

**Invitation to Negotiate  
ITN # 2 EBA VA 0617**

**Functional Family Therapy Program**

**June 30, 2017**

**On behalf of:**

Virginia Department of Juvenile Justice  
600 E. Main St.  
Richmond, VA

**Distributed by:**

Evidence-Based Associates  
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Arlington, VA 22213

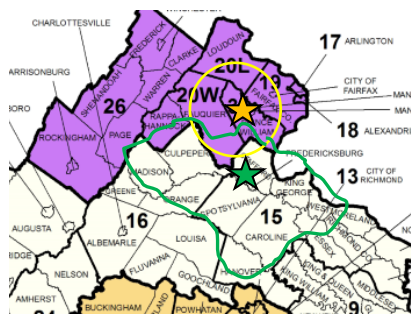


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## **OVERVIEW**

On behalf of the Virginia Department of Juvenile Justice (VDJJ), Evidence-Based Associates (EBA) is seeking one or more dedicated, community-based provider agencies that provide clinical services to children, youth and families that would be interested in being trained to deliver and provide Functional Family Therapy (FFT) for system-involved youth in one or more Court Service Units (CSUs) across the Commonwealth. Initial localities are currently being identified and *may* include:

- 1) CSU 31 and portions of CSU 19, 20L and 20W (serving Fairfax, Prince William, Manassas City, Woodbridge, Loudoun, Fauquier, Dale City, Dumfries, and Manassas Park);
- 2) CSU 15 and CSU 16 (serving City of Fredericksburg and the counties of Caroline, Essex, Hanover, King George, Lancaster, Northumberland, Richmond, Spotsylvania, Stafford, Westmoreland, Culpeper, Madison, Orange); and



Beginning in October 2016, VDJJ has contracted with Evidence-Based Associates (EBA) to implement and provide third party management of a Regional Service Coordination (RSC) model of service delivery. Due to a desire to implement a home-based intervention with a proven track record of serving high-risk juvenile offenders, this ITN as administered by EBA is to implement FFT, a family-focused, intensive, home-based and evidence-based program. Among the goals of VDJJ's service coordination model are to 1) use evidence-based models that have been shown to reduce juvenile recidivism; and 2.) achieve a reduction in the rate of commitments to DJJ.

## **ABOUT FFT:**

Functional Family Therapy (FFT) is an empirically grounded, well-documented and highly successful family intervention program for dysfunctional youth. FFT has been applied to a wide range of problem youth and their families in various multi-ethnic, multicultural contexts. Target populations range from at-risk preadolescents to youth with very serious problems such as conduct disorder, violent acting-out, and substance abuse. While FFT targets youth aged 11-18, younger siblings of referred adolescents often become part of the intervention process. Intervention ranges from, on average, 8 to 12 one-hour sessions for mild cases and up to 30 sessions of direct service for more difficult situations. In most programs sessions are spread over a three-month period. FFT has been conducted both in clinic settings as an outpatient therapy and as a home-based model.

The FFT clinical model is appealing because of its clear identification of specific phases which organize intervention in a coherent manner, thereby allowing clinicians to maintain focus in the context of considerable family and individual disruption. Each phase includes specific goals, assessment foci, specific techniques of intervention, and therapist skills necessary for success. The phase-based goals of FFT are to:

- 1) **Engage** youth and family members into treatment by establishing your credibility by being responsive and availability.
- 2) **Motivate** youth and their families by decreasing the intense negativity (blaming, hopelessness) so often characteristic of these families. Rather than ignoring or being paralyzed by the intense negative experiences these families often bring (e.g., cultural isolation and racism, loss and deprivation, abandonment, abuse, depression), FFT acknowledges and incorporates these powerful emotional forces into successful engagement and motivation through respect, sensitivity, and positive reattribution techniques.
- 3) **Assess** interpersonal functions (i.e., payoffs) within the family to organize/match interventions.
- 4) **Behavior Change:** Reduce and eliminate the problem behaviors and accompanying family relational patterns through individualized behavior change interventions, including cognitive/attributional interventions, systematic skill-training in family communication, parenting, problem solving, and conflict management.
- 5) **Generalize** changes across problem situations by increasing the family's capacity to **utilize multisystemic community resources** adequately, and to engage in relapse prevention.

The data from numerous outcome studies suggests that when applied as intended, FFT can reduce recidivism between 25% and 60%. Additional studies suggest that FFT is a cost-effective intervention that can, when appropriately implemented, reduce treatment costs well below that of traditional services and other family-based interventions. The fidelity of the FFT model is achieved by a specific training model and a sophisticated client assessment, tracking, and monitoring system that provides for specific clinical assessment and outcome accountability. FFT program implementation targets clinical teams of up to 8 clinicians who work together by regularly staffing cases, attending follow-up training, and participating in ongoing telephone supervision.

