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**Required Performance and Staffing Deliverables**

**for**

**Home Visiting (HFA & PAT) Technical Assistance and Training**

**Effective Date: July 1, 2025**

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**Section I - Summary Program Description:**

The New Jersey Department of Children and Families (DCF) Division of Family and Community Partners (DFCP), administers this contract for home visiting training and technical assistance.

DCF, in conjunction with the NJ Department of Human Services (DHS), Division of Family Development (DFD) and the Department of Health (DOH), Division of Family Health Service (FHS), contracts with Prevent Child Abuse New Jersey (PCA-NJ) to provide model-specific training, technical assistance and administrative support services for two EBHV models which currently comprise the TANF Initiative for Parents (TIP) program: Parents as Teachers (PAT) and Healthy Families America (HFA)

**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 a complete copy of the content of Section II – Required Performance and Staffing Deliverables, starting with this page and ending with your signed Statement of Acceptance, as a single PDF document with the title heading: *Required Performance and Staffing Deliverables*.**

1. **Subject Matter -** **The below describes the needs the contractor must address in this program, the goals it must meet, and its prevention focus.**

1) **The need for this program as indicated by data regarding the health and human services issues and parent and community perceptions is:**

Model-specific training, technical assistance and administrative support services are provided to ensure NJ’s HFA and PAT programs are implemented in accordance with model fidelity. HFA and PAT programs provide in-home/virtual (as needed) health and parenting education, and supportive services to at-risk families, especially those overburdened by stressors that may contribute to child neglect and abuse.

2) **The goals to be met by this program are:**

Local home visitation programs are funded, co-funded, and contracted through DCF. PCA-NJ provides the following support services to local implementing agencies (LIA) for the HFA and PAT:

* Leadership – PCANJ serves as the liaison between the two EBHV National Offices, LIAs and DCF, DHS and DOH. As participants on National panels and facilitators of National Core trainings, PCANJ represents the best interests of the NJ EBHV network, families served and NJ state priorities. Any modifications suggested by model developers with be shared with State partners, as well as justification of proposed changes.
* Training – PCANJ is responsible for ongoing home visitor/supervisor/support staff trainings. PCANJ will conduct the core and supportive trainings of HFA and PAT programs as outlined by the national model offices and funding agencies, including data collection/database trainings.
* Technical Assistance – PCANJ assists local implementation agencies to successfully complete the HFA accreditation process and the PAT Quality Endorsement and Improvement Process as defined by their respective National Offices.
* Reporting – PCANJ submits reports of site visits and interim communications with participating local/county HFA and PAT programs to State partners; and sends data reports to DCF to track/analyze level of service and qualitative factors.
* Program Quality Performance Reviews (jointly with State agencies) PCANJ provides input/feedback to State leads regarding continuous quality improvement (CQI) and program evaluation of HFA and PAT sites; and works closely with LIAs on steps for improvement plans and quality improvement.

3) **The prevention focus of this program is:**

Other (include description) – PCA-NJ is the state chapter for Prevent Child Abuse America, the parent company of the Healthy Families America EBHV model, and the recognized State Office for the Parents as Teachers EBHV model. As the representatives for these models in NJ, PCA-NJ supports HF and PAT LIAs to achieve model fidelity and maintain quality implementation to reach LIA prevention outcomes and goals via critical guidance, technical assistance, training and CQI support as LIAs comply with and build upon model requirements.

1. **Target Population - The below describes the characteristics and demographics the contractors must ensure the program serves.**

PCA-NJ does not provide direct services to families and children for this program. Services are provided to DCF’s contracted LIAs for HFA and PAT programs and program staff.

1. **Age:**

N/A

1. **Grade:**

N/A

1. **Gender:**

N/A

1. **Marital Status**:

N/A

1. **Parenting Status:**

N/A

1. **Will the program also serve the children of the primary service recipient?**

N/A

1. **DCF CP&P Status:**

N/A

1. **Descriptors of the primary service recipient:**

N/A

1. **Descriptors of the Family Members / Care Givers / Custodians of the primary service recipients also required to be served:**

N/A

1. **Other populations/descriptors targeted and served by this program:**

N/A

1. **Does the program have income eligibility requirements?**

N/A

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, those delivering the services.**

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

See Section C13 below.

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

See Section C13 below.

3) **Estimated Unduplicated Service Recipients:**

PCA-NJ provides support to all HFA and PAT LIAs. Currently there is at least one EBHV model in all 21 of NJ's counties for a total of 23 HFA programs and 20 PAT programs. The number of LIAs or programs may increase or decrease based upon but not limited to needs assessments, funding availability, or other decisions made by DCF.

