



REQUEST FOR PROPOSALS
FOR
Family Support Services-Brief Strategic Family Therapy

Publication Date: March 19, 2025

Response Deadline: April 17, 2025, by 12:00P.M.

State Funding of \$3,692,658.00 Available

There will be a non-mandatory virtual conference on

March 24, 2025, at 10:00 AM

The link for the conference is:

<https://www.zoomgov.com/j/1600063338>

Christine Norbut Beyer, MSW
Commissioner

The Department of Children and Families (DCF) is the agency dedicated to ensuring all New Jersey residents are safe, healthy, and connected. To that end, DCF announces to potential respondents its intention to award a new contract.

TABLE OF CONTENTS

Section I - General Information

A. Summary Program Description	Page 1
B. Funding Information	Page 2
C. Pre-Response Submission Information	Page 4
D. Response Submission Instructions	Page 5
E. Required PDF Content of the Response	Page 5
F. Respondent Eligibility Requirements	Page 6

Section II - Required Performance and Staffing Deliverables

A. Subject Matter	Page 7
B. Target Population	Page 12
C. Activities	Page 12
D. Resources	Page 20
E. Outcomes	Page 27
F. Signature Statement of Acceptance	Page 29

Section III –Documents Requested to be Submitted with This Response

A. Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response	Page 30
B. Additional Documents Requested to be Submitted in Support of This Response	Page 33

Section IV - Respondent's Narrative Responses

A. Community and Organizational Fit	Page 35
B. Organizational Capacity	Page 36
C. Organizational Supports	Page 38

Section V - Response Screening and Review Process

A. Response Screening for Eligibility, Conformity and Completeness	Page 38
B. Response Review Process	Page 39
C. Appeals	Page 40

Section VI - Post Award Requirements

A. General Conditions of Contract Execution	Page 40
B. Organizational Documents Prerequisite to Contract Execution to be submitted After Notice of Award:	
Post-Award Documents Prerequisite to the Execution of All Contracts	Page 41
Post-Award Documents Prerequisite to the Execution of This Specific Contract	Page 42
C. Reporting Requirements for Awarded Respondents	Page 43
D. Requirements for Awarded Respondents to Store Their Own Organizational Documents on Site to be Submitted to DCF Only Upon Request	Page 45

Section I - General Information

A. Summary Program Description:

The New Jersey Department of Children and Families (DCF) Division of Family and Community Partnerships (FCP), Office of Family Preservation and Reunification (FPR), announces its intent to award contracts for Brief Strategic Family Therapy (BSFT®). The BSFT® model uses a structured, problem-focused, directive, and practical approach to the treatment of child/adolescent conduct problems.

This approach includes the identification of externalizing (e.g., substance abuse, acting-out, truancy, bullying) and internalizing (e.g., depression, anxiety) symptomatology in youth ages six (6) up to and including age seventeen (17) years while restructuring problematic family interactions. It uniquely addresses cognitive, behavioral, and affective aspects of family life. The BSFT® model incorporates effective processes of change from other models including strategic and structural approaches, existential/emotive therapy, eco-systemic approaches, and cognitive behavioral approaches. The BSFT® model is a trauma sensitive, culturally competent, strength-based model.

Through focused interventions and skill building strategies, BSFT® provides families with the tools to overcome individual and family risk factors. The approach is based on the belief that family-based interactions strongly influence how children behave, and that targeting and improving maladaptive family interactions reduces the likelihood of symptomatic behavior.

The therapist works with the family to identify interactional patterns that give rise to and/or maintain problematic youth behavior and internalized and externalized symptoms. After these patterns are identified, the therapist helps the family change these patterns to encourage positive family interactions.

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. In addition, because the efficacy of BSFT® does depend on family's abilities to come into the session, BSFT® provides specialized engagement strategies for bringing families into therapy.

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.

B. Funding Information:

All funding is subject to appropriation. The continuation of funding is contingent upon the availability of funds and resources in future fiscal years.

Respondents are on notice that no annual increases will be considered as part of this contract to salaries, fringe, or benefits in future negotiations or contracts, unless approved by the State legislature for all contracting entities. Funds awarded may not be used to supplant or duplicate existing funding.

DCF will make available \$3,692,658 in state funds. Of this amount, up to \$3,392,658 is available for operating expenses for nine (9) months and up to \$300,000 is available for one-time approved start-up costs. DCF reserves the right to award all or a portion of these funds.

Available funding is for up to \$615,443 per award for up to six (6) awards. Each award supports pro-rated anticipated operating costs of up to \$565,443, and one-time approved start-up costs of up to \$50,000.

The intended funding period for the contract is: July 1, 2025 – June 30, 2026. The funds available are to be budgeted to cover the expenses incurred during the initial contract term. DCF will not reimburse expenses incurred prior to the effective date of the contract except for approved start-up costs.

Contract renewal on July 1, 2026, is contingent on the availability of funds. Note: If the award results in a contract renewal, the anticipated operational costs for the twelve-month contract will be up to \$807,217 in FY27 and \$854,281 in FY28+

The anticipated costs required for program operations must be entered for the initial term of this contract and submitted with this response using the Proposed Budget Form found at: <https://www.nj.gov/dcf/providers/contracting/forms/> and a justification and detailed summary of the costs must be provided in a Proposed Budget Narrative. The Proposed Budget Form and Proposed Budget Narrative must be submitted as documents included in PDF 3: Section III - *Documents to be Submitted with This Response, Subsection B. Additional Documents Requested to be Submitted in Support of This Response*.

The Proposed Budget Form will detail anticipated operational expenditures of up to up to \$615,443, of which \$565,443 is operational expenses and \$50,000 is for one-time start-up expenses for the budget period from 7/1/25 to 6/30/26.

All start-up costs and operational expenses must be expended by June 30, 2026.

DCF may reimburse start-up costs for this program. The anticipated costs required to begin program operations must be entered into the appropriate Start-up Funding column of the Proposed Budget Form found at:

<https://www.nj.gov/dcf/providers/contracting/forms/> and a justification and summary of the costs must be included in a Proposed Budget Narrative. The completed Proposed Budget Form and Proposed Budget Narrative must be submitted as documents included in PDF 3: Section III - *Documents to be Submitted with This Response, Subsection B. Additional Documents Requested to be Submitted in Support of This Response*. Respondents may propose total start-up costs of up to \$50,000. 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.

All start-up costs are subject to contract negotiations and DCF approval. Funds for approved start-up cost funds will be released upon the execution of a finalized contract and are paid via Scheduled Payments.

NOTE: The Proposed Budget submitted with a response is not the actual budget an awarded respondent will submit for DCF approval as part of the contract. If awarded a contract, the awarded respondent then shall submit their budget information again using the more detailed Annex B Budget Form found at: <https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>.

The awarded respondent shall prepare and submit an annual budget each fiscal year. Each budget will require Quarterly Reports of Expenditures to be submitted 10 days following the close of the quarter and be subject to the DCF contract close out process.

Each budget will require Reports of Expenditures and be subject to the DCF contract close out process following the end of the contract term in accordance with the DCF Contract Close Out policy at:

https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_closeout.pdf. DCF will compare the actual approved expenditures appearing on the final report of expenditures and the independent audit with the total contract revenue realized through the receipt of scheduled payments and may recoup as an overpayment the funds that exceeded the actual allowable contract expenditures of the approved budget.

Once awarded a contract, the awarded respondent shall submit for approval its first Annex B Budget for the period of July 1, 2025 through June 30, 2026. In addition to these first nine (9) months of operating costs, all start-up costs also must be included in this Annex B Budget.

Matching funds are not required.

C. Pre-Response Submission Information:

There will be a Non-Mandatory Virtual Conference for all respondents held on March 24, 2025 at 10:00 A.M.

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1600063338>

Meeting ID: 160 006 3338

One tap mobile

+16692545252,,1600063338# US (San Jose)

+16468287666,,1600063338# US (New York)

Dial by your location

- +1 669 254 5252 US (San Jose)

- +1 646 828 7666 US (New York)

- +1 646 964 1167 US (US Spanish Line)

- +1 415 449 4000 US (US Spanish Line)

- +1 551 285 1373 US (New Jersey)

- +1 669 216 1590 US (San Jose)

Meeting ID: 160 006 3338

Find your local number: <https://www.zoomgov.com/u/aJbb71LCm>

Join by SIP

- 1600063338@sip.zoomgov.com

Join by H.323

- 161.199.138.10 (US West)

- 161.199.136.10 (US East)

Meeting ID: 160 006 3338

Respondents may not contact DCF 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 RFP must be requested by 12 P.M. on March 26, 2025**. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP and each question should reference the page number and section number to which it relates. All inquiries submitted should reference the program name appearing on the first page of this RFP. Written inquiries will be answered and posted on the DCF website as a written addendum to this RFP at: <https://nj.gov/dcf/providers/notices/requests/>

D. Response Submission Instructions:

All responses must be delivered ONLINE by 12:00 P.M. on April 17, 2025. Responses received after this deadline will not be considered.

To submit online, respondent must first complete an Authorized Organization Representative (AOR) form found at [AOR.pdf \(nj.gov\)](#). The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov. Only one (1) AOR form is required, even if the respondent intends to file multiple responses. The respondent is required to enter each location to be served on the AOR form

Upon receipt of the completed AOR, DCF will grant the respondent permission to proceed and provide instructions for the submission of the response(s) electronically.

