

New Jersey Family Preservation Services PROGRAM MANUAL



FAMILIES BELONG SAFELY TOGETHER

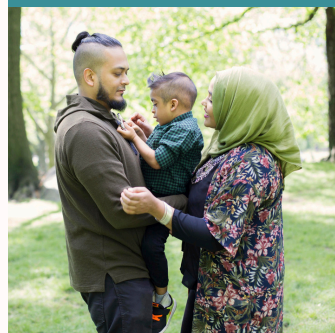


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SECTION ONE

NJ FPS LEGISLATION



NEW JERSEY FPS LEGISLATION

NEW JERSEY STATUTES> TITLE 30> CHAPTER 4C-74 TO 4C-83

New Jersey Statutes 30:4c-74. Findings, declarations.

Current as of: 2014

1. The Legislature finds and declares that:

a. The obligation of the State to preserve the sanctity of the family and prevent the placement of children outside the home should be fulfilled in the context of a clear and consistent policy which emphasizes the strengthening of families through the application of intensive family preservation services;

b. In recent years, several states have found that family preservation services can provide an effective, efficient and humane alternative to out-of-home placement;

c. Family preservation services are based on the following principles:

(1) Safety of the child is always the first concern,

(2) Children should be raised by their own families whenever possible,

(3) An intervention should build on family strengths and be responsive to family needs, and

(4) Improvement of family functioning is essential in order to promote the child's health, safety and welfare, allowing the family to remain intact and the children to remain at home; and

d. It is the intent of this act that a comprehensive family preservation services program be provided in every county of the State.

L.1993,c.157,s.1.

New Jersey Statutes 30:4C-75. "Family preservation services program" defined.

Current as of: 2014

2. For the purposes of this act, "family preservation services program" means an intensive, in-home family education and crisis intervention program and "family preservation direct services worker" means an individual employed by a community-based service organization which provides intensive family education and crisis intervention services to families referred to the family preservation services program created pursuant to this act.

L.1993,c.157,s.2.

New Jersey Statutes 30:4C-76. Establishment of family preservation services program; objectives.

Current as of: 2014

3.

a. The Department of Children and Families may establish, through purchase of service contracts with community-based organizations, at least one family preservation services program in each county in the State. The program shall provide services to families whose children are at imminent risk of placement as determined by agencies authorized to place children, or whose children are being prepared for reunification.

b. The family preservation services program shall be based on the following objectives:

(1) The prevention of out-of-home placement by enhancing family functioning and problem solving;

(2) The development of appropriate crisis management and parenting skills;

(3) The provision of services to families, as needed, including transportation, emergency financial assistance for food, clothing and housing, family counseling and substance abuse treatment; and

(4) The development of linkages with service networks and community resources.

L.1993, c.157, s.3; amended 2006, c.47, s.148.

New Jersey Statutes 30:4C-77. Referrals to program, requirements for family preservation services.

Current as of: 2014

4.

a. Subject to the guidelines and policies of the specific contracts entered into by providers of family preservation services, agencies authorized to place children in the State may refer a family to the appropriate family preservation services program. All members of the family who accept such services shall be responsible for cooperating fully with the family preservation direct services worker.

b. The family preservation services provided under this act shall meet the following criteria:

(1) A family preservation direct services worker shall carry a caseload of a maximum of two families at any given time, except that during the last week of the provision of services with one of the two families, the worker may carry a third case. The family preservation direct services worker may serve a total of 18 families within a 12 month period;

(2) An eligible family shall receive an initial visit by the family preservation direct services worker within 24 hours of the referral. The program shall provide services to a family for four to eight weeks, as appropriate. The worker shall conduct a follow-up evaluation of the family at three, six and 12 months after the family has completed the program;

(3) Family preservation services shall be provided in the family's home, community or the child's school, consistent with the needs of the family. The family preservation direct services worker

shall visit the family for no less than five hours per week. The worker shall be available to provide services to the family 24 hours a day, seven days a week;

(4) The family preservation direct services worker shall develop, in consultation with the family, a service plan which addresses the reasons for the consideration of the out-of-home placement. The plan shall also include, but not be limited to, an assessment of the family's strengths and problems, a statement of options designed to solve the problems and the identification of appropriate resources that will be needed to maintain the progress achieved through the program; and

(5) The agency referring the family shall identify the services which will be provided to the family during and after the provision of family preservation services.

L.1993,c.157,s.4.

New Jersey Statutes 30:4C-78. Required credentials for direct services worker, supervisor.

Current as of: 2014

5. A family preservation services direct services worker shall possess a master's degree in the social sciences or shall have graduated from a fully accredited college or university and have at least one and half years' experience in providing services to families in crisis. The supervisor of a family preservation direct services worker shall possess a master's or doctorate degree in social work, psychology, education or counseling and five years' experience of providing treatment services to families and two years' supervisory experience.

L.1993,c.157,s.5.

New Jersey Statutes 30:4C-79. Development of manual of standards.

Current as of: 2014

6. The Department of Children and Families shall develop a manual of standards on the operation and programmatic aspects of family preservation services.

L.1993, c.157, s.6; amended 2006, c.47, s.149.

New Jersey Statutes 30:4C-80. Family Preservation Services Coordinating Unit established.

Current as of: 2014

7. There is established a Family Preservation Services Coordinating Unit in the Department of Children and Families. The unit shall consist of persons with knowledge of and experience with the family preservation services program in the State and in all facets of the operation of the program. The coordinating unit personnel shall be appointed by the Commissioner of Children and Families. The coordinating unit shall develop, monitor and implement all phases of the family preservation services initiative and its activities will include the provision of technical support and the establishment and the monitoring of all family preservation services programs throughout the State.

L.1993, c.157, s.7; amended 2006, c.47, s.150.

New Jersey Statutes 30:4C-81. Annual report to Governor, Legislature.

Current as of: 2014

8. The Commissioner of Children and Families shall report to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature by December 31 of each year, on the family preservation services program. The annual report shall contain, but not be limited to:

- a. The number of families receiving services through the program;
- b. The number of children placed in resource family care, group homes and residential treatment facilities, both in-State and out-of-State;
- c. The average cost of providing services to a family through the program;
- d. The number of children who remain with their families for one year after receiving services through the program; and
- e. Any recommendations needed to improve the delivery of family preservation services in the State.

L.1993, c.157, s.8; amended 2004, c.130, s.92; 2006, c.47, s.151

New Jersey Statutes 30:4C-82. Use of federal funding, maximize.

Current as of: 2014

9. The Department of Children and Families shall seek to maximize any available federal funding which may be used for the purposes of administering or providing family preservation services. Any federal funding made available under this section shall be used to supplement and shall not supplant State funds used to carry out the purposes of this act.

L.1993, c.157, s.9; amended 2006, c.47, s.152.

New Jersey Statutes 30:4C-83. Transfer of funds.

Current as of: 2014

10. The Commissioner of Children and Families, following prior review and approval from the Office of Management and Budget, may transfer funds appropriated for substitute care services to purchase family preservation services established pursuant to this act.

L.1993, c.157, s.10; amended 2006, c.47, s.153.



SECTION TWO

DCF RELATED POLICIES 2023



DCF RELATED POLICIES 2023

Please follow the link below to access DCP-PFPS Policy. DCP-PFPS policies are updated periodically, so FPS staff is encouraged to refer to the link for the most up to date information. Embedded in the DCP-PFPS policy are links to additional related policies, such as Domestic Violence policy, that should be reviewed and followed. The DCF-OFPR Program Staff will also notify FPS staff of updates to policy that impacts the work of FPS providers.

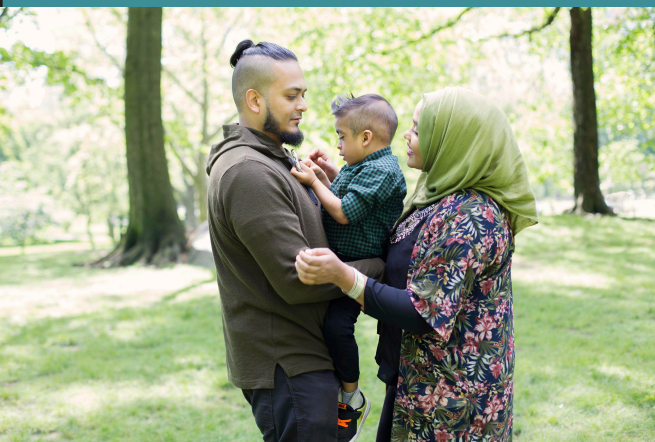
FPS Policy: [CPP-III-C-2-200.pdf \(nj.gov\)](#)

FPS Contract Forms: [Program Description Section 2.2](#)

Domestic Violence Policy: [CPP-VIII-B-1-100.pdf \(nj.gov\)](#)

Buddy System Policy: [CPP-IX-A-1-150.pdf \(nj.gov\)](#)

MVR Policy: [CPP-III-C-3-100.pdf \(nj.gov\)](#)



SECTION THREE

FPS JOB DESCRIPTIONS

OVERVIEW



FPS JOB DESCRIPTIONS OVERVIEW

Each position below is required to follow the provisions of the FPS Model/Manual to maintain the integrity and fidelity of the FPS program.

ROLES AND RESPONSIBILITIES OF THE FPS SUPERVISOR

FPS Supervisors shall promote the philosophy, beliefs and values of the FPS program model and adhere to the policies and procedures set forth in the FPS manual. FPS Supervisors are responsible for the overall operations of the provider agency's Family Preservation Services program. FPS Supervisor coordinates and monitors all day to day operations of their program.

FPS Supervisor supervises and evaluates FPS staff in the following ways:

- Actively assists staff in their work with families at any time during the intervention. This includes case assignment, attendance at the initial intake session, and periodic in-home visits to families with a Counselor, attendance at a Mid-Case Conference, at termination and follow-up, as needed.
- Discusses/assesses safety needs of workers and families.
- Provides weekly case consultation and weekly individual supervision.
- Assesses training needs of staff. Provides on-site teaching of skills as needed.
- Reviews outcome data and provides routine feedback on outcomes as a mechanism for achieving positive results.
- Monitors staff performance. Recruits, hires and evaluates staff. When necessary, recommends termination of employment of staff in consultation with immediate supervisor.
- Available to staff 24 hours a day, 7 days a week. Provides back-up coverage for Counselors when needed.
- Participates in regular meetings with other FPS Supervisors (as coordinated by DCF), including meetings with DCP&P.
- Responsible for community relations and networking with local community agencies regarding FPS. Provides consultation and education re: FPS philosophy, treatment modality, eligibility criteria, referral process, etc. as needed.
- Establishes and maintains relationships with the RDS, local CP&P administrative and casework staff, and other resources.
- Conducts short and long term goal-directed planning to address Counselor and program needs, such as, use of staff time and program resources, Counselor self-care, client satisfaction and community support.
- Submits monthly reports to identified DCF Reporting Liaison in accordance with the specific format as prescribed by the Department.
- Registers Counselors for training through the Training Academy Website (TAWS).

Requirements for the Position:

The FPS Supervisor shall possess a master's or doctorate degree in social work, psychology, education or counseling and five years experience of providing treatment services to families and two years supervisory experience. Must meet all agency employment requirements. Position requires valid driver's license and exclusive use of an insured vehicle. Background checks will be conducted.

ROLES AND RESPONSIBILITIES OF FPS ASSISTANT SUPERVISOR

- Assists the FPS Supervisor in all aspects of the Supervisor's role as designated by the FPS Supervisor.
- If needed, provides direct service to one family at any one time with a total of eight unduplicated families per contract year.

Requirements for the Position:

The FPS Supervisor shall possess a master's or doctorate degree in social work, psychology, education or counseling and five years experience of providing treatment services to families and two years supervisory experience. Must meet all agency employment requirements. Position requires valid driver's license and exclusive use of an insured vehicle. Background checks will be conducted.

Requirements for Position:

The FPS Assistant Supervisor shall possess a master's degree in social work, psychology, education or counseling and at least two years' experience with families; or a bachelor's degree with 2 years FPS experience. Knowledge of cognitive/behavioral skills and ability to engage multi-problem families is preferred. Must be willing to adhere to the FPS program model and its use of treatment interventions. Must meet all agency employment requirements. Position requires valid driver's license and exclusive use of an insured vehicle. Background checks will be conducted.

ROLES AND RESPONSIBILITIES OF FPS COUNSELOR

The FPS Counselor is responsible for providing short-term, intensive, in-home services to families, using the FPS program model, with goal of preventing out-of-home placement of child(ren). More specifically, FPS Counselors:

- Maintain a caseload of two families. There may be occasions when a FPS Counselor can be assigned to serve a third family for brief periods of time, as directed by the FPS Supervisor. A third case shall be picked up only during the final week of an intervention with another family.
- Are directly accessible by phone to assigned families 24 hours a day, 7 days a week.
- Assess safety risks and structure interventions with families to assure safety. Interventions used will consider the need for the counselor's safety as well.
- Contribute to the development and maintenance of effective working relationships with CP&P and other social service providers.
- Participate in on-going training provided by the DCF Child Welfare Training Academy.
- Complete all necessary program and agency paperwork in a thorough, timely and professional manner.
- Conduct 3, 6 and 12-month follow-ups of families (post completion of FPS services) to determine outcome of FPS intervention.

Requirements for Position:

A Family Preservation Services Counselor, shall possess a master's degree in social work, psychology, education or counseling; or bachelor's degree and have at least one and half years' experience in providing services to families in crisis. Knowledge of crisis, cognitive/behavioral skills, communication skills and family therapy/education is helpful. Must meet all agency employment requirements. Position requires a valid driver's license and exclusive use of an insured vehicle. Background checks will be conducted.



SECTION FOUR

NJ FPS MODEL



NJ 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.

FPS ELIGIBILITY AND REFERRAL PROCESS

The main referral criterion for Family Preservation Services (FPS) is the risk of harm to a child. A family may be eligible for this service because there is a presenting crisis that places at least one child, birth to 17 years old, at imminent risk of child abuse/neglect and removal from the home as determined by CP&P; or, a child is returning from out-of-home care and the family needs intensive reunification services.

The following constitute appropriate referrals:

- The child can safely remain in the home with intensive in-home services.
- The family has agreed to the service, and at least one caregiver is available to participate in FPS.
- Other less intensive services will not sufficiently reduce the risk, or are unavailable.

Families meeting the following criteria are appropriate for referral to FPS for reunification purposes:

- The referred child will be returning to the identified permanent home, (i.e. family, another relative, family friend, etc.) within 30 days.
- At least one caregiver or residential representative from the child's current placement is available to participate in FPS until the child is returned home.
- The family is willing to engage in FPS and attempts to make positive changes to ensure the safety of the child.
- The reunification home is located within the same county as the FPS provider agency.
- If the child to be reunified does not currently reside within the same county as the FPS provider agency, the child must reside within a one-hour drive of the home office of FPS.

