



## QUESTIONS AND ANSWERS

**Division of Family and Community Partnerships (FCP)**

**Office of Family Preservation and Reunification (FPR)**

**2024 RFP-Family Support Services (FSS) Brief Strategic Family Therapy (BSFT)**

Written questions related to the content of this RFP were due on **November 8, 2024**.

A non-mandatory conference was held on **November 6, 2024**

Written technical questions about forms, documents, and format may be emailed to [dcf.askrfp@dcf.nj.gov](mailto:dcf.askrfp@dcf.nj.gov) at any time up to the due date for responses of **December 2, 2024**.

All responses must be submitted ONLINE. To submit online, respondent must **first** complete and submit an Authorized Representative (AOR) Registration form: AOR Registration Form

AOR Registration forms must be received by **November 25, 2024**.

All responses must be received by **December 2, 2024** (by 12:00 NOON)

Link to: [Sample FTTIM contract with NJ agencies](#)

Link to: [Sample timeline](#)

**Clarifications to Staffing Chart (RFP pages 21-22)**

Please see the revised staffing chart below, which replaces the Staffing Chart on pages 21-22 of the RFP. The **changes have been highlighted**. Note the **increase from .25 FTE to .5 FTE for the Director position in Year 1**, and the clarifications to the **Education/Certificate/Credential requirements for all three positions**. DCF has confirmed that the below education and licensing requirements are aligned with the New Jersey State requirements for clinical services.

**Year 1 Program Staffing Requirements and Caseload Size:**

# of Staff per Program	Caseload Size
4 FTE Therapist	7-12 Families/ any given time
<b>.5 FTE Director</b>	

**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 Clinical Supervisor	Approximately 15 cases per year
.25 FTE Director	

Position	Responsibility	Education/ Certificate/ Credentials
Therapist  Minimum Salary: \$62,000 (commensurate with education and/or experience)	<ul style="list-style-type: none"> <li>Participate in weekly Supervision and Unit meeting with Supervisor</li> <li>Manage assigned caseload and provide coverage for peer's caseload as needed, provide direct clinical treatment using methods compatible with assigned BSFT® model.</li> <li>Basic knowledge of how family systems operate</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li><b>Master's Degree in Social Work, Counseling, or related field preferred.</b></li> <li><b>Valid professional license (LSW, LMFT, LAC and/or possess other comparable licenses)</b></li> </ul>

<p>Clinical Supervisor (Year 2) *</p>	<ul style="list-style-type: none"> <li>• Provides clinical oversight and supervision of clinical staff.</li> <li>• Audit trainings</li> <li>• Assess and resolve any barriers that come up in the program, (i.e., IT issues, not enough referrals, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Master's Degree in Social Work, Counseling, or related field preferred.</li> <li>• Valid professional license (LSW, LCSW, LMFT and/or possess other comparable licenses)</li> <li>• Graduated BSFT Therapist that excels in adherence at least twice during the adherence phase.</li> </ul>
<p>Program Director</p>	<ul style="list-style-type: none"> <li>• Position requires a high level of accountability and an ability to make critical decisions.</li> <li>• Day-to-day operations of agency's program; recruiting, selecting, coaching, supervising and assessing program staff.</li> <li>• Year 1: Provide clinical oversight and supervision of Therapists, supplemental to the clinical support provided by FTTIM.</li> </ul>	<ul style="list-style-type: none"> <li>• Master's degree in Social Work, Counseling, or related field preferred.</li> <li>• Valid professional license (LCSW, LPC)</li> <li>• Minimum of 5 years of work experience providing mental health services, including experience providing supervision and managing a program.</li> </ul>

**QUESTIONS**

**1. Q. We received multiple questions about the education and licensing requirements for the Therapist position.**

A. The minimum requirements for the Therapist position have been clarified and are listed in the revised staffing chart above. DCF has confirmed that the above education and licensing requirements are aligned with the New Jersey State requirements for clinical services.