Completed AOR forms should be received in the DCF.ASKRFP mailbox not less than five (5) business days prior to the date the response is due. DCF recommends emailing your AOR forms as soon as you know you will be filing a response to allow time to report to DCF any technical difficulties you may encounter and to timely resolve them.

E. Required PDF Content of the Response:

Submit in response to this RFP separate PDF documents labeled as follows:

PDF 1: *Section II - Required Performance and Staffing Deliverables* (ending with a Signed Statement of Acceptance)

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)*

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

PDF 4: *Section IV - Respondent's Narrative Responses, subsections ABC* (A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports)

F. Respondent Eligibility Requirements:

Respondents that have State or Federal grants or contracts must be compliant with all their terms and conditions and in good standing as grantees and contractors.

Respondents must not be suspended, terminated, or barred for deficiencies in the performance of any grant or contract award, and if applicable, all past issues must be resolved as demonstrated by written documentation.

DCF may disqualify and decline to forward for the review of the Evaluation Committee a response from those under a corrective action plan in process with DCF or any other New Jersey State agency or authority.

Respondents must be fiscally viable and be able to comply with the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (CPIM) found at: [DCF | Contracting Policy Manuals \(nj.gov\)](#).

Where required, all respondents must hold current State licenses.

Respondents must have a governing body that provides oversight as is legally required in accordance with how the entity was formed, such as a board of directors for corporations, or the managing partners of a Limited Liability Corporation (LLC)/Partnership, or the members of the responsible governing body of a county or municipality.

Respondents must have the capability to uphold all administrative and operating standards as outlined in this RFP.

Respondents must be business entities that are duly registered to conduct business within the State of New Jersey, for profit or non-profit corporations, partnerships, limited liability companies, etc. or institutions of higher education located within the State of New Jersey.

Respondents awarded a contract should ensure their program is operational within sixty (60) days of contract award or the award may be rescinded. Extensions may be available by way of written request to DCF. The contracted program shall be fully staffed to meet the needs of the maximum census of youth within one hundred eighty (180) days of being awarded.

Respondents awarded a contract must be prepared to execute any planned sub-contracts, memorandum of agreements with vendors, consultants, or agencies, after the review and approval of DCF, within thirty (30) days of contract execution. Awarded respondents must execute the Family Therapy Training Institute of Miami (FTTIM) Memorandum of Agreement (MOA) available for review as Attachment A below.

Section II - Required Performance and Staffing Deliverables

NOTE: After reviewing the required deliverables listed below, respondents must sign the statement at the bottom of this Section II to signify acceptance of all of them.

(SUBMIT A COMPLETE COPY OF THE CONTENT OF SECTION II, 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.*)

A. Subject Matter - The below describes the needs the awarded respondent must address in this program, the goals it must meet, and its prevention focus.

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

New Jersey's Prevention Strategy¹

DCF's vision is that all New Jersey residents either are or become safe, healthy, and connected. Since its creation in 2006, DCF has designed and managed a strong, statewide network of core services, including child protection and child welfare services, children's behavioral health care, programming to support children with intellectual and developmental disabilities and their families, community-based family strengthening services, specialized educational programming, services and programming to support women, and more. Over 100,000 New Jersey constituents are impacted by these services each month. DCF, as demonstrated by our Strategic Plan, is committed to providing high-quality, evidence-based, or evidence-informed services to individuals and families in New Jersey.

Over the last seven years, New Jersey's rate of foster care placement per 1,000 children has declined to less than one-third of its 2014 level (2.5 per 1,000 in 2014, compared to 0.8 per 1,000 in 2021). Today, New Jersey has the lowest rate of foster care placement in the country. Placement rates vary based on race and age. New Jersey's placement rate for Black or African American children is four times as high as the placement rate for White children (2.0 per 1,000 compared to 0.5 per 1,000) and its placement rate for infants under 1 is 4 times higher than the placement rate for any other age group (4.2 per 1,000 compared to 0.5 – 0.8 per 1,000 for other age groups).

¹ NJ DCF| The Prevention Shift: New Jersey's Prevention Strategy & Family First Prevention Services Act 5-Year Plan December 2022

In 2021, 55% of children entering foster care were aged 5 years or younger and 27% were infants under the age of one year. Between 2014-2021, about 80% of children entering foster care are doing so for the first time; consistently, 20% are entering for the second time or greater.

The core approaches included in [DCF's strategic plan](#)—race equity, family voice, protective factors, healing centered practice, and collaborative safety—are essential and catalytic components of New Jersey's existing prevention strategy. Recognizing both the strengths and limitations of this prevention system, DCF used the findings from a multi-year information gathering process to devise a prevention strategy oriented towards achieving outcomes in three domains: (1) identity, (2) process and (3) program. More on each domain can be found in the [NJDCF FFA Prevention Plan Concept Paper](#).

DCF's vision of the family strengthening system is rooted in the Protective Factor's Framework. In the forefront, it is comprised of the natural connections between families and their extended family, friends, and community. Secondly, it includes a myriad of concrete supports and social, health and education services, all existing outside of the child protection system, aimed at helping family's function at their best. When the elements of this system work together, families and communities are supported to thrive safely together and state intervention through the child protection system is reserved for rare situations in which a child is unsafe or at risk of harm.

However, when a family system is so challenged that children are unsafe or at a high risk of abuse or neglect, child protection interventions are available to support the family and ensure the safety of children. In New Jersey, such interventions include DCF's core child protection services, e.g., investigations, case management and planning, etc., and its statewide network of social and clinical services for families with active child protection involvement.

Most often, when the Division of Child Protection and Permanency (DCP&P) becomes involved with a family, they are able to help the family develop and carry plans that allow for the family to remain together, safely. The majority (90%) of the children with active DCP&P involvement remain in their own homes with their family. DCP&P works with families to identify their needs and to connect them with appropriate services and supports. DCP&P has access to DCF's comprehensive network of services, which includes an array of mental health services, substance use disorder services, parenting supports and services, domestic violence services, and more.

New Jersey's Prevention Strategy & Family First Prevention Services Act 5-year Plan (pending approval) include adding Brief Strategic Family Therapy (BSFT®) to DCF's current service array to support families in high risk or unsafe situations. BSFT® is part of the continuum of family support services designed to strengthen all 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.

The design of the NJDCF-funded BSFT® program is informed by the results of a statewide constituent survey conducted by FPR in May 2023. Constituents surveyed reflect the diversity of the populations served by DCP&P. The purpose of the voluntary survey was to inform the program design and service delivery approach of the new portfolio of in-home family support services. Caregivers conveyed that parenting education, specifically individualized parenting guidance to meet the developmental needs of their child, was the most important function of an in-home family support service followed by connections to community resources and group parenting support. Caregivers also provided feedback related to their experiences with service providers. Family priorities include providers who worked around families' schedules, were supportive, compassionate, and respectful of their families' cultures, provided personalized tools, and had clear and consistent communication with their family and DCP&P around service delivery and progress.

Feedback and suggestions from the constituent survey are incorporated throughout the program model and embedded within provider partner expectations.

2) The goals and prevention focus to be met by this program are:

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.

BSFT ® includes three intervention elements:

- a) therapists establish connections with family members to gain a deeper understanding and actively engage with the family system;
- b) therapists observe family dynamics to identify interactional patterns associated with problematic behavior in young individuals;
- c) therapists work in the present by employing techniques such as reframing, assigning tasks, and coaching family members to explore new ways of relating to one another, fostering more effective and adaptive family interactions.

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® sessions are expected to achieve the following outcomes:

Targeted Outcomes of BSFT®	
For the child/youth	For the family
<ul style="list-style-type: none"> • Reduce emotional and behavioral problems, while improving self-control • Reduce drug use • Develop pro-social behaviors • Reduce associations with anti-social peers 	<ul style="list-style-type: none"> • Improve maladaptive patterns of family interactions (family functioning) • Improve family communication, conflict-resolution, and problem-solving skills • Improve family cohesiveness, collaboration, and parent-child bonding • Improve effective parenting, including successful management of children's behavior and positive affect in parent-child interactions

The BSFT® model has demonstrated impact in multiple critically important areas of behavioral and social-emotional functioning for children and their families:

- In one study, children who received BSFT® showed improved behavioral and emotional functioning by demonstrating lower scores on externalizing behaviors, including issues with truancy, at follow-up compared to a comparison group.²
- Another study showed a reduction in police-related delinquent behaviors among youth, including reductions in both lifetime arrests, as well as lifetime and past year incarcerations.³
- BSFT® has also been successful at reducing youth substance use and improving family functioning. In a 2011 study, the median number of days of self-reported drug use was significantly higher among youth who received treatment as usual compared to BSFT® and BSFT® was more effective in engaging and retaining family

² Horigian, V. E., Feaster, D. J., Brincks, A., Robbins, M. S., Perez, M. A., & Szapocznik, J. (2015b). The effects of Brief Strategic Family Therapy (BSFT) on parent substance use and the association between parent and adolescent substance use. *Addictive Behaviors*, 42, 44-50.
doi:10.1016/j.addbeh.2014.10.024

³ Horigian, V. E., Feaster, D. J., Brincks, A., Robbins, M. S., Perez, M. A., & Szapocznik, J. (2015b). The effects of Brief Strategic Family Therapy (BSFT) on parent substance use and the association between parent and adolescent substance use. *Addictive Behaviors*, 42, 44-50.
doi:10.1016/j.addbeh.2014.10.024

members in treatment and improving parent reported family functioning⁴.