4) **Estimated Unduplicated Families:**

N/A

5) **Is there a required referral process?**

N/A

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

N/A

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

N/A

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

See section A2 above.

9) **The service modalities required for this program initiative are: (indicate any evidence-based practices, DCF program classifications, and non-evidence-based practices that are required.)**

1. **Evidence Based Practice (EBP) modalities:**

Healthy Families America and Parents as Teachersare both EBHV programs that provides in-home health, parenting education and supportive services to at-risk families, especially those overburdened by stressors that may contribute to child neglect and abuse.

1. **DCF Program Service Names:**

Home visiting training and technical assistance.

1. **Other/Non-evidence-based practice service modalities:**

PCA-NJ provides model-specific training, technical assistance, and administrative support services as noted in Section A.

10) **The type of treatment sessions [OR prevention services] required for this program initiative are:**

N/A

11) **The frequency of the treatment sessions [OR prevention services] required for this program initiative are:**

N/A

1. **Contractors are required to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities the contractors serve in some other manner:**

Community consultation is a crucial step to ensure that home visitation services are effectively responding to the perceptions and needs of the local communities. PCANJ will form and hold regular meetings with representatives (such as supervisors) of the HF and PAT programs in NJ. These committees will provide recommendations regarding program practices, informing State administrators of best practice in the field of home visitation as represented by HF and PAT National offices, supporting the collaborative strategies and linkages systems work of DCF, DHS, and DOH within the communities/counties of NJ. The committee meets quarterly or as needed to review program practices, policies, and quarterly/annual performance measures; and provide recommendations to the State with respect to program strengths and areas of improvement.

Committee agendas and minutes will be available for review upon request. DCF will make final decisions on any changes related to state and/or federal performance measures prior to implementation and distribution to the network.

1. **The professional development through training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:**
2. **Training** - It is expected that PCANJ will conduct trainings as part of its administrative services/activities funded under this contract. PCANJ will conduct a training needs survey annually and schedule trainings based on need and capacity. Any training conducted by outside consultants or subcontractors must be pre-approved by DCF/DFCP. **An outline of training offerings and estimated costs shall be provided to DCF at least annually by September 30th.**

**[Note: PCA-NJ reserves the right to cancel any trainings that has 4 or less participants. Participants will be notified at least 3 days prior to the training date and will immediately be advised of the next date training available.]**

1. **Model Core Training** - PCANJ will offer National Core trainings for each primary direct home visiting role.
2. The HF Family Support Specialist (FSS) core training Foundations for Family Support (FFS) for Home Visitors is a four (4) day training that will be offered at a minimum of two (2) times annually; more trainings will be offered as needed.
3. All newly hired FSSs will attend a one (1) day refresher training that will be offered at a minimum annually.
4. The HF FROG core training is a five (5) day training that will be offered at a minimum of two (2) times annually; more training will be offered as needed.
5. PCANJ will offer the core Supervisory one (1) day training at a minimum annually**.** 
   1. Supervisor core trainings should be scheduled to optimize class size. If there are less than (5) supervisors who require training, then the core training will be offered to individual supervisors as technical assistance.
6. PCANJ will offer all HF FSS and PAT Parent Educators the PAT Foundational Curriculum and the Foundational 2/3-K curriculum training. This curriculum is the core parenting curriculum for all HF and PAT sites.
   1. Foundational Training for HF and PAT programs will be offered at a minimum of two (2) times annually.
   2. Model Implementation Training for PAT Programs will be offered at a minimum of two (2) times annually.
   3. PAT refresher training on the curriculum will be offered at a minimum biannually and open to all HF and PAT programs.
   4. The Foundational 2/3-K curriculum training will be offered a minimum of one (1) time annually to PAT and HF programs secondarily. Additional trainings will be scheduled on an as needed basis.
7. Supplemental curriculum trainings, such as Interactions Across Abilities and Partnering with Teen Parents, will be offered on an as needed basis to PAT and HF programs.
8. **Additional Trainings/Wrap Around Trainings** – PCANJ will offer HFA and PAT supportive trainings at a minimum of three (3) times per year. Supportive trainings include: IPV, EPDS, ASQ/ASQ-SE, Life Skills Progression Scale, Home Scale, and goal setting, and documentation. These trainings will be open to the entire EBHV Network (NFP, HIPPY, HFA, and PAT). DCF will request additional training as needed.
9. **Database Training –** PCANJ provides training, monitoring, and technical assistance to HFA and PAT programs on data entry timeliness and quality. PCANJ will:
   * Conduct a minimum of two (2) database trainings per model for FamSys and PATSys on documentation, data entry, and report interpretation.
   * Conduct a minimum of two (2) trainings on how programs will use FamSys and PATSys reports as a management, supervisory, evaluation and CQI tool.