**2. Q. Can the clinical supervisor and the .25 FTE Program Director be the same person at 1 FTE?**

A. No. The Program Director will be .5 FTE in Year 1 and may be reduced to .25 FTE in Year 2. The Clinical Supervisor will be identified in Year 2 and will be full-time, 1 FTE. *Reference staffing chart above for clarification.*

3. **Q. Is the Director staff position part time, only .25 FTE? Why is the program director only .25 FTE and not full time? Especially when they must hire people and uplift the program from the start.**

A. Yes, the Program Director is part-time. The Program Director position will be .5 FTE for Year 1 to assist with program start-up, recruiting, selecting, coaching, assessing and supervision. The Program Director may be reduced to .25 FTE in Year 2 when an on-site Clinical Supervisor will be identified and hired. *Reference staffing chart above for clarification.*

4. **Q. Can the .25 FTE director be an existing director in the organization?**

A. Awarded respondents should budget the position appropriately and understand the responsibilities of this position. Also, see staffing chart above for clarification of Year 1 requirement from .25 FTE to .5 FTE for the Program Director.

5. **Q. Is this program limited to BSFT in-home therapy, or can the program also include the Multi-systemic Therapy model to address situations where children/youths are exhibiting problematic sexual behaviors in addition to the depression, anxiety, violence, and other behaviors listed in the grant opportunity?**

A. This program will exclusively follow the Brief Strategic Family Therapy model.

6. **Q. What is “complete translation services?”**

A. BSFT is committed to delivering services in the primary language of each household. Successful applicants will be responsible for recruiting and hiring bilingual therapists, as outlined in the RFP on page 20. Awarded respondents are expected to ensure service provision in all languages, either by employing bilingual staff or utilizing a translation service.

7. **Q. Are children who are receiving therapeutic services ineligible?**

A. Children receiving Medicaid-funded therapeutic services are not eligible to receive BSFT simultaneously (RFP p.14). *Reference QA #8 for further clarification.*

8. **Q. Are there exclusionary criteria for referrals to BSFT (i.e., substance use)?**

A. Children receiving Medicaid-funded therapeutic services are not eligible to receive BSFT simultaneously (RFP p.14).

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.

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 child must not reside in an out-of-home care setting.

9. **Q. To clarify, exclusionary criteria is if a child has a mental health diagnosis and is being treated for depression, suicidal ideations, anxiety etc. the family will not qualify (if the treatment is paid through Medicaid). What if a parent is receiving individual therapy, would the family still qualify. The model does not support both individual mental health stability and family functioning in daily practice.**

A. BSFT 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.

10. **Q. Children receiving Medicaid-funded therapeutic services are not eligible to receive BSFT-simultaneously. To clarify, if a child is receiving mental health counseling paid through Medicaid funding the family is not eligible. However, if the mental health counseling is funded through private insurance the family is eligible?**

A. Children receiving Medicaid-funded therapeutic services are not eligible to receive BSFT simultaneously (RFP p.14). *Reference Q&A #8 for further clarification.* However, it is noted that when BSFT is chosen for a given family, BSFT becomes the primary service provider. *Reference Q&A #9 for further clarification.* However

**11. Q. Will the children in the families that are seen through BSFT have experienced abuse or neglect?**

A. Referrals for BSFT will be initiated by Child Protection and Permanency (CP&P). Families must have an open case with CP&P and be served in-home, meaning there may have been an allegation or substantiation of child abuse or neglect (RFP p.14).

**12. Q. Will the respondents who are awarded a contract be able to interview candidates for the position? What are the consultants looking for in an appropriate candidate?**

A. Yes, awarded respondents will conduct initial interviews with candidates. Upon selection, the resumes of the candidates will be shared with FTTIM. FTTIM will conduct phone interviews of candidates and report back to the awarded respondent to recommend or not recommend their hiring, or to express some reservations to consider (RFP p. 21).

**13. Q. Do we know what criteria the developers are looking for to hire staff?**

A. Job descriptions will be provided to awarded respondents. Additionally, awarded respondents will receive support from FTTIM in the selection of the best candidates for Therapists, the Clinical Supervisor and Program Director. *Reference Q&A #12 for further clarification.*

**14. Q. Will the respondent have funds to pay for celebrations – via a family outing or meal?**

A. Awarded respondents may allocate dollars specific to materials and supplies or specific assistance to clients as part of your response for DCF consideration and final approval.