- Favorable outcomes have also been found in the domain of adult well-being with reductions in parent/caregiver substance use and improvement in overall family functioning. One study demonstrated a reduction in reported alcohol use between baseline and 12-month follow-up by parents/caregivers who participated in BSFT ®⁵.
- Another study demonstrated significant improvements in overall family functioning⁵.

Additionally, BSFT ® has been used among diverse populations including Hispanics/Latinx and African Americans and has been found to be a promising practice in both Spanish-speaking populations and communities of color^{66,7}.

In addition, families showed significant:

- Increase in family participation in therapy (92% of referred/non-mandated families)
- Improvements in maladaptive patterns of family interactions (family functioning)
- Improvement in family communication, conflict-resolution, and problem-solving skills
- Improvement in family cohesiveness, collaboration, and child/family bonding
- Reduction of alcohol use among parents while reducing the adolescents' substance use (8-site study concluded in 2014)

More information may be found on the BSFT ® website: [The BSFT® model - Brief Strategic Family Therapy \(brief-strategic-family-therapy.com\)](http://TheBSFT®model-BriefStrategicFamilyTherapy(brief-strategic-family-therapy.com)), and Brief Strategic Family Therapy by the [California Evidence-Based Clearinghouse for Child Welfare](http://CaliforniaEvidenceBasedClearinghouseforChildWelfare), and the [Title IV-E Prevention Services Clearinghouse](http://TitleIV-EPreventionServicesClearinghouse), where the BSFT ® intervention has been rated Well-Supported.

⁴ Robbins, M. S., Feaster, D. J., Horigian, V. E., Rohrbaugh, M., Shoham, V., Bachrach, K., Miller, M., Burlew, K. A., Hodgkins, C., Carrion, I., Vandermark, N., Schindler, E., Werstlein, R., & Szapocznik, J. (2011). Brief Strategic Family Therapy versus treatment as usual: Results of a multisite randomized trial for substance using adolescents. *Journal of Consulting and Clinical Psychology*, 79(6), 713–727.

⁵ Metz, A. & Louison, L. (2018) *The Hexagon Tool: Exploring Context*. Chapel Hill, NC: National Implementation Research Network, Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill. Based on Kiser, Zabel, Zachik, & Smith (2007) and Blase, Kiser & Van Dyke (2013). Available online at: [NIRN Hexagon Discussion Analysis Tool September2020.1.pdf \(unc.edu\)](http://NIRNHexagonDiscussionAnalysisTool.September2020.1.pdf(unc.edu))

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

BSFT® interventions support the prevention of Emotional Abuse/Neglect, Family Separation, Physical Abuse, and Substance Use.

B. Target Population - The below describes the characteristics and demographics the awarded respondent must ensure the program serves.

- 1) **Age:** 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.
- 2) **Grade:** N/A
- 3) **Gender:** Female; Male; Trans; Non-binary; All
- 4) **Marital Status:** N/A
- 5) **Parenting Status:** N/A
- 6) **Will the program also serve the children of the primary service recipient?** No
- 7) **DCF CP&P Status:** CP&P In-Home Case. The case must remain open for the entirety of the service intervention.
- 8) **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.
- 9) **Descriptors of the Family Members / Care Givers / Custodians of the primary service recipients also required to be served:**
Parents/caregivers with children involved in the child welfare system who are at risk for entry or re-entry into out-of-home placement.
- 10) **Other populations/descriptors targeted and served by this program:** N/A
- 11) **Does the program have income eligibility requirements?** No

C. Activities - The below describes the activities this program initiative requires of awarded respondents, inclusive of how the target population will be identified and served, the direct services and service modalities that will be provided to the target population, and the professional

development and training that will be required of, and provided to, those delivering the services.

- 1) **The level of service increments for this program initiative:**
Point in Time and Unduplicated Families Served
- 2) **The frequency of these increments to be tracked:**
Daily open cases may be tracked at any point in time.
- 3) **Estimated Unduplicated Service Recipients:**
Daily open cases may be tracked at any point in time.
- 4) **Estimated Unduplicated Families:**
Each region will serve 40 families at any point in time (PIT) and 120 unduplicated families per year. The minimum number of families served is based on model fidelity, needs data, and specified by county below.

Region 1: Camden, Gloucester, Salem	Counties	Approximate Percentage of Caseload	Estimated Families Served PIT
	Camden	65%	26
	Gloucester	25%	10
	Salem	10%	4

Region 2: Atlantic, Burlington, Cape May, Cumberland	Counties	Approximate Percentage of Caseload	Estimated Families Served PIT
	Atlantic	30%	12
	Burlington	30%	12
	Cape May	10%	4
	Cumberland	30%	12

Region 3: Mercer, Monmouth, Ocean	Counties	Approximate Percentage of Caseload	Estimated Families Served PIT
	Mercer	30%	12
	Monmouth	30%	12
	Ocean	40%	16

Region 4: Middlesex, Somerset, Union	Counties	Approximate Percentage of Caseload	Estimated Families Served PIT
	Middlesex	45%	18
	Somerset	15%	6

	Union	40%	16
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Region 5: Hunterdon, Morris, Passaic, Sussex, Warren	Counties	Approximate Percentage of Caseload	Estimated Families Served PIT
	Hunterdon	5%	2
	Morris	25%	10
	Passaic	35%	14
	Sussex	10%	4
	Warren	25%	10

Region 6: Bergen, Essex, Hudson	Counties	Approximate Percentage of Caseload	Estimated Families Served PIT
	Bergen	33%	13
	Essex	33%	13
	Hudson	34%	14

Assigned county-based slots within a region may be adjusted to ensure the needs of the families within the region are met. Additional information on staffing requirements and caseload size can be found in D. Resources, 9. Staffing Requirements.

- 5) **Is there a required referral process?**
Yes, all referrals to the program will be made by DCP&P. Participants must be accepted in accordance with the required referral process.
- 6) **The referral process for enabling the target population to obtain the services of this program initiative:**
DCP&P staff will identify families that meet the criteria for BSFT® services. Families must have an open case with DCP&P and be served in-home, meaning there may have been an allegation or substantiation of child abuse or neglect. A referral will be generated to awarded respondents through the DCP&P Gatekeeper. Upon receipt of the referral the awarded respondent will complete a review and consultation to confirm the family is eligible for services.
- 7) **The rejection and termination parameters required for this program initiative:**
BSFT® teaches a standalone engagement model that should be enacted to prevent missed or cancelled visits and maintain treatment momentum. Should these fail, then termination or suspension may occur.

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® 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, TF-CBT, and similar. If a family member must also be seen individually, he/she will be receiving BSFT® treatment during any needed individual session.

Families are ineligible for BSFT® services if the youth has a severe developmental disorder, is suicidal or homicidal (which should be addressed with Crisis Interventions), who lack a family system due to the family being unavailable to work on an out-patient basis, or who are emancipated. Family units with one or more members experiencing active psychosis, a need for Detox, suicidal or homicidal ideation, or active domestic violence or sexual abuse are not able to receive BSFT® and need crisis interventions at that time. Families would be encouraged to re-engage once treatment is completed.

The provider is to notify the DCP&P Gatekeeper within 5 business days if it receives a referral for a child/family ineligible for the service.

This is a voluntary service. Awarded respondents shall communicate further termination parameters with families at the time of enrollment.

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

a) Initial Needs Assessment: This Assessment is completed during the first session with the family and clinician to discuss family dynamics, patterns of coping, abuse histories, and immediate needs. The therapist works with the family to identify interactional patterns that give rise to and/or maintain problematic youth behavior. After these patterns are identified, the therapist helps the family change these patterns to encourage positive family interactions.

b) Safety Evaluation: As part of the needs assessment, staff of the awarded respondents shall complete an initial safety evaluation with the family using a validated safety tool that will identify whether there is immediate or imminent danger to the child or youth. Families will be provided with information and education regarding accident prevention, with the goal of decreasing or preventing

accidents to children and youth in the care of their parent or caregiver. As part of service delivery, staff of awarded respondents shall have regular contact with the family and will be expected to informally assess safety during every interaction. During the service delivery process, should safety concerns emerge, awarded respondents will coordinate with DCP&P and develop safety plans as needed and maintain ongoing communication to ensure families receive the supports necessary to keep children safely at home. This support also includes but is not limited to attention to medical, dental, and mental health care needs, as well as safe housing and freedom from child abuse, neglect, and domestic violence.

c) Family Service Planning: Utilizing a trauma-informed, strength-based perspective and relying on families as experts, clinicians will utilize the initial needs assessment to inform service and goal planning. Families will lead the development of their Family Service Plan which will guide their services. With ongoing coordination with DCP&P, the family's service plan will be revisited at regular intervals to ensure services are having the intended result as reported by the Clinician or family. The family service plan is to be adjusted on an ongoing basis as the family's needs change throughout the course of service delivery. Cases are reviewed at least quarterly by supervisors or case work teams. Treatment is complete when there is resolution to the presenting problem. There is a diagnostic scoring that inform case closure. Case closures are discussed with supervisor or case work teams.

d) Service Delivery: 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.

