NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

QUESTIONS AND ANSWERS

2025 RFP Family Support Services – Brief Strategic Family Therapy (BSFT)

Written questions related to the *content* of this RFP were due on **Wednesday, March 26, 2025.**.

A non-mandatory conference was held on **Monday, March 24, 2025, at 10:00 AM.**

Written *technical* questions about forms, documents, and format may be emailed at any time up to the due date to dcf.askrfp@dcf.nj.gov.

All responses must be submitted ONLINE.

To submit online, respondent must **first** complete and submit an Authorized Representative (AOR) registration form: AOR Registration Form.

Click here to access the AOR Form.

AOR Registration forms must be received by **Thursday, April 10, 2025**.

All responses must be received by **Thursday, April 17, 2025** (by 12:00 NOON)

General Questions:

1. **What is the time of deadline for questions?**
   Questions related to the RFP deliverables were due 12:00PM on Wednesday, March 26, 2025. Technical questions may be submitted by email to DCF.ASKRFP@dcf.nj.gov at any time up to the due date of the response, which is April 17, 2025, at 12:00PM.

2. **To what extent does the award favor nonprofit organizations versus private practice?**
   All responses are evaluated equally, regardless of the status of the organization.

3. **Are collaborations with local agencies/entities required?**

   Agencies are encouraged to work closely with local community-based service providers to offer comprehensive support to families both during and after services. 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 Board (RFP p.18, #12; p.26, #12c).

4. **If we are interested in two regions, do we have to submit two separate applications?**

   Yes. Respondents must submit a separate response for each region applied for. The deliverables in PDF 1 are the same, but the signature page must specify the region proposed to be served. The documents combined into PDF 2 are the same for every DCF RFP. The documents combined into PDF 3 (documents including the proposed budget and implementation plan) and the narrative responses submitted as PDF 4 may vary according to region. Please note that all counties listed must be serviced.

<u>Reissue Questions:</u>

5. **How is this RFP different from the original that was withdrawn?**

   Since the publication of the original RFP and while working together, FCP-FPR and the BSFT® model developer have improved their mutual understanding on how best to implement the model services. We decided to incorporate some additional information into a reissued RFP draft that is consistent with these new insights. The basic tenets of the model remain the same, but there have been some adjustments to the staffing qualifications (RFP p.22, #9). Respondents should review this reissued RFP in its entirety to ensure the response is in alignment with the expectations and requirements of this iteration of the RFP.

6. **Can we use the same application that we used for the December 2024 BSFT® RFP?**

   No. The deliverables have been revised, and a new application will be required. The required 25 documents in PDF 2 have not changed, however please be sure they are all unexpired. See questions 4 and 5 above for more detail about submitting for more than one region and what is different in this RFP.

7. **Do we need to submit a new AOR if we applied in December 2024?**

   Yes. A new AOR is required for every new RFP.

Staffing and Training Questions:

8. **Can existing staff be used to support this program? If not, what happens to new staff that are hired to support the three-year program after 2026?**

   Yes, if staff designation and allocated time does not exceed 100%. All staff must meet the required educational and experience guidelines and engage in the same hiring protocol. Contingent on funds being available, the intention is to annualize this program beyond FY28.

9. **Why are the program director and clinical supervisor not required to have a clinical supervision certification or ACS?**

   The Program Director is expected to have the required credentials to provide clinical supervision along with experience supervising and managing a mental health program (RFP p. 25). The clinical supervisor is providing support to therapists in implementing the BSFT® model.

10. **Is the program director required to be trained in BSFT® and go through the process similar to other staff?**

    While the Program Director won't be directly serving families, they will engage in BSFT® trainings to support their staff and enhance adherence to the BSFT® model. They may also assist in staffing BSFT® cases to ensure both fidelity and smooth service delivery. Participation in the BSFT® staff supervision practicum is not required for their role.

