAP Guidelines)	Educate parents on the importance of placing infants to sleep on their backs and its correlation to the reduction of SIDS.	9i. 100% of families with a child less than 1 year of age place their infant to sleep on their back.
III. Other Outcomes Increase breastfeeding in at-risk families (promotes child health and maternal-	10a. Enrolled mothers will understand the benefits of breastfeeding. 10b. Mothers that choose to breastfeed infants will continue to do so at 6 months of age.	Discuss cultural issues, attitudes and practices surrounding breastfeeding with all pregnant women and new parents. Provide staff with additional training to enhance skills related to educating mothers, and providing assistance and referral for breastfeeding support services.	10a. 90% of enrolled pregnant women/parents initiate breastfeeding (any amount). 10b. 60% of infants are breastfed, any amount, at 6 months of age.

Goals	Objectives	Activities	Performance Outcomes - Targets
infant bonding (10a-b).	11a. Reduce subsequent unplanned pregnancies (increase interval from birth to a subsequent pregnancy).	Educate pregnant women/new mothers about recommended time frames and health/social benefits of delaying subsequent pregnancy. Provide reproductive health/family planning information to all pregnant women/parents.	11a. 90% of enrolled women have inter-pregnancy intervals of 18 months or more.
Reduce subsequent unplanned pregnancy (11a-b).	11b. Decrease subsequent teen births (age 19 or under).		11b. Less than 20% of enrolled teen mothers have a subsequent pregnancy before turning 20 years old.
School Readiness and Achievement (12a-c)	12a. Enrolled women/families demonstrate support for children's learning and development.	Educate/demonstrate activities that support parental involvement, engagement, and an environment that supports learning.	12a. 85% of enrolled families score above the lowest quartile on both the "Learning Materials" and "Involvement" subsections
	12b. Enrolled women/families demonstrate knowledge of child development and of their child's developmental progress.	Educate/demonstrate activities that support child development and the identification of child developmental progress.	12b. 85% of enrolled families score above the lowest quartile on the total HOME score.
	12c. Enrolled women/families demonstrate positive parenting behaviors and parent-child relationships.	Assess parent's ability to respond positively to the child. Educate/demonstrate activities that support positive parenting behaviors and acceptance.	12c. 85% of enrolled families score above the lowest quartile on both the "Responsivity" and "Acceptance" subscales.
Promote parent/family self-sustainability. [Required for TANF/TIP families.] (13a-b)	13a-b. Parents engage in workforce related activities (improving education and/or employment) to improve family economic self-sufficiency.	Assist participants in developing and working toward educational/economic self-sufficiency service goals. Encourage & provide supports for TANF recipients to comply with WFNJ requirements to maintain benefits.	13a. 95% of TANF families are connected to employment through the One-Stop Center. 13b. 75% of enrolled mothers/parents have improved education and/or employment status by the time the child is age 2.

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
Annex A
PROGRAM PERSONNEL INFORMATION
Section 2.4

Program Name: Passaic And Bergen Nurse-Family Partnership

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		%OF TIME TO PROGRAM	QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO			
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Supervisor NFP Bergen/Passaic	██████████	8:30 am	4:30 pm	100%	Masters, RN, NICU Certification	Management & supervision of NFP team
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Nurse Home Visitor	██████████	8:30 am	4:30 pm	100%	Bachelors, RN	Home visitation direct service to clients
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Nurse Home Visitor	██████████	8:30 am	4:30 pm	100%	Bachelors, RN	Home visitation direct service to clients
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Administrative Assistant	██████████	8:30 am	4:30 pm	66%		Data support to NFP team
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	NFP Administrator	██████████	8:30 am	4:30 pm	8%	Masters, RN	Administrative overview of NFP
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Nurse Home Visitor	██████████	8:30 am	4:30 pm	100%	Bachelors, RN	Home visitation direct service to clients
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Nurse Home Visitor	██████████	8:30 am	4:30 pm	100%	Bachelor's, RN	Home visitation direct service to clients
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Nurse Home Visitor	██████████	8:30 am	4:30 pm	100%	Bachelors, RN	Home visitation direct service to clients
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Nurse Home Visitor	██████████	8:30 am	4:30 pm	100%	Bachelors, RN	Home visitation direct service to clients
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Nurse Home Visitor	██████████	8:30am	4:30pm	100%	Bachelors, RN	Home visitation direct service to clients

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
LEVEL OF SERVICE
Section 2.5**

Program/Component Name:	Nfp Passaic
Service Type:	Case Management
Description of Unit Measurement:	Family
Number of Contracted Slots/Units:	150
Number of Annualized Units:	150

Numbers should reflect unduplicated service counts

	1	2	3
	MONTH	MONTHLY SERVICE DAYS OR UNITS	MONTHLY CONTRACT LOS
1	January	21	150
2	February	19	150
3	March	22	150
4	April	22	150
5	May	20	150
6	June	22	150
7	July	22	150
8	August	21	150
9	September	21	150
10	October	22	150
11	November	20	150
12	December	22	150
	ANNUAL TOTALS	254	150

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
PROGRAM DESCRIPTION
Section 2.2**

Program Name: Passaic Central Intake

Please note that additional information/addenda may be required in order to complete the contract package. Any specific requirements/stipulations pertaining to the program will be forwarded as applicable.

Label all answers clearly as outlined below:

- 1. Provide a brief description of the program/component and its purpose. The description should reflect the goals and services set forth in the initial RFP and any changes that may have resulted from negotiations.**

Central Intake (CI) is a system designed to maximize the utilization of resources for women and families. In order to identify their needs, CI promotes universal screening of pregnant women ideally via the PRA at their prenatal care provider, or through a non-clinical screening and referral tool appropriate for us at other social service agencies not qualified to perform a clinical assessment. Staff members will provide training and site visits to provider offices, along with ongoing support to complete the assessment tools. Extensive education for providers and provision of resource guides to assist providers with responding to clients who screen positive for various risk factors will also be provided. Program staff will provide support to referring agencies by training provider staff in the delivery of client assessments and the transmission of confidential data to CI. CI will work with individual providers to help to identify the most efficient method to capture and transmit data, based on their unique staffing and workflow issues.

- 2. Identify the target population served by this program/component (i.e. individuals who have been unemployed for the past 6-12 months).**
 - Provide a brief outline or snapshot of the characteristics, needs, and current circumstances of the population the program intends to serve.**
 - Explain how these customers are distinct in any way from the general population. It is generally viewed as a sign of strength when a program is able to identify the population that will benefit the most from the services provided.**

The target population is Passaic County women of child -bearing age and their families .

- 3. Detail what the program intends to address through service delivery. State the results the program intends to achieve.**

This Central Intake System will assist women and their families to access the most appropriate services in an efficient manner and benefit providers of care by serving as a single referral point for community-based services, including maternal, infant, and early childhood home visiting programs, prenatal, preconception, and interconception health

Program Description cont.

care, adult & pediatric primary care, behavioral health care, and other social support services including domestic violence, educational attainment, family social support, financial assistance, and infant and child care. Central Intake Systems receive screens and referrals from agencies and connect women and their families to the most appropriate services for their needs.

4. Describe the program approach and method of service delivery.

CI is a system designed to maximize the utilization of resources for women and families. In order to identify their needs, CI promotes universal screening of pregnant women ideally via the PRA at their prenatal care provider, or through a non-clinical screening and referral tool appropriate for us at other social service agencies not qualified to perform a clinical assessment.

5. Detail how customers access services.

- **Cite any physical limitations that might preclude program admission or referral acceptance**
- **Indicate specific documents needed for referrals, when applicable**
- **Discuss referral procedures and discharge planning with respect to the continuum of care**
- **Cite negative and planned discharge procedures**

CI will receive screening and referrals from two major sources: (1) social service agencies that identify pregnant women/new mothers who are not yet linked to prenatal or preconception/ interconception care or whose care status is unknown; and (2) prenatal or preconception/ interconception clinical care providers or other clinical service providers. For clinical providers, the Perinatal Risk Assessment (PRA) is the preferred assessment & referral tool. For social service providers who do not employ staff qualified to administer the PRA, Passaic CI utilizes a simple referral form. This form will be presented to the proposed program's CAB so that feedback from providers and EBHV programs can be incorporated. A modified version of this non-clinical referral form will then be utilized by social service agencies and providers who do not utilize the PRA.