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 programs are authorized to allot up to \$75 per family in financial assistance funds to help address material needs that are not addressed by CP&P or to further the work of the program. Such funds are considered "Specific Assistance to Clients" and must be specified in the approved program budget (DCF Contract Annex B).

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

a) Evidence Based Practice (EBP) modalities:

Brief Strategic Family Therapy BSFT ® provides evidence-based intervention strategies and curriculum based on the individual needs and characteristics of children and families and is a model with promising research study outcomes that have been published in California Evidence-Based Clearinghouse for Child Welfare and the Title IV-E Prevention Services Clearinghouse.⁷ .

b) DCF Program Service Names: Brief Strategic Family Therapy (BSFT ®)

c) Other/non-evidence-based practice service modalities: N/A

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

In-Home Family Therapy sessions involving intakes, assessments, and treatment.

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

BSFT® is typically conducted in an average of 12 to 17 weekly sessions, depending on the intensity of the need. A typical therapy

⁷ Manual: Szapocznik, J. Hervis, O., & Schwartz, S. (2003). Brief Strategic Family Therapy for adolescent drug abuse (NIH Pub. No. 03-4751). National Institute on Drug Abuse

session lasts 60 to 90 minutes. Additional sessions during a week may be provided during a time of high need for the family.

- 12) **Awarded respondents 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:**

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

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

Model implementation fees are required and includes the cost of training, fidelity, adherence monitoring and the site license.

Awarded respondents are to budget the following for implementation supports:

	FY26	FY27	FY28+
Training	\$19,000	\$6,300 attrition of staff	\$6,300 attrition of staff
Supervision Practicum	\$19,600	\$21,200	Provided by Clinical Supervisor
Fidelity Adherence	\$11,500	\$11,500	Provided by Clinical Supervisor
Site license	Paid by DCF	\$3,000	\$3,000

- a) **Before scheduling training, all trainees must:**

- I. be pre-approved by the Family Therapy Training Institute of Miami (FTTIM);
- II. have videotaping equipment, other than a cellphone, with at least two hours of storage space that is easily portable to record family sessions in the family home. Video recording is utilized for supervision purposes only and will be saved on a secure drive. They are deleted following the discussion of the family session in supervision.
- III. have access to a shared drive (such as Business Dropbox or OneDrive) to upload family videos;

- IV. be aware that they will need to videotape families and will spend two hours per week in consultation via Zoom with FTTIM consultants; and
- V. have families assigned to them when training begins.

Awarded respondents shall plan for the required technological needs for staff in their start-up budgets. Additionally, awarded respondents will need to purchase BSFT® manuals for each trainee.

b) Within two months of contract award (approximately) Organizational Site Readiness Workshops Training will occur and include:

- I. An Online Organizational Preparation (Prep) Workshop (2 half-days)
- II. An Onsite Organizational Site Readiness Workshop (1 day)

c) 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:

- I. Attend BSFT® content training workshops
- II. Attend weekly supervision practicum sessions to review electronically recorded BSFT® family therapy sessions and receive feedback and consultation from the FTTIM designated consultant.
- III. Prepare and participate in the accreditation process with support from BSFT® expert.

d) Training Workshops

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.

- I. Workshop #1, which begins by introducing the BSFT® Theoretical Foundations and Research Findings, is immediately followed by the Supervision Practicum.
- II. Workshop # 2 takes place approximately 3 weeks after Workshop # 1, after Supervision has already begun.
- III. Workshop # 3 occurs approximately 4-6 weeks after Workshop #2

Trainees must begin seeing at least 3-5 families using BSFT® skills at the onset of training. Recorded sessions are utilized to assist therapists in supervision and feedback processed with the FTTIM

consultant. If a family refuses to be recorded, they are still eligible for services. FFTIM will address concerns related to video recordings on an individual/as needed basis. Clinicians will gradually increase the number of families they serve as they advance based on feedback from the FFTIM consultant. 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 the FFTIM consultant and receive feedback on taped video sessions.

Staff may also be required to attend additional DCF trainings, not specific to the model.

- 14) **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:**

Therapists and their supervisors, may, on rare occasions be called upon/subpoenaed to testify in court. Sources that may call upon Therapists are Public Defenders/Parental representation, and/or DAG/DCF representation. Attending court hearings is accounted for within funding, may not be billed separately. If therapists are subpoenaed for court and unable to reschedule sessions, their supervisors are to be notified, and a plan put in place on an individualized basis.

- 15) **The student educational program planning required to serve youth in this program:**
N/A

D. Resources - The below describes the resources required of awarded respondents to ensure the service delivery area, management, and assessment of this program.

- 1) **The program initiative's service site is required to be located in:**
Anywhere in New Jersey. As services are provided in the family's home, the awarded respondent's service site (i.e., primary office, headquarters, etc.) can be in any location, in state or out of state. Therapist must be licensed to provide services in New Jersey, as BSFT® services are only available to New Jersey residents open with DCP&P.

- 2) **The geographic area the program initiative is required to serve is:**
Each program is required to serve one of the regions listed below. All counties listed in each region must be served.

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

- 3) **The program initiative's required service delivery setting is:**
Primary location is in home. Visits with families can occur in the community or at the Agency Site when deemed necessary. This flexibility allows employees to work from home when not engaged in direct services, and there is no requirement for the awarded respondent to maintain a physical office. Awarded respondents are responsible for implementing measures to ensure the safety of therapists during in-home visits.
- 4) **The hours, days of week, and months of year this program initiative is required to operate:**
Monday through Friday, 12 months per year. Awarded respondents are also expected to offer weekend and evening hours to ensure accessibility to the service.
- 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?**
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.

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

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.

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

The core services of the BSFT® model are provided by families in their home. There is no expectation that families will be transported anywhere by their therapist. 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.

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

Each awarded respondent shall hire a Program Director, Regional Coordinator, and a team of Clinicians during year one of implementation. The Clinical Program Supervisor may be identified in year one but will be hired and trained in year two of implementation. FTTIM will provide clinical consultation to the clinicians to ensure fidelity and adherence to the model.

The Program Director will provide non-model related clinical supervision until the Clinical Supervisor is hired. After the Clinical Supervisor is hired and assumes the responsibilities of clinical supervision, the Program Director's time commitment may decrease in Year 2 and beyond. *Reference Program Staffing Requirements, p. 23.*

Awarded respondents will be provided with job descriptions to review and conduct initial interviews with candidates. FTTIM will provide support in the selection of the best candidates for Program Directors, Clinical Supervisors and Clinicians. Awarded respondents will provide FTTIM with the resumes of anticipated trainee candidates (Clinicians in training). FTTIM will conduct supplementary phone interviews of candidates and report back to the agency with recommendations for hiring.

At start up, and during the first year of implementation, FTTIM will provide training and consultation to trainees through a designated clinical consultant. 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 Clinician licensure, professional development, or agency protocol. The Program Director can support staff who need supervision towards full licensure.

A graduated therapist that excels in adherence at least twice during the adherence phase can be considered to become the Clinical Supervisor. This refers to the minimum number of successful adherences (post-competency panel) that a trainee achieves to advance to training to become a Clinical Supervisor. Post-panel adherence monitoring is every other month for the first year. Clinical Supervisors will continue to provide direct BSFT clinical services to families as part of their ongoing training, to maintain fidelity to the model, stay attuned to the needs of families, and ensuring a deep understanding of both the families and their staff.

Agencies shall ensure Year 2 budgets allow for costs associated with the supervision (estimated to be \$5,300 total per trainee) and fidelity adherence (\$2,900 total per trainee) processes of the model. After the Clinical Supervisor is hired, trained, and takes on these responsibilities, these costs will no longer be required.

Awarded respondents shall ensure the above individuals:

- a) attend initial and on-going training sessions;
- b) have cell phones, personal transportation, and a laptop;
- c) document notes in shared files that are stored securely, and
- d) receive travel expense reimbursement (mileage) for home visits.
- e) receive a BSFT® program manual.

For the successful implementation and sustainability of BSFT®, the following positions are required:

Year 1 Program Staffing Requirements and Caseload Size:

# of Staff per Program	Caseload Size
4 FTE Therapist	7-12 Families/ any given time
1 FTE Regional Coordinator	--
.5 FTE Director	--

Year 2 Program Staffing Requirements and Caseload Size:

# of Staff per Program	Caseload Size
4 FTE Therapist	7-12 Families/ any given time
1 FTE Regional Coordinator	--
1 FTE Clinical Supervisor	Approximately 15 cases per year
.25 FTE Director	--

BSFT®® Staff

Position	Responsibility	Education/ Certificate/ Credentials
<p>Therapist</p> <p>Minimum Salary: \$70,000 (commensurate with education and/or experience.</p>	<ul style="list-style-type: none"> • Participate in weekly Supervision and Unit meeting with Supervisor • Manage assigned caseload and provide coverage for peer's caseload as needed, provide direct clinical treatment using methods compatible with assigned BSFT®® model. • Basic knowledge of how family systems operate • Rigorous ongoing training for certification in evidenced based model; ensure full compliance with implementation, delivery of the BSFT®® program and stringent clinical and administrative requirements. 	<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). <i>May be in process of obtaining licensure.</i>
<p>Regional Coordinator</p> <p>Minimum Salary: \$52,000 (commensurate with education and/or experience.</p>	<ul style="list-style-type: none"> • Conduct in-home visits with families to complete enrollment paperwork. • Track and Assign Referrals to Clinicians and Maintain Waitlists per County. • Facilitate and support referrals for families, connecting them with appropriate services and resources • Provide program administrative support, including data reporting. 	<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.
<p>Clinical Supervisor (Year 2)*</p>	<ul style="list-style-type: none"> • Provides clinical oversight, and supervision of Therapists with support from FTTIM consultant. • Receive additional training to provide new staff supervision practicum and fidelity adherences. • Assess and resolve any barriers to achieving program deliverables. • Provide direct BSFT® services to up to 15 families per year. • Assume supervision of Regional Coordinator. 	<ul style="list-style-type: none"> • Master's Degree in Social Work, Counseling, or related field preferred. • Valid professional license (LSW, LCSW, LMFT and/or possess other comparable licenses) • Graduated BSFT® therapist that excels in adherence at least twice during the adherence phase.