FFT LLC is the parent organization for Functional Family Therapy training, service, and core process research. FFT LLC also represents the primary contact for information regarding FFT clinical studies and training programs. See <http://www.fftllc.com/> for more information about FFT.

### **SUBMITTAL INSTRUCTIONS:**

Electronic submissions are due to [dedwards@ebanetwork.com](mailto:dedwards@ebanetwork.com) by 5 pm EST on 7/28/2017. A copy should also be sent to [kbrooks@ebanetwork.com](mailto:kbrooks@ebanetwork.com). Responses must be received by the stated deadline to be eligible for consideration. The proposals received by the above date and time will be opened simultaneously. The schedule for review and selection is attached as Appendix B.

General and administrative questions regarding this ITN should be directed to Dr. Dan Edwards at the above email address. For questions specific to the provision of Functional Family Therapy (FFT), please email Helen Midohaus, FFT National Trainer and Consultant, at [helenm2@verizon.net](mailto:helenm2@verizon.net). All questions must be in writing to ensure all information is available to all bidders. The deadline for questions is COB 7/10/2017. All questions will receive a written e-mail response with a copy to all prospective bidders by COB 7/14/2017.

Please note all decisions are final and not subject to challenge. The final award will be dependent on the availability of funding.

## **WHO CAN APPLY:**

Private not-for-profit, public, and private for-profit youth-serving agencies may respond to this ITN. The Commonwealth of Virginia wishes to support the development and expansion of programs using an FFT approach implemented with a high degree of clinical fidelity by investing in training and program design; therefore, though experience is not required to make application, preference may be given to those agencies with experience and a track record of success in providing FFT to the juvenile offender population either within the Commonwealth or in other jurisdictions.

## **HOW PROVIDERS WILL BE SELECTED:**

Proposals will be selected for contract negotiation based on clearly stated criteria (See Appendix A for list of Rating Criteria):

- ability to meet the needs of EBA and VDJJ within the timeframes required;
- ability to attract and retain three (3) FFT therapists (with hiring support from EBA and FFT Services);
- knowledge and history of serving at-risk youth using family-centered, home-based, and evidence-based treatment approaches, and community-based services;
- potential to stabilize families at-risk of continued involvement in the juvenile justice system;
- ability to manage and support a top-tier, evidence-based intervention;
- cost-effectiveness of budget proposal;
- experience with and/or knowledge of FFT;
- willingness to support the evaluation of this project;
- quality of the proposal;
- current team(s) in good standing with FFT Inc., if applicable.

The award for this ITN is subject to review by FFT Services to determine the nominated applicant's ability to achieve and sustain an adherent and competent team.

## **FUNDING/TIME FRAMES:**

A contract for the period 9/1/2017-6/30/2018 (with options for renewal) will be negotiated as a result of this ITN process. Continued funding is contingent upon 1) effectively managing contract funds and 2) compliance with FFT clinical requirements and EBA's administrative requirements, as well as upon 3) accurate and prompt submission of required program and financial data and reports. Continued funding is also contingent upon positive performance history with achievement of program goals and objectives.

Regarding resource allocation and budget proposals, note that all FFT-specific training costs and related travel associated with FFT licensed training and fidelity will be borne by EBA and eligible for reimbursement to EBA through VDJJ during the first year. Funding for training and fidelity for year two for FFT (up to \$36,000 per year but usually averaging \$18,000 per year + travel for FFT consultant once/year) is not guaranteed by VDJJ and should be planned for in year two budget. Typically, year three (Phase Three) training costs in FFT drop to \$7,000/year + travel for FFT consultant once/year is also not guaranteed by VDJJ. Finally, replacement training (i.e., for therapists who fill a vacancy on a team due to turnover) is \$5,000 including travel.

## **SCOPE OF SERVICES:**

1. Hire and support a standard FFT Team, usually comprised of three full-time clinicians, to provide Functional Family Therapy to youth and families identified by VDJJ Court Service Unit personnel while adhering to the program model provided by FFT Services.
  - Therapists shall have a master's degree in psychology, counseling, marriage and family therapy, social work, or a related area, or a bachelor's degree with at least five years of related experience (e.g., family therapy and/or intensive in-home counseling).
  - Therapists will be full-time and must not be engaged in other professional work outside the FFT working/training group (i.e., doing contract work at their agency).
2. Cooperate fully with all training, clinical supervision, and reporting requirements outlined by FFT LLC and their representatives. FFT therapists and the supervisor shall participate in all training required by VDJJ, EBA and FFT LLC.
3. Locate appropriate community-based resources to meet any additional needs identified by the family which may include basic needs including enrollment in Medicaid, mental health services such as counseling, individual and/or family therapy, drug and alcohol evaluation and treatment, informal parenting support, mediation, safety planning, etc.
4. Serve 72-80 youth per year, with service commencing on or before the 15<sup>th</sup> of November 2017. Each agency must be able to provide services to all families within the designated catchment areas of VDJJ (see opening paragraph of this ITN), but each provider may choose to serve only one or more of the catchment areas identified. Referrals are made by DJJ Probation officers and approved by DJJ supervisors within each CSU.
5. Prepare progress reports to the Court Service Unit on a regular and ongoing basis (weekly is preferred but at least monthly) to inform the Court Service Unit of the family's progress toward meeting treatment goals as well as specific court obligations. As part of providing FFT, the DSPs services may include appearing in Court as necessary.
6. Collect data on youth participating in the project to evaluate the effectiveness of the project design; work with representatives from the EBA and state and local DJJ staff in the identification of outcome measures and design of data collection tools; and cooperate fully with any evaluations.
7. Participate in regular and, as necessary, ad hoc meetings with the EBA Project Manager to exchange program and evaluation information.

### **APPLICATION PROCESS:**

Your written response, utilizing the proposal outline indicated below, should have a minimum of one-inch margins, be prepared in a minimum of 12pt font size, and should not exceed eight (8) single-spaced, single-sided, type-written pages.

In addition to your narrative response, please provide:

**Attachment A - Detailed Budget Outline.** (use the attached cost estimator as a guide to developing your budget proposal)

Provide a budget that:

- Includes both year 1 and year 2
- Enter annual salary amounts for the therapist currently defaulting to \$47,500 for year 1 and \$50,000 for year 2; enter Supervisor Salary year 2 currently defaulting to \$55,000 (full time)
- Outlines all 12 month agency costs associated with an FFT team with 3 FTE's
- lists specific salary for personnel costs separate from fringe costs (plug in fringe percentage) currently defaulting to 30% or .3
- list admin percentage currently defaulted for 35% or .35
- justifies each budget category with a brief statement of calculation or explanation;

***Attachment B*** – FFT Application for Site Training (attached)

***Attachment C*** – Organization Chart with Identification of where the FFT program fits

## **PROPOSAL OUTLINE**

*Proposals not submitted in this format may be subject to significant deductions in point values assigned by the review committee.*

### **I. Introduction/Management Capability**

- A. Describe your agency and agency's history.
- B. Provide an organization chart, identifying key personnel/positions and their qualifications that will have management and oversight of FFT.

### **II. Experience with status offender/at-risk youth population and treatment model**

- A. Describe your agency's experience serving at-risk youth and youth at a moderate to high risk to re-offend involved in the juvenile justice and/or mental health systems.
- B. Describe your agency's experience with and/or knowledge of FFT or other community-based, family-centered treatment models.
- C. *If currently providing FFT services, please share your success with the model and the obstacles encountered and how those obstacles are being handled. (Most recent TYPE report should be included for active teams.)*

### **III. Ability to meet EBA, VDJJ and FFT LLC requirements, deadlines and timeframes**

- A. Provide detailed plan for your operational approach to the recruitment, training supervision and retention of therapists to provide management and FFT therapists.
  - 1. Include in the description of your retention plan your policies concerning annual raises, bonuses (performance, merit, and otherwise), mileage reimbursement, flex time schedules, tuition reimbursement, opportunities to earn CEUs, opportunities for licensed supervision, and all other retention policies.
- B. Provide detailed plans for how your agency will meet the obligations of EBA and VDJJ to ensure that services commence by November 15<sup>st</sup> at the latest. Include a detailed description of proposed contract initiation operations including all start up activities.
  - 1. Provide a timeline with days and steps detailed, beginning with the day the contract is awarded and ending with the day the team is fully staffed.

### **IV. Confirm your agency's ability and willingness to support and cooperate with the evaluation of this project.**

\* Additional information on FFT may be found on their website: [www.fftinc.com](http://www.fftinc.com) and on the Center for the Study and Prevention of Violence website: [www.colorado.edu/cspv](http://www.colorado.edu/cspv).

**APPENDIX A**  
**EBA Score Form**  
**2017 Functional Family Therapy (FFT) Program**  
**Virginia DJJ**

**Agency Name:** \_\_\_\_\_

**Program Title:** Functional Family Therapy (FFT) **EBA Application #:** ITN # 2 EBA VA 0617

**Reviewer Name:** \_\_\_\_\_ **Review Date:** \_\_\_\_\_

**Total Score:** \_\_\_\_\_

<i>Definitions of Rating Categories</i>
<b>Exceptional</b> - The proposal exceeds all technical specifications and requirements for all program components. The proposal is innovative, comprehensive, and complete in every detail.
<b>Good</b> - The proposal meets all technical specifications and requirements for all program components. The proposal is comprehensive and complete in every detail.
<b>Adequate</b> - The proposal generally meets all technical specifications and requirements for all program components, but it is not complete in every detail.
<b>Poor</b> - The proposal does not meet all technical specifications and requirements for all program components, or it does not provide essential information to substantiate the grant applicant's ability to provide the service.
<b>Comments</b> – Are discretionary, but may offer guidance to EBA, current or future provider and/or members. <b>If you score exceptional or poor you must add comments.</b>

*Please circle the appropriate points for each category.*

<b>SECTION A: Management Capability</b>	<b>Exceptional</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>
The organization clearly describes the history of an organization that can support implementation and oversight of the FFT model	5	3	1	0
The organization clearly demonstrated management/organizational structure capability for monitoring the program and Adhering to the FFT Model to include strategies for addressing Non-Adherence Practice.	5	3	1	0
<b>Maximum Points = 10</b>				<b>Total Points =</b>
<b>Comments:</b>				

<b>SECTION B: Knowledge &amp; Experience</b>	<b>Exceptional</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>
The organization demonstrated knowledge of evidence based treatment modalities such as FFT	5	3	1	0
The organization demonstrated knowledge of or experience with evidence-based treatment modalities other than FFT	5	3	1	0
The organization demonstrated knowledge of and experience with the target population	5	3	1	0
The organization demonstrated a commitment to evidence based programming.	5	3	1	0

The organization's most recent TYPE report demonstrates adherence to the model and predominately "green or met" scoring	5	3	1	0
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<b>Maximum Points = 25</b>	<b>Total Points =</b>			
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**Comments:**

<b>SECTION C: Services/Staff</b>	<b>Exceptional</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>
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The organization demonstrated the ability to recruit and retain home-based clinical staff.	5	3	1	0
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The organization has demonstrated the ability to recruit and retain therapists and supervisors	5	3	1	0
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The organization's Plan for Recruitment & Retention of FFT Therapists meets the needs of EBA and VDJJ	5	3	1	0
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The organization's policies provide ongoing support to the clinical staff that encourage growth and support the home based clinical staff non-traditional hours & working conditions	5	3	1	0
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<b>Maximum Points = 20</b>	<b>Total Points =</b>			
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**Comments:**

<b>SECTION D: Start –Up</b>	<b>Exceptional</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>
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The organization's start up plan meets the scope of services required by FFT with sufficient detail on task, person responsible	5	3	1	0
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The organization's plan meets the needs of EBA and the DJJ within given time frames	5	3	1	0
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<b>Maximum Points = 10</b>	<b>Total Points =</b>			
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**Comments:**

<b>SECTION E: Budget Summary</b>	<b>Exceptional</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>
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The organization's budget demonstrates realistic appraisal of operating costs associated with operating FFT given the assigned case rate (e.g. salaries, travel, start-up, etc.).	5	3	1	0
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<b>Maximum Points = 5</b>	<b>Total Points =</b>			
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**Comments:**

<b>SECTION F: Overall Quality of Proposal</b>	<b>Exceptional</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>
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The organization clearly describes implementation and oversight of the FFT modality	5	3	1	0
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The organization demonstrated professionalism and attention to detail.	5	3	1	0
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<b>Maximum Points =10</b>	<b>Total Points =</b>			
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**Comments:**

**Total Grant Scoring Points \_\_\_\_ (maximum points 80)**

**Reviewer Signature: \_\_\_\_\_**



## **APPENDIX B**

### **SCHEDULE OF REVIEW AND SELECTION**

- June 30 -- Distribution of the ITN**
- July 10 -- Deadline for Submitting Questions**
- July 14 -- Answers Posted**
- July 28 -- Responses Due at 5 pm EDT**
- August 11 -- Rater Responses Due**
- August 18 -- Finalists Selected**
- August 22 -- Award Recipients Announced**
- September 1 -- Contract Commences and Recruitment/Hiring Begins**
  
- September and October -- Recruitment and Hiring of FFT staff**
  
- November (TBD) -- FFT Training and program launch**