6. Describe the neighborhood(s) and the building(s) where each program site(s) is located. Detail accessibility to mass transportation. Identify the program catchment area.

The program is located in Paterson and is accessible by public transportation. The program is open to Passaic County residents

7. Detail the program's emergency procedures. Provide any after-hours telephone numbers, emergency contacts, and special instructions.

CI does not provide home visits therefore ,should a client call with an emergency or a serious situation Central Intake Coordinator will directed the individual to call 911 for immediate assistance

.Emergency contacts for this agency are: Kelya Perez or Marie Kinsella

Program Description cont.

8. Provide the total number of unduplicated customers served in the previous contract period for each of the contracted programs. Unduplicated customers refers to the practice of counting a customer receiving services only once within a service cycle.

- Indicate the number of unduplicated customers achieving results.**
- Indicate how the information was captured and measured.**

2695

Information was captured in SPECT

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
SERVICE OUTCOMES
Section 2.3**

Program Name: Passaic County CI

For each program component please identify goals, objectives, activities, outcomes, supporting documentation and reporting timeframes using the following definitions and template:

GOALS:

Goals articulate the desired results or end point that DCF expects will be achieved through the provision of contracted services. Goal statements speak to the overarching impact that services will have on recipients over a period of time that may reach beyond the contract term.

OBJECTIVES:

Objectives define services in qualitative terms. They detail the purpose of program activities and impart a clear understanding of contracted services. Objectives are short term milestones to be achieved during the contract period; they are easy to understand, specific, attainable and they reflect the overarching goals of the program component.

SERVICE ACTIVITIES:

Service Activities specify the tasks performed to achieve the identified goals and objectives. They reflect program operations and functionally define contracted services. All service activities are tangible, observable and measurable.

OUTCOMES:

Outcomes quantify the program's impact on the target population. They are tied directly to program goals rather than to each objective or service activity. Benchmarks are established to indicate successful program performance in achieving the specified goals. Outcomes may be attainable during the contract period or it may be necessary to track impact data at intervals that extend beyond the contract term (i.e. follow-up data obtained 1 year post discharge).

REPORTING:

This section is still under development and should remain blank

SUPPORTING DOCUMENTATION:

Supporting documentation refers to any source documents, records or data that reasonably prove or verify outcome reporting. Supporting documentation is retained on file and available for inspection as part of contract monitoring and auditing procedures.

Program Name: Passaic Central Intake

**Annex A
SERVICE OUTCOMES
Section 2.3**

GOALS	OBJECTIVES	SERVICE ACTIVITIES	OUTCOMES	REPORTING	SUPPORTING DOCUMENTATION
Improve Perinatal Health outcomes in Passaic County	Objective 1: Increase screening, referral and linkage of pregnant women and women of child bearing age to needed services.	MOUs are in place to support the referrals, educating prenatal on SPECT system	Increase the number women referred for 1 st trimester prenatal care , connect women to preconception care		Completed PRAs, Community referrals
Improve Perinatal Health outcomes in Passaic County	Objective 2: Assist a minimum of 2000 women and their families (170/month) in accessing the most appropriate services in an efficient manner in Passaic County through referrals and follow-up.	1. Connect 80% of referred pregnant women to prenatal care and other ancillary services	Decrease low birth weight ; increase 1st trimester prenatal care ,increase the number of women connected to preconception care		Completed referrals , Reports from the SPECT system

GOALS	OBJECTIVES	SERVICE ACTIVITIES	OUTCOMES	REPORTING	SUPPORTING DOCUMENTATION
Efficient delivery of services	Objective 3: Establish and maintain partnerships for infrastructure building and central intake.	<ol style="list-style-type: none"> 1. Convene meetings with prospective partners 2. Maintain relationships with existing partners 	Development of partnerships that will improve the efficiency and efficacy of service delivery		Signed MOUs and meeting sign-in sheets
Efficient delivery of services	Objective 4: Maintain a current resource guide for Passaic County. Resource guide will be updated every 6 months. (Electronic)	<ol style="list-style-type: none"> 1. Confirm resource eligibility requirements, location and accessibility for consumers on regular basis. 2. Continue to seek new referrals sources for inclusion into the Resource Guide. 	Promote efficient and effective mechanism for accessing county resources		Electronic resources guide

GOALS	OBJECTIVES	SERVICE ACTIVITIES	OUTCOMES	REPORTING	SUPPORTING DOCUMENTATION
Improving Perinatal outcomes	Objective 5: Promote universal screening by utilizing the PRA for all clients. Work collaboratively with FHI to network with prenatal providers to use the PRA.	1. Introduce prenatal care providers to the PRA and offer prenatal providers PRA training through FHI	1.PRA will be utilized by 100% of the Hospitals and FQHCs in the target county. 2. Increase the use of the PRA by private prenatal providers in the target county by 5%		Number of PRAs in the SPECT system
Improving Perinatal outcomes	Objective 6: Coordinate with CHW/IPO project to convene a designated consumer driven advisory board consisting of MCH providers, social service agencies and consumers that meets quarterly. Membership of Advisory Board will be at least 25% consumers.	1.Recruit members for the Community Advisory Board (CAB) 2. Conduct bi- monthly meeting with CHW program	Promote an efficient and effective delivery of services		1Submit to DCF names and affiliation of advisory group 2. Attendance sheets and meeting minutes will be submitted to DCF

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
Annex A
PROGRAM PERSONNEL INFORMATION
Section 2.4

Program Name: Passaic County Ci - 21bupp

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		%OF TIME TO PROGRAM	QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO			
<input type="checkbox"/> FT <input checked="" type="checkbox"/> PT	Ci Cordinator	██████████	8am	4pm	100%	BA	Implements a county-wide system of reciprocal referrals to coordinate evidence based home visitation services and other perinatal health care services. Maintains data systems and provides feedback to referring agencies. Promotes universal screening and assessment of pregnant women..
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Directory Of Community Programs	██████████	8am	4pm	25%	MS, MCHES	
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT		—			%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
LEVEL OF SERVICE
Section 2.5**

Program/Component Name: Passaic Central Intake
Service Type: _____
Description of Unit Measurement: Referrals Received
Number of Contracted Slots/Units: 2,000
Number of Annualized Units: 2,000

Numbers should reflect unduplicated service counts

	1	2	3
	MONTH	MONTHLY SERVICE DAYS OR UNITS	MONTHLY CONTRACT LOS
1	January		167
2	February		167
3	March		167
4	April		167
5	May		167
6	June		167
7	July		167
8	August		167
9	September		167
10	October		167
11	November		167
12	December		
	ANNUAL TOTALS		2,000

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
PROGRAM DESCRIPTION
Section 2.2**

Program Name: Warren PAT

Please note that additional information/addenda may be required in order to complete the contract package. Any specific requirements/stipulations pertaining to the program will be forwarded as applicable.

Label all answers clearly as outlined below:

- 1. Provide a brief description of the program/component and its purpose. The description should reflect the goals and services set forth in the initial RFP and any changes that may have resulted from negotiations.**

The Parents As Teachers (PAT) model is an evidenced-based home visitation program (EBHV) that provides in-home health and parenting education, and supportive services to at-risk families, especially those overburdened by stressors that may contribute to child neglect and abuse. While there is still an emphasis on enrolling families early, the PAT program may accept referrals of eligible families at any point in time between pregnancy and the child's third birthday. Once enrolled, families are offered intensive long-term home visitation services through age three. Participation in PAT is voluntary. These voluntary home visits provide an added emphasis on education, employment, family stability and well-being, and school readiness.

Specially trained home visitors, who often share the families' culture and community, educate families on important issues: prenatal health, infant/child health and development, positive parenting practices, nurturing parent-child relationships, child safety, education and employment, and the prevention of child neglect and abuse. They also link parents/families to existing social service and health care resources.