Program Director	<ul style="list-style-type: none"> • Position requires a high level of accountability and an ability to make critical decisions. • Day-to-day operations of agency's program; recruiting, selecting, coaching, supervising and assessing program staff. • Year 1: Provide clinical oversight and supervision of Therapists, in addition to the clinical consultation provided by FTTIM. 	<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.
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*The Clinical Supervisor will be hired in Year 2 of program implementation.

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

BSFT® is a program on the prevention services continuum of NJ's Family First Prevention Services Act Plan. Awarded respondents will need to ensure fidelity to the model and meet reporting requirements identified below.

DCPP Policy III.C.2.150 Service Provision:

<https://dcfpolicy.nj.gov/api/policy/download/CPP-III-C-2-150.pdf>

directs the use of services for families to protect the child, reduce stressful situations within the family, and increase the family's abilities to function more adequately without the constant and ongoing intervention of a social service agency.

Awarded Respondents are reminded of their obligation to comply with legislative and regulatory requirements found in the Standard Language Document and the Notice of Standard DCF Contract Requirements.

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

In person or virtual conferences will occur between the awarded respondent, FPR, and DCPP. These conferences will occur at least quarterly. Clinicians should have regular communication with the referring DCP&P staff, with a conference regarding the family's progress in services to occur at least monthly. That conference can occur telephonically, electronically, or in-person.

Awarded respondents 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 video calling 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:**

Awarded respondents shall create and maintain strong, meaningful relationships with the following stakeholders to ensure success of the program:

a) The Family Therapy Training Institute of Miami (FTTIM) for implementation support.

1. Awarded respondents shall execute the Family Therapy Training Institute of Miami (FTTIM) Memorandum of Agreement (MOA within 30 days of contract execution);
2. Awarded respondents shall maintain site licensure. The site must retain BSFT Therapists in adherence/fidelity supervision. BSFT therapists must adhere to the treatment model to assure fidelity and, thus, successful outcomes.

Agencies shall ensure their Year 2 budgets and outyears allow for costs associated with agency licensure (estimated \$3,000 total per agency).

3. 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.)'

b) DCF's DCP, DFCP, and FPR.

c) Local community-based service providers for the purposes of support to the family during and post services.

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

Awarded respondents shall collect and report on participant demographics, individual-level client and program data, including, but not limited to: contacts with families, assessment outcomes, referrals made, and other performance metrics. They may be required to use a DCF approved data collection and reporting system.

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

In New Jersey, and in alignment with the favorable outcomes assessed by the Title IV-E Prevention Services Clearinghouse, BSFT® will be implemented with the goal of reducing delinquent behavior among youth and improving family functioning. Specific outcome measurement tools will be selected in partnership with the model developer during the initial implementation phase of the program and may include:

- McMaster Family Assessment Device⁸: an assessment tool consisting of 7 scales which measure Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control and General Functioning
- Youth Self Report⁹: an adolescent self-report instrument designed to assesses the severity of 119 problem behavior and degree of functioning on three dimensions of Social Competence.
- Structural Family Systems Rating¹⁰: a tool developed to assess changes in patterns of interaction in families with a youth with a behavioral problem.

Awarded respondents shall participate in the Collaborative Quality Improvement process.

E. 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:

Awarded respondents shall engage in a process of participatory and collaborative evaluation planning activities with DCF and consultants as needed.

2) The outcomes required of this program initiative:

a) Short Term/Mid Term Outcomes:

Child-level outcomes:

- Reduce behavior problems, while improving self-control.
- Reduce associations with antisocial peers.
- Reduce substance use.

⁸ Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster Family Assessment Device. *Journal of Marital and Family Therapy*, 9, 171-180. https://www.ntnu.no/c/document_library/get_file?uuid=cd377890-a31d-4692-a9b8-47c563844862&groupId=10293

⁹ https://store.aseba.org/YOUTH-SELF-REPORT_11-18-50-per-Package/productinfo/501/

¹⁰ Hervis, O.E., Szapocznik, J., Mitrani, V., Rio, A. & Kurtines, W. (1998). Structural Family Systems Ratings Scale. In J. Touliatos (Ed.) *Handbook of Family Measurement Techniques* (2nd edition), New York: Microfiche Publications

- Improve emotional symptoms.
- Develop prosocial behaviors.

Family-level outcomes:

- Improvements in maladaptive patterns of family interactions (family functioning).
- Improvements in family communication, conflict-resolution, and problem-solving skills.
- Improvements in family cohesiveness, collaboration, and child/family bonding.
- Effective parenting, including successful management of children's behavior and positive affect in the parent-child interactions.
- Reduction in alcohol use in parents.

b) Long Term Outcomes:

- Reduce or eliminate behavior problems 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 conduct problems.
- Decrease in children entering out of home placement (as measured by # of children entering out of home placement within one (1) year of service completion).
- Prevent child abuse and neglect (as measured by # of referrals made on families who have completed the service, measured for a period of one (1) year post-service completion).
- Engagement and retain all family members, decrease presenting symptoms such as truancy, and eliminate reports of repeat maltreatment to the state child abuse hotline.

3) Required use of databases:

Awarded respondents shall collect and report program data using DCF approved data collection and reporting systems at no cost to them.

4) Reporting requirements:

Awarded respondents shall collect program data and provide monthly, quarterly, and/or annual reports to DCF as indicated. Frequency and format of reports will be determined collaboratively with providers post-award. Awarded respondents shall participate in Continuous Quality Improvement and monitoring activities as indicated by DCF and are expected to complete and submit quarterly expenditure reports (ROE) to their identified DCF Business Office and other reports specified in Section VI - Post Award Requirements of this RFP, subsection C. Contractor Requirements for Reporting.

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.

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 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 Documents Requested to be Submitted in Support of This Response*. **Each of these**

two (2) sections must be submitted as a separate PDF, which would be the second and third PDF submission in your response packet.

A. Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with this Response:

THIS WILL BE THE SECOND PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: *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 THIS RESPONSE.)*

- 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) **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/
- 3) **Agency By-Laws -or- Management Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership
- 4) **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>
- 5) Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the Board of Trustees of a nonprofit organization, **Board of Directors** of a corporation, the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality. This is not applicable for sole proprietors.
- 6) 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>
- 7) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.

Form:

<https://www.nj.gov/dcf/providers/contracting/forms/HIPAA%20Business%20Associate%20Agreement%209.6.24.pdf>

- 8) **Your Organization's Conflict of Interest Policy** (not the DCF Conflict of Interest Policy).
- 9) **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 respondent's current position under the corrective action plan and remedial measures implemented.

If not applicable, the respondent should complete, sign, date, and submit the Statement of Non-Applicability Regarding Corrective Action. Form: <https://www.nj.gov/dcf/providers/notices/requests/Statement-of-Non-Applicability-Regarding-Corrective-Action.pdf>

Note: DCF may consider all materials in our records concerning audits, reviews, or corrective active plans as part of the review process. DCF may disqualify and decline to forward for the review of the Evaluation Committee responses from those under corrective action plans in process with DCF or any other New Jersey state agency or authority.

- 10) **Certification Regarding Debarment**

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

- 11) **Disclosure of Investigations & Other Actions Involving Respondent**

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

- 12) **Disclosure of Investment Activities in Iran**

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

- 13) **Ownership Disclosure Form**

* THIS FORM MUST BE SUBMITTED WITH THE RESPONSE. A RESPONSE SHALL BE DEEMED NON-RESPONSIVE UNLESS THIS FORM IS SUBMITTED WITH IT.

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 prior to submitting it with the response shall result in rejection of the response.

14) Disclosure of Prohibited Activities in Russia and Belarus

Form:

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

15) 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>

16) System for Award Management (SAM) - Submit a printout showing the Unique Entity Identification Number, active status, and the expiration date. Available free of charge.

Website: <https://sam.gov/content/home>

Helpline: 1-866-606-8220

17) Certificate of Incorporation

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

18) Notice of Standard Contract Requirements, Processes, and Policies

- Sign and date as the provider

Form: [Notice.of.Standard.Contract.Requirements.pdf \(nj.gov\)](#)

19) Organizational Chart of Respondent - 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.

20) Chapter 271/Vendor Certification and Political Contribution Disclosure

[2006 Federal Accountability & Transparency Act (FFATA)]

Form: <https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>

21) 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 respondent'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" \(state.nj.us\)](#)

- 22) **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>

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

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

- 24) **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.