11. **In Year 2, when the Therapist is promoted to Clinical Supervisor, will an additional FTE Therapist need to be hired?**

    Yes, the Clinical Supervisor will serve up to 15 families a year to maintain skills for fidelity adherence. Sites must maintain 4 FTE Therapists; therefore, when the Clinical Supervisor is promoted, the vacant position must be filled. (RFP p.23)

12. **Can we use existing staff if they are already seeing family members for therapy and getting less referrals for their existing role, due to roll-out of this program?**

    Existing staff may be transitioned to this program that meet the education and experience requirements. They should be budgeted and reflect in contractual documents accordingly. Further, as applied to this program, one full time equivalent (FTE) employee of an awarded respondent shall be scheduled to work 35-40 hours per week. Employees scheduled to work 17.5 to 20 hours per week are 0.5 FTEs.

    Further, the BSFT® therapist is intended to be the primary provider for the family. When BSFT®® is chosen for a given family, it will become their only psychotherapy. However, they can partake in skills groups such as Motivational Interviewing, 12-step, Trauma-Focused Cognitive Behavioral

Therapy (TFCBT), and similar. If a family member must also be seen individually, he/she will be receiving BSFT® treatment during any needed individual session. (RFP p.15)

13. **Section II – Required Performance and Staffing Deliverables, Page 23: Is it required that we hire four full-time Therapists, or can we hire a combination of full-time and part-time staff as long we make sure to meet the required 4 FTE Therapist positions?**

    Four full time therapists are not required. As applied to this program, one full time equivalent (FTE) employee of an awarded respondent shall be scheduled to work 35-40 hours per week. Employees scheduled to work 17.5 to 20 hours per week are 0.5 FTEs. Considerations for the responsibilities of supervision should be made when taking on multiple part time staff.

14. **Re: Page 18, Section13 a): Before scheduling training, all trainees must be pre-approved by the Family Therapy Training Institute of Miami (FTTIM). Do we need to wait until we receive the award to apply to the FTTIM for pre-approval, or should we be applying now for this? How long is the pre-approval process, and what happens if we do not get pre-approved?**

    There is no pre-approval for an agency prior to implementing BSFT®. The pre-approval process as referred in the RFP is a brief interview with a potential candidate just prior to an agency interview. Feedback to the hiring manager/agency lead would be offered within a few days of the ask to review a candidate. Approval of trainees is intended to optimize resource utilization, ensure a strong recruitment and selection process that identifies the right staff and maximizes the impact of training investments. (RFP p. 18)

15. **Section I.C.13, p.18: Can we include Program Director and Regional Coordinator in the trainings? If yes, will that increase the cost of trainings listed in the table for Fiscal Year 2026?**

    All staff will be trained in the BSFT® model to promote fidelity and adherence. Training cost estimates in the referenced table include costs for all program staff, including the Program Director and Regional Coordinator. (RFP p.18)

16. **Section II – Required Performance and Staffing Deliverables, Page 24: If the Therapist is not licensed, can the salary be less than the stated $70,000 minimum?**

    The educational requirement for the BSFT® therapist is that they have or are in the process of obtaining a valid professional license (RFP p.24). The minimum salary is required and has been identified to support hiring and retention of staff.

17. **Section II – Required Performance and Staffing Deliverables, Page 24: The RFP mentions a minimum salary requirement of $70,000 for the Therapist Position, commensurate with education and/or experience, but does not specify if this is tied to state or other regulatory minimum wage standards or can vary based on geographical factors or regional salary averages. Any additional guidance on this matter would be greatly appreciated.**

    The calculation for minimum salary was based on the US Bureau of Labor and Statistics market value for the educational requirements and qualifications. Awarded respondents should take into account geographical considerations and language proficiency pay differentials when determining market value salaries.

18. **Is the expectation that the awarded program's Clinical Supervisor be promoted from within the program, having started as one of the program's Therapists?**

    Yes. A graduated therapist that excels in adherence at least twice during the Adherence Phase can be considered to become the Clinical Supervisor. The Clinical Program Supervisor may be identified in year one but will be hired and trained in year two of implementation. (RFP p.23)

19. **If the program hires a graduated BSFT® therapist, is the expectation that the individual goes through the BSFT® workshops and related with the program's other therapists as a cohort?**

    Agencies are expected to initially hire licensed therapists in an appropriate field. They will then be trained in the BSFT® model through FFTIM. If an agency does hire someone competent in BSFT®, FTTIM would work with the agency to determine the therapist's status and learning/adherence needs. They would be expected to participate in training with their cohort as a refresher if not currently practicing BSFT®.

20. **Please expound upon FTTIM involvement in the hiring process. Is the expectation that FFTIM will have a definitive say in the hiring of my staff?**

    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. FTTIM is not responsible for agency hiring decisions or agency interviewing/human resource processes. (RFP p.22)

21. **Page 23 of the RFP states, "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." Can you please explain what the anticipated training of the Clinical Supervisor will be, as the position's stated requirements already include BSFT® experience?**

    It is not anticipated that the agency Clinical Supervisor will take on training and adherence responsibilities in Year 2. It is noted that the Clinical Supervisor will be a promoted, graduated Therapist. They will provide clinical oversight in the BSFT® model and supervise Therapists with support from the FTTIM consultant. The Clinical Supervisor will receive additional training for their professional development. They will provide direct BSFT®® services to up to 15 families per year to support the program, as well as support their ongoing development of their model specific skills. (RFP p.24)

22. **Will staff retention efforts/incentives be an allowable cost under this funding?**

    Agencies may propose recruitment and retention incentives that align with their existing agency policies. These initiatives must be managed within the program budget and should not surpass the established program ceiling.

23. **Is a recognized clinical supervisor certificate required for the Clinical Supervisor? The RFP lists Education/Certification/Credentials for the position but doesn't indicate certification requirements for the position beyond licensing and being a graduated BSFT® therapist. There seems to be a conflict here concerning what is required by the State for "clinical supervision" and what this RFP's expectations are.**

    The Program Director is expected to have the required credentials to provide clinical supervision along with experience supervising and managing a mental health program (RFP 25). The Clinical Supervisor will be a promoted, graduated Therapist. They will provide clinical oversight in the BSFT® model and supervise Therapists with support from the FTTIM consultant. The Clinical Supervisor will receive additional training for their professional development. They will provide direct BSFT® services to up to 15 families per year to support the program, as well as support their ongoing development of their model specific skills. (RFP p.24)

<u>Budget Questions:</u>

24. **Do we submit budget documents for year one only (inclusive of startup)?**

    Respondents are required to submit a proposed budget form and a proposed budget narrative for the one-year period of July 1, 2025, to June 30, 2026. If awarded, an Annex B budget will be required.

25. **Your The budget is based on nine months, but the program has to be operational for 10 months since you 60-day full operation is required. We also need staff to hire before the 60-day implementation. How do we pay for staff to hire the first two months since we need the full nine months for operational costs?**

    Fiscal Year 2026 budgets are pro-rated. The intended contract is to begin on July 1, 2025 – this includes a 3-month period for start-up and 9-month period for operational expenses. Respondents may include staff required for program start-up in their proposed budgets.

26. **Families receiving Medicaid-funded therapeutic services are not eligible to receive BSFT® services. Who verifies referrals are not currently receiving Medicaid-funded services?**

    Only psychotherapy funded through Medicaid would preclude a family from eligibility. The provider will be required to work collaboratively with the family, DCP&P, and CSOC as applicable, to confirm the family is not receiving other Medicaid funded psychotherapy. (RFP p.15)

27. **According to the RFP, operation expenses are for nine months, but the funding period is from July 1, 2025, to June 30, 2026. Should our proposed budget be for nine months or twelve months?**

    The total proposed budget should be for 12 months: 3 months of start-up funding and 9 months of operational costs.

<u>Replacing/phasing out/contract questions</u>

28. **Will this replace the therapy family members already receive individually?**

    When BSFT® is chosen for a given family, it will become their only psychotherapy. Individual family members may receive some supportive services in addition to BSFT®, e.g., case management, peer support, recovery coaching, etc. (RFP p.15)

29. **Will therapy referrals for children, teens, and parents with open DCPP cases be phased out or reduced as BSFT® ramps up?**

    BSFT® is a family therapy model intended to serve children, teens, and their caregivers open with DCP&P. At full capacity, a region is expected to serve 120 families annually, statewide approximately 720 families will receive BSFT®-funded services. (RFP p.1)

30. **If BSFT® is intended to be a complimentary program, why are so many existing family support programs being sunsetted?**

    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 supports they need within their own community—support that can prevent crisis, mitigate risks, and prevent future child abuse and neglect. (RFP pgs.8-9)

31. **If referrals and caseloads are less than anticipated, does time of measuring the "excelling and adherence" for therapists get extended or is it based on the actual caseload?**

    Adherence is dependent on caseload and the Program Director is tasked with monitoring and ensuring this process. The foundation of training is based on hands on supervision. FTTIM is flexible with timeframes and acknowledges that there may be a delay in achieving full caseload status and will work with programs as needed to support the implementation process. (RFP p.23)

32. **If we have a current contract to provide therapy to family members with children in home, under the care of DCP&P now, can we anticipate BSFT® replacing the therapy services currently provided in current contract? I.e. not getting referrals to see the families in the office, and current contract not being renewed.**

    Specific contract-related questions should be directed to your DCF representative; contract administer or program lead.

33. **For children receiving medication, is BSFT® considered a separate service they could continue to receive?**

    Yes. Medication management is not covered and is separate from BSFT®. The BSFT® therapist can be connected, with appropriate releases, to psychiatrists supporting the family.

<u>Model questions</u>

34. **Have there been any studies on this model with undocumented migrants? There are concerns of reluctancy to allow video into their homes, or for those videos to be uploaded.**

    Video recording is for supervision and fidelity monitoring only. Recordings are not maintained as part of the family's file. Please refer to RFP pgs.19-20: -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. 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. (RFP pgs.11,19-20)

35. **Do FTTIM staff hold NJ licenses? What is their level of familiarity/expertise as it relates to NJ families with DCP&P involvement and NJ child protection laws and practice?**

    FTTIM staff do not hold NJ licenses; however, they are licensed clinicians. They have and will continue to work closely with DCF team, both on a state and local level to be connected with the families involved with DCP&P. They are providing clinical consultation to the therapists. This does not replace clinical supervision provided by the awarded agency through the Program Director. BSFT® has been successfully implemented in states across the country--New York, Michigan, etc.

36. **Will there be any screening processes of family homes to ensure safety of therapists going into the homes?**

    As part of the referral package, DCP&P will share a completed Safety Assessment. Agencies will utilize their established process of vetting families for safety when providing in home services. Safety will continue to be assessed informally throughout the intervention. The regional coordinator will be responsible for communicating safety expectations of the family at the enrollment meeting. (RFP p.16)

37. **55% of children entering foster care in NJ are under age 5. Why does this program only serve families with children ages 6-17?**

    The EBM literature and evidence that supports this model are most appropriate for children aged 6 and up. BSFT® is complimentary to other services on the continuum that cover different populations and needs of children. There are many other programs funded/partnered with DCF in the child welfare system. (RFP p.12)

<u>Other questions:</u>

38. **Regarding the Affirmative Action Certificate: 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. Our organization is not a new start up agency, and we have not previously contracted through DCF. According to how I am reading this, we do not need to submit an Affirmative Action Certificate- is this correct?**

    All organizations applying to become service providers for DCF must submit either an Affirmative Action Certificate, or a copy of the AA302 along with receipt of payment to the Treasury.

39. **What is the prevalence of graduated BSFT® therapists licensed in the State of New Jersey?**

    BSFT® is being implemented in NJ by DCF for Fiscal Year 2026. The number of previously trained BSFT® therapist in New Jersey is unknown but expected to be limited as per FTTIM.

40. **What is the anticipated data collection requirement for the program? Will the award support the cost of integrating the data capture and reporting needs into current systems or the obtaining of a new system? Would this have to be part of the start-up funds or included in the operational budget?**

    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 (RFP p.26). DCF will assist award respondents in navigating the expected data collection process.

41. **On page 26, the RFP states that "Awarded respondents shall maintain site licensure". Does the term "site" refer to the Region awarded or the agency? For example, if an agency is awarded two regions, will a site license be required for each region, or just one for the agency?**

    A site as per this RFP is designated as the awarded region. All sites participating in the BSFT® model are required to maintain appropriate licensures for practice. Agencies shall ensure their Year 2 budgets and outyears allow for costs associated with agency licensure (estimated $3,000 total per agency) and allow for Implementation Support ($2,500) Years 2 and 3.

42. **Can we partner with another agency if we do not work in a certain county?**

    Awarded respondents are required to provide services to each county in the awarded region. (RFP p.21)