The following constitute inappropriate referrals:

- The child is not at imminent risk of placement.
- The safety/risk is too great for the child to remain in the home.
- The decision has been made that it is unsafe or in the child's best interest to be placed outside of the home, however services are being sought to assist the family while that placement is secured.
- The youth presents a significant risk to self and/or others.
- The family's presenting problem indicates a need for a longer term, less intensive service.
- The family declines services.

Structured Decision-Making Process

All referrals to the FPS program must have one of the following assessments and corresponding plans attached and meet the respective criteria:

Safety Assessment

- One or more safety factors are identified in Section 1

SDM Family Risk Assessment

- Risk level is assessed as high or very high

Family Reunification Assessment

- Risk level is assessed as low to moderate OR
- Section C is completed indicating a Reunification Safety Review AND
- Part 2 indicates one or more safety factors present AND
- A Safety Protection Plan is required

All referrals to the FPS program are made through a CP&P Resource Development Specialist (RDS), also known as the CP&P screener/Gatekeeper, who is trained to determine a family's appropriateness for the service.

When it has been determined that the family meets the eligibility criteria, it is the responsibility of CP&P to complete the FPS referral form: [CP&P Form 26-93](#). Upon receipt of the FPS referral form, the FPS Supervisor reviews the form for completion, ensures all required supplemental documents are received and the referral meets all program eligibility criteria.

If the above is not satisfied, the FPS Supervisor or designee should communicate with the RDS, gatekeeper, or referring DCP&P staff for necessary revisions to the referral form or request required documentation. Once the referral is deemed appropriate, The FPS Supervisor or designee will communicate with the RDS or CP&P designee to coordinate service delivery. This process should be consultative and collaborative between DCP&P and FPS to seek out opportunities to assist the family within the requirements of the FPS program. If ultimately, the information cannot be provided, the referral may be deemed inappropriate for FPS.

Program Jurisdiction

Some referrals to FPS will involve children and families whose living arrangements fluctuate between different counties. Children may also reside in one county, but be supervised by a CP&P Local Office from another county.

FPS programs are responsible for providing services to any eligible resident of the county they are contracted to serve. The FPS program located in the family's county of residence at the time of referral is the FPS program that will provide services to the family. These referrals are made between the two involved CP&P Local Offices, (e.g., the RDS from one county contacts the RDS in the second county to see if there is an available FPS slot). Once the slot has been approved, the referring RDS then contacts FPS and all contact and ongoing communication will be between the FPS program serving the family and the CP&P Local Office supervising the case.

For example, if a CP&P case is being supervised by an Essex Local office but the family lives in Camden County, then the Essex RDS contacts the Camden RDS to see if there is an available FPS slot. If there is a slot available, the Camden RDS will contact Camden FPS and advise them that an out of county referral will be sent. The Essex RDS will then send Camden FPS the approved referral form.

If this is a reunification case, see the Reunification Protocol.

Homelessness

Homelessness can be a life-threatening situation for families, in addition to putting children at risk of placement. Every effort should be made by CP&P to prevent a family's homelessness, prior to the family's referral to FPS.

While FPS **does not have the resources to be an emergency housing location** service, FPS may be an appropriate service for families living in a shelter experiencing multiple needs. Use of FPS for homeless families should be handled on a case-by-case basis.

The **referring CP&P worker retains responsibility** for providing the family with the necessary information and referrals to county and municipal homelessness programs, in order to assist the family in obtaining more permanent housing.

72 HOUR ASSESSMENT AND TURN BACK PROTOCOL

Once FPS has received a referral, the program has 72 hours to determine whether or not the family is appropriate for the FPS Intervention. During this initial period, a family is assessed as to its level of risk and/or safety, referring crisis and ability to participate in the FPS program. Additionally, this is where FPS begins to structure for safety. By the end of the 72-hour period, the family is either engaged in the FPS Intervention or turned back to CP&P for different services.

After the FPS referral has been accepted, circumstances may arise where a family is not appropriate for intervention by FPS. When this occurs, the FPS staff will communicate with CP&P staff to discuss the impending turnback. If the circumstances that are impacting eligibility and service delivery are unable to be resolved, DCP&P will be notified immediately and the case will be turned back.

In these situations, FPS completes the Turn Back Report form, which specifies why FPS could not provide services to the family, and forwards copies to the referring CP&P Worker and the RDS. FPS may include service suggestions on the Turn Back Report form.

Reasons to Turn Back a Case:

- Child not at imminent risk of placement.
- Child placed prior to FPS intervention or during 72 hour assessment period.
- Family declined FPS services or is unavailable.
- No slots available at this time.
- Safety concerns for FPS staff.
- Substance abuse or mental illness exists to such a great extent that it impedes a family's ability to engage/learn skills.
- Other Reason identified by FPS.

ACCESSIBILITY OF FPS COUNSELORS

FPS staff is to be directly accessible to the families on their caseload at all times through the distribution of their office telephone and cell phone number. FPS Counselors are available to their families 24 hours a day, seven days a week including holidays. It is required that FPS staff keep their cell phones charged, turned on and with them at all times. The family's direct accessibility to their FPS Counselor is one of the hallmarks of the program model.

RESPONSIBILITY IN SITUATIONS OF CHILD ABUSE/NEGLECT AND OF REPORTING CHILD ABUSE/NEGLECT

[New Jersey State Law \(N.J.S.A. 9:6-8.40\)](#) clearly states that every citizen is mandated to report any suspected or actual incidence of child abuse or neglect. Child abuse and neglect must be reported immediately to the State Central Registry (SCR) aka Centralized Screening. SCR can be contacted at 1-877-NJABUSE (1-877-652-2873). FPS is required to report any concerns of child abuse/neglect; nevertheless, FPS should encourage the caregiver to make the initial phone call to SCR.

INITIAL VISIT

The initial visit between FPS and the family will occur within 24 hours of the referral to FPS. If the initial visit does not occur within 24 hours, the worker will document an explanation in the chronological notes. FPS should contact the family, as soon as they receive the referral form to determine the best appointment time for the family.

FPS will initiate phone contact with the referring CP&P Worker before the initial visit. Goals and expectations should be discussed and agreed upon by FPS, the family and CP&P during the first 10 calendar days of the intervention.

Whenever possible, the FPS Supervisor should accompany the FPS Counselor on the initial visit to provide an additional assessment of the family, assist in the engagement process and act as a safety precaution. If the Supervisor is not available, then either another FPS Counselor or the referring CP&P Worker should be in attendance.

During the initial visit, FPS:

- Fully explains the program to the family.
- Obtains their agreement to participate.
- Elicits the family's view about participating in the FPS intervention.
- Completes any necessary paperwork such as needed releases.
- Provides the family with a cell phone number and explains FPS availability (24 hours a day, 7 days a week).

ASSESSMENT

Initial and final assessments of family functioning are conducted using the North Carolina Family Assessment Scales (NCFAS-G+R and T/WB). On-going assessments of family functioning and progress are conducted throughout the FPS intervention and documented in the case record.

In addition to the NCFAS tool, agencies may use an initial assessment form to collect any historical and psychosocial information and describe its relationship to the presenting problem. A complete assessment allows FPS and the family to better identify all the factors that are contributing to the presenting problem, as well as, the behaviors and circumstances that have an impact on the resolution of the current crisis. Once this information is identified and conceptualized, then effective goals can be developed. If goals are developed prior to the completion of the assessment process, then vital information may be missed and the impact of the FPS intervention may be reduced. The initial assessment needs to be completed within 10 calendar days of the intake.

GOAL DEVELOPMENT

Once the initial assessment of the family has been completed, the FPS Counselor and family develop two to four service goals that can bring about a timely resolution of the presenting problem. The goals define the purpose and the scope of the intervention and:

- Focus on the current priority issues as identified by the CP&P referral form (CP&P 26-93).
- Are behaviorally specific, measurable and achievable within the intervention.
- Take into consideration the Individual and Family Level Outcomes, as well as Action Plan developed between DCPD and the family.
- Identify resources needed to maintain progress and the role FPS will play in assisting the family to access these resources.

Each goal must:

- Include a minimum of three objectives which will identify the steps the family will take to achieve the goal.
- Include a minimum of two interventions per objective which identify the tasks the FPS Counselor will complete to facilitate goal achievement.

Goals must be developed, written and signed within 10 calendar days of the intake.

SKILL BASED INTERVENTION

FPS staff shall use evidence-based, evidence-informed, and/or evidence supported programs/practices/interventions to build on family strengths and facilitate the development of skills designed to improve family functioning. All services are provided in a manner that complements the DCF Case Practice Model (CPM) and the requirements for Solution Based Casework (SBC). FPS interventions should be directed at teaching new skills as a way of empowering the family to function more effectively.

FPS service delivery should include the following:

- Teaching problem resolution.
- Teaching ways to prevent the reoccurrence of abuse, neglect, and/or family conflict.
- Establishing a structure within the family to maintain progress and reach future goals.
- Direct provision of any identified service needs such as parenting education; child development; training; advocacy; family and individual counseling; communication and negotiation skills; home maintenance skills; concrete services; job readiness training; and developing linkages with formal and informal supports.
- Considerations for the family's cultural beliefs and traditions.
- Referral and linkage of family with any needed concrete or follow up services.
- Empowering the family to advocate for themselves.
- Ongoing communication between the FPS Supervisor, FPS Counselor, CP&P staff, family members and other service providers as needed.
- Completion of ongoing documentation of service provision.
- Mid-Case Conference.
- An in-depth, ongoing assessment of all risk and safety factors that may have an impact on family stability and functioning.

CASE CLOSURE

Plans for case closure begin at intake and should be part of weekly discussions and casework activity with the family throughout the intervention. The family should be given a conservative estimate of the length of service, and they are continuously reminded throughout the intervention. As a note, full interventions range from 4-8 weeks.

Guidelines for Case Closure**Termination of the FPS intervention occurs under several conditions:**

- Family has successfully completed the program and has met FPS treatment goals.
- Family has received at least 28 days of Intervention, and has met some, but not all FPS treatment goals.
- Reunification has not occurred within 30 days.
- Family does not want to continue FPS services.
- Identified child(ren) has left home and not expected to return within 7 days.

Case Closure Procedures**Case closure activities should include the following:**

- Review progress achieved, emphasize strengths, and encourage follow through with aftercare plan and on-going services.
- Encourage the family to call their CP&P Worker if concerns arise, or additional support is needed.
- Explain and distribute a Client Satisfaction Survey to the family; follow your agency's protocol for return instructions.

Complete the following forms:

- NCFAS-G+R and T/WB
- Goal Calculation Worksheet
- Termination Summary
- Family Financial Allocation form

CRITICAL INCIDENTS

Brief Description- FPS programs need to follow their agencies protocol for reporting critical incidents and appropriately document the incident and related activities in the case file.

FPS Programs should articulate critical incident protocol within their Agencies when such an event occurs. This should be done by reporting critical incidents and appropriately documenting the incident and related activities in the case file. The Agency communications should include FPR and DCPD in their notifications.

USE OF OUT-OF-HOME PLACEMENT DURING FPS

FPS interventions should be directed towards preventing out-of-home placement whenever possible. There may be a time however, when FPS has tried everything to keep a family together, but the situation or the risk of injury/harm to a child necessitates placement. FPS should always consult with CP&P when they believe a child(ren) is at risk of injury or danger by remaining in the home. Refer to the “Responsibility in Situations of Child Abuse/Neglect and of Reporting Child Abuse/Neglect” section above.

FPS remains actively involved with a family who experiences a short-term out-of-home placement of 7 days or less. During this time, FPS will continue to work with the family. FPS must close the case when a placement exceeds 7 days. Families who experience an out-of-home placement during a FPS intervention and have their case closed may have their case re-referred, if one or more children once again become at risk of placement.

FINANCIAL ASSISTANCE TO FPS FAMILIES

FPS programs are authorized to 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. Refer to [Annex A Section 2.2](#) for more information.

Funds may be used for:

- Essential household items
- Engagement activities
- Skill building aids such as books, videos and games
- Reinforcement of skills and goal achievement

Funding allocations must be directly related to the therapeutic process and/or goal attainment. The progress notes must clearly document funding allocation and rationale. All expenditures must also be listed on the Family Financial Allocation form.

FPS Counselors should make an effort to use other community resources to assist a family before exhausting FPS funds.

FPS FILES

Case records should be filed in a centrally located file cabinet, which is fireproof and can be locked. Each file should have a typed label with the FPS case record number and family name. If an FPS agency has upgraded to an electronic case record database, specific security measures should be used to protect the data.

Case records should be maintained in a manner, which allows for retrieval and in accordance with the provider agency's policies and procedures.

DURATION OF AN INTERVENTION

FPS is a short-term, intensive, crisis intervention program lasting from 4 to 8 weeks in length. The first week of enrollment begins with the initial face-to-face contact with the family. When the family agrees to FPS services and sign consent forms, intervention can begin immediately.

INTENSITY OF INTERVENTION

FPS provides a minimum of 5 hours and a maximum of 20 hours per week of direct face-to-face contact (including telehealth sessions as appropriate) to each family. It is recommended that families be seen no more than 3 days between visits. FPS normally provides its most intensive service delivery during the initial weeks of an intervention, with case hours decreasing as a family's stability increases. FPS is required to document case specific situations that prevent them from being able to maintain the minimum hours of intensity during an intervention. Every effort must be made to reschedule cancelled sessions and to cover a family during a worker's extended absence.

LOCATION OF INTERVENTION

FPS provides services in the family's home (including telehealth sessions as appropriate), community or the child's school, consistent with the needs of the family.

FPS PROGRAM EVALUATION

FPS contracts contain performance objectives for service delivery and outcomes. The primary objectives of the program are to:

- Ensure child safety
- Stabilize the family

- Improve family functioning
- Prevent out of home placement or facilitate reunification
- Link families with community resources
- Deliver services in accordance with FPS Standards

Refer to [**FPS Annex A Section 2.3**](#) for more information.

FPS programs are currently evaluated in two ways:

- By the number of families specified in their contract
- By the percentage of children preserved in their target home

Preservation is monitored at termination of services and at 3, 6, and 12 months intervals post completion of services. This and other program data is compiled into a statewide annual report of all FPS programs.

Refer to the FPS Program Annual Report: <http://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/>

Follow-Ups

One of the outcomes used to evaluate FPS programs is measuring their success at preventing out of home placements of children. For this reason, FPS conducts follow-ups at 3, 6, and 12 month intervals following the completion of services.

For evaluation purposes, any placement made for safety reasons by CP&P outside of the biological family (or the original family members involved in the intervention) is considered a placement.

