



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Brief Strategic Family Therapy- 6 Regions Bidder's Conference

DCF Division of Family and Community Partnerships (FCP),
Office of Family Preservation and Reunification (FPR)

March 24, 2025

Agenda & Objectives

- ❑ Welcome/Introductions
- ❑ DCF Strategic Focus
- ❑ Overview of the Division of Family & Community Partnerships (DFCP) & Office of Family Preservation & Reunification (OFPR)
- ❑ Services to be Funded
- ❑ Highlights from the Brief Strategic Family Therapy RFP
- ❑ Requested Documents Review
- ❑ Questions and Answers



FAMILY VOICE

BUILDING A 21st CENTURY CHILD WELFARE SYSTEM

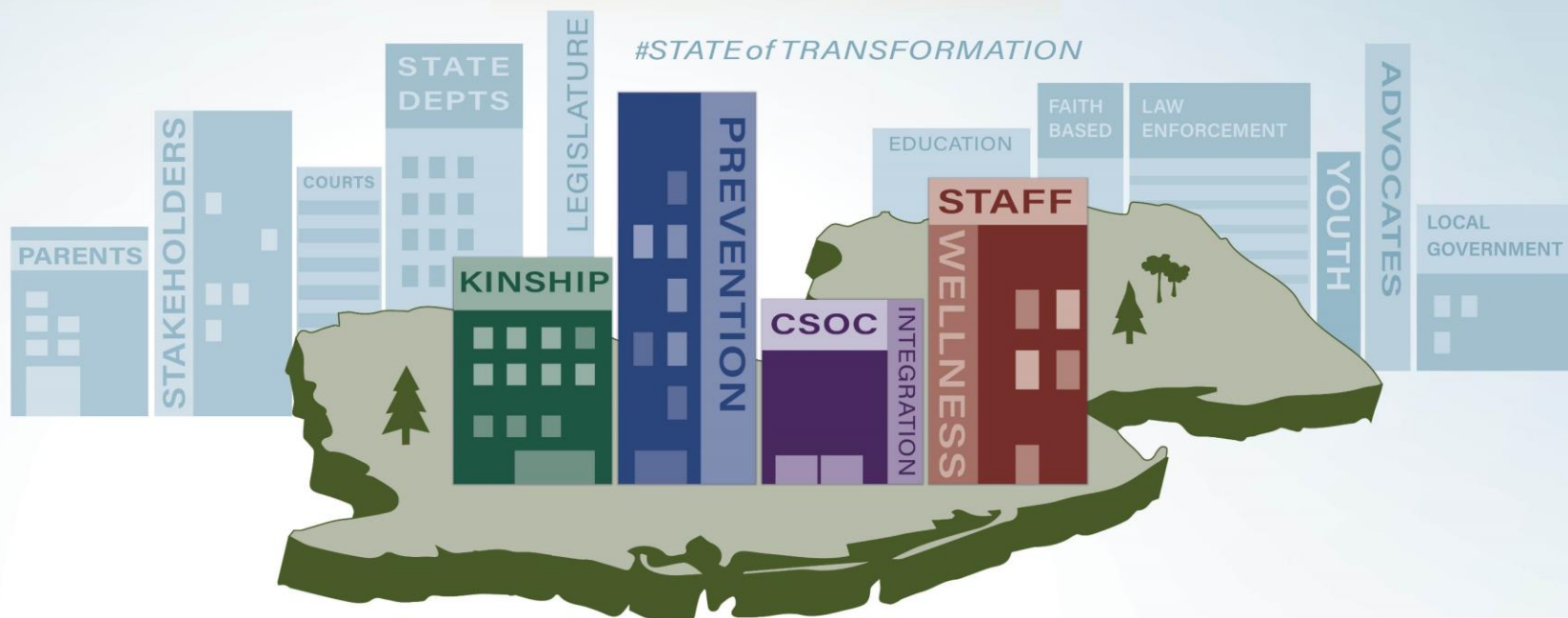
RACE EQUITY

HEALING
CENTERED

PROTECTIVE
FACTORS

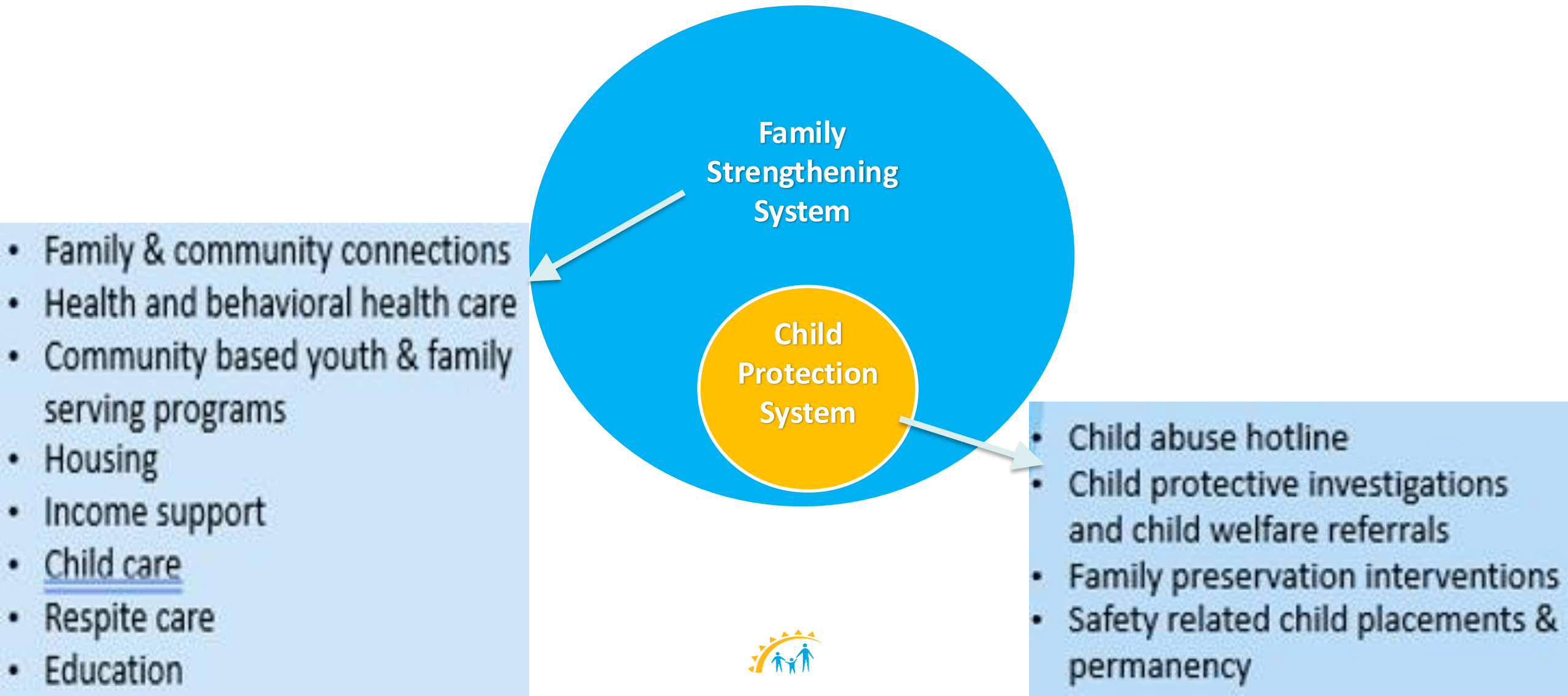
COLLABORATIVE
SAFETY

VISION: EVERYONE IN NJ IS SAFE, HEALTHY & CONNECTED



BUILT ON THE VALUES OF: EVIDENCE - FAMILY - COLLABORATION - EQUITY - INTEGRITY

DCF's Evolving Identity



Family and Community Partnerships (FCP)

DCF's Division of Family and Community Partnerships (FCP) promotes the health, well-being and personal safety of New Jersey's children and families by working with parents, caregivers, organizations, and communities to ensure an effective network of proven support services, public education, and community advocacy to prevent child maltreatment. The Division's work is housed across four offices:

- The **Office of Early Childhood Services** supports development and implementation of programs and activities related to pregnancy and parent support for families with infants and children to age five.