**15. Q. With regards to video recording of family sessions – will the recordings become part of the family chart, or will they be deleted once the family is discharged.**

A. Video recording is utilized for supervision purposes only and will be saved on a secure drive. They are deleted upon discussion of the family session in supervision.

**16. Q. What if a family refuses to be recorded?**

A. Recorded sessions are utilized to assist therapists in supervision and feedback process with clinical supervisor. If a family refuses, they are still

eligible for services. FFTIM will address concerns related to video recordings on an individual/as needed basis.

**Q. What alternative service will be offered to the DCP&P families who refuse to participate due to filming requirement?**

A. Refusal to participate in the filming of sessions does not preclude a family from receiving BSFT services.

**17. Q. P. 20, Section II.D.9: Please clarify when the Clinical Program Supervisor is supposed to be hired. How is s/he supposed to participate in trainings if not hired until the second year?**

A. The Clinical Supervisor is selected from the initial pool of hired therapists in the 2<sup>nd</sup> year. The Clinical Supervisor will be trained by the BSFT Clinical Consultant (RFP p. 21).

**18. Q. P. 21, Section II.D.9., paragraph 3: Will FFTIM clinical supervisors be licensed and certified to provide clinical supervision for supervisee's licensure? Per NJ regulations, clinical supervisors must be 3 years post-Licensed Clinical Social Worker and be Certified as clinical supervisors.**

A. The FFTIM Clinical Consultant will supervise selected sessions as shared by the BSFT trainee and continue to teach the model throughout the training practicum but will not take on clinical supervision duties as expected for trainee licensure, professional development, or awarded respondent protocol (RFP p. 21).

**19. Q. Does the clinical supervisor need to be an Approved Clinical Supervisor (ACS) or Certified Clinical Supervisor (CCS) to be able to supervise the staff? According to the certifying state boards, one of these credentials is required for supervising provisionally licensed clinicians. Also, clinical supervisors tend to get paid more. What is the range for paying them given the budget of \$273,000 a year for the other four FTE therapists?**

A. Fidelity and structure will be shared with awarded respondents by receiving the BSFT program manual. This refers to the minimum number of successful adherences (post-competency panel) that a trainee achieves in order to advance to training to become a clinical supervisor. Post panel, adherence monitoring is every other month for the first year. Clinical supervisors are not hired by awarded respondents until Year 2, and budgets for Year 2 will be \$774,000.

**20. Q. How did DCF calculate that \$62,000 is the market value in NJ for a clinical therapist?**

A. \$62,000 is the minimum salary based on the market value for a bachelor's level counselor. Agencies should re-consider salary to align with the updated staffing requirements and qualifications as reflected in page 2 of the Q&A document. [U.S. Bureau of Labor Statistics](#)

**21. Q. For cultural competency, I like to pay my bilingual counselors more than my monolingual counselors since bilingual counselors have a skill set and they wind up doing more work than the monolingual therapist. With the budget being tight, where should I cut back so I can afford to hire several or at least two bilingual therapists?**

A. Respondents may appropriate funds to allow for a bi-lingual salary differential. Respondents are reminded that the Year 1 budgets should be prorated.

**22. Q. If one of my therapists has to go to court, how does that get accounted for if they are unable to conduct their average weekly sessions?**

A. 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.

**23. Q. What does it mean by “Excels in adherence at least twice?”**

A. Awarded respondents will receive the BSFT program manual which outlines the fidelity and structure of the program. This manual specifies the minimum number of successful adherence evaluations a trainee must achieve to qualify for advancement to clinical supervisor training, following the competency panel. After passing the panel, adherence is monitored bi-monthly during the first year.