Methods of Follow-Ups

FPS contacts families via telephone at 3, 6, and 12 months following the date of completion. The purpose is to ascertain the location and status of the identified child(ren). If this attempt is unsuccessful, telephone contact to CP&P is necessary. Every effort should be made to speak directly with the family. Refer to Section XII for Reports - Protocol for Obtaining Follow-Up Information or DCF website for Follow-up Protocol: <http://www.nj.gov/dcf/providers/contracting/forms/dcpp.html>

Level of Service

CP&P currently evaluates FPS by each program's ability to serve a contracted number of families annually. The annual level of service (LOS) for FPS is determined by the number of professional staff in each program. The annual capacity of each program can be compiled as follows:

- 18 families per FPS Counselor
- 8 families per Assistant Supervisor

The contracted LOS for each month and total for the year is indicated in the Annex A of the FPS Provider Agency's contract. The monthly level of service is the number of unduplicated families (unduplicated = only those accepted in the current month) served. The percentage is obtained by dividing this total by the monthly contracted LOS. This information is documented on the monthly LOS form and submitted quarterly to the Contract Administrator.

As per the NJ FPS Legislation, an FPS Counselor can only carry a maximum caseload of 2 families at any one time. The exception to this is that during the last week of the provision of service with one of the two families, the worker may begin a third case per the Supervisor's discretion.

See **NJ FPS Legislation:** http://www.lawserver.com/law/state/new-jersey/nj-laws/new_jersey_laws_title_30_chapter_4c

Turn Backs

At the end of the contract year, partial credit is given (for up to 18 Turn Backs annually) and is added to the year-end total and percentage of level of service as indicated by the following point system:

# of Turn Backs	Annual LOS Credit
1-3	0.5
4-6	1.0
7-9	1.5
10-12	2.0
13-15	2.5
16-18	3.0
18+	3.0



SECTION FIVE REUNIFICATION PROTOCOL



REUNIFICATION PROTOCOL

The Reunification Protocol is a set of guidelines for the return of children to their home for Family Preservation Services. Unless otherwise stated herein, the FPS program will follow the program guidelines established in the New Jersey Family Preservation Services Manual (Practice Standards and Good Practice Suggestions).

PROTOCOL FOR REFERRAL PROCESS:

I. Protocol for CP&P:

A. Eligibility: Family Preservation Services (FPS) operationally defines a reunification referral as a request for FPS services to meet the needs of those children who are returning from an out-of-home placement within 30 days of the referral date.

1. Families meeting the following criteria are considered appropriate for referral to FPS for reunification purposes:

- a.** The referred child will be returning to the identified permanent home, i.e. family, another relative, family friend, etc.
- b.** The family is willing to engage in FPS services and attempt to make positive changes to reduce the risk to the returning child.
- c.** At least one parent/caregiver is available to participate in FPS services.
- d.** The receiving home is located within the same county as the provider agency.
- e.** If the child to be reunified does not currently reside within the same county as the FPS provider agency, the child must reside within a one-hour drive of the home office of the FPS program.

2. Families meeting the following criteria are considered inappropriate for referral to FPS for reunification purposes:

- a.** The primary goal for the child is not reunification.
- b.** There are no family members who are willing to participate in the FPS program.
- c.** The family is receiving other related services and is cooperating with those services and their recommendations.
- d.** The parent is unwilling to have the child in the home.
- e.** This is only a temporary return home prior to another placement.
- f.** Families who are homeless or who are at significant risk of homelessness and have no plan or housing prospects.

B. Protocol for referring a family to FPS for reunification purposes. When referring a family to FPS for reunification services, DCPD staff should follow the same referral process as established for standard FPS cases (see Program Manual).

II. Protocol upon receipt of referral by FPS (follow established protocol in FPS Manual unless otherwise indicated).

A. Establish contacts.

- 1.** Contact resource parents, relative, or residential facility in which the child is residing as well as any other active service providers within 72 hours of the referral to FPS, after obtaining releases of information.

B. Establish meeting.

- 1.** Schedule a reunification planning meeting with all relevant parties within the first week of the intake.

C. Initial meeting with family.

- 1.** Identify the family's understanding of why the child went into placement.
- 2.** Identify changes that have occurred in the family since placement.
- 3.** Identify why the family feels reunification should occur.
- 4.** Explore and identify family strengths and potential barriers to FPS services.
- 5.** Determine the family's expectations.

D. Initial meeting with child and/or out-of-home caregiver.

- 1.** Should occur within 7 days of intake.
- 2.** Identify the child's understanding of why he/she went into placement (if appropriate).
- 3.** Explore and identify child's strengths and potential barriers to FPS services.
- 4.** Explore child's experience and behavior in out-of-home placement.
- 5.** Determine the child and caregiver's expectations.

E. Turn Backs.

- 1.** Follow procedure for FPS Turn Back.

F. Reunification-planning meeting.

- 1.** Clarify the roles and responsibilities of all service providers involved with the child and/or the family.
- 2.** Identify the reunification goals and develop a plan to facilitate a successful reunification.
- 3.** Develop a service plan for the child and family to be implemented upon the child's reunification. Identify the responsibilities of individual service providers to ensure the successful implementation of the plan.
- 4.** Establish tentative mid-case conference and termination dates with all relevant service providers.

PROTOCOL FOR ASSESSMENT:

Information is gathered to facilitate the appropriate reunification plan for the family (Week 1 & 2). Assessment is an ongoing process throughout the FPS intervention.

I. Assessment (Week 1 & 2):

A. Gather information about the family and the child referred to FPS in order to facilitate the development of an appropriate reunification plan. Ensure FPS has been provided with documentation from CP&P that provides an understanding of the current progression towards reunification. This may include the Individual and Family Assessment and Agreement, and Action Plan.

1. Identify the issues needing to be addressed to ensure a successful reunification.
2. Identify the needs of the family upon reunification.
3. Assess the changes that have occurred during the course of the child's placement.
4. Identify environmental, financial, counseling, and concrete service needs of the family.
5. Assess the concerns, if any, the family may have regarding the pending reunification.
6. Identify any socioeconomic, religious, and cultural differences that may exist between the family and the child's current placement.

B. Conference with all social service providers involved in order to gather information on their individual assessment of the family and/or child.

1. Obtain information regarding the reason for their involvement with the family and/or child.
2. Clarify the service goals established and the progress toward these goals by the family and/or child.
3. Determine, if appropriate, the individual agencies' professional opinions regarding the needs of the family and/or child during the reunification process.
4. Obtain a copy of client records relevant to the reunification process (i.e., school, medical, etc.)

C. Meet with the child being reunified and the current caregivers in order to obtain information regarding the child's placement.

1. Discuss the child's routine, specific behaviors and discipline techniques used.

D. Collaborate with all relevant parties to set intervention goals by the end of the second week.

PROTOCOL FOR TRANSITION:

The period after formal goals are set but prior to the child being returned home (Week 3 & 4). The purpose of this phase is to prepare the child and family for reunification.

I. Protocol for Visitation:

A. Sessions can be conducted during some of the CP&P approved scheduled visits between the child and the family, according to their needs.

1. Services provided may or may not be for the entire length of the visit.

2. Visitations can be utilized for observation of family interactions and goal related activities to prepare the family for reunification.
3. FPS does not conduct supervised visits.

B. FPS can conduct individual sessions with both the child and the family to process a visit, problem solve for future visits and prepare for reunification.

II. Protocol for Establishing Structure:

A. Establish structure in the home that will reduce the impact of change resulting from reunification.

1. Establish a routine that is consistent with what the child has become accustomed to in placement.

B. Review the established goals for appropriateness.

1. If necessary, adjust goals to meet the current needs of the family and child regarding the pending reunification.

C. Utilize calendars to create a visual plan with the family, child, and present caregiver.

D. Outline the steps to be taken to achieve reunification and clearly identify responsibilities of each party involved.

E. Explore potential barriers to reunification and develop a plan of action.

F. Establish closure with out-of-home caregiver.

1. Work with caregiver to establish closure to assist the child during the transition.
2. Assess the caregiver's need for continued support and provide appropriate resources.
3. Help child establish closure with their current caregiver (i.e., pictures, good bye gifts).
4. Acknowledge any grief and loss issues the child may experience and provide appropriate support.

G. Identify and process with the family any cultural and socioeconomic differences between them and the caregiver.

1. Explore the changes to be expected with child and family.
2. Identify and develop coping strategies to deal with lifestyle changes.

H. Follow-up on Reunification Planning meeting.

PROTOCOL FOR REUNIFICATION:

This step begins when child is physically reunified with their family.

I. Protocol for Day of Reunification:

- A.** Confirm with CP&P the actual date and time of reunification, which includes transportation of the child's belongings.
- B.** Communicate any safety concerns to CP&P (SCR).
- C.** Assist family in organizing a reunification celebration (if appropriate).
- D.** Review established services and identify any additional services needed.
- E.** Ensure concrete service needs have been addressed (i.e. clothing, bed, furniture etc.).
- F.** Confirm linkage to community resources (i.e. school, welfare, doctor, medication monitoring, outpatient treatment, recreational activities, after school programming, and child care).
- G.** Review the goals established for FPS intervention.
- H.** Facilitate a discussion among all family members regarding their expectations now that the reunification has occurred.
- I.** Implement structuring activities (i.e. behavior chart routine, etc.).
- J.** If appropriate, refine or refocus services to address changing needs of the family.

II. Protocol for Skill Building and Reinforcement:

- A.** Continue teaching skills and reinforce skills learned in earlier stages.
- B.** Assist the family and child with the successful implementation of the skills they have learned.
- C.** Continue assessing family functioning and progress toward the intervention goals.
- D.** Normalize and encourage realistic expectations regarding family dynamics.
- E.** Normalize behavior changes now that reunification is a reality.
- F.** Promote relationship-building activities and encourage the use of family meetings.
- G.** Encourage family members to openly express and process their feelings.
- H.** Assess the need for grief work with the child regarding their separation from the caregiver.
- I.** Provide individual and family support to assist with the adjustment process.
- J.** Provide education to the family regarding the possibility of a "honeymoon period".
- K.** Assist the child and the family in coping with any unresolved separation and loss issues that may have resulted from the child's placement.

III. Protocol Regarding the Preparation for Termination:

- A.** Continue monitoring the progress of the family and child toward the intervention goals.
- B.** Determine when goals are expected to be achieved and review the tentative termination date.
- C.** Process any issues that arise regarding the pending termination of FPS services.
- D.** Conduct a mid-case conference with the family and all relevant service providers to review the family's progress toward the intervention goals.
- E.** Review aftercare plans and establish connections with identified services.
 - 1.** Develop an aftercare plan.
 - 2.** Determine who will be responsible for the linking of each aftercare service.
 - 3.** Establish time frames regarding the linkage of aftercare services and the termination of the FPS intervention.

PROTOCOL FOR TERMINATION:

This is the final phase of the FPS intervention for reunification. During this phase the family is prepared for the termination of FPS services and is discharged from the program (Week 7 & 8).

I. Protocol for Preparing the Family for Termination:

- A.** Continue reinforcement of the skills learned and implemented by the family and child.
- B.** Continue monitoring the family's overall progress toward the intervention goals and establish a date for termination.
 - 1.** Provide feedback on observations made regarding the family's progress toward these goals.
 - a.** Remind the family and child of the termination date and continue addressing any issues that arise.
 - b.** Consider stepping down the intensity of the FPS intervention (i.e., number and duration of face-to-face visits), while maintaining the minimum requirements for FPS.
 - c.** Review the aftercare plan with the family.
 - d.** Revisit the concept of the "honeymoon period" with the family.
 - e.** Establish and identify the independent implementation of skills taught during the intervention.
 - f.** Complete a community support list with the family.
 - g.** Ensure aftercare linkages are in place.
 - h.** Continue to encourage family members to express and process all feelings in a productive manner.
 - i.** Schedule a termination meeting that involves FPS, CP&P, and the family, with input from all other relevant service providers.

II. Protocol for the Termination of FPS Services:

- A.** Follow Practice Standards for FPS Termination.
- B.** Conduct a termination meeting with FPS, CP&P, the family, and other relevant service providers.
- C.** Review the aftercare plan with the family and child.
- D.** Discuss the follow-up process with the family and explain how FPS can be reached at the office number once the case has been terminated.
- E.** Establish closure with the family and child.

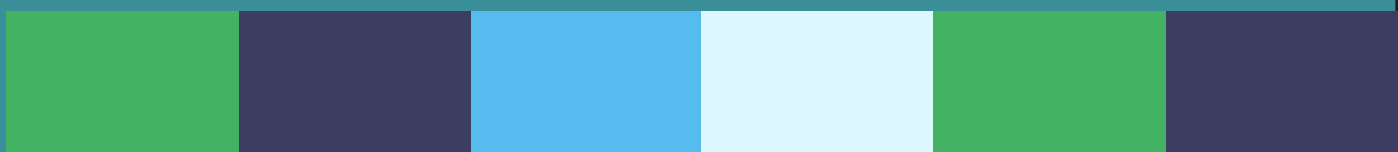
CELEBRATE THE FAMILY'S SUCCESSFUL REUNIFICATION





SECTION SIX

PRACTICE STANDARDS



PRACTICE STANDARDS

SAFETY

Family Preservation Services are for those families who have a child who is at imminent risk of removal, and or have experienced a removal and therefore the safety of the child is the main concern. FPS staff is committed to addressing safety throughout the course of the intervention – through assessments, safety plans, and clear communication between families, colleagues, and other identified entities, as needed. The FPS program is in alignment with DCF’s vision of ensuring New Jersey youth and families are safe, healthy, and connected.

Program Standard:

1.0 Safety of the children and families referred to Family Preservation Services shall be of paramount concern. Safety should be assessed and addressed from the time of referral through termination.

Elements:

1.1 Upon receipt of FPS referral form, 26-93, and supporting documentation all are reviewed by the FPS supervisor or designee.

1.2 During initial consultation with DCP, FPS staff confirm information received and clarify any questions surrounding identified safety concerns both environmentally and those due to safety factors that exist due to the nature of the case.

1.3 When a DCP Safety Protection Plan is active for a family referred to FPS, FPS should ensure it understands all the components of the safety protection plan and discuss their expected role in the plan. While FPS services can be used as part of a safety plan for a family, FPS staff cannot act in the role of supervisor.

1.4 At the time of intake with the family, Family Preservation Services staff is to begin the assessment, with particular attention to safety. The assessment shall incorporate environmental, emotional, developmental, and behavioral safety factors. Identified safety concerns should be addressed with the family and mitigated. These should be communicated with FPS supervisor and DCP within 24 hours if DCP staff are not present at the intake.

1.5 At any time during the intervention should immediate safety concerns arise (may include but not limited to a violation of a safety protection plan), those concerns will be brought to the attention of DCP staff by the way of direct telephone call to the worker, supervisor, covering staff, and/or DCP State Central Registry depending on the time of occurrence and staff availability. 9-1-1 should be contacted as necessary. FPS staff should secure their own personal safety until emergency services and/or CPP arrive.

1.6 FPS supervisor should be notified of any safety factor identified during the initial DCP consultation, intake, or ongoing intervention. The supervisor shall support the FPS counselor staff to triage/prioritize the response to the safety factor. Documentation of the notification should be contained in the FPS record. FPS shall continue to follow agency specific protocols around the internal reporting of a safety incident.