All DCF funded PAT sites must adhere to the Parents As Teachers National Quality Assurance Guidelines as set forth by the Parents As Teachers National Center. These national guidelines closely correspond to the NJ Standards for Prevention. The PAT model is strengths-based and emphasizes the importance of focusing on the Protective Factors in its work with families. Program staffing and supervision must be in keeping with the PAT program standards. All DCF funded PAT sites must successfully complete the PAT accreditation process every 4 years. The NJ PAT State Leader, Prevent Child Abuse NJ (PCANJ), will assist local PAT sites with technical assistance for program planning, implementation, monitoring of level of service and the accreditation process. All DCF funded sites must report data monthly to PCANJ. In addition, all sites are required to submit an annual report to PCANJ for data verification/quality review before submission to the national office.

- 2. Identify the target population served by this program/component (i.e. individuals who have been unemployed for the past 6-12 months).**

Program Description cont.

- **Provide a brief outline or snapshot of the characteristics, needs, and current circumstances of the population the program intends to serve.**
- **Explain how these customers are distinct in any way from the general population. It is generally viewed as a sign of strength when a program is able to identify the population that will benefit the most from the services provided.**

PAT services are provided to pregnant women, and parents of infants and children up to age three or entry into preschool (service may continue to age five on a case by case basis). While DCF still places an emphasis on enrolling families early (prenatally), the PAT program may accept referrals of eligible families at any point in time from pregnancy through early childhood (age three). Potential clients are screened for a variety of risk factors, including but not limited to teen pregnancy, first-time or subsequent pregnancy, low income, inadequate or no prenatal care, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place a child at risk of abuse and neglect.

3. Detail what the program intends to address through service delivery. State the results the program intends to achieve.

Evidence-based HV programs are designed to promote the health and well being of pregnant women, parents/families and their infants and young children. Parent Educators work closely with families to develop a trusting relationship, assess parent/family strengths (protective factors) and promote a better understanding of the essential role of the parent (mothers, fathers and other responsible caregivers) in providing a nurturing, healthy and safe environment for their children. Parents learn that they are their child(rens) first teacher. While the overall goal is to prevent child maltreatment, the program addresses key factors that are known (evidence-based) to contribute to child neglect and abuse--prenatal health, infant/child health, child growth and development, parenting skills/anticipatory guidance, parent-child bonding and interaction, school readiness, family/social support and adult relationships, education/employment, and linkages to needed treatment services, childcare and/or other community resources. PAT sites are required to record visit information and track specified data in Visit Tracker system. This database is overseen by the PAT National Center and access to PCANJ as administrator will be provided.

In addition, all evidence-based HV programs supported by DCF will strive to meet a standard set of performance indicators as set forth in the attached document. These NJ objectives include three areas of focus--1) process, 2) impacts and 3) outcomes. Refer to the Attachment, Annex A - Home Visitation Performance Outcome Measures. Grantees are required to collect the data and send it to PCANJ for preliminary review, quality checks and analysis. The data is then sent by the grantee to DCF for review by the HV program manager and the DCF contract administrator.

At the present time, agencies are asked to report this data to DCF annually (sources: Visit Tracker and manual data collection by staff). PAT sites submit quarterly reports that outline the objectives determined by DCF. In addition, sites provide monthly data to PCANJ on screens, enrollment, terminations, LOS, and home visit completion rates. Please refer to Section 2.2 – Subsection #7 for Annual Report requirements.

Quality Improvement Plan (QIP): In FY2011, funded agencies must demonstrate progress in meeting established program targets. The purpose of quality improvement

planning is to ensure that DCF funded programs are effective in reaching and supporting families, and helping families to achieve these core program objectives. Through this process, grantees identify areas for performance improvement to reach optimal levels of program functioning. The QIP will be included as a part of the program's annual data review (refer to Section 2.2--subsection #7). It may also be initiated at other times during the year, as needed, based on the following guidelines:

1) Process Measures--Chronic underperformance (i.e. over 3-months) in any of the indicators in Section I - Objectives 1 through 5. Note: Objectives 6, 7 and 8 pertain to client/family retention rates. Retention is a challenge both nationally and statewide, but it is important to continue to strive to meet national and state standards. DCF, PCANJ and DFD will work collaboratively with sites to strengthen performance in this area over the next few years.

2) Impact Measures--Chronic underperformance (over 6 to 12 months) in five or more areas (Section II - Objectives 9a-d, 10a-b, and 11a-i).

3) Outcome Measures--All grantees should strive to reach this set of benchmarks, however, we recognize that there may be variability across target populations and target communities. Performance in these areas will be analyzed on a case-by-case basis.

Note: These are still considered preliminary targets and continue to undergo review and analysis. DCF HV program staff may make further refinements to specific targets, or add additional indicators, after this analysis is complete.

The Quality Improvement Plan will be developed by the grantee agency in consultation with the PAT affiliate (PCANJ). The process will include input/consultation from all HV partners-- PCANJ, grantee agency, DCF HV program manager, DCF contract administrator, and others, as appropriate. Implementation of the plan will be monitored by PCANJ with administrative oversight by DCF.

Evaluation and Research Study: All DCF funded evidence-based HV grantees must participate in the statewide evaluation and research study being conducted by Johns Hopkins University.

4. Describe the program approach and method of service delivery.

PAT services are provided to participating families primarily in the home setting. At times, visits may be conducted in an alternate mutually agreed upon setting, e.g. after school, work or community setting.

Visits must be able to accommodate the participant's schedule and may be provided at alternate mutually agreed upon times, i.e. early morning, early evening or on a weekend day.

5. Detail how customers access services.

- **Cite any physical limitations that might preclude program admission or referral acceptance**
- **Indicate specific documents needed for referrals, when applicable**
- **Discuss referral procedures and discharge planning with respect to the continuum of care**
- **Cite negative and planned discharge procedures**

Program Description cont.

Generally, PAT services are provided in the participant's home. There are no physical limitations that preclude enrollment or participation. Pregnant women and parents are screened and referred by prenatal care or other health care providers or other community agencies. Once a family is referred to the program they receive an initial contact from the program within three working days. Families that decline or are ineligible for home visiting services are still provided with information that is age appropriate, and suitable community resources that will assist with the families current needs.

Families that agree to participate in the program are enrolled and visits are conducted by specially trained and certified Parent Educators (PE). The PE will jointly develop the PAT program plan and establish an appropriate visit schedule with the family based on the phase of care and the needs of the family. PAT grantees should follow the PAT visit schedule guidelines established for DCF funded programs:

New Enrollees (any age) Visit at least every 2 weeks for a minimum of 6 months

Pregnancy Visit at least every 2 weeks until delivery

Birth to 2 months of age Visit weekly

2 months to 23 months old Visit at least every 2 weeks

2 years of age and up Visit at least once a month

Parent Groups: Quarterly for DCF-funded sites (target all participants)

Note: Group participation may count as a completed visit.

Families that are enrolled but inactive, i.e. missed three or more consecutive scheduled visits or are lost-to-care, will continue to receive outreach for at least three months.

The PE and the parent/family collaborate to complete an individualized plan to meet the needs of the family, including but not limited to: education on age-appropriate child growth and development, family literacy/book sharing, parent-child interaction, parent socialization/group meetings, developmental screening and other key areas.

The PE will assist participating families with referrals for health, social services, child care or other community supports, as needed.

Staffing/Caseload Requirements:

PAT Supervisor – DCF funded PAT sites will have a supervisor to staff ratio of not more than 0.5 FTE to four (4) full-time staff.

Parent Educators - A full-time (1.0 FTE) Parent Educator carries a caseload of 20-24 families.

Discharge Process: Ideally a participating family remains enrolled in PAT until the child turns three (3) years old and enters preschool, has made progress in achieving key PAT family planning goals, and has reached specified HV health and well-being performance indicators.

[Note: Families may remain enrolled beyond age three only on a case by case basis after consultation from the PAT State Leader, PCANJ.] For a variety of reasons, families may withdraw from the program earlier. Sites are required to track length of participation, reasons for discharge and progress in reaching specified goals and objectives.

- 6. Describe the neighborhood(s) and the building(s) where each program site(s) is located. Detail accessibility to mass transportation. Identify the program catchment area.**

Program Description cont.

Grantees provide services in the homes of participating families. The catchment area for this site is _Warren County_____ (specify for your agency).

7. Detail the program's emergency procedures. Provide any after-hours telephone numbers, emergency contacts, and special instructions.