**24. Q. Will material for the organizational workshops be provided or will the awarded respondent create these workshops?**

A. The material for the organizational workshops will be provided to the awarded respondent by FFTIM.

**25. Q. How do we provide clinical services out-of-state when our licensure doesn't allow it?**

A. These services are eligible for NJ residents open with Division of Child Protection and Permanency (DCP&P).



**26. Q. The RFP indicated four therapists. Since one of the therapists will become the supervisor, should respondents be budgeting for five therapists in Year 1 and four therapists and a supervisor Year 2?**

A. No. Respondents should be prepared for attrition. A graduated therapist that excels in adherence at least twice during the adherence phase can be considered to become an on-site clinical supervisor (RFP p. 21).

**27. Year 2 also has four FTE therapists but if one is becoming a supervisor, we are hiring another new therapist?**

A. Yes.

**28. Q. In the virtual conference, it was identified that the Clinical Supervisor will be providing supervision to the Therapists. Can you clarify, is this for the program model only?**

A. Yes.

**29. Q. In the virtual conference, it was identified that the Director will not be providing supervision on a clinical level. Should the therapists need supervision towards full licensure, and the identified Clinical Supervisor that was chosen is not eligible to do so, can the Director do this?**

A. Yes.

**30. Q. To clarify: do respondents create their own budget to be funded in a lump sum? Also: when awarded, what is the range of lump sums and how many years is it anticipated stage support is provided? If multiyear, is this automatic or does a proposal need to be completed each year?**

**Similar to others, what is the target number of clinicians required for the organization to have/hire? Is there a designated billing or documentation system?**

A. Yes. Respondents are required to submit a proposed budget as part of their submission. Please consult page 31 of the RFP for detailed instructions and refer to the funding breakdown information on page 2 for guidance. While new proposals do not need to be submitted annually, contract renewals depend on both the availability of funding and the

performance of the provider. Renewals will take place at the start of each fiscal year, beginning July 1, 2026-June 30, 2027.

For hiring clarification, please reference the above staffing chart. There is no required billing or documentation system at this time. Respondents are guided to use their existing electronic health records.

- 31. Q. The budget is unclear to me - if the total budget is \$323,000 per award, and there is a required minimum salary of \$62,000 per therapist, with a staff of four therapists, the therapists' salaries alone are \$248,000. This only leaves \$75,000 for all other costs. Is there something I'm missing?**

A. Responses to this RFP require a prorated budget for Year 1.

- 32. Q. Clinical supervision is being provided for the first contract year by FTTIM clinical consultants, and there is no clinical supervisor in the program during this period. Who bears the professional liability? Does FTTIM bear the professional liability during this period, or the awarded respondent, or both?**

A. Professional liability remains with the awarded respondents.

- 33. Q. How quickly will the award notification be issued?**

A. It is anticipated that awarded respondents will be notified in January.

- 34. Q. How is it to be handled if someone slated for the clinical supervisor position leaves the organization?**

A. FTTIM will provide additional training for a site, as needed.

- 35. Q. Please clarify "direct service staff may be remote" when the RFP states that in-home services must be provided.**

A. Awarded respondents are not required to maintain a physical office space for employees. This flexibility allows employees to work remotely when they are not engaged in providing direct services to families.

- 36. Q. I've read through the RFP, and I didn't notice anything speaking on the safety of the therapist conducting the home visits and what that should look like. Is it up to the organization to make sure safety measures are in place?**

A. Awarded respondents are responsible for implementing measures to ensure the safety of therapists during in-home visits.

**37. Q. Clarify how this service will interact with NJ4S clinical team.**

A. Awarded respondents will be responsible for coordinating services to ensure integrated care for families by fostering collaboration among other community service providers.

**38. Q. Will the Clinical Supervisor hold a case load past training?**

A. Yes. Following the appointment of a Clinical Supervisor in Year 2, FTTIM requests that they continue participating in clinical practice with families to maintain fidelity to the model and stay attuned to the needs of families, ensuring a deep understanding of both the families and their staff.

**39. Q. Are therapists expected to Utilize personal vehicles?**

A. There is no expectation that families will be transported anywhere by therapists. Awarded respondents should consider travel expenses for the therapists.

**40. Q. The RFP addresses transportation but only for clients. For staff going out to the homes of families, transportation is costly. Does the model account for leased cars?**

A. Therapists are not expected to provide transportation for families. Awarded respondents should account for therapists' travel expenses in proposed budgets.