1.7 The mid-case conference, weekly supervisions, and communication with CPP, shall incorporate progress towards resolution of any identified safety concerns.

1.8 Prior to termination, FPS solicits feedback from referents and clients regarding whether safety concerns were adequately addressed during services.

Documentation:

- FPS Referral Form signed by CP&P gatekeeper or designee,
- Accompanying SDM documents-
 - Safety Assessment
- SBC documents when available
- Chronological Notes or Progress Notes indicating contact with referring CP&P Worker, Supervisor and/or RDS to discuss referral and obtain additional information if needed.
- Mid-Case Conference
- Termination Summary
- NCFAS
- FPS Supervision Notes

INTAKE

As a result of the risk determination by CP&P, FPS programs work quickly to expedite service entry and stabilize the family. The Intake process begins with an initial family visit within 24 hours of receiving the referral. During this phase FPS staff attempt to engage the family and determine whether or not program services can appropriately address their needs. This period also provides an opportunity for CP&P and the FPS program to share information regarding the family's history and expectations for the intervention. Families involved with CP&P will be in different SBC milestones at the time of FPS service intervention. This is dependent on many factors including but not limited to the length of time the family has been involved with DCP&P, readiness to change and engagement of the family. Knowledge of the families' place along the SBC continuum as well as a review of SBC documentation is important for FPS staff to best partner with the family and address the most critical "deal-breaker" issues. Families that meet the eligibility criteria are advised that their participation in the program is voluntary. Families are either accepted for service and agree to participate in the program or are turned back to CP&P within 72 hours.

Program Standard:

2.0 Referred families are engaged and informed about the FPS program.

Elements:

2.1 The referring CP&P Worker is invited to attend the initial home visit.

2.2 The family is contacted by telephone or an in-person visit is conducted upon receipt of the completed referral package.

2.3 Face-to face contact with the family occurs within 24 hours of receiving the completed referral package, unless the family states it is unavailable due to extenuating circumstances.

2.4 The referred family agrees or disagrees to participate after a full explanation of the following program elements:

- Purpose of the FPS program is to prevent placement or successfully reunify families with child(ren) identified by CP&P to be at risk of abuse/neglect
- Participation in FPS services is voluntary
- Family must be available to work with FPS 5-20 hours a week for 4-8 weeks
- In the event of a temporary placement during the course of an intervention child(ren) must not be out of the home for more than 7 consecutive days
- Staff are available to families 24 hours a day, 7 days a week
- Primary goal of FPS is to ensure the safety of all family members

2.5 FPS staff will be sure to assist families with all steps of the intake process, such as completing forms, or any other tasks needed for them to access the service. These efforts should be documented in the family's file.

Documentation:

- Chronological Notes
- Progress Notes
- Agreement/Authorization Form

TURN BACKS

After initial acceptance into FPS, circumstances may arise whereas a family is not appropriate for FPS intervention. When this occurs, the case is considered a Turn Back. When the case is deemed a Turn Back, the CP&P Worker will be notified within 72 hours of the initial referral to FPS. Reasons for non-acceptance into the FPS program are:

Turn Back Criteria:

- 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

Safety concerns for FPS staff include issues that cannot be mitigated in the foreseeable future so that services might be provided, including; health hazard, violence in home and community, substance use or mental illness exists to such a great extent that it impedes a family's ability to engage and learn skills.

In these situations, the FPS staff completes a Turn Back Report Form which specifies why the family could not be served by FPS. Once the decision to Turn Back a case has been made, the Turn Back Report is completed and forwarded to CP&P within 1 business day.

Program Standard:

3.0 All Turn Backs must be clearly documented and meet program requirements.

Elements:

- 3.1** FPS program determines whether or not to Turn Back a case within the first 72 hours from referral, unless there is documentation of extenuating circumstances that necessitate an extension not to exceed an additional 48 hours.
- 3.2** The FPS Counselor immediately discusses the potential Turn Back with a Supervisor so that appropriate action can be taken. Supervisors should consider consulting DCP&P before a decision is made to turnback the case.
- 3.3** Once the decision to Turn Back a case has been made, FPS staff immediately notifies the referring CP&P Worker and RDS. Turn Back Report will be forwarded to CP&P within 1 working day.
- 3.4** If the family has not verbally responded to FPS, FPS will make three in-person visits within 72 hours prior to turning back a case.
- 3.5** If FPS Counselor has made contact with the family, the family will be notified of Turn Back.

Documentation:

- Chronological Notes
- Progress Notes
- Turn Back Report

ASSESSMENT

Assessments are a means of engaging the family as FPS gathers information that will help to guide the intervention. It is also an integral part of goal formation. Initial and final assessments of family functioning are conducted upon intake and prior to discharge using the North Carolina Family Assessment Scales (NCFAS - G+ R AND T/WB). On-going assessments of family functioning and progress are informally conducted throughout the FPS intervention.

Program Standard:

4.0 Initial and final assessments are conducted on all families.

Elements:

- 4.1** NCFAS - G+ R AND T/WB assessment tools are administered.
- 4.2** All relevant psychosocial information is collected from the family and documented on an assessment form (Child Family Assessment Form or other Psycho-Social Form).
- 4.3** Strengths and needs identified by the initial NCFAS - G+ R AND T/WB are reviewed with the family.
- 4.4** Risk factors are prioritized and areas the family wants to work on are selected.
- 4.5** All family members' contributions to the issues and solutions are considered.
- 4.6** The NCFAS - G+ R AND T/WB and the psycho-social assessments are to be completed within 10 calendar days of the initial home visit.

Documentation:

- Chronological Notes
- Progress Notes
- NCFAS - G+ R AND T/WB
- Child Family Assessment or other selected psycho-social assessment

GOALS

During the initial family assessment, goals are formulated via collaboration between FPS, CP&P and the family to address the reasons that precipitated the FPS referral and the information obtained from the family's Case Plan which includes Individual and Family Level Outcomes and an Action Plan, if available goals are identified within 10 calendar days of the initial home visit.

Program Standard:

5.0 FPS staff develops, in partnership with the family, 2 to 4 goals to reduce or eliminate the presenting problem. Each goal must have a minimum of 3 objectives and 2 interventions.

Elements:

- 5.1** Goals are sufficient to ensure child safety and improve family stability.
- 5.2** Goals are clearly delineated and defined in behaviorally specific language.
- 5.3** Goals have measurable objectives specific to the family's needs.
- 5.4** Goals are achievable within the duration of the intervention.
- 5.5** FPS assists the family in obtaining resources and learning skills to achieve objectives and goals.
- 5.6** The goal formation process is completed within 10 calendar days of the initial home visit.

Documentation:

- Goals
- Goal Achievement Calculation Worksheet
- Chronological Notes
- Progress Notes
- NCFAS - G+ R AND T/WB

SERVICE DELIVERY

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 service networks and community resources. Services are delivered by trained staff who provide a combination of counseling, instruction and concrete services that respond to each family's unique needs, including: goal directed and skill-based interventions, referrals; limited financial assistance; transportation; food, clothing; and related supports. All services are designed to build on family strengths and are provided in the family's home or related environment, as circumstances warrant.

Program Standard:

6.0 All program services are provided in accordance with the New Jersey FPS Model.

Elements:

- 6.1** The family is taught problem solving skills, ways to prevent the reoccurrence of abuse and neglect and/or family conflict, and how to establish a structure within the family to maintain progress and achieve goals.
- 6.2** Direct services are provided as available to address identified service needs. These services will be provided in a manner consistent with the family's cultural beliefs and or traditions. This should be captured in the family's case notes.
- 6.3** Referral and/or linkages with community based services are provided as needed. FPS will identify any barriers to the family connecting with these services, and assist in resolving them. Their efforts will be documented in case notes.
- 6.4** The family is empowered to advocate for itself.
- 6.5** Ongoing communication with CP&P regarding progress and participation towards CP&P case goals, outcomes and Action Planning.
- 6.6** Family members named in the goals are engaged in the teaching process.
- 6.7** Services are provided in the family's natural environment (e.g., home, community, the child's school, etc.) consistent with the needs of the family. Services should also be provided in the families' preferred language. The manner in which this occurred should be documented in the family's case notes.
- 6.8** No less than 5 and no more than 20 hours per week of direct contact is provided to each family according to their unique needs.
- 6.9** FPS staff is on call to respond to families 24 hours a day 7 days a week.
- 6.10** Assessments of family functioning are ongoing throughout an intervention; and all observations or concerns regarding child safety or risk are addressed.
- 6.11** FPS staff to provide information, referrals and linkages for all participating family members, including children during transition and aftercare planning.

MID-CASE CONFERENCE

The Mid-Case Conference conducted mid-way through FPS service intervention and or two weeks prior to termination to discuss the current assessment of family needs, progress in achieving intervention goals and recommendations for the family's aftercare plan.

Program Standard:

7.0 Mid-Case Conferences are conducted with the family mid-way through the intervention.

Elements:

7.1 Worker will invite the CP&P Worker to the Mid-Case Conference. Optional attendees may include other relevant parties.

7.2 Referrals and/or linkages to community- based services are discussed and/or planned with attendees as appropriate.

7.3 Progress towards Intervention Goals are reviewed and discussed with the family and CP&P including the Parent's behavioral changes. This is an opportunity to partner with CP&P to review progress toward CP&P goals and outcomes.

7.4 Strengths and barriers to goal achievement are discussed with the family.

7.5 The projected termination date is discussed with the family.

7.6 The aftercare plan, included on the Mid-Case Summary, should indicate who is responsible for implementing follow-up protocols.

Documentation:

- Chronological Notes
- Progress Notes
- Mid-Case Conference Form

FPS TERMINATION

Termination process and procedures are an important part of any successful intervention and can impact the course of future events including participation in aftercare services. Because FPS is a short-term intervention, termination planning is goal driven and discussed from its earliest stages.

Program Standard:

8.0 The decision to terminate FPS intervention is discussed with the family.

Elements:

8.1 Interventions last 4 to 8 weeks and terminations fall into one of the following categories:

- Family completed the program and all goals were met (90%-100%)
- Family completed the program and significantly met all goals (50%-89%)
- Family completed the program and partially met all goals (20%-49%)
- Family completed the program and goals were minimally or not met (0%-19%)
- Child(ren) is not at imminent risk of placement and less intensive community services are recommended
- Family wants to discontinue FPS services but does not want child(ren) placed
- Family wants to discontinue FPS services and wants child(ren) placed
- Child (ren) has left home and is not expected to return within seven days

8.2 The goals, progress achieved, intervention outcomes and FPS recommendations are discussed with the family on a weekly basis and at the time of termination. The goals, progress achieved, intervention outcomes, and FPS recommendations are also discussed with the referring CP&P Worker throughout the intervention.

8.3 The Termination Summary is provided to CP&P within 10 business days of discharge.

8.4 The Termination Summary includes documentation of goals, level of progress achieved and intervention outcomes.

8.5 The Termination Summary includes recommendations or referrals to community-based resources and services. The aftercare plan, included on the Termination Summary, should indicate who is responsible for supporting the family's connection to resources post FPS intervention.

8.6 An FPS Satisfaction Survey is distributed to the family at the time of termination.

8.7 FPS will track and document follows up with the family to determine if the family received needed services.

Documentation:

- Chronological Notes
- Progress Notes
- NCFAS - G+ R AND T/WB
- Goals
- Termination Summary
- Satisfaction Survey

SUPERVISION

Family Preservation Services (FPS) offers regular supervision to all staff levels ensuring professional standards are maintained and quality services are provided to all families served. Supervision helps to protect the families, supports the FPS staff, and enhances the staff's skills and development.

Program Standard:

- 9.0** Formal individual supervision is to occur weekly between FPS counselor and supervisor.
- 9.1** Informal individual supervision occurs between the FPS counselor and supervisor at any time an immediate need arises outside of scheduled supervision.
- 9.2** Case conferences are scheduled twice during a full FPS intervention.
- 9.3** Formal manager supervision is to occur monthly between FPS manager and their supervisor.
- 9.4** Informal manager supervision occurs between the FPS manager and their supervisor at any time an immediate need arises outside of scheduled supervision.

Elements:

- 9.5** Formal individual supervision between the FPS counselor and supervisor is a planned, structured time to debrief and discuss the assessment process, progress towards the family's goals, safety issues, concrete needs, mid-case conference and termination planning.
- 9.6** The duration and frequency of Informal supervisions are dependent on the experience level of the staff. Supervisor is responsive to the level of intensity depending on the situation at hand. Field supervision may be utilized as an additional mode of supervision to support the worker in these circumstances.
- 9.8** Case conferences provide an additional opportunity for the counselor to present the family's needs and progress while gaining additional insight and support from fellow FPS counselors.
- 9.9** Formal and informal manager supervisions are where FPS cases and potential program issues and needs are reviewed with the manager's supervisor. Supervision should also occur in times of a planned absence in order to brief the covering manager.

Documentation:

- Chronological Notes
- Progress Notes
- Supervision Notes

DOCUMENTATION

Thorough record keeping is a critical part of the FPS intervention process. A family's FPS case file is a collection of all work products created by the FPS counselor as well as information received by FPS through the course of the intervention. This includes all interactions with the family, DCP&P and formal and informal collaterals contacts. Additionally, the family's FPS case file contains assessments and forms completed by FPS regarding the family.

Program Standard:

10.0 All official FPS casework must be documented, reviewed, approved, maintained, and stored within an agency's record keeping system.

Elements:

10.1 All interactions that FPS staff have regarding a family from acceptance of referral through termination shall be recorded and entered into the family's FPS file.

10.2 FPS will maintain chronological notes that document all interactions between FPS and DCP&P or 3rd parties' collaterals. They shall also capture a chronological record of indirect work conducted during the FPS intervention.

10.3 Following receipt and acceptance of the DCP&P referral form and all supplemental documentation, FPS staff will document any relevant family information from the initial consultation between DCP&P and FPS in the chronological note of the family's FPS file.

10.4 If criteria was not met, the reasons for the Turn Back will be clearly documented by the FPS supervisor or counselor. The Turnback report will be filed in the family's FPS record.

10.5 Documentation completed as a part of the NCFAS G+R TWB tool will be placed in the family's FPS record. This includes capturing conversations (in progress notes) that occur with the family regarding the results of the tool and collaboration done to set Intervention goals.

10.6 Progress notes shall be used to document sessions with families, should include date, session time and length, location, and people in attendance. It should also include what the agenda for the session is, what was worked on in that session, as well as the next session date and plans.

10.7 All safety concerns shall be documented in the family's FPS file. This documentation should capture to whom at the provider's agency and DCP&P the concern was communicated, as well as when the concern was reported.

10.8 Documentation of FPS sessions that occur with the family shall specifically indicate who was present in the session (related and non-case related individuals) in the home environment. If a family member was not present, their whereabouts should be noted, if known.

10.9 All correspondence received by FPS and sent by FPS should be maintained in the family's FPS file.

10.10 All FPS Mid-Case Conferences that are held are to be documented in their entirety on the Mid-Case Conference form and placed in the family's FPS record.