Client and staff safety is an important concern in home visitation programs. All program staff are required to undergo background checks. Field staff carry cell phones and are instructed to remain in regular contact with the office during the course of the day. In the event of any staff or client emergency _____ (briefly summarize key safety policies for your agency).

Emergency contacts for this agency are: [REDACTED]

8. Provide the total number of unduplicated customers served in the previous contract period for each of the contracted programs. Unduplicated customers refers to the practice of counting a customer receiving services only once within a service cycle.

- **Indicate the number of unduplicated customers achieving results.**
- **Indicate how the information was captured and measured.**

Specify the prior year (12-month) data reporting period, i.e. state fiscal year (7/1/18 to 6/30/19) or calendar year (1/1 to 12/31).

Unduplicated PAT Data for the Period from _01/01/21___ to _06/30/22___:

Completed Referrals or Screens 96

Completed Initial Home Visits or Initial Assessments 96

Number of Active Families at the start of the report period - 0

New Families Enrolled during the year - 20

Number of Families Discharged during the report period 6 0

Subset of these who Graduated, i.e. reached essential goals of the program 0

Active Families as of end of the report period 10

Annual Report: Also, note in your renewal narrative that you will submit the full Annual Report for the prior year using the Annex A Performance Outcome Measures (HV Objectives)--due 30 days after the start of the new contact year. When you submit that report, include a brief summary with your analysis of your performance—identify what did your agency do well, main areas for improvement (issues or concerns, e.g. staffing, training, etc.), and note any quality improvement measures planned for the upcoming year. [Please send the DCF contract administrator a copy of your site's 4th quarter PAT Visit Tracker report, along with your annual report, for the contract file.]

Notes for FY2010 / FY2011 Annual Report:

1) Grantees will be required to complete the DCF HV Performance Objectives report for FY2010 (7/1/18 to 6/30/19) using the current PAT Visit Tracker data. This initial report is a pilot for PAT sites to determine issues, concerns and gaps regarding data collection.

2) In FY2011, DCF HV program staff will meet with site staff to discuss identified problems and concerns, refine data definitions, and consult with PAT partners, as needed.

Program Description cont.

3) After it has been determined that reporting problems have been resolved, data reports may be requested more frequently (semi-annually or quarterly), but annually, at a minimum.

Program Name: Parents As Teachers (Warren)

PERFORMANCE OUTCOMES

Section 2.3

Goals	Objectives	Activities	Performance Outcomes - Targets
<p>I. To enroll and maintain eligible families in HF-TIP home visiting services. (process objectives)</p>	1. Identify at-risk families according to home visitation program guidelines	Agency has MOUs with key prenatal care, health & social service providers to identify eligible pregnant women/parents for services. Agency coordinates outreach efforts with other HV providers and community programs. <i>Partners with central intake as available.</i>	1. <u>75</u> families are referred for PAT services.
	2. Complete an introductory home visit to eligible families according to home visitation program guidelines.	Agency confirms/updates contact information to enhance likelihood of locating families for screening and assessment. PE enrolls the families and completes the initial home visit to determine their ongoing participation in the program.	2a. At least 50% (n=33 <u> </u>) of referrals are scheduled for an initial home visit. 2b. At least 85% (n= <u> </u>) of those scheduled complete the initial home visit.
	3. Maintain ongoing program caseload capacity according to HV program guidelines (based on agency staffing).	Complete home visits and develop a rapport with families to keep them enrolled in HV services.	3a. Maintain LOS of at least 80% of capacity. 3b. Less than 10% of families enrolled are lost-to-care or inactive.
	4. Enroll women prenatally in services according to home visitation program guidelines.	Agency has MOUs with key prenatal care, health & social service providers. HV staff conduct outreach, as needed, to enroll women while they are pregnant.	4. 60% of women/families are enrolled in PAT services prenatally.
	5. Complete the expected number of home visits for each family according to home visitation program guidelines.	HV supervisor works closely with staff to monitor home visits and offer support as needed to maintain expected number of visits for each family.	5. 80% of families receive the expected number of home visits.
	6. Maintain participant retention in program services over an extended period of time, as per home visitation program guidelines.	Adhere to HV model fidelity/critical elements, monitors progress toward client/family goals (IFSP) and offer assistance to help families progress and maintain program enrollment.	6a. 60% of families remain enrolled for at least 1 year. 6b. 50% of families remain enrolled for at least 2 years. 6c. 40% of families remain enrolled for at least 3 years.
<p>II. To improve health and well being of participating families: Pregnant women and new mothers (impact objectives)</p>	7a. All eligible pregnant women will be referred to and enroll in WIC.	Educate and promote healthy nutrition during pregnancy. Determine enrollment status/eligibility of pregnant women for WIC, and refer eligible women to WIC. Track WIC enrollment and participation.	7a. At least 80% of eligible pregnant women are enrolled in WIC during pregnancy.
	7b. Enrolled pregnant women will complete ACOG recommended prenatal care medical visits.	Review ACOG recommended prenatal care medical visits with all pregnant women; monitor and assist with scheduling prenatal care visit appointments, as necessary.	7b. 80% of enrolled pregnant women are on-schedule for prenatal care medical visits.

Goals	Objectives	Activities	Performance Outcomes - Targets
Pregnant women and new mothers (continued) (7a-c, 8a-b) (impact objectives) And Target children (9a-g) (impact objectives)	7c. Enrolled pregnant women will complete the 6-8 week postpartum medical visit.	Educate women during pregnancy and after childbirth on the importance of completing recommended postpartum medical visits; monitor/assist customer in scheduling the postpartum medical appointment, as necessary.	7c. 80% of enrolled pregnant women completed the required 6-8 week postpartum medical visit.
	8a. Link all enrolled mothers to a primary care provider (PCP).	Discuss with women the importance of having a PCP for reproductive health/annual checkups. If she does not, refer and assist, as needed, to access a PCP.	8a. 100% of enrolled mothers have a primary care provider.
	8b. Enrolled women will complete an annual PCP/women's health care visit.	Encourage and monitor completion of an annual health checkup (GYN or other PCP).	8b. 80% of enrolled women completed an annual primary care/women's health care visit
	9a. Enrolled eligible infants/children have health insurance.	Discuss importance and availability of health insurance for infants/children. Assist families to determine eligibility and secure health insurance for all eligible infants/children.	9a. 80% of eligible enrolled infants/children have health insurance.
	9b. Enrolled infants/children have a primary care provider (medical home).	Discusses the importance for all children to have a medical home. If infant/child does not, refer and assist the family, as needed, to access primary care for the child.	9b. 100% of enrolled infants/children have a primary care provider (medical home).
	9c. Enrolled infants/children are up-to-date with well-child medical visits according to the AAP schedule.	Educates parents on importance of keeping up to date with well child medical visits for infants/children; monitors and assist parents to schedule, complete and track all AAP recommended well-child medical visits.	9c. 85% of enrolled infants/children are up-to-date with well child medical visits.
	9d. Enrolled infants/children are up-to-date with the recommended HV schedule for developmental screening.	Educate parents about normal growth & development, and purpose of Ages & Stages Questionnaire (ASQ) to determine child's status/progress. Provide parents with age-appropriate activities that support growth & development. Use ASQ in home setting per recommended HV schedule. <u>Note:</u> Children with delays receive follow-up and/or further evaluation according to ASQ guidelines.	9d. 90% of all enrolled infants/children are up-to-date with developmental screens.
	9e. Participating families enroll their eligible infants/children in the WIC Supplemental Nutrition Program.	Educate parents about healthy infant/child nutrition. Determine enrollment status/eligibility of children and refer eligible families for WIC. Track child's WIC enrollment and participation.	9e. 80% of eligible infants/children are enrolled in WIC.
	9f. Enrolled infants/children are up-to-date with the NJ recommended childhood immunization schedule.	Educate parents on importance of protecting the health of infants/children and receiving up-to-date immunizations. Monitor and assist parents to schedule, complete and track recommended immunizations.	9f. 85% of all enrolled infants/children are up-to-date with immunizations.
9g. Enrolled infants/children are screened for childhood lead poisoning (by age one).	Educate parents on importance of protecting infants/children from lead poisoning. Monitor/assist parents to schedule a lead screening test at age one. Provide follow-up, as needed.	9g. 80% of all enrolled infants/children receive an initial lead screening test at age one.	

