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**Required Performance and Staffing Deliverables**

**for**

**Family Preservation Services (FPS)**

**Effective Date: July 1, 2025**

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**Section I - Summary Program Description:**

The Department of Children and Families (DCF), Division of Family and Community Partnerships (FCP), through its Office of Family Preservation and Reunification, administers the Family Preservation Services (FPS) program to provide intensive, in-home, crisis intervention and family education services to families whose children are at imminent risk of abuse and neglect and out of home placement or whose children are returning from out-of-home placement and in need of intensive reunification services.

**Section II - Required Performance and Staffing Deliverables**

**NOTE:** After reviewing the required deliverables listed below, Contractors must sign the statement at the bottom of this Section II to signify acceptance of all of them. Please submit an executed copy as a PDF document.

1. **Subject Matter -** **The below describes the needs the contractor must address in this program, the goals it must meet, and its prevention focus.**
2. **The need for this program as indicated by data regarding the health and human services issues and parent and community perceptions is:**

The Department of Children and Families (DCF) funds Family Preservation Services in each of New Jersey’s 21 counties. FPS staff is available to families 24 hours a day, 7 days a week for a period of up to eight (8) weeks. Program interventions are intensive, providing each family five (5) to twenty (20) hours of direct face-to-face service per week depending on the nature and severity of their situation and presenting problems. All services are designed to build on family strengths and respond to a wide range of family needs.

All referrals for services are made by Child Protection & Permanency (CP&P) Local Offices and family participation in the program is voluntary. CP&P must keep the case open while the family is receiving FPS services.

Services include child and family assessments; skill-based interventions, counseling and related support; linkages to community resources; limited financial assistance; and follow-up. Services are provided in the family’s home or related environment as circumstances warrant.

1. **The goals to be met by this program are:**

The FPS service model 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. All FPS services support the overarching goal to strengthen family functioning and help parents acquire the skills and resources they need to succeed and achieve optimal outcomes for their children.

The goals of the program are to: stabilize the family; ensure child safety; prevent out of home placement; improve family functioning; and link families with appropriate community resources. Providers shall make available or assist service recipients with accessing and reducing barriers to concrete support services required to meet their immediate needs and address their service goals.

The desired outcome is that all children whose families receive FPS services will remain in home and continue to reside in a safe, stable home environment post discharge.

1. **The prevention focus of this program:**

All program services are provided in accordance with the established program model as set forth in the New Jersey Family Preservation Services Manual.

FPS services are trauma-informed, strength based, flexible and responsive to the unique circumstances, characteristics and needs of families.

1. **Target Population - The below describes the characteristics and demographics the contractor must ensure the program serves.**
2. **Age:** children 0 years of age up to and including age 17, adults
3. **Grade:** N/A
4. **Gender:** All: Female, Male, Trans, Non-binary
5. **Marital Status**: Married, Divorced, Widowed, Civil Partnership, Single
6. **Parenting Status:** Expectant, Adoptive, Biological, Informal Kinship, Caregiver, Grandparent
7. **Will the program initiative serve children as well as their parent or caregiver?** Yes, families with children 0 up to and including age 17 are eligible to be served.
8. **DCF CP&P Status:** The target population is children who are determined by CP&P to be at imminent risk of out-of-home placement or those who are preparing for reunification as indicated by the following Structured Decision Making (SDM) assessment tool findings:

|  |  |
| --- | --- |
| **SDM ASSESSMENT TOOL** | **FINDINGS** |
| Safety Assessment | * One or more safety factors are identified in Section 1 |
| * Section 3, indicates: “Safety Factors Identified/All Children Remain in the Home” |
| Family Risk Assessment  (Initial and On-going) | * Risk level is assessed as high or very high |
| Family Reunification Assessment | * Risk level is assessed as low to moderate |
| * Part 2 indicates that one or more safety factors are present |

General Case/Client Demographics indicate that:

* The majority of children served by FPS programs are under the age of 12 with almost one-half being 6 years of age or under.
* The primary source of risk for families referred to FPS is neglect (63%), followed by physical abuse (25.59%) and emotional abuse (9.25%).
* 91.15% of families referred to FPS have a case goal that seeks to establish stability in the home; 8.14% of families are working toward reunification.