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

B. Additional Documents Requested to be Submitted in Support of This Response

(THIS WILL BE THE THIRD PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: PDF 3: SECTION III – DOCUMENTS REQUESTED TO BE SUBMITTED WITH THIS RESPONSE, SUBSECTION B. ADDITIONAL DOCUMENTS REQUESTED TO BE SUBMITTED IN SUPPORT OF THIS RESPONSE.)

- 1) A completed **Proposed Budget Form** documenting all costs associated with operating the program. If DCF is allowing funding requests for **start-**

up costs, document these separately in the appropriate column of the Proposed Budget Form. This form is found at:

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

- 2) 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.
- 3) An **Implementation Plan** for the program that includes a detailed timeline for implementing the proposed services, or some other detailed weekly description of your action steps in preparing to provide the services and to become fully operational.
- 4) **Two (2) Letters of Support** from community organizations with which you already partner. Letters from any New Jersey State employees are prohibited.
- 5) **Proposed Respondent Organizational Chart** for the program services required by this response that includes the respondent’s name, and the date created.
- 6) **Proposed Subcontracts/ Consultant Agreements/ Memorandum of Understanding**, or a **Letter of Commitment** to demonstrate the intent to enter into a Subcontract/ Consultant Agreement/ Memorandum of Understanding upon award, for the provision of contract services.
- 7) **Summary of Reduction of Seclusion and Restraint Use** (maximum 3 pages) describing policies adopted and the practices implemented to achieve this goal.

Section IV - Respondent’s Narrative Responses

Respondents who sign the above Statement of Acceptance to provide services in accordance with the *Required Performance and Staffing Deliverables* additionally must submit a narrative response to every question below. A response will be evaluated and scored as indicated on each of the following three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. Respondents must organize the Narrative Response

sections submitted in the same order as presented below and under each of the three corresponding title headings.

There is a twenty (20) page limitation for the combined three (3) narrative sections of the response. The narrative should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. Narrative Sections of the responses should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. The font shall be no smaller than twelve (12) points in Arial or Times New Roman.

(ALL THREE (3) OF THESE SECTIONS MUST BE SUBMITTED AS A SINGLE PDF DOCUMENT, WHICH WOULD BE THE FOURTH PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: PDF 4 – SECTION IV: RESPONDENT’S NARRATIVE RESPONSES, SUBSECTIONS A. COMMUNITY AND ORGANIZATIONAL FIT; B. ORGANIZATIONAL CAPACITY; AND C. ORGANIZATIONAL SUPPORTS.)

A. Community and Organizational Fit (35 Points)

Community and Organizational fit refers to respondent’s alignment with the specified community and state priorities, family and community values, culture and history, and other interventions and initiatives.

- 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 initiative fits with existing initiatives/programming in your organization.
- 3) Describe your agency's experience, if any, implementing evidence-based services 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 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.
- 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).

- 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. If your agency does not currently have a presence, detail your plans for integrating into the community within these areas.
- 8) Describe your organization's experience 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.

B. Organizational Capacity (35 Points)

Organizational Capacity refers to the respondent's ability to meet and sustain the specified minimum requirements financially and structurally.

- 1) Describe how the organization's leadership is knowledgeable about and in support of this initiative. Include how the requirements of this initiative 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?

- 2) Staff Recruitment and Retention: Describe the proposed structure of the BSFT® Program and the implementation and staffing plan (i.e., number and qualifications of staff, use of consultants, and use of volunteers). 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.
- 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?
- 5) DCF and each awarded respondent will collaborate on marketing strategies and development of effective referral pathways for the Brief 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' needs.
- 6) 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.

C. Organizational Supports (30 Points)

Organizational Supports refers to the respondent's access to Expert Assistance, Staffing, Training, Coaching & Supervision.

- 1) The Brief Strategic Family Therapy (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?
- 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, wellness, 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.

Section V - Response Screening and Review Process

A. Response Screening for Eligibility, Conformity, and Completeness:

DCF will conduct a preliminary review of each response to determine whether it is eligible for evaluation or immediate rejection in accordance with the following criteria:

- 1) The response was received prior to the stated deadline.

- 2) The Statement of Acceptance is signed by the person with the necessary authority to execute the agreement.
- 3) The response is complete in its entirety, including all documents requested to be submitted in support of the response listed in Section III. A. and the organizational documents prerequisite to a contract award listed in Section III. B. If any of these documents are missing from the response, DCF may provide an email notice to the respondent after the response is submitted. Respondents will have up to five (5) business days after notice from DCF to provide the missing documentation, except those documents, such as the Ownership Disclosure Form, required by the applicable law to be submitted with the response. If the documents are not then timely submitted in response to that notice, the response may be rejected as non-responsive.
- 4) The response conforms to the specifications set forth in the RFP.
- 5) At least one representative of the respondent must have been present at the Mandatory Conference.

Failure to meet the criteria outlined above, constitutes grounds for rejection of the response.

Responses meeting the initial screening requirements of the RFP will be distributed to the Evaluation Committee for its review and recommendations.

B. Response Review Process

DCF convenes an Evaluation Committee in accordance with existing policy to review all responses. All voting and advisory reviewers complete a conflict-of-interest form. Those individuals with conflicts or with the appearance of a conflict are disqualified from participation in the review process. The voting members of the Evaluation Committee will review responses, deliberate as a group, and recommend final funding decisions.

DCF reserves the right to reject any response when circumstances indicate that it is in its best interest to do so. DCF's best interests in this context include, but are not limited to, the State's loss of funding, inability of the respondent to provide adequate services, applicant's lack of good standing with a State Department, and an indication or allegation of misrepresentation of information or non-compliance with any State contracts, policies and procedures, or State or Federal laws and regulations.

A response to an RFP may result in a contract award if the Evaluation Committee concludes the respondent will comply with all requirements as demonstrated by

submitting the specified documentation and signing the Statement of Acceptance. All respondents are required to provide all the requested documentation, to confirm their ability to meet or exceed all the compulsory requirements, to provide services consistent with the scope of services delineated, and to comply with the service implementation and payment processes described. In addition, a response to an RFP will be evaluated and scored by the Evaluation Committee based on the quality, completeness, and accuracy of each of the three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. A response earning the highest score may result in a contract award. The narrative must be organized appropriately and address the key concepts outlined in the RFP. The quality and completeness of the required documents may impact the score of the Narrative Sections to which they relate.

All respondents will be notified in writing of DCF's intent to award a contract.

C. Appeals

An appeal of a determination to reject a response as incomplete or unresponsive may be considered only to dispute whether the facts of a particular case are sufficient to meet the requirements for rejection and not to dispute the existence of any of the requirements.

An appeal of a determination not to award contract funding may be considered only if it is alleged that DCF has violated a statutory or regulatory provision in its review and evaluation process.

Pursuant to DCF policy P1.08, such appeals must be submitted in writing within ten (10) business days following the date on the Notice of Disqualification or Notice of Regret letter by emailing it to DCF.AHUAppeals@dcf.nj.gov and/or mailing it to:

Department of Children and Families
Office of Legal Affairs
Contract Appeals
50 East State Street 4th Floor
Trenton NJ 08625

Section VI - Post Award Requirements

A. General Conditions of Contract Execution:

Respondents who receive notice of DCF's intent to award them a contract will be referred to the DCF Office of Contract Administration (OCA). As a condition of executing a contract, awarded respondents must resolve with OCA any issues

raised in the award letter or otherwise found to be need of clarification. If DCF finds after sending a notice of intent to award that the awarded respondent is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the award may not proceed to contract execution. DCF determines the effective date of any contract, which is the date compensable services may begin.

An awarded respondent 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. Awarded respondents may review these items via the Internet at: www.nj.gov/dcf/providers/contracting/manuals
<https://www.state.nj.us/dcf/providers/contracting/forms/>.

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

B. Organizational Documents Prerequisite to Contract Execution to be Submitted After Notice of Award:

The contract administrator assigned to initiate and administer an awarded respondent's contract will require the awarded respondent to submit the following documents prior to finalizing the contract for funding:

Post-Award Documents Prerequisite to the Execution of All Contracts

- 1) **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>
Policy: <https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf>
- 2) **Annual Report to Secretary of State** proof of filing.
Website: <https://www.njportal.com/dor/annualreports>
- 3) **Attestation Form for N.J.S.A. 30:1-1.2b** - Complete, sign and date as the provider.
Form: <https://www.nj.gov/dcf/providers/contracting/forms/Attestation-of-DCF-Contractors-Required-by-N.J.S.A.-301-1.2b.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.
- 4) **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, respondent 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

5) **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

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

7) **Standardized Board Resolution Form**

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

8) **Program Organizational Chart**

Should include agency name & current date

Post-Award Documents Prerequisite to the Execution of This Specific Contract

- 1) **Copy of Accreditation** (Joint Commission, COA, CARF, as applicable)
Cancellation of accreditation must be reported Immediately.

- 2) **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>
- 3) **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>
- 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) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.
- 7) **Subcontracts/Consultant Agreements/ Memorandum of Understanding** related to this contract for DCF review and approval.

C. Reporting Requirements for Awarded Respondents

Awarded respondents are required to produce the following reports in accordance with the criteria set forth below, in addition to the reporting requirements specified above in this RFP 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)

Awarded respondents 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**

Awarded respondents 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.