The DCF, DOH and DHS are the owners of all NJ FamSys and NJ PATSys client information, forms, reports, records, data, data bases, data code, data systems, computer programs, computer software, publications, presentations and/or other work products funded under the PCANJ contract and Integrated Software Logic and Network Development LLC (Island Solutions) subcontract. PCANJ works in partnership with DCF, DOH and DHS and the national model developers in creating the scope of work defined in the subcontract. PCANJ provides periodic updates on the data management subcontract at least annually and at other intervals, as requested.

HF and PAT programs are required to collect, review and analyze program performance data and send it to PCANJ. Subsequently, PCANJ will review, track, trend and provide documented quantitative and qualitative feedback to the HF and PAT programs on their performance outcomes. PCANJ will produce and/or help to facilitate any special reports related to the TANF Initiative for Parents that analyze LIAs’ performance related to the TANF/GA populations as requested by DHS-DFD and/or DCF-FCP.

PCANJ is required to use FamSys and PATSys and other performance outcome data in monitoring the HF and PAT programs. Performance outcomes are included in site visit reports. When performance outcomes are below expected levels, PCANJ provides technical assistance to assist sites in making improvements.

DCF/DFCP reserve the right to request additional reports from PCANJ on the HF and PAT programs.

1. **Continuous Quality Improvements (CQI) -** CQI is an essential aspect of service delivery. The purpose of CQI is to ensure that DCF/DFCP contracted programs are effective in supporting participating families and helping them to achieve the core program objectives. Through the CQI process, grantees identify areas for performance improvement to reach optimal levels of program functioning. Home visiting has a two-pronged approach to CQI.

All grantees are responsible for reaching their expected outcomes, including an emphasis on the TIP priorities of creating employment and self-sufficiency goals, assessing the process for achieving such goals (effectiveness, referrals, etc.), and making needed adjustments to ensure parent/child and family success. Funded agencies (PCANJ, as well as HF and PAT implementing agencies (LIAs)) must demonstrate progress in meeting established program targets.

**A. PCANJ CQI**

Continuous quality improvement is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. One strategy is to collect and use data for effective decision-making.

1. To this end, PCANJ will disseminate and collect surveys from LIAs and review on an annual basis. They will identify at least one area to test and refine changes to practice. These improvement strategies will be detailed in a CQI Plan submitted annually [due within 60 days of contract start date].
2. PCANJ will evaluate trainings conducted.
3. PCA-NJ will integrate the Model for Improvement and Plan, Do, Study, Act (PDSA) approaches for CQI.

**B. LIA CQI**

CQI for LIAs – Learning Communities will be offered to promote innovation, facilitate, and spread knowledge, and promote existing best practices across the network. These learning opportunities will help supervisors and home visitors develop their practice through problem solving, information and experience sharing, coordination, mapping knowledge and identifying gaps. Topics and frequency will be based on the findings of the needs assessment and integrated into the PCANJ CQI Plan. A learning community may be facilitated through a variety of methods including teleconference, webinar and/or in-person.

Model fidelity compliance monitoring also serves as a method to identify areas for improvement or risk of non-compliance. When such incidences occur, model state leads, and LIAs identify improvement goals and strategies. These improvement plans, goals, and progress reports are either developed in partnership with or shared with the NJ OECS staff for ongoing partnered support.

As part of the CQI process, underperformance in any area is reviewed to determine if a program improvement plan is necessary and additional program data reports may be requested more frequently. When such incidences occur, PCA-NJ and LIAs identify improvement goals and strategies. These improvement plans, goals, and progress reports are either developed in partnership with or shared with the NJ OECS staff for ongoing partnered support.

