

**Required Performance and Staffing Deliverables**

**for**

**Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Child Victims of Domestic Violence**

**Effective Date: July 1, 2024**

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**Section I - Summary Program Description:**

The Department of Children and Families (DCF)’s Division on Women (DOW) contracts with providers (“contractors”) for Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and supportive services to child victims of domestic violence. These contracts will increase access to appropriate treatment and services that mitigate and/or treat the impact of trauma caused by domestic violence and assist children and caregivers in developing healthy relationships.

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

**NOTE: After reviewing the required deliverables listed below, contractors** **must sign the statement at the bottom of this Section II to signify acceptance of all of them. Please submit an executed copy as a PDF document with the title heading: *Required Performance and Staffing Deliverables*.**

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

DCF is charged with serving and safeguarding the most vulnerable children and families in the State. Our mission is to assist all New Jersey residents to be safe, healthy, and connected.

Up to ten million children and adolescents are exposed to domestic violence or intimate partner violence between their parents or caregivers each year. Exposure to domestic violence can have profound and lasting traumatic effects on children and their development. Potential impacts include, but are not limited to:

1. Lower verbal, cognitive and motor skills, and/or delays in childhood development;
2. Depression, anxiety, and Post Traumatic Stress Disorder (PTSD);
3. Restlessness, impulsivity, and difficulty concentrating;
4. Fearful, withdrawn, and inhibited behavior; and
5. Lower self-esteem and shame.
6. Stress-induced inflammation and immune system dysfunction
7. Impaired academic functioning
8. Speech or language disorders
9. Disrupted neurodevelopment from childhood to adulthood
10. Differences in memory, audio, and visual processing
11. Abnormalities in structural brain development[[1]](#footnote-2)

Research also demonstrates that early intervention with trauma-informed services is critical to a child’s recovery. Studies have found that there are protective factors and interventions which can mitigate the impact of exposure to domestic violence.[[2]](#footnote-3) Protective factors such as maternal sensitivity and attachment to the child, use of routine, caregiver mental well-being, child temperament, and child emotional self-regulation contribute to increased resilience in children exposed to domestic violence. Treatments which build resilience and promote recovery such as Trauma Focused Cognitive Behavior Therapy (TF-CBT) can mitigate the long-term impact of violence exposure. Reliable screening and assessment measures for domestic violence and trauma exposure are also important tools that inform treatment considerations.[[3]](#footnote-4)

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

The goal of the TF-CBT program is to provide high quality, effective services to children exposed to domestic violence.

TF-CBT aims to address symptoms resulting from a specific traumatic experience or experiences. This includes:

1. Improving child PTSD, depressive and anxiety symptoms.
2. Improving child externalizing behavior problems (including sexual behavior problems if related to trauma).
3. Improving parenting skills and parental support of the child and reducing parental distress.
4. Enhancing parent-child communication, attachment, and ability to maintain safety.
5. Improving child's adaptive functioning.
6. Reducing shame and embarrassment related to the traumatic experiences.”[[4]](#footnote-5)

The contractor will receive training as well as ongoing coaching and support for staff to ensure consistent, reliable use of the screening and assessment tool(s) as well as fidelity to the model.

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

Domestic Violence, Emotional Abuse/Neglect, Physical Abuse, Substance Use, Use of Foster Care, Other (include description), future trauma, continued ACES resulting from trauma; isolation.

1. **Target Population - The below describes the characteristics and demographics the contractor must ensure the program serves.**
2. **Age:**

Children from 3 to 18 years old and their non-offending caregivers

1. **Grade:** N/A
2. **Gender:** All
3. **Marital Status**: N/A
4. **Parenting Status:** N/A

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

Yes. The program serves children as well as non-offending caregivers.

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

N/A; Children participating in this program may or may not be DCP&P involved.

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

Children (3-18) exposed to domestic violence and their non-offending caregivers.

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

Non-offending parent or caregiver

1. **Other populations/descriptors targeted and served by this program initiative:** N/A
2. **Does the program have income eligibility requirements?** No
3. **Activities - The below describes the activities this program initiative requires of contractors, inclusive of how the target population will be identified and served, the direct services and service modalities that will be provided to the target population, and the professional development and training that will be required of, and provided to, the staff delivering those services.**

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

Unduplicated children enrolled and actively receiving TF-CBT services.

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

 Contractors shall report service numbers on a monthly basis through the TF- CBT Monthly Demographic Report.

3) **Estimated Unduplicated Clients per year:**

**Level of Service (LOS)**

The LOS increment for this program is defined as a child actively enrolled and participating in TF-CBT treatment.

* This means the child has completed screening and assessment and is actively receiving TF-CBT treatment along with their non-offending caregiver.

**Rolling Level of Service (LOS)**

* Each program is to maintain their designated rolling LOS which is proportionate to their respective Contracted Annual LOS.
* Rolling LOS is defined as the minimum number of children that must be actively enrolled and participating in TF-CBT treatment with their non-offending caregiver at any given time.
* The children can be newly enrolled, or existing children who remain engaged in the program over time.

Agency’s Contracted Annual LOS:

Agency’s Contracted Rolling LOS:

4) **Estimated Unduplicated Families:** N/A

5) **Is there a required referral process?** No.

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

There are no limitations on how families can access services. However, contractors shall develop a documented referral/business process that details the necessary steps beginning from screening to enrollment and includes triage to other community providers for ineligible referrals.

Additionally, contractors shall build relationships with referral partners such as DCPP, domestic violence agencies, Child Advocacy Centers, or any other public, private, or community organization that identifies a child or caregiver as a survivor or domestic violence like schools, doctor’s offices, hospitals, etc. These relationships will support case coordination and ensure easy linkages to community resources for when safety or basic needs are unmet.

All referrals are screened and assessed to determine whether: 1) there is a no need for treatment services; 2) TF-CBT is the appropriate treatment service; or 3) a higher level of treatment services is needed.

The following criteria makes a child appropriate referral to the program:

* Between the ages of 3 and 18;
* Exposed to, or impacted by domestic violence;
* Be verbal/have the capacity for language (i.e., receptive and expressive language skills);
* Single, multiple, or complex trauma(s) present;
* Have an independent memory of the traumatic event(s);
* The development or worsening of the child’s current difficulties/symptoms seems to be linked to the trauma(s) experienced. However, a PTSD diagnosis is not required.
* Family may not be receiving other trauma-focused therapy services concurrently with TF-CBT.

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

The contractor must have procedures in place for children whose screening and/or assessment indicate either no need for treatment services or a need for a higher level of treatment services. In cases where areas of need are identified but treatment is not warranted, the contractor shall work with the referring agency to find appropriate alternative resources in the community. Children who are suspected of requiring a higher level of service should be referred to PerformCare.

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

 TF-CBT is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles. It is a short-term, structured therapy, provided in approximately 8 to 25 sessions. Both child(ren) and caregiver are seen for individual sessions as well as conjoint sessions. All treatment is trauma-focused. The following are components of the TF-CBT treatment model:

1. Phase 1: Stabilization and Skills
2. Phase 2: Trauma Narrative and Processing
3. Phase 3: Integration and Consolidation

The TF-CBT program includes the following components:

 1. Screening and Assessment: Utilizing the TF-CBT screening tools recommended by the CARES Institute, assess whether child is appropriate for TF-CBT, or indicate either no need for treatment services or a need for a higher level of treatment services. Children who are suspected of requiring a higher level of service should be referred to PerformCare. In cases where areas of need are identified but treatment is not warranted, work with the referring agency and/or family to find appropriate alternative resources in the community.

2. TF-CBT Treatment: Conduct approximately 12-25 weekly sessions with the child and non-offending parent. Gradual exposure is included in all components to help children gain mastery in how to use skills when trauma reminders or cues occur. The program components are:

* P – Psycho-education and parenting skills
* R – Relaxation techniques: Focused breathing, progressive muscle relaxation, and teaching the child to control their thoughts (thought stopping).
* A – Affective expression and regulation: To help the child and parent learn to control their emotional reaction to reminders by expanding their emotional vocabulary, enhancing their skills in identification and expression of emotions, and encouraging self-soothing activities
* C – Cognitive coping: Through this component, the child learns to understand the relationships between thoughts, feelings and behaviors and think in new and healthier ways.
* T – Trauma narrative and processing: Gradual exposure exercises including verbal, written and/or symbolic recounting (i.e., utilizing dolls, art, puppets, etc.) of traumatic event(s) so the child learns to be able to discuss the events when they choose in ways that do not produce overwhelming emotions. Following the completion of the narrative, clients are supported in identifying, challenging and correcting cognitive distortions and dysfunctional beliefs.
* I – In vivo exposure: Encourage the gradual exposure to innocuous (harmless) trauma reminders in child's environment (e.g., basement, darkness, school, etc.) so the child learns they can control their emotional reactions to things that remind them of the trauma, starting with non-threatening examples of reminders.
* C – Conjoint parent/child sessions: Held typically toward the end of the treatment, but maybe initiated earlier when children have significant behavior problems so parents can be coached in the use of behavior management skills. Sessions generally deal with psycho-education, sharing the trauma narrative, anxiety management, and correction of cognitive distortions. The family works to enhance communication and create opportunities for therapeutic discussion regarding the trauma.
* E – Enhancing personal safety and future growth: Provide training and education with respect to personal safety skills and healthy sexuality/ interpersonal relationships; encourage the utilization of skills learned in managing future stressors and/or trauma reminders.

3. Supportive services: This includes but is not limited to time-limited supportive counseling, referral to community services and childcare. Plans to ensure childcare is provided for children whose caregivers are participating in therapy sessions is necessary and critical to the successful implementation of TF-CBT. Therapists may also be expected to provide reports, attend team meetings, or testify in legal proceedings for families involved with multiple systems (e.g. child welfare).

Contractors must engage families and be prepared to identify and address barriers to participation in the program. Contractors must also partner and collaborate with referral agencies like domestic violence agencies, Child Advocacy Centers, and Division of Child Protection and Permanency (DCPP). When delivering services to DCPP-involved families, collaboration may require providing collateral information and participating in case conferences and Family Team Meetings as appropriate.

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

1. **Evidence Based Practice (EBP) modalities:** Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

The contractor must agree to provide TF-CBT, an evidence-based trauma treatment modality.

According to the California Evidence-Based Clearinghouse: “TF-CBT is a conjoint child and parent psychotherapy model for children (ages 3-18 years old) who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.

The overall goal of TF-CBT is to address symptoms resulting from a specific traumatic experience or experiences. This includes:

1. Improving child PTSD, depressive and anxiety symptoms.
2. Improving child externalizing behavior problems (including sexual behavior problems if related to trauma).
3. Improving parenting skills and parental support of the child and reducing parental distress.
4. Enhancing parent-child communication, attachment, and ability to maintain safety.
5. Improving child's adaptive functioning.
6. Reducing shame and embarrassment related to the traumatic experiences.”[[5]](#footnote-6)

TF-CBT is based on three phases of therapeutic intervention. Phase one is stabilization and skills, phase two is trauma narrative and processing, and phase three is integration and consolidation. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4476061/)

The specific components of TF-CBT are summarized by the acronym PRACTICE to Implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (www.NCTSN.org)

* + Psychoeducation is provided to children and their caregivers about the impact of trauma and common childhood reactions.
	+ Parenting skills are provided to optimize children’s emotional and behavioral adjustment.
	+ Relaxation and stress management skills are individualized for each child and parent.
	+ Affective expression and modulation are taught to help children and parents identify and cope with a range of emotions.
	+ Cognitive coping and processing are enhanced by illustrating the relationships among thoughts, feelings and behaviors. This helps children and parents modify inaccurate or unhelpful thoughts about the trauma.
	+ Trauma narration, in which children describe their personal traumatic experiences, is an important component of the treatment.
	+ In vivo mastery of trauma reminders is used to help children overcome
	+ their avoidance of situations that are no longer dangerous, but which remind them of the original trauma.
	+ Conjoint child-parent sessions help the child and parent talk to each other about the child’s trauma.
	+ Enhancing future safety and development, addresses safety, helps the child to regain developmental momentum, and covers any other skills the child needs to end treatment.

TF-CBT uses age-appropriate language, skills building and examples. An essential part of TF-CBT is providing equal time to the safe caregiver. It includes psychoeducation for the safe caregiver while teaching new skills, including effective parenting, stress-management, and communication. It is important to note that only a non-offending parent can be part of the treatment.

1. **DCF Program Service Names:**

Counseling, Trauma Focused-CBT (Cognitive Behavioral Therapy)

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

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

Complete intake assessment, preferably in person. The service is generally conducted at the organization’s offices; however, it may also be conducted in other settings such as homes, shelters, and other settings as appropriate. In addition, sessions may also be conducted using encrypted telehealth platforms. Finally, the service includes individual sessions with the non-offending parent or safe caregiver as well as joint non-offending parent/child sessions.

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

TF-CBT is a short-term, structured therapy, provided in approximately 8 to 25 sessions. Both child(ren) and caregiver are seen for individual sessions as well as conjoint sessions.

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

Yes. As noted above, contractors must partner and collaborate with DCP&P when delivering services to DCP&P-involved families. This may include providing collateral information and participating in case conferences and Family Team Meetings as appropriate. Contractors also agree to collaborate with referral agencies like the county-based domestic violence agencies, culturally specific domestic violence agencies, Child Advocacy Centers, or other community organizations.

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

All clinicians implementing TF-CBT are required to be certified in TF-CBT or work towards certification. Clinicians must have a Master’s degree or above in a mental health discipline and hold a professional license or be working towards the license.

TF-CBT certification also requires training and consultation, which can be obtained through an approved TF-CBT Learning Collaborative. Senior Leaders are also required to participate in the Senior Leader Track of the Learning Collaborative alongside their staff.

To achieve certification, clinicians must also complete three separate TF-CBT treatment cases with three children or adolescents with at least two of the cases including the active participation of caretakers or another designated third party. Upon completion of the Learning Collaborative, clinicians and Senior Leaders are to develop a plan to take the TF-CBT Therapist Certification Program Knowledge-Based Test to achieve certification. For more information, see [https:tfcbt.org/certification/](https://sonj-my.sharepoint.com/personal/stephanie_rhodes_dcf_nj_gov/Documents/Annex%20A%20Templates/DOW%20TF-CBT%20Generic/Deliverables%20for%20DOW%20TF-CBT-Generic%2008.08.24.docx).

Dates for the Learning Collaborative will be provided to contractors as they are available. The year-long Learning Collaborative includes:

1. online training
2. training on standardized measures
3. introductory face-to-face training
4. 16-18 group consultation calls
5. advanced face-to-face training

Agency leadership will be asked to participate in a portion of the in-person training as well as on calls with other agency leaders. The engagement of leadership is designed to provide guidance and support in creating trauma-informed work environments that assist the implementation of the evidence-based treatment modality and the utilization of standardized measures to assess treatment progress and outcomes.

Therapists, supervisors, and agency leadership will have access to additional TF-CBT support and resources while obtaining certification and beyond.

1. **The court testimony activities, which may address an individual’s compliance with treatment plan(s); attendance at program(s), participation in counseling sessions, required for this program initiative are:** N/A
2. **The student educational program planning required to serve youth in this program:** N/A
3. **Resources - The below describes the resources required of contractors to ensure the service delivery area, management, and assessment of this program.**

1) **The program initiative’s service site is required to be located in:** County Specific:

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

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

 Agency Site, Telehealth when in the best interest of the client.

The space will be child and family-friendly, handicapped accessible, and exhibit well-defined safety procedures and protocols.

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

Hours of operation should be flexible to accommodate school aged children and working adults. Evening and weekend hours are expected.

5) **Additional procedures for on call staff to meet the needs of those served twenty-four (24) hours a day, seven (7) days a week?** No

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

Yes. Programs should be operational to meet the needs of youth and families being served. The staff of contractors shall ensure flexible work hours to meet the needs of youth and families. This may include after-work and/or weekend hours.

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

Yes. The program shall have the ability to meet the linguistic and cultural needs of youth and their families. Clinical services for youth with limited English proficiency must be provided in the youth’s primary language; providers may retain per diem staff to meet this requirement. The respondent may propose technology solutions to support communication with peers and non-clinical program staff.

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

 Contractors must ensure the accessibility of services for the target population in the identified county and eliminate barriers to treatment with transportation support.

 Support may include the provision of transportation and other solutions, such as bus passes, or offering services “in-home”, and in-shelters to mitigate transportation challenges.

 Contractors will need to provide valid inspection and maintenance records for all vehicles, and current driver licenses and proof of applicable training for all proposed drivers.

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

The contractor shall present a well-developed staffing model.

At minimum, the implementation of TF-CBT requires the following combination of staff positions:

**TF-CBT Clinician (can be part-time)**

**Responsibilities:** Conducts assessments and develops treatment plans for all participants. Continually assesses participants and provides TF-CBT treatment services.

**Education and Experience**: Graduate degree in a mental health discipline and be professionally licensed. Clinicians who are not yet licensed, can complete training requirements and apply for certification once licensed. Training and experience in domestic violence is preferred.

**Clinical Supervisor (part-time)**

**Responsibilities**: Review and co-sign all assessments performed by the clinical staff. Provide one-on-one and group supervision to staff. Employ supervision methods aimed at assessing and developing staff competencies. Utilize clinical supervision skills in supervision with staff. Ensures program is implemented to fidelity. Be certified in TF-CBT or participate in TF-CBT Learning Collaborative with other DCF-contracted consultant and staff regular basis as dictated by DCF. Team with DCF on program development, implementation, and evaluation activities.

**Education and Experience**: Hold professional mental health counseling license (LPC/LCSW). Possess a minimum of twenty-one (21) hours of training in clinical supervision. Possess a minimum of 100 hours providing general clinical supervision during the past five (5) years. Training and experience in domestic violence is required. Experience implementing CBT and other evidence-based approaches required.

**Optional Staff**

Respondents can include additional staff in their proposal, as needed, to meet program requirements. This can include program staff, administrative support staff, or drivers to reduce transportation barriers.

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

**"It is the responsibility of the contractor to provide services in accordance with the applicable licensing bodies.**

Professional Counselor Licensing Act (N.J.S.A 45:8B- 34 et seq.) Professional Counselor Regulations (N.J.A.C 13:34-10.1) The Prevention of Domestic Violence Act (N.J.S.A 2C:25-17 et al.))

“Domestic Violence” is defined by N.J.S.A. 2C:25- 17 et seq.

Programs have a duty to warn victims of possible harm in accordance with N.J.S.A. 2A:62A-16 and McIntosh v. Milan, 168N.J. 466; 403 A.2d 500 (Law Div. 1979).

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

Contractors should ensure staff not only engages in weekly face-to-face contact but also has the ability to communicate with families via telephone and electronic methods that include texting, email, and telehealth through the use of laptops and Wi-Fi capabilities.

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

Contractors must partner and communicate with the referring agencies, which include domestic violence agencies, DCPP, Child Advocacy Centers and other community agencies.

Contractors shall participate in programmatic calls with DCF and other funded TF-CBT providers to support operations and evaluation, as needed. The teams meet at least once a month, typically for one hour.

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

Monthly Survey Monkey demographic data submission; Quarterly outcomes report; Quarterly vacancy and Quarterly expenditure reports.

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

Contractors must utilize assessment tools identified in TF-CBT training for clients to determine if services are warranted, such as:

* The Pediatric Symptom Checklist (PSC-35) ([https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist](https://urldefense.com/v3/__https%3A/www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist__;!!J30X0ZrnC1oQtbA!KbBy9fJwRP9G291igI_SzGU69g-dIjifTW9jrl24iQthAiiLYRqEEZhbSwkNAnEd0MyUb4Y_VtmwLwF_f6bJ25pK$)
* The Child and Adolescent Trauma Screen (CATS-2) - Child Version (for children ages 7 to 17)
* The Child and Adolescent Trauma Screen (CATS-2) – Caregiver Version (child age 3 to 6 or child age 7 to 17)
* UCLA Post Traumatic Stress Disorder (PTSD) Reaction Index
* The Child Behavior Checklist (CBCL)

Additionally, contractors are expected to collaborate with DCF-DOW, its evaluation team, and other offices to establish outcome measures and develop continuous quality improvement plans.

Contractors must:

1. Have capacity to measure and report on DCF identified outcome indicators and any other outcomes proposed in their application;
2. Develop and maintain clear and organized systems of data collection to seamlessly distribute reports to DCF; and
3. Meet with DCF staff and/or DCF consultants at regular intervals to ensure evaluation and data reporting requirements are met.
4. **Outcomes - The below describes the evaluations, outcomes, information technology, data collection, and reporting required of respondents for this program.**

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

Evaluation, Reporting, and Ongoing Quality Improvement is a critical component of the service provided with this program.

DCF practices Continuous Quality Improvement (CQI) to identify and analyze strengths and areas needing improvement. DCF is committed to the process of ongoing evaluation as a vehicle to learn and develop solutions to improve the quality of services. It is expected that the grantee will engage in ongoing CQI to ensure programs are systematically and intentionally increasing positive outcomes for individuals and families they serve.

2) **The outcomes required of this program initiative**

1. **Short Term Outcomes**:

1. Increase child’s and non-offending parent identification of coping skills to address trauma

2. Begin to develop strategies to write and process the trauma narrative

1. **Mid Term Outcomes:**

1. Increase child’s and non-offending parent’s use of coping mechanisms to address trauma;

2. Use strategy to write and process trauma narrative

1. **Long Term Outcomes:**
2. Reduce the trauma effects of domestic violence on children and teach them healthy coping skills;
3. Involve the non-offending caregivers in the therapeutic process as one of many attempts to reduce the trauma as well as the rate of recidivism.

3) **Required use of databases:**

Contractors shall collect, maintain, and analyze data to produce reports of services and outcomes.

Any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

Any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

4) **Reporting requirements:**

Contractors are required to submit the following reports:

* + Monthly demographic data submitted via Survey Monkey
	+ Quarterly outcomes reports submitted via email to DOW Program Lead
	+ Quarterly expenditure reports submitted via email to DCF Contract Administrator and DOW Program Lead
	+ Quarterly vacancy reports submitted via email to DCF Contract Administrator and DOW Program Lead

**F: Signature Statement of Acceptance:**

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

The Region to be Served:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

**Section III - Documents Prerequisite Contract Execution**

In addition to the Signed Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requires contractors to submit up to date versions of the following documents if not already on file with DCF.

1. **Organizational Documents Prerequisite to the Execution of All DCF Contracts:**



1) A description of how your **Accounting** System has the capability to record financial transactions by funding source, to produce funding source documentation, authorization to support all expenditures, and timesheets which detail by funding source how the employee spent their time, invoices, etc.

 2) **Acknowledgement of Receipt** of NJ State Policy and Procedures: Return the receipt to DCF Office of EEO/AA.

 Form:<https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf>

3) **Affirmative Action Certificate:**  Issued after the renewal form [AA302] is sent to Treasury with payment.

 Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year One (1). Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.

 Website: <https://www.state.nj.us/treasury/contract_compliance/>

4) **Agency By-Laws** -or- Management **Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership

5) **Annual Report to Secretary of State** proof of filing.

 Website: <https://www.njportal.com/dor/annualreports>

1. Statement of **Assurances** signed and dated.

Website: https://www.nj.gov/dcf/providers/notices/requests/#2

Form:

<https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc>

7) **Attestation Form for N.J.S.A. 30:1-1.2b** - Complete, sign and date as the contractor.

 Form: [Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf (nj.gov)](https://www.nj.gov/dcf/providers/contracting/forms/Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf)

 **Note:** Read each statement carefully and do not check all options. Pay attention to the ‘or-either-and’ statements. A signature and date are required.

1. Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the **Board of Directors** of a corporation,or the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality.
2. Standardized Board Resolution Form

Form:<https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf>

1. For Profit: **NJ Business Registration Certificate** with the Division of Revenue (see instructions for applicability to your organization).

 Website: <https://www.nj.gov/treasury/revenue/busregcert.shtml>

11) **Business Associate Agreement/HIPAA** -Sign and date as the Business Associate.

Form: <https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx>

12) **Conflict of Interest Policy** (Contractor should submit its **own** policy, **not** a signed copy of the DCF model form found at the end of the following DCF policy.)

 <https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf>

13)  All **Corrective action plans or reviews** in process or completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years.

**If applicable**, a copy of the corrective action plan should be provided and any other pertinent information that will explain or clarify the contractor’s current position under the correction action plan and remedial measures implemented.

**If not applicable**, the contractor is to **include a signed and dated written statement** **on agency letterhead** that it has never been under any Corrective Actions or reviews.

**Contractors are on notice** that DCF may consider all materials in our records concerning audits, reviews, or corrective active plans as part of the contract review process.

14) Certification Regarding **Debarment**

Form:<https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>

15) Disclosure **of Investigations & Other Actions Involving Contractor**

 Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>

16) **Disclosure of Investment Activities in Iran**

 Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>

17) **Disclosure of Ownership** **(Ownership Disclosure Form)**

 Form: <https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf>

The Ownership Disclosure form must be completed and returned by non-profit and for-profit corporations, partnerships, and limited liability companies. The failure of a **for-profit** corporation, partnership, or limited liability company to complete the form shall prohibit the formation of a contract.

18) **Disclosure of Prohibited Activities in Russia and Belarus**

 Form: <https://www.state.nj.us/treasury/administration/pdf/DisclosureofProhibitedActivitesinRussiaBelarus.pdf>

19) **Employee Fidelity Bond Certificate (**commercial blanket bond - crime/theft/dishonest acts)

Bond must be at least 15% of the full dollar amount of all NJ State contracts for the current year when the combined dollar amount exceeds $50,000. The $50,000 threshold includes fee-for-service reimbursements made via NJ FamilyCare/Medicaid If not applicable, contractor must submit a signed/dated written statement on agency letterhead stating they will not exceed $50,000 in combined NJ State contracts for the current year.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator.

Policy:[https://www.nj.gov/dcf/documents/contract/manuals/CPIM\_p8\_insurance.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf%20)

20) **Liability Insurance** (Declaration Page/Malpractice Insurance/Automobile Liability Insurance)

Important: Policy must show:

a. DCF as the certificate holder – NJDCF 50 E State Street, Floor 3, P.O. Box 717, Trenton, NJ 08625

b. Language Stating DCF is “an additional insured.”

c. Commercial Liability Minimum Limits of $1,000,000 an occurrence, $3,000,000 aggregate

d. Commercial Automobile Liability Insurance written to cover cars, vans or trucks, limits of liability for bodily injury and property damage should not be less than $2,000,000/occurrence.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator Policy:[https://www.nj.gov/dcf/documents/contract/manuals/CPIM\_p8\_insurance.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf%20)

21) Document showing **NJSTART** Vendor ID Number (NJ's eProcurement System) Website: <https://www.njstart.gov/> Helpline: 609-341-3500 or - njstart@treas.nj.gov

22) **Program Organizational Chart**

Should include agency name & current date.

23) **Source Disclosure Form (Disclosure of Source Location of Services Performed Outside the United States)**

 Form: <http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf>

24) Document showing **Unique Entity ID (SAM)** Number

 Website: <https://sam.gov/content/duns-uei>

25) **Certificate of Incorporation**

 Website: <https://www.nj.gov/treasury/revenue>

26) **Notice of Standard Contract Requirements, Processes, and Policies** Sign and date as the contractor

 Form: [Notice.of.Standard.Contract.Requirements.pdf (nj.gov)](https://www.nj.gov/dcf/providers/contracting/forms/Notice.of.Standard.Contract.Requirements.pdf)

 27) **Organizational Chart of contractor -** Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.

 28) **Chapter 271/Vendor Certification and Political Contribution Disclosure**
Form:<https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>

 29) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards -** A brief description (no more than two (2) pages double spaced) of the ways in which contractor’s operations (policies and/or practices) mirror these standards. The document should include the agency name & current date. The Standards are available at: [“Sexual Abuse Safe-Child Standards” (state.nj.us)](https://www.state.nj.us/dcf/SafeChildStandards.pdf)

30) **Standard Language Document (SLD) (or Individual Provider Agreement or Department Agreement with another State Entity as designated by DCF.)**

Sign and date as the provider

 **SLD Form:**

<https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>

**Individual Provider Agreement:**

<https://www.nj.gov/dcf/providers/contracting/forms/Individual.Provider.agreement.pdf>

 **State Entity Agreement:**

<https://www.nj.gov/dcf/providers/contracting/forms/DCF.Departmental.Agreement.with.Another.State.Entity.pdf>

31) **System for Award Management** (**SAM)** Submit a printout showing active status and the expiration date. Available free of charge.

 Website: <https://sam.gov/content/home>Helpline:1-866-606-8220

32) **Tax Exempt Organization Certificate** (ST-5)-or- **IRS Determination Letter** 501(c)(3)

Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>

33) **Tax Forms: Submit a copy of the most recent full tax return**Non-Profit: Form 990 Return of Organization Exempt from Income Tax or- For Profit: Form 1120 US Corporation Income Tax Return -or-
LLCs: Applicable Tax Form and must delete/redact any SSN or personal identifying information
Note: Store subsequent tax returns on site for submission to DCF upon request.

 34) **Trauma Informed and Cultural Inclusivity Practices -** Submit written policies describing the incorporation of these practices into your provision of services.

**[The above 34 documents must be collected from each contractor if not already on file with DCF.]**

1. **Additional Documents Prerequisite to the Execution of This DCF Contract**

**[Note: The contract administrator assigned to initiate and administer this contract may require the contractor to submit the following additional documents relevant to this specific contract prior to finalizing the contract for funding.]**

1. **Annex A -** Sections 1.1, 1.3 & 2.4

 **Note:** Contract Administrators will provide any Annex A forms customized for programs when they are not available on the DCF public website. Website: <https://www.nj.gov/dcf/providers/contracting/forms>

2)**Annex B Budget Form -** Include Signed Cover Sheet

 Form: <https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>

 Note: The Annex B Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.

 Website: <https://www.nj.gov/dcf/providers/contracting/forms>

3) A completed **Budget Narrative** is required for the proposed program that: a) clearly articulates budget items, including a description of miscellaneous expenses or “other” items; b) describes how funding will be used to meet the project goals, responsibilities, and requirements; and c) references the costs associated with the completion of the project as entered in the Proposed Budget Form found at:

<https://www.nj.gov/dcf/providers/contracting/forms/>. When DCF allows funding requests for start-up costs, include in the Budget Narrative a detailed summary of, and justification for, any one-time program implementation costs documented in the final column of the Proposed Budget Form.

4) **Equipment Inventory** (of items purchased with DCF funds) Policy: <https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf>

 5) **Schedule of Estimated Claims** (SEC)-signed

Form: Provided by contract administrator when applicable.

6) For Programs Hosting Youth, Adults, and Families or relying on Rent, Interest, or Depreciation in their program budget: current **Health/Fire Certificates**

 7) For Programs Hosting Youth, Adults, and Families or when including Rent, Interest, or Depreciation in the program budget: copies of an executed **Lease, Mortgage** or **Deed.**

 8) For Programs Hosting Youth, Adults, and Families or relying on Rent, Interest, or Depreciation in their program budget: current/continued **Certificate of Occupancy.**

 9) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.

10) **Subcontracts/Consultant Agreements/ Memorandum of Understanding** related to this contract for DCF review and approval.

**Section IV - General Conditions and Reporting Requirements of This Contract**

1. **General Conditions of DCF Contracts**

DCF determines the effective date of any contract, which is the date compensable services may begin.

A DCF contractor shall be required to comply with the terms and conditions of DCFs’ contracting rules, regulations, and policies as set forth in the Standard Language Document, the Notice of Standard DCF Contract Requirements, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. Contractors may review these items via the Internet at: [www.nj.gov/dcf/providers/contracting/manuals](http://www.nj.gov/dcf/providers/contracting/manuals) <https://www.state.nj.us/dcf/providers/contracting/forms/>.

Contractors also shall comply with all applicable State and Federal laws and statutes, assurances, certifications, and regulations regarding funding.

1. **Reporting Requirements of this Contract**

Contractors are required to produce the following reports in accordance with the criteria set forth below, in addition to the reporting requirements specified above related to the delivery and success of the program services.

1. **Audit** or **Financial Statement** (Certified by accountant or accounting firm.)
A copy of the Audit must be submitted to DCF by all agencies expending over $100,000 in combined federal/state awards/contracts if cognizant with any department of the State of NJ. As noted in the Audit DCF Policy CON -I-A-7-7.6.2007 Audit Requirements, section 3.13 of the Standard Language Document, DCF also may request at any time in its sole discretion an audit/financial statement from agencies expending under $100,000 that are not cognizant with any department of the State of NJ. Note: Document should include copies of worksheets used to reconcile the department's Report of Expenditures (ROE) to the audited financial statements. (DCF Policy CON -I-A-7-7.6.2007 Audit Requirements)

Contractors are to submit the most recent audit or financial statement with the initial contract and then each subsequent one within 9 months of the end of each fiscal year.

 Policy:

 <https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf>

2) **DCF Notification of Licensed Public Accountant Form** (NLPA)**-and-** copy of **Non-Expired Accountant's Certification**

Contractors must ensure DCF form is used, and 2 signatures are provided. Not required for agencies expending under $100,000 in combined federal/state awards or contracts. The $100,000 threshold includes fee-for-service reimbursements made via Medicaid. Also, the NLPA is a State of NJ form and need only list federal/state funds received via contracts with the State of NJ.

 Contractors are to submit this form with each Audit, providing info related to the year subsequent to the audit.

Not Applicable Note: Must state your agency will not exceed $100,000 in combined Federal/State awards or contracts.

Form: <https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx>

3) Photocopies of Licensed Public Accountant firm’s **license to practice**, and most recent **external quality control review** to be submitted with the NPLA.

4) **Reports of Expenditures** **(ROE)**:

A. Scheduled Payments Contract Component: A quarterly ROE is to be submitted during the contract year 15 calendar days after the end of each fiscal quarter, and a Final ROE is to be submitted 120 calendar days after the end of the fiscal year. Alternatively, an ROE is to be submitted in accordance with any separate DCF directive to file ROEs at other intervals for specific contracted programs.

The format for the ROE must match that of the Annex B budget form.

Form: <https://nj.gov/dcf/providers/contracting/forms/>

Note: An ROE must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6). [Microsoft Word - SECTION 6 - Expenditure Reporting.doc (nj.gov)](https://www.nj.gov/dcf/documents/contract/manuals/CRM6.pdf)

B. Fee for Service Contract Component: Not Required.

5) **Level of Service (LOS) Reports**

Enter the cited DCF Standard Template Form for each month the number of youth, adults, and families served and ages of those receiving services, and the hours/days, county locations, etc. of those services, or record this data into another form, survey, or database that DCF agrees can serve to track LOS for the contracted program.

Website: <https://www.nj.gov/dcf/providers/contracting/forms/>

6) **Significant Events Reporting:**

 Timely reports as events occur to include, but not be limited to, changes to: (1) Organizational Structure or Name [DCF.P1.09-2007]; (2) Executive and/or Program Leadership; (3) Names, titles, terms and addresses, of the Board of Directors; (4) Clinical Staff; (5) Subcontract/consultant agreements and the development or execution of new ones; (6) a FEIN; (7) Corporate Address; (8) Program Closures; (9) Program Site locations; (10) Site Accreditations (TJC,COA,CARF); (11) the contents of the submitted Standard Board Resolution Form; (12) Debarment and SAM status; and (13) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.

 Note: Contractors are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed with the NJ Department of the Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms regarding: Investment Activities in Iran as per N.J.S.A. 52:32-57 et seq; Investment Activities in Russia or Belarus as per N.J.S.A. 52:32-60.1 et seq.; Disclosures of Investigations of the Vendor; Ownership Disclosure if for profit; Service Location Source Disclosure as per P. L. 2005, C.92; Political Contribution Disclosure as per P.L. 2005, C.271; and Report of Charitable Organizations.

Policy:

<https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf>

Website:

<https://www.state.nj.us/treasury/purchase/forms.shtml>



**C. Requirements for Contractors to Store Their Own Organizational Documents on Site to be Submitted to DCF Only Upon Request**

1) Affirmative Action Policy/Plan

2) Copy of Most Recently Approved Board Minutes

3) Books, documents, papers, and records which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions, and to be produced for DCF upon request.

4) Personnel Manual & Employee Handbook (include staff job descriptions)

5) Contractor’s Own Procurement Policy

1. Futures Without Violence. <http://promising.futureswithoutviolence.org/what-do-kids-need/get-the-facts/> [↑](#footnote-ref-2)
2. Spearman, K.J., Hoppe, E., & Jagasia, E. (2022). A systematic literature review of protective factors mitigating intimate partner violence exposure on early childhood health outcomes. *Journal of Advanced Nursing 79,* 1664-1677. doi 10.1111/jan.15638 [↑](#footnote-ref-3)
3. Edleson, J., Shin, N., & Johnson-Armendariz, K. (2008). Measuring children's exposure to domestic violence: The development and testing of the Child Exposure to Domestic Violence (CEDV) Scale. *Children and Youth Services Review, 30*, 502-521. [↑](#footnote-ref-4)
4. California Evidence-Based Clearinghouse for Child Welfare. (2006-2016). Retrieved January 27, 2016 from http://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/ [↑](#footnote-ref-5)
5. California Evidence-Based Clearinghouse for Child Welfare. (2006-2016). Retrieved January 27, 2016 from http://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/ [↑](#footnote-ref-6)