**41. Q. Can staff be shared among other programs like NJ4S or Children's Mobile?**

Due to the program's intensity and the need to maintain a specific caseload to uphold model fidelity, it is recommended that therapists be hired to dedicate 100% of their time to the program.

**42. Q. Is there a cap to the fringe rate?**

A. Respondents may refer to the DCF Contract Reimbursement Manual Section 4-Principles for Determining Costs for allowable items of cost. Reference Section 4.6 Item 7 Fringe Benefits: [SECTION 4 - Principles for Determining Costs](#)

**43. Q. Is the first year (6 months) of training funded through DCF or does the respondent need to include this in the budget? I see that in the second year we must.**

A. Year 1 training is provided at no cost to the awarded respondent.

**44. Q. Can a respondent apply to service a region and only service one county from that region? Or must all counties within the same region be serviced by the same provider?**

**(i.e., Our respondent is in Middlesex County, can we apply for an award to focus solely on this county to the exclusion of the other region 4 counties? Pg #18 in RFP)**

A. No, respondents applying for a region must serve all counties in the identified region.

**45. Q. Awarded Respondents shall consider the need to select a master's level clinical supervisor in Year 2 from the pool of therapist trainees when hiring trainees at start up. Respondents shall ensure their Year 2 budgets allow for costs associated with the supervision (estimated to be \$4,900 total per trainee) and fidelity adherence (\$2,900 total per trainee) processes of the model. Outward years will estimate costs related to staff attrition. Can you please clarify what this means. Are these costs for PBHG staff or is this for FFTIM staff. Can you please provide more information on this.**

A. The costs identified above are for supervision and fidelity adherence for awarded respondent staff, to be paid to FFTIM.

**46. Q. Who pays FFTIM after year 1?**

A. Costs related to training and consultation will be shared by DCF and awarded respondents. *Reference Q&A #45.*

**47. Q. Can the program director be reconsidered? Can a bachelor's level person with an extensive work history with children's families be considered?**

A. Based on the requirements for clinical programs in New Jersey, the Director must possess necessary licenses to supervise clinical staff.

**48. Q. In Year 2, what entity and positions do we pay the \$9,000 to?**

A. Respondents shall ensure their Year 2 budgets allow for costs associated with the supervision (estimated to be \$4,900 total per trainee) and fidelity

adherence (\$2,900 total per trainee) processes of the model. Outward years will estimate costs related to staff attrition (RFP p. 21). These costs are paid to FTTIM.

49. **Q. Section II, top of p.7, states: "(SUBMIT A COMPLETE COPY OF THE CONTENT OF SECTION II, ENDING WITH YOUR SIGNED STATEMENT OF ACCEPTANCE, AS A SINGLE PDF DOCUMENT...."**  
**However, at the Bidders Conference, it was stated that only the signature pages (26 & 27) should be submitted as Section II pdf. Please clarify.**

A. Please submit all of section II (pgs. 7-27), along with the signed statement of acceptance as a single PDF.

50. **Q. Community Service Scope: Is it acceptable for our organization to focus on serving the complex and distinct needs of the Jewish community, or is it a requirement to ensure a broader, more diverse service population?**

A. All families who meet the eligibility requirements should receive services.

51. **Q. Caseload Expectations: Based on the provided full-time salary for therapists, could you clarify how many cases each therapist is expected to manage on average?**

A. After 6 months of training, a full caseload is 7-12 families (RFP p. 19).

52. **Q. Training Schedule: Are any of the required training sessions scheduled to take place on Saturdays? What specifically do training sessions entail (i.e., virtual/in person, travel, days per year etc.)?**

A. Trainings can be adjusted to meet the needs of the awarded respondents; however, trainings are not intended to be Saturdays, and some will be in person. Please review attached training timeline.

53. **Q. How is continued training of the model expected as staff resign and transition into different roles, or as time passes?**

A. FTTIM will provide additional training for a site, as needed.

54. **Q. Can the Director attend any trainings to become familiar with the model to support the program?**

A. Yes, trainings will be required to ensure the Program Director is fully supported in providing effective supervision and maintaining model fidelity.