1. Revisions to mandated reporting requirements for the federally legislated Maternal, Infant, and Early Childhood (MIEC) HV performance measures will be issued in collaboration with all HV partners. All local implementing agencies will be required to track and submit the required performance data as requested.
   1. These targets continue to undergo review and analysis. DCF Program Manager may make further modifications to specific targets, or add additional indicators, after this analysis is complete.
   2. The CQI process will include input/consultation from all partners – PCANJ, DCF/DFCP HV program manager, DCF contract administrator, DHS/DFD program manager, DOH/FHS Project Director, and other stakeholders/HV workgroup (including parent representatives), as appropriate. CQI processes will be reviewed on a regular basis.
2. CQI is initiated throughout the program year and as needed.

PCANJ is responsible for monitoring the DCF/DFCP established standard quarterly report that is inclusive of a set of performance indicators for all EBHV programs supported by the department. These EBHV objectives include three areas of focus 1) process, 2) impacts and 3) outcomes.

* 1. LIAs will submit the quarterly report directly to PCANJ by the established quarterly deadline. PCANJ will review the submitted data to ensure that the data is accurate, complete, and in alignment with the respective data system.
  2. PCANJ will review the staffing and level of service sections to ensure that the information provided is alignment with EBHV model expectations and current staffing patterns (i.e., vacancies, leaves, etc.)
  3. PCANJ will upload the reviewed quarterly reports to the designated folder by the 20th of the month following the completion of the quarter.

1. PCANJ is responsible for providing DCF/DFCP with a monthly census containing data such as but not limited to LIA vacancies, leaves, level of service, home visits, enrollments, and discharges. The data will be provided at both the individual LIA level and in cumulative form. DCF/DFCP can revise the requested data based upon LIA trends, funding requirements, or to meet other reporting needs.
   1. PCANJ will upload the data to the designated folder by the 15th of each month for the prior month’s data. (ex. July data will be uploaded by August 15th.
2. PCANJ will collaborate with DCF/DFCP to monitor sites’ expected level of service of 100%, minimum of 85%. PCANJ will not adjust the HF and PAT programs’ expected level of service.

**3. Technical Assistance –** PCA-NJ, in collaboration with DCF DFCP Program Specialists, monitors the implementation of two EBHV programs by Local Implementing Agencies (LIAs): Healthy Families America (HFA) and Parents as Teachers (PAT).

* LIAs are required to complete an Annual Performance Report (APR) for the PAT program or an Annual Service Review (ASR) for the HFA program each year. These two documents are self-assessment tools used to gauge the LIAs success with implementing each respective model to fidelity.
  + PCANJ will review the APRs and ASRs to assess the level of technical assistance and support required for each LIA to be successful with implementing their respective models to fidelity.
  + At minimum, PCANJ will conduct individual LIA quarterly technical assistance sessions. These sessions aim to support LIAs in addressing any benchmark not met, as indicated in the APR or ASR.

In addition to the forementioned, technical assistance will be in the following forms:

1. PCANJ will conduct an annual Pre-Model Fidelity and Compliance (Pre-MFC) TA Site Visit for all LIAs. The Pre-MFC will be conducted 6-8 weeks prior to the Annual Model Fidelity and Compliance Site Visit.
   1. Within 30 days of the Pre-MFC TA Site Visit, PCANJ will conduct a File Review. Supervision Shadows will be conducted if needed.
   2. Site visits will provide an extensive chart review, a thorough program performance review, review of supervision and training documentation, review of database quality assurance, follow-up to any improvement plan and underperformance areas programs are improving, model elements/standards review, etc.
      * 1. Chart reviews will include a minimum of two TIP charts with emphasis on the family goal(s) of employment and self-sufficiency. Supervision and training documentation should correlate to improving the employment and self-sufficiency outcomes.
   3. Site Visit reports must be submitted to DCF/DFCP no later than 30 days after completion of the visit.
2. Annual Model Fidelity and Compliance (MFC) Site Visits will be conducted with all LIAs.
   1. State and funder shadow visits to programs should be scheduled in collaboration with DCF/DFCP and DOH.
   2. Site Visit reports must be submitted to DCF/DFCP no later than 30 days after completion of the visit.
3. PCANJ will also provide other forms of technical assistance-such as ongoing support through teleconference or emails, and shadowing supervisions, and team meetings.
4. PCANJ will notify DCF/DFCP of critical incidents within 24 hours of being notified by the program when the incident involves a death, removal, hospitalization, etc. PCANJ and DCF/DFCP will conference regarding the follow-up needed regarding the incident.
5. PCANJ and/or DFCP HV staff will help to facilitate ongoing relationships with Connecting NJ (CNJ) and training.