- The **Office of Family Support Services** contracts and works in partnership with organizations throughout the state, including school districts, to build a continuum of family-centered, holistic, and preventive services for New Jersey's children and families that touch across the lifespan.
- The **Office of Housing** works to ensure DCF's network of housing and related services are accessible, high quality, culturally competent, and effectively meet youth and family needs.
- The **Office of Family Preservation and Reunification** is committed to providing an array of high-quality, evidence-informed, family, child and youth services to promote stability, permanency and well-being for our most vulnerable children and families. This office services family and youth who are currently or formerly DCP&P involved.



FCP Programs and Offices

Office of Early Childhood Services

Evidence-Based Home Visiting
(NFP, PAT, and HFA)

Adolescent Pregnancy
Prevention Intervention (APPI)

Parent Linking Program (PLP)

County Councils for Young
Children (CCYC)

Connecting NJ

Universal Home Visiting (UHV)
/Family Connects NJ

Office of Family Support Services

NJ Family Success Center
Network (FSC)

Kinship Navigator Program
(KNP)

School Linked Services (SLS)

NJ Student Support Services
(NJ4S)

Outreach to At-Risk Youth
(OTARY)

NJ Child Assault Prevention
(NJCAP)

Office of Housing

Youth Supportive Housing

Keeping Families Together
(KFT)

Transitional Living Programs
(TLP & STLP)

Street Outreach

Adolescent Housing Hub

Office of Family Preservation & Reunification

Peer-2-Peer (P2P)/
EnlightenMENT

Pathways to Academic and
Career Exploration to Success
(PACES)

Supportive Visitation Services

Family Preservation Services
(FPS)

Exchange Parent Aide (EPA)

Primary Prevention Services

Tertiary Prevention Services

Secondary Prevention Services



DCF's Family Support Continuum

- In 2018 The Family First Prevention Services Act was enacted to help child welfare agencies across the country reduce removals of children from families by focusing resources on proven, maltreatment-prevention programs and services. New Jersey's Prevention Strategy & Family First Prevention Services Act 5-year Plan includes adding Brief Strategic Family Therapy, BSFT® to DCF's current service array to support families in high risk or unsafe situations
- DCF's existing comprehensive network of services, includes an array of mental health services, substance use disorder services, parenting supports and services, domestic violence services, and more to support DCP&P involved families.
- BSFT® is being added to the continuum of family support services designed to strengthen families and connect them to the resources and support they need within their own community—support that can prevent crisis, mitigate risks, and prevent future child abuse and neglect.



Brief Strategic Family Therapy - BSFT®

(RFP pages 1-3)

- **Number of Awards:** 6
- **Award Amount:**
 - Start up: one-time up to \$50,000
 - Year 1: pro-rated operational expenses up to \$565,443,
 - Year 2: annualized operational expenses up to \$807,217
 - Year 3: annualized operational expenses up to \$854, 281
- Intended funding period for the contract is: July 1, 2025-June 30, 2026.
- Start-up costs shall include but are not limited to, the costs of laptops or tablets equipped with broadband, video-recording equipment for clinicians; and program materials as required by the model developer.

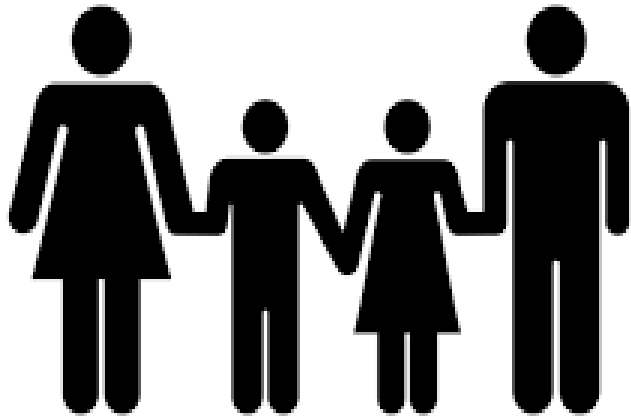


BSFT® Summary Program Description (RFP page 1)

- The BSFT® model is a trauma sensitive, culturally competent, strength-based model.
- BSFT® contracted programs will support families involved with DCF's Division of Child Protection and Permanency (DCP&P).
- The BSFT® model uses a structured, problem-focused, directive, and practical approach to the treatment of child/adolescent conduct problems.
- The BSFT® model fosters parental leadership, appropriate parental involvement, mutual support among parenting figures, family communication, problem solving, clear rules and consequences, nurturing, and shared responsibility for family problems.



Program Goals and Prevention Focus (RFP page 9)



- BSFT® is an intervention that uses a structured family systems approach for families with children from ages 6 up to and including 17 years old, who display or are at risk for developing problem behaviors, including substance use, conduct problems, and delinquency.
- The goal of BSFT® is to improve a youth's behavior by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other behavioral problems.



BSFT® Target Population (RFP page 12)

- Children and youth ages **6 up to and including age 17** and their parents/caregivers. Enrollment must occur prior to the youth's 18th birthday.
- **Gender:** Female; Male; Non-binary; All
- **DCF CP&P Status:** CP&P In Home Case. The case must remain open for the entirety of the service intervention.
- **Descriptors of the primary service recipient:** Children involved in the child welfare system with a presenting problem, who are at risk for entry or re-entry into out-of-home placement.



BSFT® Referral Process (RFP page 14)

- Generally, families with a child within the and/or externalizing behaviors are eligible for services.
- DCP&P staff will identify families that meet the criteria for BSFT® services.
- A referral will be generated to awarded respondents through the DCP&P Gatekeeper. CMO and Mobile staff will also be able to refer families directly to the program. Please note, families must be active with DCP&P.
- Upon receipt of the referral the awarded respondent will complete a review and consultation to confirm the family is eligible for services.



Families not eligible to receive BSFT® services (RFP pages 14- 15)

- Children in out-of-home placement, and their families, are not eligible to participate in the intervention.
- Children receiving Medicaid-funded therapeutic services are not eligible to receive BSFT® -simultaneously. This applies to Medicaid funded therapeutic services provided individually for mental health diagnoses, but does not pertain to developmental or behavioral interventions, such as ABA therapy.



BSFT® Type, Frequency & Duration of Services (RFP Page 15; 17-18)

- BSFT® is intended to be the sole therapeutic provider and is not an adjunct model. When BSFT® is chosen for a given family, it will become their only psychotherapy. However, they can partake in skills groups such as MI, 12-step, TFCBT, and similar. If a family member must also be seen individually, he/she will be receiving BSFT® treatment during any needed individual session.
- Intake, Assessment and Treatment occur in the family home.
- 12 to 17 weekly sessions, depending on the intensity of the need.
- A typical therapy session lasts 60 to 90 minutes.
- Additional sessions during a week may be provided during a time of high need for the family.



Service Delivery (RFP page 16)

To restructure interactions and change systems, the BSFT® model addresses family behavior, affect, and cognition. The strategies and treatment plans are designed specifically for each family and are based on a structured diagnostic plan. The therapeutic process involves:

- **Joining:** Forming a therapeutic alliance with all family members
- **Diagnosis:** Identifying interactional patterns that give rise to encourage and enable problematic youth behavior; and
- **Restructuring:** The process of changing the family interactions to more connected and adaptive interactions.



Service Delivery continued (RFP pages 16-17)

The 4 steps of the intervention consist of:

- I. **Organizing** a therapist-family work team. Developing a therapeutic alliance with each family member, and with the family as a whole, is essential for success.
- II. **Diagnosing** the nature of family strengths and problematic relationships. The therapist emphasizes those family relationships that are supportive or problematic and their impact on the children's behavior and the parental figures' ability to correct inappropriate responses.
- III. **Developing** a treatment strategy aimed at capitalizing on strengths and correcting problematic family relations to increase family competence.
- IV. **Implementing** change strategies and reinforcing family behaviors that sustain new levels of family competence. Important change strategies include the use of reframes to change the meaning of interactions; shifts alliances and interpersonal boundaries; building conflict resolution skills; and providing parents with guidance and coaching.



BSFT® Staffing Requirements

Read all staffing requirements on pages 23-25.

Position	Education/ Credentials/ Certificates
Program Director	<ul style="list-style-type: none">• Master's degree in Social Work, Counseling, or related field preferred.• Valid professional license (LCSW, LPC)• Minimum of 5 years of work experience providing mental health services, including experience providing supervision and managing a program.
Therapist Minimum Salary: \$70,000 (commensurate with education and/or experience)	<ul style="list-style-type: none">• Master's Degree in Social Work, Counseling, or related field preferred.• Valid professional license (LSW, LMFT, LAC and/or possess other comparable licenses).• May be in process of obtaining licensure.
Clinical Supervisor (Year 2)	<ul style="list-style-type: none">• An active BSFT therapist that excels in adherence at least twice during the adherence phase
Regional Coordinator Minimum Salary: \$52,000	<ul style="list-style-type: none">• Bachelors Degree in Counseling, Psychology, Social Work, or related field.• Experience in parent and family support programs, and/or the child welfare system is preferred.

BSFT® Staff Training & Consultation (RFP pages 18-19)

Before scheduling training, all trainees must:

- Be pre-approved by the Family Therapy Training Institute of Miami (FTTIM)*;
- Have videotaping equipment, other than a cellphone, with at least two hour of storage space that is easily portable to record family sessions in the family home;
- Have access to a shared drive (such as Business Dropbox or OneDrive) to upload family videos;
- Be aware that they will need to videotape families and will spend two hours per week in consultation via Zoom with FTTIM consultants; and
- Have families assigned to them when training begins. Trainees must begin seeing at least **3-5 families** using BSFT® skills at the onset of training

**Awarded respondents will receive support from FTTIM in the selection of the best candidates for therapists, supervisors and Directors. Awarded respondents will provide FTTIM with the resumes of anticipated trainee candidates. FTTIM will conduct phone interviews of candidates and report back to the agency to recommend or not recommend their hiring, or to express some reservations to consider.*



BSFT® Staff Training & Consultation (RFP pages 22-23)

- At start up, and during the first year of training, FTTIM will provide supervision to trainees through a **designated clinical consultant**. The identified Program Director will maintain responsibilities of non-model related clinical supervision. The **FTTIM clinical consultant** will supervise selected sessions as shared by the BSFT trainee and continue to teach the model throughout the training practicum but will not take on clinical supervision duties as expected for trainee licensure, professional development, or agency protocol.
- An **on-site clinical supervisor** at each awarded site is selected prior to the end of the first year and trained in the 2nd year. A graduated therapist that excels in adherence at least twice during the adherence phase can be considered to become an on-site clinical supervisor.



BSFT® Staff Training & Consultation (RFP page 19)

- Two months after contract award (approximately)
Organizational Site Readiness Workshops Training will occur and include:
 - I. An Online Organizational Preparation Workshop (2 half-days) *This component involves support from FTTIM to orient stakeholders, such as DCP&P to the services and support identification of families that will benefit from BSFT® services.
 - II. An Onsite Organizational Site Readiness Workshop (1 day)



BSFT® Staff Training & Consultation (RFP pages 19)

- After the initial Organizational Site Readiness Workshops the process of staff training, and consultation begins.
- Awarded respondents shall ensure full participation in all scheduled sessions, meetings, and consultations with FTTIM.
- Staff shall:
 - Attend BSFT® content training workshops
 - Attend weekly supervision practicum sessions to review electronically recorded BSFT® family therapy sessions and receive feedback and consultation from the FTTIM designated consultant.
 - Prepare and participate in the accreditation process with support from BSFT® expert



BSFT® Staff Training & Consultation (RFP page 19)

- FTTIM provides the competency training, either onsite or online, in a series of 3 Workshops over a period of several months. Workshops conducted online are held via a HIPAA-compliant Zoom platform. The Workshops cover all essential BSFT® elements. They are a combination of didactic practice exercises and videotape analysis and include clinical case consultations.
 - **Workshop #1**, which begins by introducing the BSFT® Theoretical Foundations and Research Findings, is immediately followed by the Supervision Practicum.
 - **Workshop # 2** takes place approximately 3 weeks after Workshop # 1, after Supervision has already begun.
 - **Workshop # 3** occurs approximately 4-6 weeks after Workshop #2.



BSFT® Staff Training & Consultation (RFP pages 19-20)

- Trainees must begin seeing at least 3-5 families using BSFT® skills at the onset of training. We highly encourage that clinicians gradually increase the number of families as they advance based on feedback from the clinical supervisor.
- Within 6 months of the inception of training, therapists should increase to a full caseload of 7-12 families at a point in time.
- Once a full caseload is achieved, clinicians will continue to be supervised by a BSFT supervisor and receive feedback on taped video sessions. Staff may also be required to attend additional DCF trainings, not specific to the model.

**Respondents are encouraged to review the attachments to the RFP for a timeline of staff training*

** As applied to this program, one full time equivalent (FTE) employee of an awarded respondent shall be scheduled to work 35-40 hours per week. Employees scheduled to work 17.5 to 20 hours per week are 0.5 FTEs*



Community Partnerships (RFP page 18)

- Awarded respondents are expected to participate in advisory councils/boards in their local community/area of service to be aware of additional supports available to families, during service intervention and post discharge from BSFT® services.

Specific advisory councils and boards include but are not limited to:

Human Service
Advisory Council

Children's
Interagency
Coordinating
Council

NJ4S Advisory
Boards



Service Delivery Area (RFP pages 20-21)

- **Service Delivery Setting:** The primary location of services is the family home. Visits with families can occur in the community or at the Agency Site when deemed necessary.
- **Geographic Area:** Awarded respondents are required to serve all counties listed in each region.
 - Respondents must submit a separate response for each region it is interested in serving. A respondent may submit up to two (2) responses and may be awarded the opportunity to form a contract for up to two (2) regions.

Region	Counties
1	Camden, Gloucester, Salem
2	Atlantic, Burlington, Cape May, Cumberland
3	Mercer, Monmouth, Ocean
4	Middlesex, Somerset, Union
5	Hunterdon, Morris, Passaic, Sussex, Warren
6	Bergen, Essex, Hudson

- **Service Site:** Agency location can be in any location, in state or out of state. *Direct service staff may be remote.*



BSFT® Availability and Accessibility(RFP pages 21-22)

- **Operating Hours:**

- Programs should be operational to meet the needs of youth and families being served. The staff of awarded respondents shall need to work flexible hours to meet those needs. Supervisors should ensure that staff are scheduling their week in order to meet the needs of the youth and families. This will require the staff to work non-traditional work hours which could include weekends.

- **Language Services:**

- Awarded respondents shall provide services in a family's primary language. These efforts must include use of bi-lingual staff. Respondents may appropriate funds to allow for a bi-lingual salary differential

- **Transportation:**

- The core services of the BSFT® model are provided by families in their home. Transportation supports should be explored to assist families if access to service delivery outside the home becomes necessary. Respondents should address how parents would be able to access services through a variety of resources when transportation is a barrier.



Assessment and Evaluation Tools (RFP page 27)

Specific outcome measurement tools will be selected in partnership with the model developer during the initial implementation phase of the program and may include:

- Structural Family Systems Rating: a tool developed to assess changes in patterns of interaction in families with a youth with a behavioral problem.
 - Provided by and Trained by FTTIM
- McMaster Family Assessment Device: an assessment tool consisting of 7 scales which measure Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control and General Functioning.
- Youth Self Report : an adolescent self-report instrument designed to assesses the severity of 119 problem behavior and degree of functioning on three dimensions of Social Competence. 8 Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983).

**Awarded respondents shall also participate in the Collaborative Quality Improvement process.*



Support from the model developer (RFP page 26)

- Awarded respondents shall accept from FTTIM:
 - Assistance with on-site supervisor selection and training;
 - Consultation services related to additional licensure or renewal process as required;
 - Guidance in addressing any challenges that may impede the implementation process;
 - Materials to support the transfer of learning, including, but not limited to, training
 - Resources, risk assessment scoring manual, staff competencies, evaluation tools, and practice forms (treatment plan, personal change plan, aftercare plan, etc.)



Proposal Narrative Instructions

RFP pages 36-42

IMPORTANT:

Respondents may apply for and be awarded more than one region.

A separate proposal is required for each region.

PLEASE NOTE: There is a 20-page limit for the entire narrative response (excluding cover page and appendices).



Proposal Narrative

A. Community & Organization Fit (RFP pages 36-38)

35 Points

- 1) Describe how your mission is aligned with what we hope to accomplish with this program. Tell us about how you make your values "real" for the people this program is intended to support.
- 2) Describe how this program fits with existing initiatives/programming in your organization.
- 3) Describe your agency's experience, if any, implementing evidence-based services, including those aimed at promoting child safety, parenting skills, problem solving skills, building social connections, and accessing community supports and local resources.
 - Include in your response successes and challenges related to your agency meeting evidence-based service delivery and expectations.
 - Describe if these services were provided to DCF-involved families.
 - Data should be used to demonstrate your success whenever it is available.



A. Community and Organization Fit - continued

- 4) Describe your organization's experiences in serving diverse communities.
- 5) Provide any data your agency has that demonstrates your knowledge of the dynamics and diversity within the community you are proposing to serve. Include, in narrative or table format, supporting data about the race, ethnicity, culture and languages of the communities you are seeking to serve. Community needs data should reflect at minimum, **county-level data**.

Utilize local resources and/or the following data sources to complete this section:

- U.S. Census: <https://www.census.gov/quickfacts/fact/table/US/PST045222>
- NJ Dept. of Health: <https://www-doh.state.nj.us/doh-shad/home/Welcome.html>
- NJ Child Welfare Data Hub: <https://njchilddata.rutgers.edu/#home>
- NJ Kids Count (2023) <https://assets.aecf.org/m/resourcedoc/aecf-2023kidscountdatabook-2023.pdf>

Applicants are encouraged to draw from other recent county/local needs assessments and reports, e.g., Human Services Advisory Council (HSAC).



A. Community and Organization Fit - continued

- 6) From your agency's perspective, and/or from your work with caregivers and families, where are there gaps in services? Describe any anticipated challenges your organization may encounter in the community you are proposing to serve and your organization's experience in meeting and overcoming similar challenges in other service communities (please use specific examples).
- 7) Specify the catchment area for which your organization is applying. Please describe the level of current presence your agency has in the proposed catchment areas.
- 8) Describe your organization's experience, if any, with addressing inequities and racism.
 - a) How do these efforts address inequities and racism? How do you support staff in addressing inequities and racism?
 - b) Identify experiences with providing accessible culturally responsive services and supports.
 - c) Describe the relationships and involvement your organization has with the community to be served.



Proposal Narrative

B. Organizational Capacity (RFP pages 38-40)

35 Points

- 1) Describe how the organization's leadership is knowledgeable about and in support of this program.

Describe your agency's organizational structure and the level of diversity among the agency's managers, executives, and Board of Directors.

- Include how the requirements of this program will be met through your governance and management structure, including the roles of senior executives and governing body (Board of Directors, Managing Partners, or the members of the responsible governing body of a county or municipality).

Do leaders have the diverse skills and perspectives representative of the community being served?



B. Organizational Capacity - continued

- 2) Staff Recruitment and Retention: Describe the recruitment and retention of staff as well as how you will meet the needs of the target population. The staffing plan should include the following:
- a) **A detailed description of how staff will be recruited and selected.** Include your agency's plan to recruit a diverse staff, including bi/multi-lingual staff, who reflect the racial and ethnic composition of the communities you plan to serve;
 - b) **A description of how the staffing plan will be appropriate to the language, age, gender, sexual orientation, disability, and ethnic/racial/cultural factors of the target population.** Include data on your agency's ability to hire and retain multi-cultural/multi-lingual staff;
 - c) **A staff retention plan detailing measures taken to reduce staff turnover.** The plan should describe how staff hiring and retention has been achieved to maintain contract staffing levels or how challenges in recruitment and turnover have been addressed; and
 - d) A description of how the program will continue to **provide services that are timely, effective, and true to the models when regularly scheduled staff experience sickness, training, vacancies, leaves of absence, etc.**



B. Organizational Capacity - continued

- 3) Describe your agency's prior experience collecting and reporting data for program administration, continuous quality improvement (CQI), and for reporting on program progress.
 - Include your agency's CQI processes, and examples of your agency's success meeting the data and reporting requirements of funders.
 - Describe how this experience positions your organization to meet the data and reporting requirements of this RFP.
- 4) What administrative practices must be developed and/or refined to support the program? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program?



B. Organizational Capacity - continued

- 5) DCF, FTTIM and each awarded respondent will collaborate on marketing strategies and development of effective referral pathways for the BSFT® program.
 - a) Provide a detailed and specific description of your agency's history and success of partnering with both traditional and non-traditional community services, institutions that support families, particularly families involved with child welfare, and services critical in strengthening the family system such as, mental, or behavioral health, substance use treatment, services to improve family functioning and concrete supports.
 - b) Describe how you will engage the target population and maintain their participation in services in accordance with service recipients' need(s).
 - c) Describe the strategies your agency will implement to ensure that agency policies, procedures, and service delivery practices promote equitable access and minimize barriers to service that include, at a minimum, the following: safety considerations, language, transportation, hours of operation, office locations, signage, and physical accessibility options for those served.



Proposal Narrative

C. Organizational Supports (RFP page 41)

30 Points

- 1) The BSFT® model has defined requirements around training, coaching and supervision. Describe your organization's experience with adapting training and supervision practices to achieve model fidelity with an evidence based model, or other externally imposed requirements.
- 2) Describe how this program will be supported by your use of the data after it is analyzed and reported to evaluate program performance. If your organization has experience with evidence-based programs, how have you used data to ascertain fidelity to evidence-based practices?



C. Organizational Supports - continued

- 3) Describe the role the families you serve play in your organization's quality assurance and performance improvement processes.
- 4) Describe how your organization supports safety, well-being, and mental health of its staff, such as providing access to online mental health and wellness resources, establishing regular programming focused on common issues, or providing mental health counselors for employees in need of assistance.



Timeframes

Date	Event
Wednesday, March 19th	RFP Published
Monday, March 24th @10:00 AM	BSFT Virtual Conference
Wednesday, March 26	Email Questions Due
Thursday, April 10th	Authorized Organization Representative (AOR) form due
Thursday, April 17th @ 12:00 PM	BSFT Proposals due

*** DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.**



Registration for the Authorized Organization Representative (AOR)
To Submit a Grant Application Electronically

Organization Name: Example, Inc.

Type of Organization: ☒ Non-Profit; ☐ For-Profit; ☐ University; ☐ LLC

Organization Mailing Address: 123 Main Street, Cherry Hill, NJ 08002

Organization Email Address: main@exampleinc.org

Organization Phone Number: (856) 555-5555

AOR Contact Name: John Smith

AOR Contact Phone Number: (856) 555-5555

AOR Contact Email Address: john@exampleinc.org

I hereby designate the **above-named organization, AOR Contact, and valid email address** to be authorized to submit a Request for Proposal (RFP) / Request for Qualifications (RFQ) application in response to a competitive procurement advertised by the Department of Children and Families called:

RFP/RFQ: **ENTER RFP/RFQ NAME HERE**

County/Region/Location to be served (if applicable): **ENTER HERE**

Note: You need to register for each RFP/RFQ to be provided access. You may keep the name and password the same. This information will be retained.

Signature of Organization Authority (CEO/President)

Print Name and Exact Title. This signature indicates the authority to permit the submission of the RFP/RFQ electronically. Permission and access information will be provided by email to the AOR Contact email address provided above.

Print Name/Title: John Smith Date: 5/5/2025

Signature: **SIGN HERE**

CEO Email Address: john@exampleinc.org

Pre-Submission Instructions: AOR

- Submit a completed AOR form to DCF.ASKRFP@dcf.nj.gov at least 5 business days before the response deadline.
- Ensure the form is filled out **completely and signed**.
- Please enter the name of the RFP on the line RFP/RFQ. **2025 RFP for Brief Strategic Family Therapy (BSFT)**
- Please enter the region that you plan on serving on the line County/Region/Location.
- Note: The contact name/email address on this form will be the only point person we correspond with and the one with access to the FTP site for submitting the response.



Organizing Your Application

- The application must be submitted as four (4) separate PDFs.
 - **PDF 1:** Section II – Signed Required Performance and Staffing Deliverables; pages 7-29
 - **PDF 2:** Section III – Documents Requested to be Submitted with This Response; pages 29-33
 - **PDF 3:** Section III – Additional Documents Requested to Submitted with This Response; pages 33-34
 - **PDF 4:** Section IV – Respondent Narrative Responses; pages 34-38
- Providers will be given access and instructions to a secure FTP website to upload their application (after they submit the AOR form and before the response deadline).



Organizing Your Application

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.

Location to be served:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:



PDF 1: Section II – Required Performance and Staffing Deliverables

- Complete and sign **Signature Statement of Acceptance** (Found in RFP page 29)
- Submit a **complete copy of the content of Section II (RFP pages 7-29), ending with your signed statement of acceptance**, as a single PDF document. This will be the first PDF submission in your response packet and is to be labeled as: PDF 1: Section II - Required Performance and Staffing Deliverables.
- Your signature certifies that you have read, understood, accepted and, if awarded a contract, will comply with all the deliverables, terms and conditions included in the RFP.

Section III - Documents Requested to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one (1) of the two (2) corresponding title headings: A. *Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response* and B. Additional



Organizing Your Application

- **PDF 2: Section III - Documents Requested to be Submitted with This Response**
 - **Subsection A. Organizational Documents** Prerequisite to a DCF Contract Award Requested to be Submitted with the Response
 - There are 25 documents that should be combined into this second PDF. Please complete and, if applicable, sign and date each document.
 - If any document is not applicable to your agency, please submit a brief statement of non-applicability.



PDF 2 Common Questions

Form AA302
Rev. 02/22

STATE OF NEW JERSEY

Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT FEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY <input type="text"/>	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY <input type="text"/>		
4. COMPANY NAME <input type="text"/>		COMPANY E-MAIL <input type="text"/>		
5. STREET <input type="text"/>	CITY <input type="text"/>	COUNTY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) <input type="text"/>		CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER				
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ <input type="text"/>				
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT <input type="text"/>				
10. PUBLIC AGENCY AWARDED CONTRACT <input type="text"/>				
CITY <input type="text"/>				
COUNTY <input type="text"/>				
STATE <input type="text"/>				
ZIP CODE <input type="text"/>				
Official Use Only	DATE RECEIVED	INAUG. DATE	ASSIGNED CERTIFICATION NUMBER	

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

2. Affirmative Action Certificate

- If you are a startup, you may submit the completed AA302 (left) and the receipt of payment from the Treasury (\$150.00).
- Otherwise, you must submit your active Affirmative Action Certificate.



PDF 2 Common Mistakes

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT POLICY: DCF.P8.05-2007

EFFECTIVE DATE: August 1, 2007

REVISED: July 1, 2008

SUBJECT: **Conflict of Interest**

I. PURPOSE

The purpose of this policy is to establish minimum standards for use by Provider Agencies in the development and implementation of a Conflict of Interest policy and the Department of Children and Families' (DCF) compliance procedure.

II. SCOPE

This policy applies to all DCF Contracts.

III. DEFINITIONS

In addition to defined terms included in the Glossary of the Manual, the following terms, when capitalized, shall have meanings as stated:

Conflict of Interest (also Conflict) means a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include, but are not limited to Provider Agency paid and volunteer Staff Members, officers, or Governing Board

8. Your Organization's Conflict of Interest Policy

- Do **not** submit the DCF Conflict of Interest Policy.



PDF 2 Common Mistakes



OWNERSHIP DISCLOSURE FORM

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

VENDOR NAME:

YOUR AGENCY NAME HERE

PURSUANT TO N.J.S.A. 52:25-24.2, ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO PROVIDE A STATEMENT OF OWNERSHIP.
Please answer all questions and complete the information requested.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. The vendor is a Non-Profit Entity ; and therefore, no disclosure is necessary. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The vendor is a Sole Proprietor ; and therefore, no other disclosure is necessary.
A Sole Proprietor is a person who owns an unincorporated business by himself or her-self.
A limited liability company with a single member is not a Sole Proprietor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The vendor is a corporation, partnership, or limited liability company with individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest; and therefore, disclosure is necessary. | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **YES** to Question 3, you must disclose the information requested in the space below:*

- (a) the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class;
- (b) all individual partners in the partnership who own a 10% or greater interest therein; or,
- (c) all members in the limited liability company who own a 10% or greater interest therein.

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

- | | YES | NO |
|---|--------------------------|--------------------------|
| 4. For each of the corporations, partnerships, or limited liability companies identified in response to Question #3 above, are there any individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest of those listed business entities? | <input type="checkbox"/> | <input type="checkbox"/> |

13. Ownership Disclosure Form

- You **must** submit this with your response or it will not be considered.

Read each statement carefully.



PDF 2 Common Questions

 **SAM.GOV®** **Attachment 24: System for Award Management (SAM) Status and Expiration Date**

Entity Workspace Results 1 Total Results

Example, Inc.

Unique Entity ID: 123ABDEF5678

CAGE/NCAGE: 25XX

Entity Status: Active Registration

Doing Business As:

Physical Address:

123 Main Street
Cherry Hill, NJ 08002

Expiration Date:

October 2025

Purpose of Registration:

All Awards

16. System of Award Management (SAM)

- Submit a printout showing your UEID, Active Status, and Expiration Date.
- This is a (free) two-step process, first you must apply for a UEI number at sam.gov and once you have the UEI number then you must register it, also at sam.gov. This process may take about two weeks.



PDF 2 Common Questions

22. Please submit only one:

- Standard Language Document
- Individual Provider Agreement
- Department Agreement



Organizing Your Application

- **PDF 3: Section III – Documents Requested to Submitted with This Response, Subsection B. Additional Documents Requested to be Submitted in Support of This Response**

There are **7 documents** that should be combined into this third PDF:

1. Proposed Budget Form
2. Budget Narrative
3. Implementation Plan
4. Two (2) Letters of Support
5. Proposed Org. Chart
6. Proposed Subcontracts / Consultant Agreements / Memorandums of Understanding
7. Summary of Reduction of Seclusion and Restraint Use



Organizing Your Application

PDF 4: Section IV – Respondent Narrative Responses

- Subsection A. Community and Organizational Fit
- Subsection B. Organizational Compacity
- Subsection C. Organizational Support



Questions & Answers

- Respondents may not contact the Department directly, in person, or by telephone, concerning this RFP. Questions may be sent in advance of the response deadline via email to DCF.ASKRFP@dcf.nj.gov
- Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline, but questions about the content of the response must be submitted by 12 PM on **Wednesday, March 26**.
- Responses to content questions will be posted to the Department website at [DCF | Requests for Proposals, Qualifications/or Information and Funding Opportunities \(nj.gov\)](https://www.nj.gov/DCF/RequestsforProposals/Qualifications/or/InformationandFundingOpportunities)





THANK YOU!