Awarded respondents 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 \(nj.gov\)](#)

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: Awarded respondents 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 P.L. 2012, C.25; Investment Activities in Russia or Belarus as per P.L. P.L.2022, c.3; 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>

D. Requirements for Awarded Respondents 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) Awarded Respondent's Procurement Policy



Memorandum of Agreement (MOA)

THIS AGREEMENT entered into this ____ day of _____, in the year 2024 ("Effective Date") by and between the Family Therapy Training Institute of Miami (hereinafter referred to as the "Institute" or as "FTTIM") and ____ (hereinafter referred to as "Agency") whose address is _____. In consideration of the mutual promises and covenants herein contained, the parties agree as follows:

1. TERM OF AGREEMENT

Performance of this Agreement shall commence upon the date this Agreement is executed and shall not extend beyond the estimated completion date of _____ unless further extended by amendment of this Agreement, which shall be in writing and signed by all parties to this Agreement. Either Agency or the Institute may terminate this Agreement upon ten (10) days written notice for any reason.

2. SERVICES

The Institute will provide the following services as part of this Agreement:

- a) Brief Strategic Family Therapy License Agreement as per attached Addendum A
- b) Itemization of services per Addendum B
- c) The Competency Panel Accreditation to each trainee provided the trainee has treated a minimum of 5 families with BSFT, as indicated on the Supervision Practicum Reports.
- d) The Institute will be responsible for actual program presentation and for providing any materials to be distributed to program participants.
- e) For any onsite training, Agency will be responsible for arranging space and logistics for the program, any publicity desired, and will otherwise provide all necessary support services required for the program, including audio-visual equipment such as an LCD projector and speakers, and a computer/laptop with USB ports. If any online training is conducted, Agency will provide the participants with the ability to partake/communicate in this virtual training, to receive Zoom email invitations, and to log into Zoom. The Institute uses a HIPAA-compliant Zoom platform.
- f) If this contract includes Supervision and/or Adherence services, Agency will provide each trainee with cameras capable of videotaping family sessions for at least a 1.5-hour duration. Agency will provide access to video tapes of said family sessions to FTTIM by uploading them into a HIPAA-



compliant file-share website that Agency will provide (such as OneDrive or Dropbox). Any fees that may be required by such a website for Agency to upload said videos will be the responsibility of Agency. Any fees that may be required by such a file-share website for FTTIM to view said videos will be the responsibility of FTTIM.

3. COMPLIANCE WITH FEDERAL, STATE, & LOCAL LAWS

In connection with the performance of this Agreement, both parties shall comply with all applicable laws, ordinances, and codes of Federal, State and Local Governments.

4. TERMINATION

This Agreement may be terminated as set forth below or upon termination of the Agreement term, as set forth in this Agreement:

- a) Mutual Consent. At any time, the parties may mutually agree to terminate the Agreement. Mutual Consent must be documented in writing and signed by both parties.
- b) Written Notice. Either party may terminate the Agreement at any time by providing thirty (30) days written notice to the other in accordance with the terms of this Agreement. In such event, the Agreement shall terminate thirty (30) days from the date notice is received by the other party, unless the parties agree to a different date.
- c) Loss of Funding. This Agreement will terminate immediately if the funds intended to be used become unavailable. In such case, Agency will promptly notify the Institute.
- d) Fulfillment. Agency may terminate this Agreement at any time if it deems the Institute has not fulfilled the services under this Agreement. In such case, Agency will provide the Institute written notice outlining the basis for termination and provide the Institute ten (10) days opportunity to cure.
- e) Cause. Agency may terminate the Agreement for Cause after providing the Institute written notice outlining the basis for termination and accord FTTIM ten (10) days opportunity to cure, should FTTIM not remedy the Cause within the cure period at any time, with or without notice. “Cause” shall mean any of the following:
 - i. The Institute materially breached this Agreement or refused to perform the services/duties required in/of this Agreement and failed to correct the breach/failure.
 - ii. The Institute failed to comply with any Agency policies applicable to independent contractors and failed to correct the failure.



- iii. The Institute was convicted of or indicted for a felony or any crime of fraud or dishonesty;
 - iv. The Institute was adjudged by a court of having committed an act of moral turpitude, including any act of fraud, embezzlement, theft, misappropriation, or material misuse of Agency assets;
 - v. The Institute engaged in any act that was intended to cause, or that actually caused, damage to Agency's reputation or credibility. However, nothing in this Agreement shall preclude the Institute from making truthful statements that are required by applicable law, regulation, or legal process or that relate to workplace discrimination, harassment, or retaliation claims where such disclosures are made to law enforcement, the EEOC, the New Jersey State Division of Civil Rights (DCR), any local commission on human rights, or Institute's attorney. This Agreement also does not prevent disclosure of facts and circumstances connected with sexual harassment claims, initiating or participating in an agency investigation, or disclosing facts necessary to receive public benefits;
 - vi. The Institute disclosed or used Agency's confidential information in violation of Section 7 of this Agreement;
 - vii. The Institute became unable to perform their essential functions under this Agreement without reasonable accommodations; and
 - viii. The Institute engaged in any other form of misconduct causing or intending to cause harm to Agency.
- A. Upon termination, the Institute shall deliver to Agency all work in progress, work products, and any other information the Institute obtained or otherwise accumulated in the course of their performance of the Agreement.
- B. Upon termination, payments under this Agreement shall cease; providing, however, that the Institute shall be entitled to payments for services the Institute performed prior to the date of termination for which the Institute has not yet been paid.

5. INDEMNIFICATION

Agency agrees to indemnify and hold harmless the Institute, its officials, employees and agents (collectively referred to as "Indemnities") against any and all losses, expenses, claims, actions, lawsuits and judgments thereon (including attorney fees through the appellate levels), which may be brought



against Institute Indemnitees by reason of personal injury, illness or death to any person, or loss, damage or injury to property, arising out of or reasonably attributable to the negligent acts or omissions of Agency, its employees or agents, provided that any loss, liability or damage resulting from acts of negligence or willful malfeasance or misconduct by the Institute Indemnitees is excluded from this agreement to indemnify and hold harmless.

The Institute will indemnify and save harmless Agency from all liability from loss, damage or injury to persons or physical tangible property in any manner arising out of the solely negligent acts or omissions of Institute provided that any loss, liability or damage resulting from acts of negligence or willful malfeasance or misconduct by Agency, its employees or agents is excluded from this agreement to indemnify and hold harmless.

The provisions of this Section 7 shall continue after the termination or expiration of this Agreement.

6. CONFIDENTIALITY

The Institute and the Agency agree to maintain the confidentiality of patient records, which will include all video/audio taped material of therapy sessions or parts of therapy sessions and each Agency trainee will sign a confidentiality agreement that guarantees the privacy of individuals seen/heard in the Institute's training materials as required by the Institute. Each trainee will have also completed the Health Insurance and Portability and Accountability Act (HIPAA) training required by the Agency.

7. NON-DISCRIMINATION

Both Institute and Agency agree that they shall not discriminate on the basis of age, race, color, creed, pregnancy, religion, national origin, ancestry, disability, marital status, sex, sexual orientation, gender identity, physical characteristic, or other unlawful basis of discrimination unrelated to performance of the work.

8. COPYRIGHT

Certain BSFT-related materials, concepts, ideas, and publications were created using government grants, and as such have been dedicated to the public domain. Such materials include express dedications to the public. The BSFT Curriculum and Training Program along with other works of authorship contained on the Institute's websites www.bsft-av.com and www.fttim.com (collectively, "Materials") unless otherwise stated, are the property of the Institute. Except where expressly



disclaimed or dedicated to the public, the Materials are protected by copyright and other intellectual property laws. Information received in a training program or through the website is for personal, noncommercial use only. Except where expressly disclaimed or dedicated to the public, Materials may not be reproduced or retransmitted in whole or in part, in any manner, without the prior written consent of the Institute. Requests for permission to reproduce or distribute materials should be emailed to the Institute Administrator at info@bsft-av.com.

9. **LAW**

This Agreement will be interpreted and construed in accordance with and governed and enforced by the laws of the state of Florida. Miami-Dade County shall be the exclusive venue and jurisdiction for any legal action related in any way to this Agreement or the service provided hereunder in all cases where such action is initiated by the Institute. By executing this Agreement, Agency expressly and irrevocably accepts the personal jurisdiction of the state and federal courts sitting in Miami-Dade County.

10. **WHOLE AGREEMENT**

This Agreement constitutes the sole and exclusive understanding and agreement between the parties with respect to the subject matter hereof and shall not be modified except in writing by the parties.

11. **SEVERABILITY**

If any one or more of the words or terms of this Agreement shall be held to be indefinite, invalid, illegal or otherwise unenforceable, in whole or in part, for any reason, by any court of competent jurisdiction, the remainder of this Agreement shall continue in full force and effect, and shall be construed as if such indefinite, invalid, illegal or unenforceable words or terms had not been contained herein.



Family Therapy Training Institute of Miami (FTTIM)

433 Plaza Real, Suite 275, Boca Raton, FL 33432

(305) 859-2121

<http://www.bsft-av.com>

IN WITNESS THEREOF, the parties have executed this agreement by their duly authorized officers
on the date first herein set out:

Family Therapy Training Institute of Miami

Signature: _____

Name: Olga E. Hervis, MSW, LCSW

Date: _____

Agency

Signature: _____

Name: _____

Date: _____

SEE NEXT PAGE ADDENDUM A



ADDENDUM A

Family Therapy Training Institute of Miami (FTTIM™)
The Brief Strategic Family Therapy® (BSFT®) Licensing Agreement

THIS LICENSING AGREEMENT (“Agreement”) is executed this ____ day of ____, in the year 2024 (“Effective Date”), by and between Family Therapy Training Institute of Miami, a Florida corporation (“FTTIM”), on behalf of its Brief Strategic Family Therapy® (“BSFT®”) Program, and ____an (“Agency”) (“Corporation”).

WITNESSETH

WHEREAS, FTTIM (“Institute”) has been designated as a duly authorized trademark agent with all rights and responsibility in perpetuity to use and disseminate the mark in compliance with trademark requirements and obligations of the Brief Strategic Family Therapy® and BSFT® trademarks (“BSFT Mark”) and has used the BSFT Mark in commerce in various forms for an extensive and continuous period of time for purposes relating to the provision of Institute’s goods and services, such use is well known and recognized by the general public and associated with Institute, and shares all common law rights in the BSFT Mark;

WHEREAS, the BSFT model is a research-based, family-focused therapy program, which is designed to improve family interactions, treat both internalizing and externalizing problems and reduce delinquency and drug use in youths aged 6 to 18 years;

WHEREAS, Agency desires to obtain a license from Institute to hold itself out as a BSFT® Provider and obtain certain attendant services of Institute as set forth herein;

NOW, THEREFORE, in consideration of the mutual promises set forth herein and other good and valuable consideration, it is agreed by and between Institute and Agency as follows:

1. LICENSE

Subject to the provisions of this Agreement, Institute grants to Agency a non-exclusive, limited, revocable, non-transferable, non-sublicensable license (“License”) to hold itself out as a Brief



Strategic Family Therapy® (BSFT®) Provider. In that respect, Agency may state that it is receiving BSFT training, supervision, and fidelity monitoring from the Family Therapy Training Institute of Miami (“Institute”). Agency may use, without making alterations, the following item of Intellectual Property (the License IP).

Brief Strategic Family Therapy® (BSFT®)

Solely for the limited purpose of marketing their BSFT® Therapist(s) and, thereby, their practice, provided Agency maintains:

- a) said Therapist(s) under the Institute’s periodic BSFT® fidelity program to ensure adherence to the model, and
- b) programmatic structure that ensures BSFT® utilization, sustainability, and viability drivers.

2. TERM AND TERMINATION

A. This Agreement shall commence on the Effective Date and shall expire on this ____ day of ____ in the year ____ (“Initial Term”), unless sooner terminated as set forth below or extended by a written amendment executed by both parties for one or more renewal terms (each a “Renewal Term”). The Initial Term and any subsequent Renewal Terms are hereinafter collectively referred to as the “Term”.

B. This Agreement may be terminated at any time by written mutual agreement of the parties.

C. This Agreement may be terminated at any time by Institute in the event that (i) Agency commits a material breach of this Agreement and fails to cure such material breach within thirty (30) days after receipt of written notice from Institute, or in the event, (ii) Agency cancels its program, or (iii) such cancellation is required by law.

D. Either Institute or Agency may terminate this Agreement for convenience upon ninety (90) days written notice to the other party.



E. Upon termination or expiration of this Agreement, all rights and privileges granted to Agency shall immediately terminate. Agency agrees that as of the effective date of the termination or expiration of this Agreement, Agency shall (i) discontinue any and all use of the BSFT® Mark covered by this Agreement, (ii) not use, display, manufacture or distribute any materials bearing the BSFT® Mark from that day forward, whether in print or electronically, (iii) make no further reference to the BSFT® Mark in connection with Agency's business or advertising, and (iv) immediately return to Institute all materials as may have been delivered to Agency in connection with the performance of this Agreement. The provisions of this paragraph shall survive termination or expiration of this Agreement.

F. Upon termination or expiration of this Agreement, Agency shall immediately pay all outstanding amounts due to the Institute. The provisions of this paragraph shall survive termination or expiration of this Agreement.

See next page Addendum B



BSFT Addendum B Description of Services
WORKSHOPS
Organizational Prep Workshops (2 half-days online)
Organizational Readiness Workshops (1 full day onsite)
Trainee Workshop # 1 (3 continuous days onsite)
Trainee Workshop # 2 (2 continuous days onsite)
Trainee Workshop # 3 (2 continuous days onsite)
Booster Workshop Online For Trainees (as 2 half-days) (agenda TBD as needed)
Up to 2-3 "auditors" can attend those trainee workshops -
ESTIMATED SUPERVISION PRACTICUM*
Trainees will be "paired" to receive the Supervision consultation sessions
Supervision Practicum Package per Trainee provides 16 video-review sessions (Agency has 4 Trainees)
Supervision Practicum Package per Trainee provides 16 Zoom consultations sessions (Agency has 4 Trainees)
LICENSING/IMPLEMENTATION SERVICES
SITE LICENSING
IMPLEMENTATION SUPPORT PACKAGE
ADHERENCE FIDELITY PHASE
Adherence Supervision Package per Trainee provides 2 video-review sessions (each Agency has 4 Trainees)
Adherence Supervision Package per Trainee provides 2 Zoom consultation sessions (each Agency has 4 Trainees)
Adherence Supervision Package per Trainee provides 2 performance reporting (each Agency has 4 Trainees)
RETRAINING ESTIMATE
To account for potential attrition there will be one joint training program delivered online to new clinicians from the agencies who will partake together. Maximum attendance is 8 new trainees
Trainee Workshops #1, (joint agencies attend 6 half-days training)
Trainee Workshops #2 (joint agencies attend 4 half-days training)
Trainee Workshops # 3 (joint agencies attend 4 half-days training)
Supervision Practicum Package per new Trainee provides 14 video-review sessions
Supervision Practicum Package per new Trainee provides 14 Zoom consultations
To become BSFT accredited, the trainee must have treated a minimum of 5 families with the model BSFT as indicated in the Supervision Practicum Reports
<u>For the 1st Organizational online, up to 10 such stakeholders can attend. For the 2nd onsite, we encourage up to 20 to attend</u>
<u>Organizational Readiness Workshops:</u> This includes referral sources, admin personnel, direct supervisors of trainees, decision-makers
SUPERVISION NOTES:
<u>TRAINEES MUST HAVE 3-5 FAMILIES FOR TREATMENT BY THE END OF WORKSHOP # 1 TO AVOID SUPERVISION DELAYS</u>
<u>Each session consists of: FTTIM Supervisor reviewing the family tapes of the pair and a 2 hour Zoom consultation review with the Pairs.</u>
Supervision must begin within a few days after Workshop # 1.

Timeline - BSFT Implementation 2025-2029 – ONSITE Training
Sample of Pathway to Full Competency Training and subsequent Fidelity Program

August 2025	Trainee candidates were phone-interviewed by FFTIM. MOA Contract review and approval cycle.
August/September 2025	Timeline agreed upon to begin. Candidates recommended by FFTIM Institute Director.
August 2025	Online Pre-Organizational Preparation Workshop – 2 half-days DCPP to begin submitting referrals.
September- October 2025	Onsite Organizational Readiness Workshop – 1 day and BSFT Training Workshop # 1 (the following 3 days onsite) Site license issued-can provide services to families
September-October 2025	Supervision begins soon after Workshop 1. Each Trainee should see 3-5 families...Fewer will delay training/graduation. Trainees upload family videos to a shared drive, for us to review & counsel them on performance. Estimate 14 weekly sessions (barring vacations, holidays, personal time, etc.)
October 2025	Trainee Workshop # 2 (2 days onsite) (within 3 weeks of onset of supervision)
December 2025	Trainee Workshop # 3 (2 days onsite). Dependent on number of families seen by a majority of the clinicians.
October 2025 – March 2026	Supervision continues. Ideally Trainees have begun to increase the # of families to a minimum of 5. Each Trainee is <i>estimated</i> to receive 14weeks of Supervision, give, or take depending on competence. LACK OF FAMILIES WILL DELAY PANEL. Must treat 5 families to qualify for panel.
March 2026	Projected Competency Panel – Graduation!
May 2026-May 2027	Fidelity Adherence Program. Clinicians will receive a session every other month (6 times for the year. SEE NOTE BELOW. Graduated clinician selected to become BSFT site supervisor (BCS) and trained to be BCS, if desired. <i>*Ideally at July 2026 an onsite supervisor, BCS begins training.</i>
May 2027– May 2028	Fidelity Adherence Program continues with FFTIM Clinical Supervisor (unless BCS takes over this task). Clinicians will receive 4 quarterly sessions. <i>*SEE NOTE BELOW.</i>
May 2028 – May 2029	Fidelity Adherence Program continues (unless BCS takes over this task). Clinicians will receive 3 sessions---or might be customized depending on need. SEE NOTE BELOW. BCS may be trained to become BSFT Trainer (with personalized training plan).
During 2026 or later an onsite BSFT® Supervisor (BCS) may be created who could assume the adherence program of the Competency Team, remedial training, and the <i>supervision</i> of any potential new trainees. <i>*Additional training and workshops to be scheduled as needed.</i>	