In addition to the elements of TA outlined above, PCANJ is expected to:

1. Participate in bi-monthly meeting and ad hoc communications (email, phone, & video conference) with DCF Home Visiting Team to address:
   1. LIA updates: program successes and challenges, level of service compliance, program staffing, family retention and compliance with model fidelity
   2. National model updates: review and submission of national model affiliation, endorsement and/or model compliance documents for LIAs
   3. Opportunities for model and core element education and ongoing professional development
   4. Compliance with Management Information Systems (MIS) requirements and quality expectations.
   5. Trends within the HV Network.

2. Provide model fidelity related response and feedback to LIA

contingency and coverage plans as a result of vacancies, leaves, promotions, transfers, etc.

3. Collaborate with the DCF home visiting team as it relates to model fidelity specific aspects when LIAs are on Enhanced Monitoring or a Program Improvement Plan (PIP). This includes but is not limited to the development of model fidelity specific content, monitoring, training, technical assistance, participation in meetings, and the review and submission of related documents and reports.

PCANJ is also expected to incorporate information and guidance to LIAs about the importance of the TANF Initiative for Parents’ emphasis on supporting parents’ personal development goals as they pertain to advancing education, job training, and job readiness employment opportunities to promote family economic stability and parent/child well-being.

1. **The court testimony activities, which may address an individual’s compliance with treatment plan(s); attendance at program(s), participation in counseling sessions, required for this program initiative are:**

N/A

1. **The student educational program planning required to serve youth in this program:**

N/A

1. **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 service site is required to be located in:** Anywhere in New Jersey

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

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

On-site at LIA location, virtual, phone and email.

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

Training and technical assistance is available 12 months of the year Monday through Friday.

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?**

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 day.

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

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

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

No

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

No

8) **The transportation this program initiative is required to provide:** N/A.

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

**Staffing**

Contractor must submit annually at the time of contract renewal job descriptions for the required staffing positions for review and approval. Contractors must inform the DCF DFCP Program Specialist, and the DCF Business Office of any staffing changes (i.e. vacancy, leaves, promotions, transfers, etc.) within three business days of receiving notice. Notification to the above forementioned parties must include at minimum, the name of the staff person, the effective date of the change, the anticipated length of time (as applicable) and the contractor’s contingency, and coverage plan as applicable for the continuation of core program initiative services. In the case of vacancies, contractors must also include a plan detailing the efforts to promote the vacant position and continue to provide updates until the position is filled.

Contractors are expected to maintain required staffing as follows:

* Director of Home Visiting – minimum .50 FTE
* Home Visiting Manager – minimum .50 FTE
* Program Specialist Supervisor – 1.0 FTE
* Program Specialist – 3.0 FTE

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

* + - PCA-NJ is the official state office for the HFA and PAT EBHV models as recognized by Prevent Child Abuse America, the parent company of Healthy Families America, and by Parents as Teachers National Center.
    - PCA-NJ is the chartered state chapter of Prevent Child Abuse America since 1979. PCA-A chartering requires that PCA-NJ engage in the following activities, which are reviewed by PCA-A every five years.
      * PCA-NJ actively ensures that new parents in the state, particularly those facing greatest challenges, receive parenting education and support at the time their baby is born via key leadership to HFA and other evidence-based prevention initiatives.
      * PCA-NJ actively supports and promotes HFA in the state.
      * PCA-NJ provides information and technical assistance to community-based organizations or programs that address children’s issues.
    - PCA-NJ is the recognized State Office for Parents as Teachers since 2003. An MOU is in place between PAT National Center and PCA-NJ. PAT State Offices are responsible for meeting the State Office Essential Requirements (SOER) to support model affiliates and promote the model, which PAT National Center reviews annually. (Please attached current MOU with PAT National Center)
      * The SOERs consist of minimum requirements, which are identified as Essential activities. State offices are encouraged to meet additional standards for each   
        SOER at the Essential Plus or Enhanced levels.
      * SOERs address areas such as Infrastructure & Leadership, Communication & Collaboration, Education & Promotion, Training & Professional Development, Implementation Support & Technical Assistance, and Evaluation & Continuous Quality Improvement.

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

PCA-NJ is required to actively participate in bi-monthly meetings and monthly data calls, EBHV Quarterly Supervisor meetings, HV/CNJ quarterly CQI and Evaluation meeting and other Ad hoc meetings as needed.

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

PCA-NJ partners with national, statewide, and local organizations to promote EBHV and to support HF and PAT model implementation and fidelity.

* + - PCA-NJ collaborates with national models to represent the needs of NJ EBHV programs.
    - PCA-NJ serves as the liaison between the EBHV National Offices, LIAs and DCF/DFCP, DHS/DFD and DOH.
    - PCA-NJ collaborates with other national entities to promote EBHV through advocacy for client and workforce needs at the national and state level.
    - PCA-NJ partners with statewide organizations to promote EBHV through advocacy for client and workforce needs.
    - PCA-NJ partners with Johns Hopkins University and any other DCF/DFCP And DHS/DFD approved research projects to ensure FamSys and PATSys meet the statewide evaluation requirements.

13) **The data collection systems this program initiative requires:**

Yes, FamSys and PATSys. See Section C13 for additional details.

**For** **MIECHV funded programs:**

* Agencies must maintain records of employee time and effort, including:
  + Assurances that employees are tracking actual time spent on MIECHV rather than just reporting budgeted hours per day
  + Allocations of operationg and/or other costs for employees who are not funded 100% by MIECHV funds.
* Agencies may not use MIECHV funds to support direct medical, dental, mental health or legal services
* Agencies must adhere to 2 CFR Part 200 and 45 CFR Part 75 et al. as applies due to their sub-recipient designation.
* Agencies must adhere to 45 CFR §75.351-353 and the New Jersey MIECHV Subrecipent Monitoring Plan.
* Agencies must submit quarterly expenditure reports with MIECHV funding broken out by grant period.
* DCF posts the Federal Notices of Award (NOA) to its website to comply with DCFs obligation to notify subrecipeints of grant requirements consistent with 45 CFR Part 75. Agencies should review their Schedule of Estimated Claims (SEC) for the MIECHV funded program for the Federal Award Period and CFDA Numbers to identify the applicable Notice of Award (NOA).

14) **The assessment and evaluation tools this program initiative requires:**

See C13

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

1) **The evaluations required for this program initiative:**

All DCF/DFCP and DHS/DFD funded EBHV grantees must participate in the statewide evaluation and research study being conducted by Johns Hopkins University and any other DCF/DFCP and DHS/DFD approved research projects linked to funding requirements. DCF/DFCP is the lead state agency for the federal research evaluation for home visitation and will collaborate with DHS/DFD to determine the PCANJ evaluation support activities.

PCANJ and all DCF/DFCP and DHS/DFD funded programs must obtain prior written approval from both DCF/DFCP and DHS/DFD before engaging in any research or evaluation projects that affect EBHV programs, families, or existing research. All research projects are subject to DCF/DFCP and DHS/DFD review, policies, and procedures regarding research evaluation.

2) **The outcomes required of this program initiative (which may include short term, midterm, and long-term outcomes):** see Section II A2 and C13

1. **Short Term Outcomes**:

see Section II A2 and C13

1. **Mid Term Outcomes:**

see Section II A2 and C13

1. **Long Term Outcomes:**

see Section II A2 and C13

3) **Required use of databases:**

FamSys and PATSys

4) **Reporting requirements:**

The purpose of reports is to review the quality and evaluate performance in meeting projected targets. In addition, reports are management tools which inform the need for trainings, program performance reviews and technical assistance. Below is the list of the minimum required reports; additional reports will be requested by DCF/DFCP as needed.

1. Monthly Reports:
   1. Program Caseload Summary
   2. Served Cases Report
   3. Home Visit Achievement Rate
   4. Updates to DCF/DFCP on database development via monthly meetings with PCANJ Home Visiting Director and DCF Home Visiting Program Director or designate.
2. DCF Quarterly Reports
   1. Served Cases Detail Reports
   2. Screen/Referral Source Outcome Summary
   3. Address Report
   4. Use of Creative Outreach
   5. DCF/DFPCP Demographics Report
   6. ISLAND Solutions subcontract tasks and expenditures
3. Quarterly Service Reports:
   1. Site Visit Completion, Level of Service, Referrals, Screens, Assessments, Enrollments, Discharges, Home Visit Rates, TANF/EA/GA families, and staffing
   2. Summary of Improvement Plans developed in partnership with programs.
   3. Training Completion (i.e., topics, dates, and number of attendees)
4. Annual Reports:
   1. At a minimum, PCANJ will conduct an annual satisfaction survey of the sites on PCANJ’s Technical Assistance and Training. The results and plan for improvement will be provided to DCF/DFCP as part of the PCANJ CQI Plan.
   2. Accreditation/Quality Endorsement Standards Site Status

**F: 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.

Enter the name of the [region, county, municipality] the contractor will serve.

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address: