



DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities



Vannessa Dorantes
Commissioner

Ned Lamont
Governor

Brief Strategic Family Therapy RFP

Questions and Answers:

- 1. Page 2 of the RFP shows Appendix #4 as being found on page 25, but the RFP is only 24 pages. Could you please provide Appendix #4?**
 - a. Yes - J:\RFP\2024 RFPs\Brief Strategic Family Therapy (BSFT)\BSFT Application (Boca2023).pdf

- 2. Does funding for this program include enough money for supervision of the therapist and program?**
 - a. Yes.

- 3. Page 9 of the RFP, under Section 2. Cultural and Linguistically Competent Care, iii. 1., says, "Please include a Workforce Analysis as Appendix 10." However, there are no Appendices 1-9. Also, on the Required Outline, there are no appendices listed, nor is this item included on the list of required attachments. How should the Workforce Analysis be labeled and included with the proposal?**
 - a. The sentence: "Please include a Workforce Analysis as Appendix 10." Is stricken from the RFP and should not be included in the response.

- 4. Are training costs for this evidence-based program to be included in our budget request or will DCF be funding the training from another source?**
 - a. Training costs will be funded by DCF under Connecticut's Family First Prevention Services Plan.

- 5. Are any of these services billable?**
 - a. The department is looking to third party reimbursement whenever appropriate.

6. What is the long-term goal of DCF with regards to BSFT as part of their FFPSA plan? Is this a pilot with intention to expand?

- a. The long term goal would be to continue funding for this service utilize State dollars.

7. Who is covering the training costs for the initial training and the ongoing quality assurance and consultation to get to model certification for the clinician?

- a. DCF will cover the two-year training period which includes - initial training costs, fidelity, and adherence, and obtaining the 3-year licensing.

8. What will staffing look like?

- a. The department is not delineating a staffing model, the applicant should submit staffing structure as part of proposal.

9. Do you have an idea of how many clients we would be expected to serve?

- a. Full-time BSFT therapists should carry a caseload of 15-20 families (in the office) and 10-12 (out of the office). Three families are acceptable for part-time therapists. Trainees must have at least three families each to start. However, it is recommended that trainees have at least five families to start. On average a BSFT therapist can typically treat 36-40 families to completion. However, a therapist's other responsibilities will impact the number of families treated.

10. Is this in home or clinic based?

- a. BSFT can be conducted in office and other locations outside of the clinic including in the home.

11. Please explain appendix 4?

- a. Appendix 4 is the Application to BSFT model developer, it will not have to be completed until after contract negotiation is complete.

12. Tell us about current version of BSFT?

- a. BSFT is a structured family systems approach used to treat families with children or adolescents who display or are at risk for developing problem behaviors. BSFT

is typically delivered in 12 to 16 weekly sessions. The entire family is involved in counseling sessions that focuses on changing the way family members interact.

13. What is the proposed catchment area?

- a. The department is not delineating a specific catchment area, the applicant should submit proposed catchment area as part of proposal.

14. Where will referrals come from?

- a. Referrals can come from DCF, the community or families may also self-refer.

15. This is lower level funding. Can we bring this on to an existing program?

- a. Yes.

16. Is there a supervisor model?

- a. Yes, more information can be made available upon BSFT Competence Panel "graduation."

17. This is grant funded and not per diem?

- a. This is grant funded.

18. If this is offered clinic based, why not billable to insurance?

- a. The department is looking to third party reimbursement whenever appropriate.

19. In the RFP, I read that the therapist would be moving toward being a supervisor?

What is the sequence of a therapist?

- a. Upon completion of training and BSFT Competence Panel, "graduation" the therapist can explore with the model developer additional training/steps to become on on-site BSFT supervisor and trainer for the organization.

20. Is this just a starting point with a vision that there would eventually be a supervisor with ongoing funding?

- a. Vision would include ongoing funding to support this program.

21. If this is part of something that will grow in the future, why is it so minimally funded?

- a. Funding level was established by the DCF promulgated budget.

22. Is there a geographic area that DCF prefers that this service is offered?

- a. See question 14.

23. Page 3 of the RFP states, "the Department is seeking to procure one (1) Brief Strategic Family Therapy program to serve up to 24 children and youth." Are services to be offered in the home or in the office?

- a. See question 11.

24. The funding amount appears to only support one full-time therapist. The BSFT website states, "We strongly encourage that the agency create a program structure which includes at least three therapists assigned to conduct the intervention - even if on a part time basis. This will allow therapists to support and consult with each other about BSFT." In our experience, having multiple trained therapists also allows programs to provide coverage during times of need. Have you thought about expanding funding to better meet the model recommendation?

- a. See question 22.

25. Is there an expectation of Title IV E reimbursement? Would it be billed by the provider or DCF? Would that Title IV E reimbursement go to the providers to cover service delivery?

- a. IV-E will be sought by the department once this service is added to the Department's Family First Prevention Plan. Any reimbursement gets returned to the State's general fund.

26. Can you please clarify details about the initial and ongoing training, quality assurance and certification process (days of training, regular meetings with model expert, tape submission, etc.)?

- a. BSFT Training is six to eight months and delivered in three workshops.
- b. Supervision Practicum Workshop 1(online – 2 half-days) – Organizational Prep. Stakeholders and referral sources are invited to learn about what needs to be done to be ready to implement BSFT- before actual training begins.

- c. Organizational Site Readiness Workshop (onsite – 1 full day)- Organization preparation for integrating BSFT into the organizational framework. BSFT license is issued to the organization.
- d. BSFT Workshop 1 (onsite – 3 days) – Theoretical foundations and research findings; diagnostic method and schema; mapping, treatment planning, engagement model.
- e. Supervision (shortly after Workshop 1) is a continuous process lasting 4-5 months – dependent on trainee advancement.
- f. BSFT Workshop 2 (onsite two days, occurs 10-14 days after workshop 1) review of the prior workshop; joining, restructuring, strategizing; continue engagement model: BSFT case recording.
- g. BSFT Workshop 3 (onsite two days, occurs 4-5 weeks after workshop 2) Review of prior workshop; avoiding pitfalls; Special Clinical Dilemmas.
- h. BSFT Competence Panel “graduation” (adherence fidelity starts in 2 months): A family video is submitted to the Institute Competency Board, which awards competency to trainees competent in all elements of BSFT. Passing therapists will be recognized as BSFT-Competent Therapists and become BSFT® graduates. Adherence/fidelity will begin after that. Recommended for at least three years after graduation.
- i. Trainee group size: In-person for a maximum of eight therapists.

27. What is the funding source for this program? Is it federally funding through Medicaid?

- a. This service is grant funded utilizing State funding.

28. In the Amended RFP, the first page states, “to change the preferred location and regional designation of teams” and the only changes in red are additional model information. Was this an error?

- a. Yes.

29. Please post letters of intent after the submission date?

- a. Yes, a list of letters of intent will be posted.

30. Is there a limit on how many staff we can train in the model? And if so what is the limit?

- a. There is not an identified limit.

31. Just to clarify both the CAFAS and CANS are required?

- a. The contractor will use the following approved outcome tool, and select one additional outcome tool DCF will approve, that is specific to the population served.

The CAFAS (Child and Adolescent Functional Assessment Scale) will assess change in individual symptoms and functioning along with the Child and Adolescent Needs and Strengths) for ages 6-21 to capture the whole picture of change that happens in family treatment.

32. Is a clinic license required in order to be awarded this contract?

- a. A clinic license is not a requirement to deliver BSFT.

33. Question 3 a4 and question 5b both speak to retention and minimizing staff turnover. Can these two questions be combined given the page requirements?

- a. Answers must be submitted in the order prescribed in the RFP, you can reference answered under question answered under 3.