10.11 The Termination Summary shall be completed by FPS staff. The document should be signed and dated by both the FPS Counselor and Supervisor. The document is sent to DCP&P within 10 business days of case closure and a copy of the signed document is filed in the family's FPS record.

10.12 FPS supervisory staff should review documentation produced by counselor level staff and provide feedback as necessary. Confirmation of supervisory review should be noted in the family's FPS record.

10.13 Information specific to a family's case discussed during formal, informal supervision or case conference shall be documented and filed in the family's FPS record.



SECTION SEVEN

SAFETY SUGGESTIONS



SAFETY SUGGESTIONS

TACTICS FOR KEEPING YOURSELF SAFE

FPS is a unique program as we work with families in their home and community. It is important to develop a mindset of awareness to maintain your personal safety. Review all information provided to understand the issues of safety and risk to inform the steps you take to protect yourself. The following suggestions are a guideline for safety. Follow your agency's safety protocols.

Take-Alongs:

- If you must take a purse (although strongly discouraged) consider locking your purse in your trunk, to protect you (i.e., stolen personal information & items, vermin, bedbugs, roaches, lice).
- If you must take a purse, do not wear it across your neck.
- Carry only necessary documents (i.e., agency ID, license).
- Always ensure your cell phone is fully charged with programmed case related and emergency numbers.

Car Safety:

- Drive by your family's home, as you pass visually inspect the area around the residence for safety concerns.
- Park where you can take a direct route to your family's residence.
- If driving your personal vehicle, avoid parking in front of your family's home in-order-to protect your privacy.
- If you lock your purse in the trunk, do so prior to arriving at family's home.
- Carry your keys in your hand and be ready to unlock, get in, and re-lock without fumbling or wasting time.
- Check the back seat to make sure no one's hiding in there.
- If you are attacked near your car, sound car alarm and yell "fire."

Clothing and Personal Belongings:

- Do not wear provocative clothing.
- Wear sensible shoes that will allow you to maneuver or run.
- Avoid large earrings that can be grabbed easily and can damage your ear if pulled.
- Don't wear anything around your neck that can be used to choke you, like a scarf or heavy necklace.

Environmental:

- Confirm with CP&P of any new or existing environmental safety hazards or concern within the completion of the referral.
- Consult with your FPS supervisor a worker safety plan for service delivery.
- Schedule a meeting with CP&P and family to find an alternative safe environment to conduct the intervention.

Outside the Home:

- Upon arrival to and departure from family's home, contact your supervisor or designated team member.
- Walk with confidence and purpose. Try to fit into the environment.
- Be aware of your surrounding as you approach the family's home.
- Periodically check with law enforcement for local crime —hot spots in the area.
- If you believe you are being followed:
 1. Don't be afraid to draw attention to yourself if you feel threatened.
 2. If you feel an attack is imminent, try to get to a safe place.
- If you are entering a high rise or apartment building, survey the area. Beware of your surroundings for unsafe situations and illegal activity.
- When appropriate, ask the family to escort you to and from their residence.
- Listen to your instinct.

Inside the Building and Home:

- If family is under the influence, contact your supervisor for direction.
- If you are in a high rise, consider the pros and cons of elevator vs. stairs. Judge each situation individually.
 - You can feel trapped inside an elevator.
 - Stairwells are often insulated, and it would be hard for anyone to hear you calling for help.
 - Criminals escaping a break-in are more likely to use stairwells.
 - When waiting for an elevator, stand so you can see who is around you and who is approaching.
 - In the elevator, stand by the control panel. If attacked, push every button so it will stop at each floor. When the doors open, get out.
- If attacked, bang on anything close by and repeatedly yell—FIRE. More people will come, and come sooner, than if you yell—help.
- Do not enter the family's home without being invited in and greeted at the door. If you are not directly greeted at the door, then leave and contact supervisor.
- Upon entering, observe to see if the door can fully open and that there's no one hiding behind the door.
- Scan the environment for the presence of weapons, drugs, or drug paraphernalia.
- Note the position of things that could become a weapon.
- If you are already in the home and you notice a weapon near the family, make an excuse to leave and contact supervisor.
- Notice all potential exits. Do not allow yourself to be in a position where the family is between you and the primary exit.
- Be aware of other people in the home. Monitor their behavior and actions as you work with your family.
- Do not encroach upon your family's personal space or touch your family. Individuals with some mental illnesses may feel threatened. Individuals in some cultures or religions consider certain touches inappropriate and disrespectful.
- Be mindful of body language and eye contact that could be considered threatening to your family.
- When sitting, hard chairs are preferable over soft chairs as they are easier to get out of.
- If bed bugs have been detected as a concern, consider meeting family at an alternate location until the situation has been resolved.
- If pets pose a risk to your safety, politely ask for them to be secured.

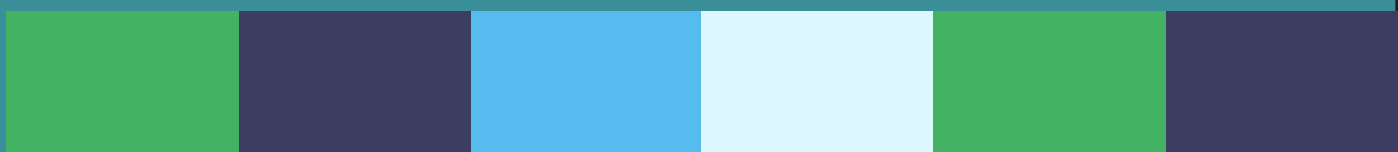
TACTICS FOR KEEPING YOURSELF SAFE

INFOGRAPHIC





SECTION EIGHT REQUIRED TRAININGS



REQUIRED TRAININGS

It is critical that FPS staff is thoroughly trained to be successful in the delivery of the NJ FPS. Below you will find the current requirements for training for the FPS network.

- New Worker Training: FPS Program Staff, Supervisors and Counselors, are required to attend the 6-day Core Practice Elements of the NJ FPS model.
- NCFAS (Evello) Training: Staff is required to engage in training through the below link to learn to use the NCFAS tool and corresponding data entry system: [Pre-recorded webinar](#)
- 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. Staff can engage in Solution Based Casework Training by using this link: [DCF_Solution-Based_Casework.pdf \(nj.gov\)](#)



SECTION NINE

GOOD PRACTICE SUGGESTIONS



GOOD PRACTICE SUGGESTIONS

The following is a list of suggestions from experienced FPS supervisors who have utilized many of these ideas in the program implementation. These are not meant as hard and fast rules, instead these are resources for supervisors and line staff to aid in program implementation.

I. General Program Suggestions:

- Conduct annual service presentations at local CP&P offices.
- Provide the DCP&P gatekeeper with weekly report regarding openings.

II. Referral:

- FPS supervisor confirms receipt of referral and discusses appropriateness of referral with CP&P gatekeeper, worker, or supervisor.
- Contact the CP&P worker to invite them to the intake and review referral form.
- Ask CP&P if they can provide any Solution Based Casework documentation to include the Family Discussion Guide, Individual and Family Assessment (Case Plan 1), Individual and Family Agreement (Case Plan 2), or Action Plan that may involve the FPS intervention.
- Explain your agency's protocol for working with families when illness may be present (e.g. COVID).
- Ask CP&P if the family has appropriate equipment for telehealth sessions, and if telehealth sessions would be appropriate for the family (if/when necessary).
- Any referral received after 3pm can be counted as beginning the following day. For a referral received on a Friday, contact must be made within 24 hours.
- Schedule the mid-case conference during initial conversation with the referring worker.

III. Initial Phone Contact With Family:

- Inquire if CP&P worker informed family of the referral to FPS.
- Clarify family's address/directions/parking issues.
- Follow your agency's protocol regarding the discussion on COVID or other illness.

IV. Initial Home Visit With Family (Intake):

- Introduce yourself to all family members.
- Ask what they know about FPS and clarify any misconceptions or differences.
- Get family's viewpoint or perception of the problem and ask if they have any questions.
- Ask the family what they expect of the program.
- Inform the family about the inflexible aspects of FPS (e.g., no more than 3 days between visits, 8-10 hours per week with a minimum of 5 hours).
- Ask the family about their availability over the next 4 to 8 weeks. (Be creative in finding times to meet, e.g., during their lunch hours).
- Acknowledge family's feelings about the intensive and brief nature of the service.
- Inform family that FPS is a contracted service and information will be exchanged with CP&P.
- Ask family if they know where they are in the process of their goals related to the Solution Based Casework Model and Action Plan.
- Verify agency's policies and procedures regarding HIPAA.
- Give family appropriate contact numbers (including supervisor's information) such as: cell phones, agency number, and crisis numbers.
- Ask the family if they have appropriate equipment for telehealth sessions if needed, then provide an overview of when telehealth might be used.

- Provide and explain agency's grievance procedure.
- Begin the development of a safety plan.
- Begin the termination process by stating the anticipated termination date.
- Establish a working agreement (e.g., pet allergies, smoke-free environment due to asthma, etc.).

V. Intervention:

- Discuss termination throughout the intervention and give an anticipated closing date.
- Have an agenda in mind for each session but be flexible to meet the family needs. If there is a crisis, use it as a "teachable" moment. At the end of each session, discuss with the family how they would like the next session to be structured.
- Review goal progress on a weekly basis and make changes as necessary (e.g., revise goals or add new goals if needed).
- Consider tasks of the DCPD/SBC Action Plan during service delivery.
- Redirect venting if it is interfering with goal achievement.
- Vary intervention styles -use all media to convey information (e.g., videos, handouts, books, games, role-playing, storytelling, and metaphors. Remember that people have different learning styles).
- Ongoing observation of safety and risk factors is to be included in the progress notes.
- Assist family in making concrete service connections; teach them to advocate for themselves.
- Invite all relevant parties to the mid-case conference and confirm their attendance (e.g. family members, CP&P worker/supervisor and other service providers). The meeting can take place at any convenient location. This meeting should be documented on a mid-case conference form (see Documentation Section XI).
- Save emergency numbers in cell phone.
- Create an accessible resource list.
- Begin referrals for aftercare services early in the intervention. To create seamless provision of services, attend intake with the family (if possible).
- Leave a copy of the material addressed for family members that are absent for a session.

VI. Turn Backs:

- Keep CP&P worker apprised of your inability to get in contact with the family. Invite CP&P worker to accompany you on a home visit attempt or to talk with the family and you via a conference call.
- Maintain open communication with CP&P staff about possible turn back.
- Send a letter to inform the family of the turn back when no contact was established.
- The supervisor has the discretion to hold a turn back decision by 1 or 2 days beyond the 72 hours, but the reason must be documented in the case notes.
- Safety Factors such as: Vermin Infestation; Health Hazards; Violence in the home or community may have an impact on FPS staff service delivery. If these safety factors occurs, here are the next steps to take action:
 - *Notify FPS Supervisor; Notify CP&P worker/supervisor/RDS
 - *Schedule a meeting with CP&P and family to find an alternative safe environment to conduct the intervention.

VII. Assessment:

- **NCFAS-** regarding Interrupted cases between 0 to 10 days, do not enter post assessment scores into Evello. For Interrupted cases between 11 to 27 days, enter initial and post assessment scores into Evello database system.
- Engage all relevant family members.
- Document the interaction among all relevant family members.

- Identify and engage other people/organizations that are involved with the family.
- Explore strengths and barriers of the family.

VIII. Goals:

- Discuss CP&P's concerns/safety factors and incorporate them into the goals.
- Have family describe the presenting problem and describe what the absence of the problem would look like.
- Provide the family with a copy of the goals and explain that they are a contract between FPS and the family.
- Incorporate Solution Base Casework Individual and Family Level Outcomes and Action Plan when developing FPS intervention goals when appropriate.

IX. Termination:

- Discuss the follow up process with the family and explain how FPS can be reached.
- Facilitate a transition meeting with the family and aftercare service (if appropriate).
- Any case that is being closed because the child is out of the home for more than seven days can be re-referred at a later date when child has returned home or is being reunified.
- Have a final review of goals and objectives with the family in the week prior to termination. Identify objectives that require additional reinforcement.
- Review and demonstrate with the family the skills that they learned.
- Provide the family with a list of community resources and contact information.

X. Supervision:

- Informal supervision as needed (e.g., to debrief after sessions with family).
- Field supervision as needed (e.g., difficulties with the family).
- Schedule a specific day and time for formal weekly supervision.
- Address worker transference issues.
- Review, read and provide feedback on documentation.
- Ask worker what they need from supervision.
- Discuss family's concrete needs and use of family assistance dollars.
- Provide a copy of "Guidelines for Contacting your Supervisor."
- Provide a copy of your agency's guidelines for the supervision process.
- Team conferences can be used to teach new skills to staff. Rotate responsibility for introducing new skills.

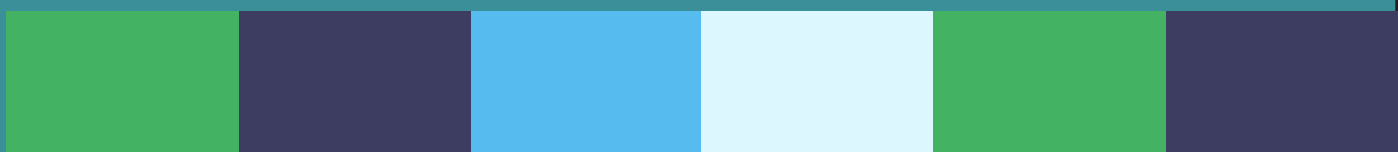
XI. General Suggestions:

- If no one answers the door, call the house using your cell phone.
- First Aid kit for the car, hand sanitizer, bug spray, wipes, etc.
- Keep appropriate PPE on hand.
- Box containing markers, crayons, art supplies, etc., kept in car.
- Review Safety Suggestions for additional guidance.



SECTION TEN

NCFAS POLICY 2023



NCFAS POLICY 2023

- The North Carolina Family Assessment Scale (NCFAS) will be used as the assessment tool for FPS. The current NCFAS is NCFAS G+R and T/WB.
- The results of NCFAS will be documented in Evello. It is recommended that a hard copy of the completed NCFAS is maintained in the case record.
- The intent of the NCFAS is to identify any safety or risk factors as well as aid FPS workers in identifying strengths and establishing goals with the family for the intervention. Additionally, the NCFAS will provide a potential pre & post measure for outcomes.
- The NCFAS is licensed for use only with authorized NJ FPS programs.
 - It is a violation of this licensure agreement to utilize NCFAS for any other agency program despite its apparent similarity to NJ FPS.
 - Individual FPS programs will be held directly responsible for any unintended use/distribution of the NCFAS.
- The NCFAS will be completed within 10 calendar days of Intake and then again during the last week of the intervention prior to the termination session.
 - FPS is strongly encouraged to complete the NCFAS within the first week of the intervention and to use the remaining time to develop the goals of the intervention.
- The NCFAS will be reviewed during Individual Supervision prior to being formalized in order to ensure accuracy and completeness.
 - A rating of Baseline indicates that there are no specific concerns that warrant FPS intervention.
- Aftercare services will be discussed for any domains assessed as problematic in the NCFAS. These recommendations will be discussed at the Mid-Case Conference as well as be noted in the recommendation section of the Termination Summary.
- Any safety concerns that develop during the course of the FPS intervention should be addressed and immediately reported to DCF Centralized Screening (1-877-NJ-ABUSE).
- The outcomes of the NCFAS performed during the final week of the intervention will be discussed with the family by the termination session. The progress identified by NCFAS will be presented in the Termination Summary to support Goal Achievement.



SECTION ELEVEN DEFINITIONS



FPS DEFINITIONS

Intervention: 4 to 8 weeks' time frame. To extend past 4 weeks, families need to demonstrate progress being made. Extend week by week.

Full Interventions (FI): A minimum of 28 days of provided services. Exceptions would be Reunification. Report on children(s) stats for Follow-up. The FI is not related to progress of goals or face hours or signatures.

Interrupted Interventions (IR): Less than 28 days. If Reunification, child not reunified by 30th day.

Turn Back (TB): Case terminated within 72 hours. Extenuating circumstances (additional 48 hours with supervisor discretion).

Duration of Intervention:

Service Start Date—The date FPS Referral is received and accepted by FPS.

Intervention Start Date—The date of the first face-to-face contact. This date begins week 1 of the intervention. Time spent prior to this date is included on week 1 Chronological Note.

Children At Risk: All children living in the household of the referred family. Age range birth to 17 (364 days).

Intervention Goals: Goals are guided by the services requested by CP&P from FPS referral form.

Mid-Case Conference: Scheduled mid-way in intervention, usually in week 2 or 3. Conference to review goals, progress, and possible recommendations.

LOS (Level of Service): The number of required cases is determined by the Annex A which is to be completed by each county and submitted in a quarterly report; include numbers of FI, IR, TB.

Annex A: The standardized contract from CP&P for the FPS.

Termination Summary: A report completed by FPS that provides a summary of the intervention. This report is faxed to CP&P.

Case Consultation/Conference: 20 minute per case presentation. Discussion of case- minimum 2 per intervention. Obtain/Sharing of Team suggestions. Supervisor maintains notes, see note documentation of event occurring.

Stabilization in Home: Interventions that focus on preventing placement.

Solution Based Casework (SBC): is a partnership-based practice model of assessment, case planning, and casework for families with children who are 17 years or younger who have been (or are at-risk for being) referred to child welfare services.

Reunification: Interventions that focus on reunification within 30 days of referral.

Stabilize in Placement: Interventions that focus on preventing re-placement of child.

NJ FPS Follow-Up Status Report: Calls made at 3, 6, and 12 months for all children of cases that were full Interventions (no IR or TB cases).

Unduplicated Case: Same family referred to FPS more than once within a contract year, but with different service goals and family dynamics.

Duplicated Case: Same family referred to FPS more than once within a contract year and with the same service goals and family dynamics.

Closure Date: The last scheduled face-to-face session is the date of termination.

Telehealth: Defined as the delivery and facilitation of health and health-related services such as FPS sessions/meetings via telecommunications and digital communication technologies.

Required & Standardized Forms: The following are standardized documents that cannot be changed: FPS Referral Form; NCFAS G+R and T/WB; Intervention Goal Sheets; Goal Achievement Calculation Sheet; Mid-Case Conference Sheet; Turn Back Report; and Termination Summary.

Required & Not Standardized Forms: These are documents that are required, the format may vary according to agency, but the content is to remain consistent statewide: Agreement to Participate; HIPAA Form; Client Rights and Responsibilities; Authorization/Release of Information; Chronological/Collateral Contact Note; Financial Allocation; List of Resource Services; Safety Plans/ Behavioral Contracts; Procedures for Reporting CA/N Form; Child Family Assessment; Progress Notes; Notice of Intent to Terminate; Utilization Review; and Participant Satisfaction Survey.

DCF Terms:

Safety Protection Plan	Intake worker
SBC—Solution Based Casework	Permanency Worker
Family Agreement	RDS—Resource Development Specialist
Risk Levels: low, moderate, high, very high	SPRU—Special Response Unit
Investigative Findings: Substantiated,	RI—Related Information
Established, Not Established, Unfounded,	FTM—Family Team Meeting
DODD—Emergency Removal	CFTM—Child Family Team Meeting CMO—
CWS—Child Welfare Services	Care Management Organization IAIU—
LO—Local Office	Institutional Abuse Investigation Unit DAG
AO—Area Office	—Deputy Attorney General
CPS—Child Protective Services	SAE—Substance Abuse Evaluation
CPS—Case Practice Specialist	
SDM—Standard Decision Making	

CP&P DEFINITIONS

DODD (Emergency Removal with Court Order):

When DCP, the Division of Child Protection and Permanency (formerly, DYFS, the Division of Youth and Family Services) investigates an allegation of child abuse or neglect and uncovers what it believes to be “imminent risk of harm”, the Division may remove the children from the home immediately without a court order. N.J.S.A. 9:6-8.28. This removal is referred to as a “DODD” removal, named after the legislator who sponsored the legislation giving the Division this right. Once a DODD removal occurs, the Division must be before a judge seeking a court order ratifying the DODD within two court days.

DCF LMS (Learning Management System):

This site will be used to enroll staff in required trainings.

SDM (Structured Decision Tool): Structured Decision Making (SDM™) is a uniform process for Division-wide decision-making regarding critical aspects of the agency intervention with a child and family. Structured Decision-Making assessment tools are research and evidence-based, designed to assist field staff to make important decisions, based on the facts of a case, rather than relying solely on individual judgment.

Clinical Consultations: (This service helps assess what CP&P may need for children and families through Perform Care and other sources. Assistance in interpreting evaluations and assessments for children and families. Information about behavioral health care for children and families, including diagnosis and available treatment. Provides recommendations about services for children.)

Court Order: Tasks that are ordered by the court for client.

- Subpoena: Identified person is ordered to appear in court (failure could result in an arrest warrant being issued, seek agency’s legal counsel).

FTM (Family Team Meeting): Initiated by CP&P within 45 days and then 3 FTM’s will be conducted within 1 year. Conducted by a CP&P facilitator to identify goals, strengths, service needs and roles of participants. Families can choose those they want to attend.

CP&P Coding regarding referrals to the Hotline number:

CWS—Child Welfare Services
CPS—Child Protective Services
RI—Related information

MVR: Monthly Visitation Requirement

Roles in DCF (as identified as CP&P):

- RDS—Resource Development Specialist
- LOM—Local Office Manager: Responsible for day-to-day operation
- Supervisor
- AFSW—Assistant Family Services Worker
- CWS—Case Work Supervisor-
- Case (manager) Worker—(also known as Family Service Specialist)
- CPS—Case Practice Specialist - Trouble shooting, expunge records, handle internal inquiries
- AA—Administrative Assistant
- DAG—Deputy Attorney General- Lawyer for CP&P
- Law Guardian—Lawyer for children
- CASA—Court Appointed Special Advocate for children
- Public Defender—Court appointed lawyer for parents
- Court Liaison—CP&P staff that is the liaison between the courts and CP&P
- DV Liaison—Assess level of DV and recommends services
- CADC—Substance Abuse Consultant—Assess and refer to treatment for adolescents and adults
- Clinical Consultant—(Recommendations about services for children and families)
- CHU—Child Health Unit- Nurses



SECTION TWELVE APPENDICES



Family Preservation Services Logic Model

Name of Initiative: Family Preservation Services			
Target Population: DCP&P-involved families with children facing imminent risks of abuse, neglect, or out-of-home placement, as well as those in the process of reuniting with their children.			
RESOURCES	ACTIVITIES	SHORT-/MID-TERM OUTCOMES	LONG-TERM OUTCOMES
<p>Counties:</p> <ul style="list-style-type: none">All 21 NJ counties <p>Staffing:</p> <ul style="list-style-type: none">FPS Counselors/CliniciansSupervisorAssistant Supervisor (optional)Director (optional) <p>State Funding</p> <p>Transportation</p> <p>Collaborations/Partnerships:</p> <ul style="list-style-type: none">Department of Children & Families (DCF)<ul style="list-style-type: none">CP&P, OFPR, OOM, OOQ, DMRCourtsCommunity providersFamilies <p>DCF or FPS Standardized Assessment/Screening Tools:</p> <ul style="list-style-type: none">Safety, SDM Risk and Family Reunification AssessmentNCFAS-G+R and T/WB <p>Training:</p> <ul style="list-style-type: none">FPS New Worker TrainingFPS Supervisor and Coaching TrainingsNCFAS Training <p>Databases & Data:</p> <ul style="list-style-type: none">Provider database / Electronic case recordsOn site agency paper filesNJ SPIRITEvelloMonthly ReportClient Satisfaction SurveyFollow up calls (3, 6, 12 months)	<p>Activity- Delivery of skill-building interventions to support family’s behavioral objectives and goals. Skill building interventions for families encompass a range of approaches, including:</p> <ul style="list-style-type: none">Teaching families new skills, strategies, and techniques in the following areas: crisis de-escalation, communication, anger and stress management, conflict resolution, and child development.Coaching families to apply these new skills, strategies, and techniques by providing guidance and modeling.Connecting families with concrete supports and community resources like counseling, support groups, and financial assistance programs. <p>Staff Responsible: FPS Counselors/Clinicians</p> <p>Method of Delivery: Sessions delivered in-home or in-community</p> <p>Frequency and Duration: Between 5 to 20 hours per week, for 4 to 8 weeks</p>	<ul style="list-style-type: none">Family functioning improvedFamilies linked with appropriate community resourcesChild(ren) is safe in the home or placement	<ul style="list-style-type: none">Out-of-home placements preventedChildren reunified with familiesFamilies stabilizedChildren safe



Family Preservation Services (FPS) Practice Profile

Guiding Principles	
<i>Philosophies, values, or beliefs that programs have when working with families.</i>	
Safety of the Child	Family Preservation Services are for those families who have a child who is at imminent risk of removal, and therefore the safety of the child is the main concern.
Intensity	FPS provides intensive services to ameliorate the identified issues
Responsive	FPS staff are available 24 hours a day 365 days per year to meet the family’s needs.
Strengths-Based	FPS works from a strengths-based perspective, identifying the strengths that families have and building them.
Flexible	Services are provided at times and places that are most convenient to the family.
Stability	Services are provided with the purpose of addressing the immediate crisis and stabilizing the family so that the child can remain in the home.
Goal Oriented	Services are based on goals that are developed in collaboration with the family, CP&P and FPS.
Collaboration	FPS works in a collaborative manner with the family, CP&P and other service providers and stakeholders.
Family Preservation	Services are provided with the intention of keeping families together whenever it is safe to do so.

Essential Function		
Engaging		
Establishing and maintaining relationships with family by building rapport through open communication, staff consistency, and involving family, CP&P, service providers and other stakeholders in the Family's participation in Family Preservation Services.		
Expected	Developmental	Unsatisfactory
includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts	includes activities that exemplify practitioners who are able to implement required skills and abilities, but in a more limited range of contexts and settings	includes activities that exemplify practitioners who are not yet able to implement required skills or abilities in any context.
<ul style="list-style-type: none"> ○ FPS staff is to be directly accessible to families 24 hours per day, 7 days per week (including holidays), 365 days per year through the distribution of their cell phone number. FPS staff keep their cell phones charged, turned on and with them at all times. [12,17,20] ○ Provides cell phone information at intake to family and describes the purpose of being on call. ○ FPS staff maintain a valid driver's license and exclusive use of an insured vehicle. ○ Provides services in locations which are consistent with families' immediate needs and situation including Telehealth sessions as appropriate according to health and safety rules/guidelines issued by the State and/or DCF. [1,12] ○ Creates an environment that allows people to discuss their family history and needs using a solution-focused and conversational approach. [1, 2, 3, 18, 24]. ○ FPS worker communicates that family members are full partners in defining their needs, designing a plan of action to meet their needs, and reviewing their progress. [2, 15]. ○ Families' existing strengths are acknowledged and used as the basis of growth and change. [2, 13, 24] ○ FPS staff demonstrates an understanding of cultural considerations such as of the impact of family dynamics, intergenerational struggles, ethnicity and culture on family functioning. [13, 16, 19]. ○ FPS staff utilize "engagement funds" and resources to meet the families' needs or alleviate stress [9, 21]. 	<ul style="list-style-type: none"> ○ Staff are not always available to families. ○ Staff may not immediately provide the family with their cell phone number or describe the purpose of being on the call. ○ Staff does not always provide services in locations which are consistent with families' immediate needs and situation including Telehealth sessions as appropriate. ○ Staff inconsistently create an environment that allows people to discuss their family history and needs. ○ FPS worker is not always consistent in communicating that family members are full partners in defining their needs, designing a plan of action to meet their needs, and reviewing their progress. ○ The FPS worker sometimes acknowledges families' strengths and uses them as a basis of growth and change. ○ FPS staff are not always able to demonstrate an understanding of the impact of family dynamics, intergenerational struggles, ethnicity and culture on family functioning. ○ FPS staff rarely utilize "engagement funds" and resources to meet the families' needs or alleviate stress. 	<ul style="list-style-type: none"> ○ Staff are not available to families. ○ Staff do not provide the family with their cell phone number. ○ Staff do not provide services in locations which are consistent with the families' immediate needs and situation including Telehealth sessions as appropriate. ○ Staff do not create an environment that allows people to discuss their family history and needs. ○ The FPS worker does not include the family as full partners in defining their needs, designing a plan of action to meet their needs and reviewing their progress. ○ The FPS worker does not acknowledge families' strengths. ○ FPS staff not demonstrate an understanding of the impact of family dynamics, intergenerational struggles, ethnicity and culture on family functioning. ○ FPS staff do not utilize "engagement funds" and resources to meet the families' needs or alleviate stress.

Essential Function		
Assessing		
Using a process to collect information and use it to address immediate and underlying issues families may be experiencing		
Expected	Developmental	Unsatisfactory
<i>includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts</i>	<i>includes activities that exemplify practitioners who are able to implement required skills and abilities, but in a more limited range of contexts and settings</i>	<i>includes activities that exemplify practitioners who are not yet able to implement required skills or abilities in any context.</i>
<ul style="list-style-type: none"> ○ Supervisory staff reviews referral form submitted by CP&P and Structured Decision Assessment. ○ FPS staff communicates with the family and all providers involved (e.g., CP&P, teachers, pediatricians, psychiatrists) to gather biopsychosocial information to help guide the intervention. All relevant information is documented on the NCFAS tool (at intake and discharge) and other assessments as appropriate [19]. ○ In the case of reunification, staff meet with the child and current caregiver in order to obtain information (e.g., child's health, routines, discipline techniques) to support the transition back home. ○ FPS staff continue to assess throughout the intervention to determine if adjustments are needed during the intervention (e.g., review family's continued safety, growth and development [5, 14, 19]) 	<ul style="list-style-type: none"> ○ Supervisory staff do not always review referral information that is submitted by CP&P and Structured Decision Assessment. ○ FPS staff do not always communicate with the family and all providers involved to gather biopsychosocial information to help guide the intervention. Not all relevant information is documented on the NCFAS tool and other assessments. ○ Staff do not always meet with the child and current caregiver in order to support the transition back home. ○ FPS staff rarely assess throughout the intervention to determine if adjustments are needed during the intervention. 	<ul style="list-style-type: none"> ○ Supervisory staff do not review referral information submitted by CP&P and Structured Decision Assessment. ○ Staff do not communicate with the family and other providers to gather biopsychosocial information to help guide the intervention. Staff do not collect and document relevant information on the NCFAS and other assessment tools. ○ Staff do not meet with the child or the current caregiver in order to support the transition back home. ○ FPS staff do not assess throughout the intervention to determine if the adjustments are needed during the intervention.

Essential Function		
Goal Development		
<i>Develop appropriate goals in partnership with the family and CP&P that are attainable within the timeframe of the intervention.</i>		
Expected	Developmental	Unsatisfactory
<i>includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts</i>	<i>includes activities that exemplify practitioners who are able to implement required skills and abilities, but in a more limited range of contexts and settings</i>	<i>includes activities that exemplify practitioners who are not yet able to implement required skills or abilities in any context.</i>
<ul style="list-style-type: none"> ○ Two to four treatment goals are identified and agreed upon between the family, CP&P and FPS with intent to ensure child safety and improve family stability [13] ○ Each goal should have a minimum of 3 measurable objectives and 2 interventions specific to the family’s needs. ○ Develops goals that are clearly delineated and defined in behaviorally specific language that are achievable within the duration of the intervention [13] ○ The goal form is completed and signed by the family within 10 calendar days. 	<ul style="list-style-type: none"> ○ Does not always identify two to four treatment goals in agreement with the family and CP&P with the intent to ensure child safety and improve family stability. ○ Each goal may have less than 3 measurable objectives and 2 interventions specific to the family’s needs. ○ Rarely develops goals that are clearly delineated and defined in behaviorally specific language that are achievable within the duration of the intervention. ○ Takes longer than 10 calendar days to complete the goal form have the family sign it. 	<ul style="list-style-type: none"> ○ Does not identify 2 to 4 treatment goals in agreement with the family and CP&P worker. ○ Does not create measurable objectives or interventions specific to the family’s needs. ○ Does not develop goals that are clearly achievable or clearly delineated and defined in behaviorally specific language that are achievable within the duration of the intervention. ○ Does not complete the goal form and has it signed within 10 calendar days.

Essential Function		
<u>Documentation</u>		
<i>Thorough and accurate documentation of service provisions and completion of required forms within the established timeframes</i>		
Expected	Developmental	Unsatisfactory
<i>includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts</i>	<i>includes activities that exemplify practitioners who are able to implement required skills and abilities, but in a more limited range of contexts and settings</i>	<i>includes activities that exemplify practitioners who are not yet able to implement required skills or abilities in any context.</i>
<ul style="list-style-type: none">○ Completes required FPS and agency-specific forms (e.g., agreement to participate, progress notes, NCFAS assessment, goal sheets, termination summaries, Turn Back Reports, and follow up reports, incident reports, financial allocation form with receipts) within the established timeframes and with pertinent information in each section of forms.○ Supervisory staff electronically submits to DCF completed monthly report by the 10th of the month for the preceding month.	<ul style="list-style-type: none">○ Sometimes completes FPS and agency-specific forms within the established timeframes and with pertinent information in each section of forms.○ Supervisory staff rarely electronically submit to DCF completed monthly report by the 10th of the month for the preceding month.	<ul style="list-style-type: none">○ Does not complete FPS and agency-specific forms within the established timeframes and with pertinent information in each section of forms.○ Supervisory staff do not electronically submit to DCF completed monthly reports by the 10th of the month for the preceding month.

Essential Function		
Teamwork		
Respectful and meaningful collaboration with families, CP&P and other stakeholders to achieve shared goals.		
Expected	Developmental	Unsatisfactory
<i>includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts</i>	<i>includes activities that exemplify practitioners who are able to implement required skills and abilities, but in a more limited range of contexts and settings</i>	<i>includes activities that exemplify practitioners who are not yet able to implement required skills or abilities in any context.</i>
<ul style="list-style-type: none"> ○ FPS staff invite and convene CP&P and the family to facilitate collaboration for initiation of the intervention, development of goals, and implementation of services while incorporating Solution-Based Casework. [19] ○ At time of initial visit, FPS staff communicates to the family that another worker or supervisor may provide coverage, when needed, and will introduce covering worker to family in advance, if possible. ○ FPS staff may request his/her Supervisor or another worker to accompany him/her to a family visit for guidance, support, safety, training etc. [2] ○ FPS Worker maintains a minimum of once weekly contact (on telephone or in-person) with the CP&P staff which provides an opportunity for both parties to work together to maintain, modify, or, if necessary, discontinue a treatment plan. ○ FPS staff participate in internal case conferencing or team meetings and receive direct individual supervision on a weekly basis. FPS Supervisors should meet with a Supervisor weekly to discuss administrative and clinical issues. FPS workers consult with each other, as needed. ○ FPS will schedule a Mid-case Conference including the family, CP&P case worker and/or supervisor and any other providers requested by the family. ○ FPS staff network with other FPS providers and community agencies to share ideas, expertise, problems and solutions. [19, 23] 	<ul style="list-style-type: none"> ○ FPS staff rarely invite and convene CP&P and the family to facilitate collaboration for initiation of the intervention, development of goals, and implementation of services while incorporating Solution-Based Casework. [19] ○ At time of initial visit, FPS staff may not always communicate to the family that another worker or supervisor may provide coverage, when needed, and may fail to introduce covering worker to family in advance, whenever possible. ○ FPS staff rarely requests his/her Supervisor or another worker to accompany him/her to a family visit for guidance, support, safety, training etc. ○ FPS Worker inconsistently maintains a minimum of once weekly contact (on telephone or in-person) with the CP&P staff which leads to missed opportunities for both parties to work together to maintain, modify, or, if necessary, discontinue a treatment plan. ○ FPS staff inconsistently participate in internal case conferencing or team meetings and receive direct individual supervision on a weekly basis. FPS Supervisors rarely meet with a Supervisor weekly to discuss administrative and clinical issues. FPS workers consult with each other, as needed. ○ FPS rarely schedules a Mid-case Conference including the family, CP&P case worker and/or supervisor and any other providers requested by the family. ○ FPS staff occasionally network with other FPS providers and community agencies to share ideas, expertise, problems and solutions. 	<ul style="list-style-type: none"> ○ FPS do not invite and convene CP&P and the family to facilitate collaboration for initiation of the intervention, development of goals, and implementation of services while incorporating Solution-Based Casework. [19] ○ At time of initial visit, FPS staff do not communicate to the family that another worker or supervisor may provide coverage, when needed, and does not introduce covering worker to family in advance, when possible. ○ FPS staff do not request his/her Supervisor or another worker to accompany him/her to a family visit for guidance, support, safety, training etc. ○ FPS Worker does not maintain a minimum of once weekly contact (on telephone or in-person) with the CP&P staff which provides an opportunity for both parties to work together to maintain, modify, or, if necessary, discontinue a treatment plan. ○ FPS staff do not participate in internal case conferencing or team meetings and receive direct individual supervision on a weekly basis. FPS Supervisors do not meet with a Supervisor weekly to discuss administrative and clinical issues. FPS workers consult with each other, as needed. ○ FPS does not schedule a Mid-case Conference including the family, CP&P case worker and/or supervisor and any other providers requested by the family. ○ FPS staff do not network with other FPS providers and community agencies to share ideas, expertise, problems and solutions.

Essential Function		
<u>Linking</u> <i>Working with families and CP&P to identify appropriate services and ensuring that they are linked.</i>		
Expected	Developmental	Unsatisfactory
<i>includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts</i>	<i>includes activities that exemplify practitioners who are able to implement required skills and abilities, but in a more limited range of contexts and settings</i>	<i>includes activities that exemplify practitioners who are not yet able to implement required skills or abilities in any context.</i>
<ul style="list-style-type: none"> Research and link families to community resources/supportive services most closely suited to the family’s needs early in the intervention. In addition to providing referrals and information, actively link families through in-person visits, attending meetings and appointments, and completing applications, etc. [8, 23] Assist in families’ transition to follow-up services with the identified community resources/supportive services in order to ensure continuity of services [21] 	<ul style="list-style-type: none"> Rarely researches or links families to community resources/supportive services most closely suited to the family’s needs early in the intervention. Sometimes actively links families through in-person visits, attending meetings and appointments, and completing applications, etc. Occasionally assists in families’ transition to follow-up services with the identified community resources/supportive services in order to ensure continuity of services. 	<ul style="list-style-type: none"> Does not research and link families to community resources/supportive services most closely suited to the family’s needs early in the intervention. Does not actively links families through in-person visits, attending meetings and appointments, and completing applications, etc. Does not assist in families’ transition to follow-up services with the identified community resources/supportive services in order to ensure continuity of services.

Essential Function		
<u>Advocating</u> <i>Advocate for families and assist them in learning how to advocate for themselves so that they can get the services and supports that they need to meet their goals.</i>		
Expected	Developmental	Unsatisfactory
<i>includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts</i>	<i>includes activities that exemplify practitioners who are able to implement required skills and abilities, but in a more limited range of contexts and settings</i>	<i>includes activities that exemplify practitioners who are not yet able to implement required skills or abilities in any context.</i>
<ul style="list-style-type: none"> Teach families to advocate for themselves through modeling, role playing, and coaching. Support the family’s interests and needs at schools, courts, social service organizations, etc. to ensure that the family’s voice is heard. Reframe others’ expectations or ideas about the family and communicate their strengths. 	<ul style="list-style-type: none"> Occasionally teaches families to advocate for themselves through modeling, role playing, and coaching. Rarely supports the family’s interests and needs at schools, courts, social service organizations, etc. to ensure that the family’s voice is heard. Sometimes reframes other’s expectations or ideas about the family and communicate their strengths. 	<ul style="list-style-type: none"> Does not teach families to advocate for themselves through modeling, role playing, and coaching. Does not support the family’s interests and needs at schools, courts, social service organizations, etc. to ensure that the family’s voice is heard. Does not reframe other’s expectations or ideas about the family and fails to communicate their strengths.

Essential Function		
Skills-Based Intervention <i>Teach parents skills that they can learn that will help them to meet their identified goals.</i>		
Expected	Developmental	Unsatisfactory
<i>includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts</i>	<i>includes activities that exemplify practitioners who are able to implement required skills and abilities, but in a more limited range of contexts and settings</i>	<i>includes activities that exemplify practitioners who are not yet able to implement required skills or abilities in any context.</i>
<ul style="list-style-type: none"> ○ FPS Staff demonstrate resourcefulness and creativity in planning interventions and teaching skills to families (e.g. use of therapeutic videos, games, handouts, worksheets, crafts, etc.). ○ FPS staff present and follow an agenda for each session and make adjustments as needed. [14] ○ FPS staff use the direct teaching sequence (tell, show, do) to address requested services such as: <ul style="list-style-type: none"> ▪ Safety Strategies ▪ Parenting Skills/ Child Development ▪ 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.) ▪ Structure daily routines/time management <p><i>*The interventions may be informed by well supported, supported, and/or promising practice models such as Motivational Interviewing, 1-2-3 Magic, STEP, CBT, etc.</i></p> <p>[4, 6, 11, 12, 21]</p> <ul style="list-style-type: none"> ○ Staff focus on practicing skills with families in the delivery of educational services, offering opportunities to practice interactive skills and may assign tasks and homework to practice learned skills. [4, 6] ○ FPS staff checks in on family’s progress during each session (e.g. reviews homework; obtain feedback on use of new skills, etc.) ○ FPS staff conclude sessions with a discussion on a summary of the session, next steps, and any action items for follow up. [2] ○ FPS Staff use financial assistance funds to reinforce skill-based activities. 	<ul style="list-style-type: none"> ○ FPS Staff rarely demonstrate resourcefulness and creativity in planning interventions and teaching skills to families (e.g. use of therapeutic videos, games, handouts, worksheets, crafts, etc.). ○ FPS staff sometimes present and follow an agenda for each session and make adjustments as needed. ○ FPS staff rarely use the direct teaching sequence (tell, show, do) to address requested services. ○ FPS staff rarely: <ul style="list-style-type: none"> ▪ Assign tasks during the sessions to facilitate the use of skills. ▪ FPS staff rarely assign homework to practice the use of skills. ○ FPS staff inconsistently checks in on family’s progress during each session (e.g. reviews homework; obtain feedback on use of new skills, etc.) ○ FPS Staff occasionally discusses the plan for the next session with the family. ○ FPS Staff sometimes use financial assistance funds to reinforce skill-based activities. 	<ul style="list-style-type: none"> ○ FPS Staff do not demonstrate resourcefulness and creativity in planning interventions and teaching skills to families (e.g. use of therapeutic videos, games, handouts, worksheets, crafts, etc.). ○ FPS staff do not present and follow an agenda for each session or make adjustments as needed. ○ FPS staff do not: ○ Assign tasks during the sessions to facilitate the use of skills. ○ FPS staff do not assign homework to practice the use of skills. ○ FPS staff does not check in on family’s progress during each session (e.g. reviews homework; obtain feedback on use of new skills, etc.) ○ FPS Staff does not discuss the plan for the next session with the family. ○ FPS Staff do not use financial assistance funds to reinforce skill-based activities.

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New Jersey Family Preservation Services Referral Process

Referral and Pre-Enrollment

DCP&P conducts an internal consultation to finalize referral information, gather necessary assessment tools and confirm the family's initial program eligibility. The DCP&P Gatekeeper, often the RDS, makes the referral on behalf of the family to the FPS Provider.

If the family is not eligible or appropriate for FPS, DCP&P assesses the family for alternate support and resources.

If found eligible, the FPS Provider notifies DCP&P and moves forward with the initial case conference

If found ineligible, the referral is deemed a Turnback and FPS communicates with DCP&P. DCP&P assesses the family for alternate supports and resources.

Initial Case Conference

The FPS Provider staff completes the initial case conference with the DCP&P local office staff to gather additional background information (family's case history and any other relevant case information) to confirm the family's eligibility.

If found eligible, FPS staff contacts the family to arrange an initial home visit. The DCP&P worker is invited to attend.

If found ineligible, the referral is deemed a Turnback and FPS communicates with DCP&P. DCP&P assesses the family for alternate supports and resources.

Intake and Enrollment

The FPS staff meets with the family. FPS staff engages the family and fully explains the FPS program. An initial assessment of the family is completed. FPS seeks the family's commitment to participate in the service.

If found eligible and the family agrees to participate, the family is enrolled in FPS services. Initial goal and service plan development occur at this time.

If found ineligible or the family declines to participate, the referral is deemed a Turnback and FPS communicates with DCP&P. DCP&P assesses the family for alternate supports and resources.

Family Preservation Services Pathway

Referral, Pre-Enrollment, and Initial Case Conference

- Review referral information from DCP&P
- Request additional information from DCP&P about the challenges and underlying issues the family is experiencing
- Ask for SBC documents, where the family is at in relation to SBC milestones, and about FLOs and ILOs
- Review information with FPS Supervisor
- Record gathered information
- Arrange for visit with family

Intake and Enrollment

- Engage families/ build relationships
- Present FPS services to family
- Solicit perspectives from DCP&P (if present) and family
- Determine underlying needs related to the challenges of the family
- Conduct a safety assessment (immediate needs)
- Develop a safety plan if needed
- Building consensus

Family-Centered Assessments

- Gather information to complete North Carolina Family Assessment Scale (NCFAS)
- Summarize assessment data
- Develop a statement of need for each family issue FPS will address
- Develop potential goals

Intervention Goals

- Present summarized assessment data to family
- Present potential goals and seek agreement
- Establish goal(s) and develop goal statement(s)
- Identify outcomes
- Establish behavioral objectives
- Select interventions

Service Interventions

- Develop and deliver teaching plans
- Develop skill application programs
- Conduct Mid-Case Conference
- Coordinate community services
- Provide educational information
- Track, monitor, and adjust interventions
- Record progress
- Getting specific/action plans

Termination and Maintenance Plans

- Review outcome of termination NCFAS with family
- Review and sign goals with family
- Transition family from FPS services
- Develop maintenance plans
- Disengage families
- Terminate families
- Notice, document, and celebrate change



New Jersey Department of Children and Families • Division of Child Protection and Permanency
Family Preservation Services
REFERRAL FORM

CP&P 26-93
Revised 07-2023

DATE		CP&P Local Office	Choose a Local Office	Main Phone		FAX	
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Caseworker:

CP&P Supervisor:	Name	Phone	Ext.	State E-mail
	Name	Phone	Ext.	State E-mail

FAMILY
NAME:

NJ SPIRIT CASE ID
No.

Address:

Telephone:

City/Town:

Preferred Language:

Choose a language.

Apt. No.

City, State, Zip Code:

Adults Living in Family or Resource Home	Relationship to Child	Gender	Age	DOB Mo/Day/Yr	Ethnicity	Race	Cell Phone	Comments
		Gender		DOB	Ethnicity	Race		
		Gender		DOB	Ethnicity	Race		
		Gender		DOB	Ethnicity	Race		
		Gender		DOB	Ethnicity	Race		

Children Living in Family or Resource Home			CP&P Service Goals: (1) Stabilize in Home (2) Reunification						
Last Name	First Name	Child ID#	Gender	Age	DOB Mo/Day/Yr	Ethnicity	Race	In Home Y/N	CP&P Service Goals (Enter 1 or 2)
			Gender		Date	Ethnicity	Race		
			Gender		Date	Ethnicity	Race		
			Gender		Date	Ethnicity	Race		
			Gender		Date	Ethnicity	Race		
			Gender		Date	Ethnicity	Race		
			Gender		Date	Ethnicity	Race		
			Gender		Date	Ethnicity	Race		

Others Living in Home & Relationship to Family

Environmental Concerns for Staff

(bed bugs, pets, drug/gang activity, weapons, smoke, etc.)



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Type of Abuse	Individual and Family-Level Factors (check all that apply)		
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Housing Related Issues	<input type="checkbox"/> Physical Health (Parent)	<input type="checkbox"/> Physical Health (Child)
<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> History of Domestic Violence	<input type="checkbox"/> Mental Health (Parent)	<input type="checkbox"/> Mental/Behavioral Health (Child)
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Financial/Unemployment	<input type="checkbox"/> Disability (Parent)	<input type="checkbox"/> Substance Abuse (Child)
<input type="checkbox"/> Neglect	<input type="checkbox"/> Juvenile Justice Involvement	<input type="checkbox"/> Substance Abuse (Parent)	<input type="checkbox"/> Disability (Child)

SDM Assessments (attach at least 1)	<input type="checkbox"/> Safety Assessment (one or more safety factors identified in Section 1) <input type="checkbox"/> Family Risk Assessment/Re-Assessment (risk is high or very high) <input type="checkbox"/> Family Reunification Assessment (risk is low to moderate & one or more safety factors present in Part 2)		
SDM Override? Yes <input type="checkbox"/>	Provide justification of override:		
Other Relevant Documents (attach at least 1)	<input type="checkbox"/> Case Plan Part 1 - Individual and Family Assessment <input type="checkbox"/> Case Plan Part 2 - Individual and Family Agreement <input type="checkbox"/> Court Order/Complaint	<input type="checkbox"/> Relevant Reports <input type="checkbox"/> Personal Protection Order(s)	

Additional Information (Required)
Describe the current crisis, complaint, or incident that prompted the Family Level and/or Individual Level Objectives (FLOs/ILOs):
List each FPS service requested and describe the specific behavioral changes needed relative to the CP&P Service Goals:

Reviewed by Gatekeeper:				
	Name	Title	Phone	State E-mail

FOR FPS PROGRAM USE ONLY

Received by FPS
Supervisor:

Referral Accepted: Yes ☐ No ☐

Date/Time

Turn Back Code:	
<input type="checkbox"/> (IR) Interrupted Intervention	<input type="checkbox"/> (TB5) No Slots available at this time
<input type="checkbox"/> (TB2) Child not at risk of placement	<input type="checkbox"/> (TB6) Safety concerns for FPS staff
<input type="checkbox"/> (TB3) Child placed prior to FPS intervention or during 72 hr. assessment period	<input type="checkbox"/> (TB7) Substance use or mental illness impedes family's ability to engage and learn skills
<input type="checkbox"/> (TB4) Family Declined FPS services or is unavailable	<input type="checkbox"/> (TBO) Other

FPS ID #: _____



Family Discussion



Name: _____ Case #: _____

Worker: _____ Date: _____

Family Members Names and Ages

Name	Relationship	Age	Name	Relationship	Age

Family Genogram: Who's in the Family and who are your Resources?

(Include family members and friends you can "go to" when things are tough)

What Family Issues/Tasks Concern the Family or Others?

*Developmental Stages and Tasks? What specific tasks are they struggling with?
Track the sequence, and exceptions. Could cultural issues be part of the story?*

What Individual Issues Concern the Family or Others?

*What personal issues are making family tasks more difficult? Could cultural issues be part of the story?
What is the Pattern (past and present) of those issues? (Exceptions?)
What skills do they have/need? (High-risk situations, warning signals, prevention, interruption, escape skills?)*

NOTE: (Star the Concerns that are directly related to safety or high risk)

Name Click or tap here to enter text.

Case ID Click or tap here to enter text.

☐ Family

☐ Individual



High Risk Situation(s)

Click or tap here to enter text.

Warning Signal(s)

Click or tap here to enter text.



Task(s) to Be Accomplished

How is Change Measured?

Prevention Tasks

Click or tap here to enter text.

Click or tap here to enter text.

Interruption Plan

Click or tap here to enter text.

Click or tap here to enter text.

Escape Plan

Click or tap here to enter text.

Click or tap here to enter text.

Safety (Backup) Plan

Click or tap here to enter text.

Signed

Witnessed By

Date

Family Preservation Services Mid-Case Conference Form

Family Name: _____ FPS ID #: _____
DCP&P Case ID #: _____ FPS Counselor: _____
DCP&P Worker: _____ FPS Supervisor: _____
Intake Date: _____ Case Conf. Date: _____

Mid-Case Conference Attendance:

Participants Invited:	Relationship to Child:	Attended (Yes or No):	Contact Information:

Why are we involved with the family? (Identify Safety and/or Risk Factors)

Click or tap here to enter text.

Presenting Stress Factors at Referral:

- | | | |
|---|---|---|
| <input type="checkbox"/> Delinquency | <input type="checkbox"/> Mental/Behavioral Health (Child) | <input type="checkbox"/> Physical Health (Parent) |
| <input type="checkbox"/> Disability (Child) | <input type="checkbox"/> Physical Health (Child) | <input type="checkbox"/> Substance Use (Child) |
| <input type="checkbox"/> Disability (Parent) | <input type="checkbox"/> Financial/Unemployment | <input type="checkbox"/> Substance Use (Parent) |
| <input type="checkbox"/> Mental Health (Parent) | <input type="checkbox"/> History of Domestic Violence | |
| <input type="checkbox"/> Mental Health (Child) | <input type="checkbox"/> Housing Related Issues | |

Current Assessment of Family Needs and Recommendations:

Click or tap here to enter text.

Goal Progress & Achievement

Goal 1:

Click or tap here to enter text.

Progress on Goal; including but not limited to: family's actions, skills taught by FPS worker, actions by other supports.

Click or tap here to enter text.

Describe the Parent's Behavioral Changes.

Click or tap here to enter text.

Goal 2:

Click or tap here to enter text.

Progress on Goal; including but not limited to: family's actions, skills taught by FPS worker, actions by other supports.

Click or tap here to enter text.

Describe the Parent's Behavioral Changes.

Click or tap here to enter text.

Goal 3:

Click or tap here to enter text.

Progress on Goal; including but not limited to: family's actions, skills taught by FPS worker, actions by other supports.

Click or tap here to enter text.

Describe the Parent's Behavioral Changes.

Click or tap here to enter text.

Goal 4:

Click or tap here to enter text.

Progress on Goal; including but not limited to: family's actions, skills taught by FPS worker, actions by other supports.

Click or tap here to enter text.

Describe the Parent's Behavioral Changes.

Click or tap here to enter text.

Plan for Aftercare *What prevention services are recommended to continue following FPS termination?
Include services and supports family is currently engaged or should be referred.*

Family Member	Reason for Referral (narrative below, if needed)	Agency	Contact Person & Information (Email or Phone)	Person Responsible for Referral (FPS Worker, CP&P, Family)	Date of Referral

Narrative: Please describe the family's level of participation in the intervention, barriers to goals, and safety concerns, etc

FPS Counselor: Date

FPS Supervisor: Date

Family Preservation Services Termination Summary

Family Name: _____ FPS ID #: _____
DCP&P Case ID #: _____ FPS Counselor: _____
DCP&P Worker: _____ FPS Supervisor: _____
Intake Date: _____ Termination Date: _____ Total # Hours: _____
Case Conf. Date: _____ Last Home Visit: _____ Total # Sessions: _____

Summarize the presenting problem (safety/risk factors) and progress made to mitigate or resolve the problem.

Click or tap here to enter text.

Household Dynamics.

Include current location of children, relative and non-relative caregivers and children residing in home.

Click or tap here to enter text.

Snapshot of FPS Services Provided. Choose no more than 4.

- | | | |
|---|---|--|
| <input type="checkbox"/> Safety Strategies | <input type="checkbox"/> Parenting Skills Instruction | <input type="checkbox"/> Support Substance Use Recovery |
| <input type="checkbox"/> Household Management | <input type="checkbox"/> Behavior Management | <input type="checkbox"/> Support Mental Health Treatment |
| <input type="checkbox"/> Budget/Finance Management | <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Support Health/Medical Care |
| <input type="checkbox"/> Structuring Daily Routines/Time Mgmt. | <input type="checkbox"/> Anger Mgmt/Conflict Resolution | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Concrete Services (food, shelter, clothing, etc) | <input type="checkbox"/> Stress Mgmt/Coping Skills | <input type="checkbox"/> Assessing Community/Natural Resources |

Goal Progress & Achievement

Goal 1:	Click or tap here to enter text.
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Progress on Goal; including but not limited to: family's actions, skills taught by FPS worker, actions by other supports.

Click or tap here to enter text.

Describe the Parent's Behavioral Changes.

Click or tap here to enter text.

Goal 2:	Click or tap here to enter text.
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Progress on Goal; including but not limited to: family's actions, skills taught by FPS worker, actions by other supports.

Click or tap here to enter text.

Describe the Parent's Behavioral Changes.

Click or tap here to enter text.

Goal 3:	Click or tap here to enter text.
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Progress on Goal; including but not limited to: family's actions, skills taught by FPS worker, actions by other supports.

Click or tap here to enter text.

Describe the Parent's Behavioral Changes.

Click or tap here to enter text.

Goal 4:	Click or tap here to enter text.
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Progress on Goal; including but not limited to: family's actions, skills taught by FPS worker, actions by other supports.

Click or tap here to enter text.

Describe the Parent's Behavioral Changes.

Click or tap here to enter text.

Plan for Aftercare: *What prevention services are recommended to continue following FPS termination? Include services and supports family is currently engaged or should be referred.*

Family Member	Reason for Referral (narrative below, if needed)	Agency	Contact Person & Information (Email or Phone)	Person Responsible for Referral (FPS Worker, CP&P, Family)	Date of Referral

Narrative: Please describe the family's level of participation in the intervention, barriers to goals, and safety concerns, etc
Attach other relevant documents, as needed.

Click or tap here to enter text.

FPS Counselor:

Date

FPS Supervisor:

Date

FPS Case Record Forms

REQUIRED / STANDARDIZED DOCUMENTS	
1	Referral Form & CPP SDM Assessment
2	NCFAS: G+R and T/WB - Intake
3	NCFAS: G+R and T/WB - Termination
4	Intervention Goal Sheets
5	Goal Calculation Worksheet
6	Turn Back Report
7	Mid-Case Conference Form
8	Termination Summary
9	HIPPA Form
10	Family Financial Allocation Form

Tickler

Case File Forms	Time Frame Due
Referral Form & CP&P SDM Assessment	Upon Receipt of Referral
Agreement to Participate / HIPPA / Client Rights & Responsibilities / Client Grievance / Telehealth / Authorization to Transport	Day of Intake and Enrollment
Expectations of FPS Program	Day of Intake and Enrollment
Authorization- Obtain/Release Info. Form	Day of Intake and Enrollment
Financial Allocation Form	Daily After Each Expenditure
Bio-Psychological / Family Assessment - Initial	10 th Day After Intake
Bio-Psychological / Family Assessment - Termination	Week Prior to Termination
NCFAS - G+R and T/WB Intake	10 th Day After Intake
NCFAS - G+R and T/WB Termination	Week Prior to Termination
Intervention Goal Sheets	10 Calendar days of the initial home visit
Goal Calculation Worksheet	10 days after intake and prior to case closure.
Progress Notes	In accordance with agency protocols but no later than 10 days after discharge.
Mid-Case Conference Form	Due to CPP within 5 days of the mid case conference.
Turn Back Report Form	72 Hours to Determined Ineligibility
Notice of Intent to Terminate Form	7 th Day Before Termination
Termination Summary to CP&P	10 Days After Discharge
Participant Satisfaction Survey	Distribute to Family, Pre-Termination