1. **Activities - The below describes the activities this program initiative requires of contractors, inclusive of how the target population will be identified and served, the direct services and service modalities that will be provided to the target population, and the professional development and training that will be required of, and provided to, the staff delivering those services.**

1) **The level of service increments for this program initiative:**

In accordance with the prescribed FPS model, the annual level of service is based on the number of direct service staff per program and predicated on a six (6) week average length of stay per family. The recommended annual caseloads are:

* 18 families per full-time worker
* 8 families per Assistant Supervisor

In accordance with the Case Practice Model (CPM), Supervisors are not assigned a caseload.

Contracted units of service are defined as the number of unduplicated families served by the program.

|  |  |
| --- | --- |
| ***Total number of Unduplicated Families Served during the previous contract year*** |  |
|  | |
| ***Annual Level of Service (LOS) for this contract term*** |  |

2) **The frequency of these increments to be tracked:**

Program utilization rates and statistical data regarding all families participating in FPS programs are collected, compiled and reported as follows:

* Monthly Service Summary and Case Record Demographics

Reports are submitted electronically by the chief program administrator or designated supervisor to the DCF Office of Family Preservation and Reunification by the tenth day of each month for the preceding month in which services were provided. All Monthly Reports are to be submitted in the specific format prescribed by the Department and uploaded to the MyNJ OIT portal.

* North Carolina Family Assessment Scales (NCFAS-G+R and T/WB)

Individual data obtained through the administration of the NCFAS is submitted to DCF quarterly to be used for continuous quality improvement and monitoring activities. All quarterly reports are to be submitted by the tenth day of the month for the previous quarter and uploaded to the MyNJ OIT portal.

3) **The referral process for enabling the target population to obtain the services of this program initiative:**

Families access FPS services via referrals from CP&P only. A standard CP&P Referral Form, which is signed and approved by the CP&P Local Office Resource Development Specialist (RDS) or designee, and accompanying documentation are submitted to the FPS Program Supervisor.

Families are eligible for FPS services when there is a presenting crisis that places at least one child at risk of being removed; or when a child is returning from out of home placement. The following constitute appropriate referrals:

* the child(ren) can remain safely in the home with intensive services
* the family has agreed to the service, and one parent is available to participate
* other less intensive services will not sufficiently reduce the risk, or are unavailable

7) **The rejection and termination parameters required for this program initiative:**

FPS programs do not accept referrals when:

* the child is not at imminent risk of placement
* the safety/risk is too great for the child to remain in the home
* the goal is solely to keep the family together until an out-of-home placement can be arranged
* the youth presents significant risk to self and/or others
* the family’s presenting problem indicates the need for a longer term, less intensive service
* safety concerns exist for FPS staff
* the family declines FPS services or is unavailable

Cases that are determined to be inappropriate or rejected are “turned back” during the initial 72-hour intake/assessment period via the FPS Turn Back Report. Turn Back Reports are forwarded to the CP&P Public Law No: 105-89 (RDS) and copies are retained on record.

The NJ FPS Model has clear standards and elements regarding termination from the program. As FPS is a short-term intervention, discharge planning is discussed from its earliest stages with a goal of linking the family to aftercare services as needed.

FPS is a voluntary program from which the family can withdraw at any time; however, every effort is made to maintain their engagement with the program. Should the family choose not to participate, the referring CP&P Case Worker and Resource Development Specialist are immediately notified. The family is provided, where appropriate, with suggested services and supports.

Termination can and often does occur when the family destabilizes, and safety concerns become too great for the child to remain at home. FPS remains actively involved with families that experience short-term out of home placement for 7 days or less. During this time, FPS works to facilitate the child’s timely return if possible. FPS must close the case when a placement exceeds 7 days.

8) **The direct services and activities required for this program initiative:**

Direct Service Hours include face-to-face contact between the FPS worker and the family. Indirect Service Hours include all other time spent on behalf of the family including, but not limited to, documentation, advocacy, collateral contacts, case consultation, supervision, and travel. DCF expanded direct service hours to also include telehealth service hours provided to families. Services are provided in the family’s home or related environment as circumstances warrant. Staff is available to families 24 hours a day, 7 days a week for a period of up to eight (8) weeks.

Program interventions are intensive, providing families no less than five (5) and no more than twenty (20) hours of direct face-to-face service each week depending on the nature and severity of their situation. More specifically:

* + - Initial visits with the family are conducted within 24 hours of referral. The referring CP&P Case Worker is invited to attend the first home visit.
    - Assessments of family functioning are conducted at intake and prior to discharge using the North Carolina Family Assessment Scales (NCFAS-G+R and T/WB). All documentation of assessments is entered in the Evello Data System within five business days of completion. On-going observations of family functioning and progress are conducted throughout the FPS intervention and documented as such in case notes
    - Specific intervention goals are formed within 10 days of the intake through a collaborative process that includes FPS, the referring CP&P worker and the family. These goals are developed to address the reasons for the risk determination that precipitated the referral and the information that was obtained during the assessment period. All intervention goals are: sufficient to ensure child safety and improve family stability; clearly delineated; and achievable within the duration of the FPS intervention.
    - Goal directed interventions are established to specify the services to be provided, the activities to be undertaken, and the timeframes for completion. The “Goal Achievement Worksheet” should be used prior to discharge to calculate the extent to which the family completed their goals.
  + Staff utilize crisis intervention techniques, leverage the core competencies of Motivational Interviewing, and apply cognitive behavioral strategies to address the unique needs of each family. The process starts with strong engagement and a partnership between the family and Counselor. Counselors help the family unlock their potential for change through Motivational Interviewing skills, as well as provide instruction and model skills that are designed to improve family functioning. While the method and focus of service delivery varies from family to family, FPS services and related supports include:
    - * Safety Strategies
      * Parenting Skills Instruction
      * Household Management
      * Budget/Finance Management
      * Behavior Management
      * Communication Skills
      * Anger Management/Conflict Resolution
      * Stress Management & Coping Skills
      * Employment/Job Readiness Skills
      * Support Substance Abuse Recovery
      * Support Mental Health Treatment
      * Support Health/Medical Care
      * Accessing Community & Natural Resources
      * Concrete Services (i.e., food, clothing, transportation, etc.)
* FPS programs shall allot up to $75 per family in financial assistance funds to help address material needs that are not addressed by CP&P or to further the work of the program. Such funds are considered “Specific Assistance to Clients” and must be specified in the approved program budget (DCF Contract Annex B).

Financial assistance funds are dispersed at the discretion of the FPS program on an as needed basis. All disbursement must be directly related to the therapeutic process and/or goal attainment. Allowable expenditures may include: essential household items; engagement activities; skill building aids such as books, videos, and games; low cost “reinforcement” to reward achievements, etc. 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/*](http://www.nj.gov/dcf/providers/contracting/manuals/). Written policies and procedures for accessing and dispersing Special Assistance funds are retained on file.

9) **The service modalities required for this program initiative are:**

NJ DCF FPS Model: The NJ Family Preservation Services model is based on the principles of evidence-based practices and strategies that have been shown to be effective in preventing the need for out-of-home placement of children and promoting positive outcomes for families. Service delivery incorporates an individualized, strength-based, and family-centered approach that includes evidence-support techniques such as Motivational Interviewing and tenants of Cognitive Behavioral Therapy.

Motivational Interviewing (MI): has been integrated into the FPS service delivery approach, becoming an integral part of how counselors perform their roles and support families daily. MI is an evidence-based and client-centered counseling technique that promotes behavioral change and assists individuals in addressing and resolving issues related to ambivalence toward change. It employs a conversational method that motivates individuals by guiding them through the five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance. Counselors use various clinical techniques to help individuals recognize the need for change and emphasize the possibility of achieving it.

**a) Evidence Based Practice (EBP) modalities:** N/A

**b) DCF Program Service Name:**

Family Preservation Services (FPS)

**c) Other/non-evidence-based practice service modalities:** N/A

10) **The type of treatment sessions required for this program initiative are:**

Complete intake assessment, In family home, face to face

11) **The frequency of the treatment sessions required for this program initiative are:**

Services are provided in the family’s home or related environment as circumstances warrant. Staff is available to families 24 hours a day, 7 days a week for a period of up to eight (8) weeks. Program interventions are intensive, providing families no less than five (5) and no more than twenty (20) hours of direct face-to-face service each week depending on the nature and severity of their situation.

12) **Contractors are required to communicate with Parent/Family Advisory Councils, or to incorporate the participation of the communities the providers serve in some other manner.**

Yes

13) **The professional development through staff training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:**

**Model Training:**

* + New Worker Training: FPS Program Staff, Supervisors and Counselors, are required to attend and complete the Asynchronous and Synchronous New Worker Training which includes both the Foundations of the NJ FPS Model, as well as Foundations of Motivational Interviewing.
  + Supervisor Training: Supervisors are required to attend and complete the Asynchronous and Synchronous Supervisor Training. FPS supervisors will develop the skills and knowledge needed for the role while strengthening their ability to support FPS workers in serving families.
  + Supplemental Trainings: Providers may seek out and/or attend DCF-sponsored trainings to enhance workers knowledge, skills, and competencies in working with families in crisis. Trainings may include but are not limited to: Trauma-Informed Care, Cultural Competence, Substance Use, Mental Health and Domestic Violence, Collaborative Case Management, Safety Planning and Crisis Intervention, etc.
  + Continuing Education: Because FPS programs work exclusively with families under CP&P supervision, staff must provide services in a manner that complements 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.
  + Other DCF-Required Training: Providers are required to participate in various DCF-mandated training sessions, including but not limited to training that supports professional development, the Family First Prevention Services Act, and other trainings as indicated.

**Meetings/Supervisions:**

* Operations/Implementation Calls- Regular meetings between DCF/OFPR staff and FPS program supervisory staff to communicate about level of service, monthly reporting, data trends, practice updates and collaboration with DCPP. DCP&P Local office staff is invited to attend quarterly.
* CQI/Data Calls- Regular calls for all involved parties to discuss relevant topics regarding FPS statewide implementation. Such topics may include state/provider updates, data review, provider bright spots and high-level operational needs. Best practices of continuous quality improvement and data trends will be discussed regularly.
* Case Consultation- Initial Case Consultation to occur between FPS and referring DCP&P staff following receipt and review by FPS staff of the referral package. This should occur within 72 hours of the referral to the program and prior to families’ enrollment in the program. High-risk cases to be discussed with DCP&P regularly to include OFPR, as needed.
* Program staff are required to meet with the training consultants and/or any other relevant entity for consultation during the contract term..
* Program staff also meet with assigned OFPR Program Lead for technical assistance related to program development, implementation and/or contracting deliverables.
* Site Visits: DCF Program Leads connect with each FPS provider at the provider site at least annually.

**Resources - The below describes the resources required of contractors to ensure the service delivery area, management, and assessment of this program.**

1. **The program initiative’s physical service site is required to be located in:**

The contractor’s service site (i.e., primary office, headquarters, etc.) can be in any location, in state or out of state.

2) **The geographic area the program initiative is required to serve is:**

Choose an item.

Each FPS program provides services to families that reside within the same county. In situations where the case goal is reunification and the child(ren) have been placed in another county, the FPS program in the originating “home” county may provide services if the family resides within a one-hour drive of the FPS office.

3) **The program initiative’s required service delivery setting is:**

Services are provided in the family’s home or related environment as circumstances warrant. All program services are provided in accordance with the established program model as set forth in the New Jersey Family Preservation Services Manual. FPS services are strength based, flexible and responsive to the unique circumstances, characteristics and needs of families.

4) **The hours, days of week, and months of year this program initiative is required to operate:**

Staff is available to families 24 hours a day, 7 days a week for a period of up to eight (8) weeks. Program interventions are intensive, providing families no less than five (5) and no more than twenty (20) hours of direct face-to-face service each week depending on the nature and severity of their situation. More specifically:

* Initial visits with the family are conducted within 24 hours of referral. The referring CP&P Case Worker is invited to attend the first home visit.

5) **Additional procedures for on call staff to meet the needs of those served twenty-four (24) hours a day, seven (7) days a week?**

Counselors and Supervisors are available to families 24 hours a day, 7 days a week. Each family is provided with FPS staff contact information (office and cell numbers) as part of the intake process.

All concerns regarding the safety and well-being of a caregiver or child involved in the family being served by FPS should be brought to the attention of the assigned DCPP staff as soon as possible. If the concerns are noted outside of normal business hours then FPS is directed to contact the State Central Registry at 1-877-NJ ABUSE. Normal business hours are defined as Monday through Friday 9am-5pm.

6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?**

24 hours a day, 7 days a week, 12 months a year

7) **The language services (if other than English) this program initiative is required to provide:**

All providers delivering DCF purchased services will make concerted efforts to understand the linguistic diversity of the program’s target population. Providers make reasonable efforts to anticipate and meet the needs of non-English speakers when delivering services, including hiring multilingual staff members that reflect the population/s of participants.

8) **The transportation this program initiative is required to provide:**

Providers shall make available or assist families with accessing concrete support services required to meet their immediate needs and address their service goals. FPS staff will ensure families’ transportation needs are met in service to their identified goals. This can occur by FPS staff providing transportation, support for public transportation, or access to ride sharing options. The $75 allocated per family may be used to support the family’s transportation needs.

9) **The staffing requirements for this program initiative, including the number of any required FTEs, ratio of staff to clients, shift requirements, supervision requirements, education, content knowledge, staff credentials, and certifications:**

All FPS services are delivered by trained staff that provide a combination of counseling and concrete services that respond to each family’s needs.

The enacting FPS legislation requires that all direct service staff possess a master’s degree in the social sciences or have graduated from a fully accredited college or university and have at least one and half years of experience in providing services to families in crisis.

In addition, FPS Supervisors must possess a master’s degree in social work, psychology, education or counseling; five years of experience in providing treatment services to families; and two years of supervisory experience.

The New Jersey Legislature also requires that direct service staff carry a caseload of no more than two (2) families at any given time, except that during the last week prior to discharging one family, staff may carry a third case.

10) **The legislation and regulations relevant to this specific program, including any licensing regulations:**

* N.J.S.A. 30:4C-74 to 4C-83: Institutions and Agencies
* 42 USC CHAPTER 7, SUBCHAPTER IV, Part B, subpart 1: Stephanie Tubbs Jones Child Welfare Services Program
* 42 U.S. Code § 629: The Public Health and Welfare
* Adoption and Safe Families Act; Public Law No: 105-89.
* Public Law (P.L.) 115-123: Family First Prevention Services Act (FFPSA**)**

1. **The availability for electronic, telephone, or in-person conferencing this program initiative requires:**

DCP&P and referred families should be able to connect with the provider via all modes of communication, electronic, telephone, and in person. Upon receipt and review of the referral from DCP&P, FPS staff shall consult with referring DCP&P staff. The content of this consultation shall include but is not limited to: ensure all referral information is up to date, understand DCP&P’s expected outcomes of the intervention, and learn about safety factors present for the family and staff. This shall occur prior to the family’s enrollment, which occurs within 72 hours of the referral. DCP&P staff is also invited to attend the intake.

Counselors and Supervisors are available to families 24 hours a day, 7 days a week. Each family is provided with FPS staff contact information (office and cell numbers) as part of the intake process. The goals, progress achieved, intervention outcomes and FPS recommendations are discussed with the family on a weekly basis and with the referring CP&P Worker throughout the intervention.

Ongoing or periodic case consultations with FPS team members and supervisors are expected and considered standard practice in the provision of direct services to children and families under DCF supervision. Accordingly, FPS staff participate in internal case conferencing or team meetings and receive direct individual supervision on a weekly basis. Such supervision is readily apparent and documented in agency records.

Mid-case conferences are conducted with all interested parties, including the CP&P Case Worker and/or Supervisor, family members and FPS staff. The purpose of this conference is to: update all parties regarding the family’s progress; identify any outstanding issues; begin aftercare planning; and set a tentative FPS termination date. Responsibility for aftercare referrals is delineated between FPS and the family.

Because FPS is a short-term intervention, termination planning is goal driven and discussed from its earliest stages. The Termination Summary is provided to CP&P within 10 business days of discharge. The Termination Summary includes documentation of goals, level of progress achieved and intervention outcomes. The Termination Summary includes recommendations or referrals to community-based resources and services.