Goals	Objectives	Activities	Performance Outcomes - Targets
III. Other Outcomes Increase breastfeeding in at-risk families (promotes child health and maternal-infant bonding (10a-b).	10a. Enrolled mothers will understand the benefits of breastfeeding.	Discuss cultural issues, attitudes and practices surrounding breastfeeding with all pregnant women and new parents.	10a. 80% of enrolled pregnant women/parents initiate breastfeeding (any amount).
	10b. Mothers that choose to breastfeed infants will continue for at least 4 weeks after birth.	Provide staff with additional training to enhance skills related to educating mothers, and providing assistance and referral for breastfeeding support services.	10b. 60% of newborns are breastfed for at least 4 weeks.
Reduce subsequent unplanned pregnancy (11a-b).	11a. Reduce subsequent unplanned pregnancies (increase interval from birth to a subsequent pregnancy).	Educate pregnant women/new mothers about recommended timeframes and health/social benefits of delaying subsequent pregnancy. Provide reproductive health/family planning information to all pregnant women/parents.	11a. 80% of enrolled women have interpregnancy intervals of 18 months or more.
	11b. Decrease subsequent teen births (age 19 or under).		11b. Less than 20% of enrolled teen mothers have a subsequent pregnancy before turning 20 years old.
Promote parent-child bonding and improve parent-child relationships (12a-b).	12a. Enrolled women/families improve maternal and parent bonding.	Educate/demonstrate bonding development activities, e.g. modeling positive interaction with the infant. Increase parent sensitivity/responsiveness re: child's needs & cues.	12a. 80% of enrolled women have improve ratings for maternal bonding (HOME scale).
	12b. Enrolled families implement activities that improve parenting skills.	Educate/demonstrate parenting activities. Teach parents about infant/child developmental milestones. Use <i>Born to Learn</i> as a core curriculum (use other materials, as needed).	12b. 80% of enrolled families have improved ratings for parenting (HOME scale).
Promote early language development & literacy of enrolled children (13a-b)	13a. Parents have age-appropriate infant/toddler books in the household.	Determine availability, quality & age-appropriateness of infant/toddler books in the household. Help families purchase or access donated children's books.	13a. 80% of enrolled families have age-appropriate infant/toddler books in the household (HOME scale).
	13b. Parents engage in reading or storytelling with infants/children.	Assess parents' reading skills, and interest in & frequency of reading to their children. Educate on the importance of reading; model reading & storytelling to infants/children; encourage/support parents as they begin to read to children.	13b. 80% of enrolled families read or tell stories to their infants/children (HOME scale).
Promote parent/family self sustainability. [Required for TANF/TIP families.] (14a-b)	14. Parents engage in workforce related activities (improving education and/or employment) to improve family economic self-sufficiency.	Assist participants in developing and working toward educational/economic self-sufficiency service goals. Encourage & provide supports for TANF recipients to comply with WFNJ requirements to maintain benefits.	14a. 95% of TANF families are connected to employment through the One-Stop Center. 14b. 60% of enrolled mothers/parents have improved education and/or employment status by the time the child is age 2. [Measure TBD]

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**Annex A
LEVEL OF SERVICE
Section 2.5**

Program/Component Name: Warren County PAT
Service Type: _____
Description of Unit Measurement: _____
Number of Contracted Slots/Units: 50
Number of Annualized Units: _____

Numbers should reflect unduplicated service counts

	1	2	3
	MONTH	MONTHLY SERVICE DAYS OR UNITS	MONTHLY CONTRACT LOS
1	January	18	5
2	February	19	5
3	March	20	5
4	April	20	5
5	May	19	5
6	June	20	5
7	July	19	3
8	August	20	3
9	September	19	3
10	October	20	3
11	November	19	3
12	December	18	5
	ANNUAL TOTALS		50

STATE OF NEW JERSEY
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STANDARD LANGUAGE DOCUMENT
FOR SOCIAL SERVICE AND TRAINING CONTRACTS

This CONTRACT is effective as of the date recorded on the signature page between the Department and the Provider Agency identified on the signature page.

WHEREAS the New Jersey Department of Children and Families (the "Department") has been duly designated under the authority of N.J.S.A. 30:1A-1, 30:1-11, 30:1-12, and 30:1-20 to administer or supervise the administration of social service and training programs and has, in turn, designated the Departmental Component to be directly responsible for the funding, implementation and administration of certain social service and training programs, including the program(s) covered by this Contract; and

WHEREAS the Department desires that the Provider Agency provide services and the Provider Agency has agreed to provide services in accordance with the terms and conditions contained in this Contract;

THEREFORE, the Department and the Provider Agency agree as follows:

I. DEFINITIONS

For the purposes of this document, the following terms, when capitalized, shall have meanings as stated:

Additional Named Insured means an endorsement to an insurance policy extending the coverage to the State of New Jersey against loss in accordance with the terms of the policy. Naming the State as an additional named insured permits the Department to pay the premium should the named insured fail to do so.

Annex(es) means the attachment(s) to this document containing programmatic and financial information.

Contract means one of the Department's social service or training Contracts with a Provider Agency. Terms and conditions of the Contract are included in the Standard Language Document, Annex(es), appendices, attachments and Contract Modifications (including any approved assignments and subcontracts) and supporting documents. The Contract constitutes the entire binding agreement between the Department and the Provider Agency.

Department means the New Jersey Department of Children and Families. It means, where appropriate from the context, the Division, Commission, Bureau, Office, Unit or other designated component of the Department of Children and Families responsible for the administration of particular Contract programs.

Departmental Component means the Division, Bureau, Commission, Office or other Unit within the Department responsible for the negotiation, administration review, approval, and monitoring of certain social service or training Contracts.

Expiration means the cessation of the Contract because its term has ended.

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Notice means an official written communication between the Department and the Provider Agency. All Notices shall be delivered in person or by certified mail, return receipt requested, and shall be directed to the persons and addresses specified for such purpose in the Annex(es) or to such other persons as either party may designate in writing.

The Notice shall also be sent by regular mail and shall be presumed to have been received by the addressee five days after being sent to the last address known by the Department.

Provider Agency (also Provider) means the public or private organization which has a social service or training Contract with the Department.

Termination means an official cessation of this Contract, prior to the expiration of its term that results from action taken by the Department or the Provider Agency in accordance with provisions contained in this Contract.

II. BASIC OBLIGATIONS OF THE DEPARTMENT

Section 2.01 Payment. As established in the Annex(es), payment for Contract services delivered shall be based on allowable expenditures or the specified rate per unit of service delivered. Such payment(s) shall be authorized by the Department in accordance with the time frames specified in the Annex(es). Total payments shall not exceed the maximum Contract amount, if any, specified in the Annex(es). All payments authorized by the Department under this Contract shall be subject to revision on the basis of an audit or audits conducted under Section 3.13 Audit or on the basis of any Department monitoring or evaluation of the Contract.

Section 2.02 Referenced Materials. Upon written request of the Provider Agency, the Department shall make available to the Provider Agency copies of federal and State regulations and other material specifically referenced in this document.

III. BASIC OBLIGATIONS OF THE PROVIDER AGENCY

Section 3.01 Contract Services. The Provider Agency shall provide services to eligible persons in accordance with all specifications contained in this Contract.

Section 3.02 Reporting. The Provider Agency shall submit to the Department programmatic and financial reports on forms provided by the Department and within the stated time parameters. The reporting frequency and due date(s) are specified and sample forms to be used are included in the Annex(es), or otherwise made available by the Departmental Component.

Section 3.03 Compliance with Laws. The Provider Agency agrees in the performance of this Contract to comply with all applicable federal, State and local laws, rules and regulations (collectively, "laws"), including but not limited to the following:

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- a. State and local laws relating to licensure; federal and State laws relating to safeguarding of client information;
- b. The federal Civil Rights Act of 1964 (as amended);
- c. P.L. 1975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et seq.) and associated executive orders pertaining to affirmative action and nondiscrimination in public contracts;
- d. The New Jersey Law Against Discrimination (LAD) (N.J.S.A. 10:5-1 et seq.)
- e. The federal Equal Employment Opportunity Act;
- f. Section 504 of the federal Rehabilitation Act of 1973 pertaining to non-discrimination on the basis of handicap, and regulations thereunder;
- g. The Americans With Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; and
- h. Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b)

Failure to comply with the laws, rules and regulations referenced above shall be grounds for Termination of this Contract for cause.

If any provision of this Contract shall conflict with any federal or State law(s) or shall have the effect of causing the State to be ineligible for federal financial participation in payment for Contract services, the specific Contract provision shall be considered amended or nullified to conform to such law(s). All other Contract provisions shall remain unchanged and shall continue in full force and effect.

Section 3.04 Business Associate Agreements and State Confidentiality Statutes. DCF is a covered entity pursuant to the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C.A. §1320d et seq. (HIPAA); 45 CFR Parts 160 and 164. Before a Provider Agency obtains or is permitted to access, to create, maintain or store Protected Health Information (PHI) as part of its responsibility under this Contract, the Provider Agency shall first execute a Department of Children and Families Business Associate Agreement (BAA). A Provider Agency, whose work under this Contract does not involve PHI is not required to execute a BAA. DCF shall have the sole discretion to determine when a Provider Agency's work will involve PHI. Protected Health Insurance shall have the same meaning as in 45 CFR 160.103.

Provider Agencies that enter any subcontract where the work for the subcontract involves an individual's PHI shall require its subcontractor to execute a BAA that meets all the requirements of HIPAA, including those in 45 CFR 164.504(e). A standard form of BAA

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is available for a Provider Agency's use from the Department. If the BAA is breached by the Provider Agency, or its subcontractor, the Provider Agency shall notify the Department within 24 hours of the breach. The Department may, in its sole discretion and at any time, request a BAA compliance audit or investigation of the Provider Agency or its subcontractor with which the Provider Agency has entered into a BAA. The Provider Agency shall cooperate with all Department requests for a BAA compliance audit and/or investigation and shall require that its subcontractor cooperate with all Departmental requests for BAA compliance audits and investigations.

In addition to the confidentiality requirements of HIPAA, if applicable, a Provider Agency shall maintain the confidentiality of all certificates, applications, records and reports ("Records") that directly or indirectly identify any individual and shall not disclose these Records except where disclosure is consistent with applicable Department statute and regulations and the BAA, if any.

Section 3.05 Business Registration.

NOTE: This section does not apply to governmental agencies or non-profit organizations.

The Provider Agency must have a valid Business Registration Certificate (BRC) issued by the Department of Treasury, Division of Revenue prior to the award of a contract in accordance with N.J.S.A. 52:32-44(b). No State Agency may Contract with a Provider Agency if the Provider has not filed for its incorporation papers or filed its annual business registration. Furthermore, no Provider Agency that Contracts with the Department shall enter into any subcontract unless the subcontractor can demonstrate that it is incorporated in the State of New Jersey and its annual business registration is current, and follows the provisions prescribed in this Standard Language Document. Failure to comply with this paragraph or the above-referenced citation will result in cause for the Department to Terminate this Contract.

Section 3.06 Set-Off for State Tax and Child Support. Pursuant to N.J.S.A. 54:49-19, if the Provider is entitled to payment under the Contract at the same time as it is indebted for any State tax (or is otherwise indebted to the State) or child support, the State Treasurer may set off that payment by the amount of the indebtedness.

Section 3.07 Source Disclosure. N.J.S.A. 52:34-13.2, that codified Public Law 2005, c.92 and Executive Order 129, requires when submitting a Request for Proposals and/or Contract, the Provider Agency shall submit as part of their proposal and/or Contract Certification listing where their contracted services will be performed and if the contracted services, or any portion thereof, will be subcontracted and where any subcontracted services will be performed.

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Any changes to the information submitted in the Source Disclosure Certification during the term of the Contract must be immediately reported to the Director of the Division of Purchase and Property and to the Departmental Component within the Department for whom the contracted services are being performed. A Provider that shifts its activities outside the United States and its constituent Commonwealths and territories without prior written affirmation by the Director attesting to the fact that extraordinary circumstances required the shift or that the failure to shift the services would result in the infliction of economic hardships to the State of New Jersey, shall be deemed to be in breach of Contract which would be subject to Termination by the Department.

Section 3.08 Provider Certification and Disclosure of Political Contributions.

NOTE: Non-profit organizations are exempted from the requirements of Section 3.08.

N.J.S.A. 19:44A-20.13 to 19:44A-20.25, that codified Public Law 2005, Chapter 51 and Executive Order 134, and Executive Order 117, requires that any for-profit agency that seeks or contracts to provide services in the amount of \$17,500 or more must submit to the Department the Certification and Disclosure of Political Contribution forms. This form includes a certification that the business entity has not, during certain specified time frames, solicited or made any contribution of money, pledge of reportable contributions, including in-kind contributions, to any candidate committee and/or election fund of the Governor or Lieutenant Governor, any legislative leadership committee or any State, county or municipal political party committee. The form also requires disclosure of any of the above-referenced reportable contributions made by the business entity, its principals, officers, partners, directors, spouses, civil union partners and resident children.

If awarded a Contract, the Provider will, on a continuing basis, continue to report any Contribution it makes during the term of the Contract, and any extension(s) thereof. Failure to do so will result in Termination of the Contract and could result in the debarment from public contracting of the Provider for a period of up to five years.

Section 3.09 Contract Certification and Political Contribution Disclosure Form. The Provider Agency is advised of its responsibility to file an annual disclosure statement of political contributions with the New Jersey Election Law Enforcement Commission (ELEC), pursuant to P.L. 2005, c.271, section 3 if the Provider Agency receives Contracts in excess of \$50,000 from a public entity in a calendar year. It is the Provider Agency's responsibility to determine if filing is necessary. Failure to so file can result in the imposition of financial penalties by ELEC. Additional information about this requirement is available from ELEC at (888) 313-3532 or at www.elec.state.nj.us/

Section 3.10 Equal Employment Opportunity. Pursuant to N.J.S.A. 10:5-31 *et seq.*, N.J.A.C. 17:27, during the performance of this Contract, the Provider Agency agrees as follows:

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- a. The Provider Agency and any subcontractor(s) will not discriminate against any client, employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.
- b. Except with respect to affectional or sexual orientation and gender identity or expression, the Provider will take affirmative action to ensure that such applicants are recruited and employed by DCF contracted agencies.
- c. The Provider Agency will ensure that equal opportunity is afforded to all employees in recruitment and employment, and that all employees are treated equally during employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity, disability, nationality or sex. Such action shall include, but not be limited to the following:
 - Employment;
 - Upgrading;
 - Demotion, or transfer;
 - Recruitment or recruitment advertising;
 - Layoff or termination;
 - Rates of pay or other forms of compensation; and
 - Selection for training, including apprenticeship.
- d. The Provider Agency agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.
- e. The Provider Agency and subcontractor(s), in all solicitations or advertisements for employees placed by or on behalf of the Provider shall state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.
- f. The Provider Agency and subcontractor(s) will send a notice to each labor union or representative with which it has a collective bargaining agreement, other contract, or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the Provider's commitments under this act and shall post copies of the notices in conspicuous places available to employees and applicants for employment.
- g. The Provider Agency and subcontractor(s) agree to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A.10:5-31 et seq. as amended and supplemented from time to time and the Americans with Disabilities Act.

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- h. The Provider Agency or subcontractor agrees to make a good faith attempt to employ minority and female workers consistent with the applicable county employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time or in accordance with a binding determination of the applicable county employment goals determined by the Division of Contract Compliance & EEO pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time.
- i. The Provider Agency or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.
- j. The Provider Agency or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable State and federal law and applicable State and federal court decisions.
- k. The Provider Agency and subcontractor agree to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable federal law and applicable federal court decisions.
- l. The Provider Agency and its subcontractors shall furnish such reports or other documents to the Department from time to time in order to carry out the purposes of these regulations, and the Department shall furnish such information to the Department of Treasury, Division of Contract Compliance and EEO, as may be requested by the DCF for conducting a compliance investigation pursuant to Subchapter 10 of N.J.A.C.17:27.

Section 3.10.1 Anti-Discrimination Provisions. Pursuant to N.J.S.A. 10:2-1, during the performance of this Contract, the Provider Agency agrees as follows:

- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such

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contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

Section 3.11 Department Policies and Procedures. In the administration of this Contract, the Provider Agency shall comply with all applicable policies and procedures issued by the Department including, but not limited to, the policies and procedures contained in the Department's Contract Reimbursement Manual (as from time to time amended) and the Department's Contract Policy and Information Manual (as from time to time amended). Failure to comply with these policies and procedures shall be grounds to Terminate this Contract.

Section 3.12 Financial Management System. The Provider Agency's financial management system shall provide for the following:

- a. Accurate, current and complete disclosure of the financial results of this Contract and any other contract, grant, program or other activity administered by the Provider Agency;
- b. Records adequately identifying the source and application of all Provider Agency funds and all funds administered by the Provider Agency. These records shall contain information pertaining to all contract and grant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays and income;

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- c. Effective internal control structure over all funds, property, and other assets. The Provider Agency shall adequately safeguard all such assets and shall ensure that they are used solely for authorized purposes;
- d. Comparison of actual outlays with budgeted amounts for this Contract and for any other contract, grant, program or other activity administered by the Provider Agency;
- e. Accounting records supported by source documentation;
- f. Procedures to minimize elapsed time between any advance payment issued and the disbursement of such advance funds by the Provider Agency; and
- g. Procedures consistent with the provisions of any applicable Departmental policies and procedures for determining the reasonableness, allowability, and allocability of costs under this Contract.

Section 3.13 Audit. The Department requires a Provider Agency that expends within their fiscal year aggregated Federal or State financial assistance from cost reimbursement contracts of \$100,000 or greater, to submit an annual organization-wide audit.

Audits shall be conducted in accordance with the Federal Single Audit Act of 1984, generally accepted auditing standards as specified in the Statements on Auditing Standards issued by the American Institute of Certified Public Accountants and Government Auditing Standards issued by the Comptroller General of the United States.

The Department may require, in its sole discretion, a Provider Agency that expends within their fiscal year aggregated Federal or State financial assistance from cost reimbursement contracts of less than \$100,000, or that expends within their fiscal year any amount of Federal or State financial assistance or Medicaid payments for providing services to Medicaid eligible individuals from fee for service contracts, to submit one of the following:

- a. An annual program specific audit performed in accordance with the Uniform Guidance Subpart F for each program providing services under a New Jersey contract; or
- b. A copy of an already prepared annual financial statement audit of the organization performed in accordance with Government Auditing Standards (Yellow Book); or
- c. A compilation of certified financial statements that includes an income statement, cash flow statement or balance sheet, prepared in accordance with generally accepted accounting principles and reviewed by a public accountant attesting to their accuracy.

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At any time during the Contract term, the Provider Agency's overall operations, its compliance with specific Contract provisions, and the operations of any assignees or subcontractors engaged by the Provider Agency under Section 5.02 Assignment and Subcontracts may be subject to audit or review by the Department, by any other appropriate unit or agency of State or Federal government, and/or by a private firm or firms retained or approved by the Department for such purpose.

Whether or not such audits are conducted during the Contract term, a final financial and compliance audit of Contract operations, including the relevant operations of any assignees or subcontractors, may be conducted after Contract Termination or Expiration. The Provider Agency is subject to audit up to four years after Termination or Expiration of the Contract. If any audit has been started but not completed or resolved before the end of the four-year period, the Provider Agency continues to be subject to such audit until it is completed and resolved.

The Provider Agency shall maintain all documentation related to products, transactions or services under this Contract for a period of five years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

Section 3.14 Federal Davis-Bacon Act and New Jersey Prevailing Wage Act. Any Department Contract containing federal funds in excess of \$2,000 utilized for the construction, alteration, renovation, repair, or modification of public works or public buildings to which the federal government is a party or any Contract for similar work on public works financed with federal funds must comply with the federal Davis-Bacon Act, 40 U.S.C. section 276a et seq. The Davis-Bacon Act requires that the Provider must pay the prevailing wages to each designated worker class engaged under the Contract at wage rates determined by the U.S. Secretary of Labor.

Any subsequent Provider Agency, Contract, or subcontract for any public work in excess of \$2,000 State funds of which the Department is a party shall comply with the N.J. Prevailing Wage Act, N.J.S.A. 34:11-56.27. Such Contracts or subcontracts shall contain a provision stating that the prevailing wage rate, as designated by the New Jersey Commissioner of Labor, must be paid to all designated classes of workers employed through said Contracts or subcontracts. The Provider Agency must determine if the New Jersey Prevailing Wage Act applies and follow all directives per N.J.S.A. 34:11-56 et seq.

Section 3.15 Contract Closeout. The Provider Agency shall comply with all requirements of Department Policy: DCF.P7.01 Contract Closeout. This includes the prompt submittal of the final Report of Expenditures and any other financial or programmatic reports required by the Department. All required documentation is due within 120 days of Contract Expiration or Termination.

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IV. TERMINATION

The Department may Terminate or suspend this Contract in accordance with the sections listed below.

Section 4.01 Termination for Convenience by the Department or Provider Agency. The Department or Provider Agency may Terminate this Contract upon 60 Days written advance Notice to the other party for any reason whatsoever.

The parties expressly recognize and agree that the Department's ability to honor the terms and conditions of this Contract is contingent upon receipt of federal funds and/or appropriations of the State legislature. If during the term of this Contract, therefore, the federal and/or the State government reduces its allocation to the Department, the Department reserves the right, upon Notice to the Provider Agency, to reduce or Terminate the Contract.

Section 4.02 Default and Termination for Cause. If the Provider Agency fails to fulfill or comply with any of the terms or conditions of the Contract, in whole or in part, the Department may by Notice place the Provider Agency in default status, and take any action(s) listed in accordance with Department Policy DCF.P9.05, Contract Default. Notice shall follow the procedures established in the policy.

The above notwithstanding, the Department may immediately upon Notice Terminate the Contract prior to its expiration, in whole or in part, whenever it is determined that the Provider Agency has jeopardized the safety and welfare of the Department's clients, materially failed to comply with the terms and conditions of the Contract, or whenever the fiscal or programmatic integrity of the Contract has been compromised. The Notice of Termination shall state the reason for the action(s); the Provider Agency's informal review options, time frames, and procedures; the effective date of the Termination; and the fact that a request for a review of the decision for action(s) does not preclude the determined action(s) from being implemented.

Section 4.03 Termination Settlement. When a Contract is terminated under any section of Section IV or policy DCF.P9.05, Contract Default, the Provider Agency shall be prohibited from incurring additional obligations of Contract funds. The Department may allow costs which the Provider Agency could not reasonably avoid during the Termination process to the extent that said costs are determined to be necessary and reasonable.

The Provider Agency and Department shall settle or adjust all accounts in a manner specified by the Department and shall be subject to a final audit under Section 3.13 Audit.

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V. ADDITIONAL PROVISIONS

Section 5.01 Application of New Jersey Law. This Contract shall be governed, construed and interpreted in accordance with the laws of the State of New Jersey including the New Jersey Contractual Liability Act (N.J.S.A. 59:13-1 et seq.) and the Law Against Discrimination (LAD) (N.J.S.A. 10:5-1 et seq.).

Section 5.02 Assignment and Subcontracts. This Contract, in whole or in part, may not be assigned by the Provider Agency or assumed by another entity for any reason including but not limited to changes in the corporate status of the Provider Agency, without the prior written consent of the Department. Upon prior written notice of a proposed assignment, the Department may:

- a. Approve the assignment and continue the Contract to term;
- b. Approve the assignment conditioned upon the willingness of the assignee to accept all contractual modifications deemed necessary by the Department; or
- c. Disapprove the assignment and either terminate the Contract or continue the Contract with the original Provider Agency.

The Provider Agency may not subcontract any of the services that it has committed to perform or provide pursuant to this Contract without the prior written approval of the Department. Such consent to subcontract shall not relieve the Provider Agency of its full responsibilities under this Contract. Consent to the subcontracting of any part of the services shall not be construed to be an approval of said subcontract or of any of its terms, but shall operate only as an approval of the Provider Agency's request for the making of a subcontract between the Provider Agency and its chosen subcontractor. The Provider Agency shall be responsible for all services performed by the subcontractor and all such services shall conform to the provisions of this Contract.

Section 5.03 Client Fees. Other than as provided for in the Annex(es) and/or Departmental Component specific policies, the Provider Agency shall impose no fees or any other types of charges of any kind upon recipients of Contract services.

Section 5.04 Indemnification. The Provider Agency shall assume all risk of and responsibility for, and agrees to indemnify, defend and hold harmless the State of New Jersey and its employees from and against any and all claims, demands, suits, actions, recoveries, judgments and costs, and expenses in connection therewith on account of the loss of life, property or injury or damages to the person, body or property of any person or persons, whatsoever, which shall arise from or result directly or indirectly from (1) the work, service or materials provided under this Contract; or (2) any failure to perform the Provider's obligations under this Contract or any improper or deficient performance of the

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Provider's obligations under this Contract. This indemnification obligation is not limited by, but is in addition to, the insurance obligations contained in this Contract.

Furthermore, the provisions of this indemnification clause shall in no way limit the obligations assumed by the Provider under this Contract, nor shall they be construed to relieve the Provider from any liability nor preclude the State of New Jersey, its Agencies, and/or the Department of Children and Families from taking any other actions available to them under any other provisions of this Contract or otherwise in law.

Section 5.05 Insurance. The Provider Agency shall maintain adequate insurance coverage. The State shall be included as an Additional Named Insured on any insurance policy applicable to this Contract. Should the Provider Agency fail to pay any premium on any insurance policy when due, the Department may Terminate the Contract for Cause.

Section 5.06 Modifications and Amendments. If both parties to this Contract agree to amend or supplement this Contract, any and all such amendments or supplements shall be in writing and signed by both parties. The amendment or supplement shall incorporate the entire Contract by reference and will not serve to contradict, amend, or supplement the Contract except as specifically expressed in the amendment or supplement.

Section 5.07 Statement of Non-Influence. No person employed by the State of New Jersey has been or will be paid any fee, commission, or compensation of any kind or granted any gratuity by the Provider Agency or any representative thereof in order to influence the awarding or administration of this Contract.

Section 5.08 Exercise of Rights. A failure or a delay on the part of the Department or the Provider Agency in exercising any right, power, or privilege under this Contract shall not waive that right, power, or privilege. Moreover, a single or a partial exercise shall not prevent another or a further exercise of that or of any other right, power or privilege.

Section 5.09 Recognition of Cultural Sensitivity. The Provider Agency agrees in the performance of this Contract to be sensitive to the needs of the minority populations (as described in section 3.10a of this policy) of the State of New Jersey. This sensitivity includes the employment, if possible, of a culturally diverse staff that can communicate with, and be representative of the entire community it serves.

The Provider Agency shall make programs linguistically appropriate and culturally relevant to underserved minority groups within the community. Appropriate accommodations for services shall be developed and maintained for those minority individuals who are deprived of reasonable access to those services due to language barriers or ethnic, affectional, and cultural differences. In addition, Provider Agencies shall make certain that all programs and services are reflective of the demographic needs of the community, while providing all minorities (as described in section 3.10a of this policy) the opportunity to experience any and all available social services irrespective of their ethnic, affectional, or cultural heritage.

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Section 5.10 Copyrights. The Department of Children and Families reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use any work or materials developed under a Department or federally funded Contract or subcontract. The Department also reserves the sole right to authorize others to reproduce, publish, or otherwise use any work or materials developed under said Contract or subcontract.

Section 5.11 Successor Contracts. If an audit or Contract closeout reveals that the Provider Agency has failed to comply with the terms and/or conditions of this Contract, the Department reserves the right to make all financial and/or programmatic adjustments it deems appropriate to any other Contract entered into between the Department and the Provider Agency.

Section 5.12 Sufficiency of Funds. The Provider Agency recognizes and agrees that both the initial provision of funding and the continuation of such funding under the Contract is expressly dependent upon the availability to the Department of funds appropriated by the State Legislature from State and/or Federal revenue or such other funding sources as may be applicable. A failure of the Department to make any payment under its Contract with the Provider Agency or to observe and adhere to its performance obligation under the Contract as a result of the failure of the Legislature to appropriate the funds necessary to do so shall not constitute a breach of the Contract by the Department or default thereunder and the Department shall not be held financially liable therefore. In addition, future funding shall not be anticipated from the Department beyond the duration of the Contract with the Provider Agency and in no event shall the Contract be construed as a commitment by the Department to expend funds beyond the Termination date set therein.

Section 5.13 Collective Bargaining. State and federal law allows employees to organize themselves into a collective bargaining unit.

Funds provided under this Contract shall not be utilized to abridge the rights of employees to organize themselves into a collective bargaining organization or preclude them from negotiating with Provider Agency management. Funds may be utilized for legitimate and reasonable management purposes at the direction of the Provider Agency during the process of collective bargaining organization.

Section 5.14 Independent Employer Status. Employees of Provider Agencies that Contract with the Department of Children and Families are employees of the Provider Agency, not the State.

In accordance with the National Labor Relations Act, 29 U.S.C.A. 152(2) and State law, N.J.S.A. 34:13A-1 et seq., Provider Agencies are independent, private employers with all the rights and obligations of such, and are not political subdivisions of the Department of Children and Families.

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As such, the Provider Agency acknowledges that it is an independent Provider, providing services to the Department of Children and Families, typically through a contract-for-services agreement. As independent contractors, Provider Agencies are responsible for the organization's overall functions that include the overseeing and monitoring of its operations, establishing the salary and benefit levels of its employees, and handling all personnel matters as the employer of its workers. This is also inclusive of any travel allocations the Provider Employee pays to its employees.

The Provider Agency acknowledges its relationship with its employees as that of employer. While the Department has an adjunct role with Provider Agencies through regulatory oversight and ensuring contractual performance, the Provider understands that the Department is not the employer of a Provider Agency's employees.

The Provider Agency further acknowledges that while the Department reimburses Provider Agencies for all allowable costs under the Contract, this funding mechanism does not translate into the Department being responsible for any of the elements of any collective bargaining agreements into which Provider Agencies may enter. Moreover, each Provider Agency understands that it is responsible for funding its own programs and is not limited to the amount of funding provided by the Department, and, in fact, is encouraged to solicit non-State sources of funding, whenever possible.

Section 5.15 Executive Order No. 189. Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a Contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

In compliance with Paragraph 3 of Executive Order No. 189, no Provider Agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such Provider Agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity, or other thing of value by any State officer or employee or special State officer or employee from any Provider Agency shall be reported in writing forthwith by the Provider Agency to the Attorney General and the Executive Commission on Ethical Standards.

No Provider Agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment,

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contract or other agreement, express or implied, or sell any interest in such Provider Agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No Provider Agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No Provider Agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the Provider Agency or any other person.

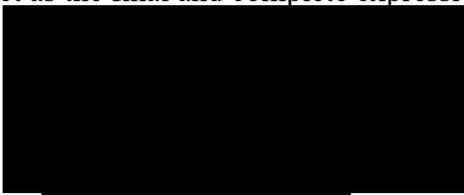
The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with Provider Agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

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CONTRACT SIGNATURES AND DATES

The terms of this Contract have been read and understood by the persons whose signatures appear below. The parties agree to comply with the terms and conditions of the Contract set forth on the preceding pages in Articles I through Article V, and any related Annexes.

This Contract contains 17 pages and is the entire agreement of the parties. Oral evidence tending to contradict, amend or supplement the Contract is inadmissible; the parties having made the Contract as the final and complete expression of their agreement.

BY: 

(Type)

BY: 

(Signature)


(Type)

TITLE: President & CEO
(Type)

TITLE: Business Manager
(Type)

PROVIDER AGENCY: Partnership for Maternal & Child Health of Northern NJ, Inc.

DEPARTMENTAL COMPONENT: DCF

DATE: 07/22/2021

DATE: 7/22/2021

Contract Effective Date: 01/01/2021

Contract Expiration Date: 06/30/2022

Contract Number: 21BUPP

Contract Ceiling: \$4,408,821.00

Federal ID#: 

Provider Contact Individual: 