1. **The required partnerships/collaborations with stakeholders that will contribute to the success of this initiative:**

Providers work toward building collaborative relationships and partnerships across agencies and programs that provide quality services to the same program participants and communities. Providers will apply team approaches to supplemental service delivery and prioritize the holistic needs of program participants and their families.

**DCF/OFPR:** FPS is required to regularly communicate with FPS Program Leads. This includes but is not limited to monthly data collection, operations calls, as well as reporting critical incidents, in the event that they occur. Critical incidents include exceptional or extraordinary circumstances that occur within their program or during an intervention. Additional guidance on critical incidents can be found in the FPS program manual and contract manual.

**DCF/DCP&P:** FPS is required to regularly communicate with DCPP local office staff, including at least the Resource Developmental Specialist (RDS), Caseworkers and Supervisors. While providing direct services to families, FPS staff shall communicate with the assigned DCP&P staff throughout the intervention, at least at intervals as defined in the Program Manual.

**Community-Based Providers:** FPS acts as resource brokers for families, they should connect with local community-based service providers. This will aid in the recommendations during the service intervention, as well as referrals for after-care services.

1. **The data collection systems this program initiative requires:**

Data collections systems provided by DCF and is no cost to the agency include Tableau, MS Excel, Survey Monkey and myNewJersey Document Library for data collection, reporting and evaluation purposes.

Assessments of family functioning are conducted at intake and prior to discharge using the North Carolina Family Assessment Scales (NCFAS-G+R and T/WB). Documentation of assessments is entered in the Evello Data System within five business days of completion. Providers are required to purchase licenses for the Evello data system for program staff to enter the North Carolina Family Assessment Scale (NCFAS). Providers will maintain current Business Associates Agreements with the vendor.

1. **The assessment and evaluation tools this program initiative requires:**

**North Carolina Family Assessment Scale (NCFAS)**:

FPS providers will use the North Carolina Family Assessment tool designed to examine family functioning in the domains of Environment, Parental Capabilities, Family Interactions, Family Safety, Child Well-Being, Social/Community Life, Self-Sufficiency, Family Health, Caregiver/Child Ambivalence, and Readiness for Reunification. Conducting assessments both at the beginning and end of the service provides workers with the opportunity to prioritize goals and services, and to compute change scores between preservice and post service levels of functioning.

**Behavior Change Counseling Index (BECCI)**: FPS providers will use the Behavior Change Counseling Index (BECCI) to monitor ongoing fidelity of MI implementation. The BECCI is an 11-item instrument that enables supervisors to observe staff implementing MI for effectiveness of delivery techniques, such as demonstrating emphatic listening, facilitating an exchange of ideas and encouraging topics about behavior change and personal reflection. Use of the BECCI is intended to increase practitioners’ skills and standardization of practice and will also provide a measure of monitoring, allowing for identification of elements of the model that may need additional training or support.

1. **Outcomes - The below describes the evaluations, outcomes, information technology, data collection, and reporting required of contractors for this program.**
2. **The evaluations required for this program initiative:**

* **DCF’s Monitoring Process:** The provider must engage in all required monitoring activities to ensure compliance and program effectiveness. This includes aiding in the design or refinement of program-specific monitoring tools, assisting with participant recruitment for client interviews, providing case records for tool development and training purposes, as well as biennial program site monitoring. These efforts are essential for upholding high standards and promoting continuous improvement.
* **DCF’s Continuous Quality Improvement:** DCF’s CoQI framework utilizes qualitative and quantitative data to assess performance, develop improvement plans and manage change across the programs and provider agencies providing direct services to New Jersey’s children and families. Rooted in CQI best practices and improvement science, the framework targets ongoing program improvement through a six-stage cyclical process that includes: identifying strengths and challenges; selecting improvement priorities; exploring solutions and developing an improvement plan; implementing the improvement plan; assessing progress then adjusting the plan as needed; and evaluating implementation and outcomes.
* **Follow-Up Protocol:** The FPS program model requires that follow up evaluations be conducted at three (3), six (6) and twelve (12) month intervals with families who have completed the program. The information obtained through these evaluations is also used to determine the extent to which FPS agencies achieve the service outcomes and performance measures specified in Section 2.3 of this contract (i.e., the prevention of abuse/neglect and out-of-home placements).
* Child Protection & Permanency (CP&P) assists FPS programs in obtaining accurate and verifiable information regarding the status of discharged clients in accordance with the DCF/FPS Follow-Up Protocol:
  + - * The FPS agency forwards to the appropriate CP&P Local Office Resource Development Specialist (RDS) or Screener, a separate release form signed by the client that specifically permits the Division to provide follow-up information regarding their status for up to one (1) year after being discharged from the program
      * Within 7 business days following receipt of the request for information, the Division conducts a search of the NJ SPIRIT system, provides information regarding subsequent incidents of abuse/neglect and out-of-home-placements during the specified interval (i.e., 3, 6 and 12 months from the FPS discharge date), and returns the Follow-Up Report to the FPS program
* The provision of this information by CP&P does not release the FPS agency from its obligation to exercise due diligence and make every effort to contact all clients who have been discharged from the program. Such efforts are required by the enacting legislation and the FPS program model and are documented accordingly in each client record.

1. **The outcomes required of this program:**
2. **Short Term / Mid Term Outcomes**:

Family Preservation Services (FPS) is an intensive, in-home, crisis intervention and family education program targeted to families whose children are at imminent risk of abuse and neglect and out of home placement or whose children are returning from out-of-home placement and intensive reunification services are needed.

The goals of the program are to: ensure child safety; stabilize the family; prevent out of home placement; improve family functioning; and link families with appropriate community resources. Specific intervention goals are formed within 10 days of the intake through a collaborative process that includes FPS, the referring CP&P worker and the family. These goals are developed to address the reasons for the risk determination that precipitated the referral and the information that was obtained during the assessment period. All intervention goals are: sufficient to ensure child safety and improve family stability; clearly delineated; and achievable within the duration of the FPS intervention.

1. **Long Term Outcomes:** 
   * 85% of the at-risk children in the families who have completed an FPS intervention will remain at home for 12 months post termination.

* 85% of the families who have completed an FPS intervention will have fewer substantiated incidents of abuse or neglect in the 12 months post termination than in the 12 months prior to their referral to FPS3). The programmatic delivery of services complies with established standards.

1. **Required use of databases:**

Internet accessibility and possess an account with myNJ Portal and Evello.

1. **Reporting requirements:**

Mandatory reporting process requirements are stipulated by State legislation.

**Monthly Reporting**:

Providers submit family and child information as well as program information via the "Monthly Reporting Spreadsheet" by the tenth day of the month for the previous month. This spreadsheet is uploaded to the MyNJ OIT Portal.

**Quarterly Reporting**:

Providers export and submit NCFAS assessment data for all families in the given timeframe by the tenth day of the month for the previous quarter. This spreadsheet is uploaded to the MyNJ OIT Portal.

Providers submit Reports of Expenditures quarterly to the DCF Business Office administering the contract and the DCF assigned Program Lead by the tenth day of the month following the quarter that ended.

**Follow-Up Protocol**:

Child Protection & Permanency (CP&P) assists FPS programs in obtaining accurate and verifiable information regarding the status of discharged clients in accordance with the DCF/FPS Follow-Up Protocol:

* The FPS agency forwards to the appropriate CP&P Local Office Resource Development Specialist (RDS) or Screener, a separate release form signed by the client that specifically permits the Division to provide follow-up information regarding their status for up to one (1) year after being discharged from the program
* Within 7 business days following receipt of the request for information, the Division conducts a search of the NJ SPIRIT system, provides information regarding subsequent incidents of abuse/neglect and out-of-home-placements during the specified interval (i.e., 3, 6 and 12 months from the FPS discharge date), and returns the Follow-Up Report to the FPS program
* The provision of this information by CP&P does not release the FPS agency from its obligation to exercise due diligence and make every effort to contact all clients who have been discharged from the program. Such efforts are required by the enacting legislation and the FPS program model and are documented accordingly in each client record.

1. **Signature Statement of Acceptance:**

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF’s termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address: