

Functional Family Therapy Program Request for Proposals

02-07-2023

On behalf of:

Office of Juvenile Affairs
3812 N. Santa Fe. Ave
Oklahoma City, OK 73118



OKLAHOMA
OFFICE OF JUVENILE AFFAIRS

INTRODUCTION:

The purpose of this Invitation To Negotiate (ITN) is to assist Providers to be prepared to respond to the needs associated with implementing Functional Family Therapy (FFT). Providers will respond to this opportunity by completing the narrative, FFT application, FFT Cost Estimator and attaching their organizational chart. The respondents' submissions will be ranked to determine who is best able to meet the expectations of delivering FFT and will then be eligible for FFT training as paid for by the Office of Juvenile Affairs (OJA).

This application process is continuously open with the opportunity to apply as they determine agency readiness and awareness of this opportunity. Electronic submissions are due to fft@oja.ok.gov. Complete responses must be received to be eligible for consideration. The review and selection are completed within 3 weeks of receipt of the application. If you have any questions on this ITN, please email Sharon Millington at the above address. For questions related to the provision of FFT, please email Holly Demaranville, FFT National Training and Consultant, at holly@fftlc.com. All questions must be in writing to ensure all information is available to all bidders. All questions will be responded to by email and copied to all prospective bidders. Please note all decisions are final and not subject to challenge. The final award will be dependent on the availability of funding.

BACKGROUND:

The Oklahoma State Department of Health (OSDH) and OJA have committed to a partnership to bring in a nationally leading treatment to address adolescent substance abuse and the underlying behavioral health conditions that lead teens to misuse substances. Under the agreement, OJA will build the infrastructure and provide an innovative, evidence-based intervention called Functional Family Therapy (FFT). FFT is a leading treatment supported by the Office of Juvenile Justice and Delinquency Prevention to address adolescent substance use, adolescent delinquency, and family system challenges. To date, FFT has providers in over 45 states and 12 countries.

Outcomes of FFT have led to decreased substance abuse, safer communities by decreasing juvenile recidivism, while also allowing youth to be treated in the community after serious offenses due to the specialized program. Additionally, the model has an expansion that has demonstrated positive outcomes to keep families together during child welfare involvement. When Ohio adopted FFT, it resulted in a 56% reduction in youth being placed outside of the home and substantially decreased the amount of subsequent serious and violent crime. FFT is a family-based intervention meaning that adults also benefit alongside their teen.

WHO CAN APPLY:

Units of local government, Universities, Nonprofit organizations, private and public for-profit organizations, and youth-serving agencies may respond to this ITN. OJA wishes to support the development of programs using a FFT approach by investing in training and program design. This notice is solely for parties interested in certification.

Registering with State of Oklahoma using Oklahoma Supplier Portal: Respondents must register with the State of Oklahoma using the https://financials.ok.gov/psc/SOKLFPRDS/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDIN

[GPAGE.GBL](#).if not already registered. Respondents should also be registered with the Secretary of State or should have a non-profit status, if applicable.

HOW PROVIDERS WILL BE SELECTED:

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

- Ability to meet the needs of OSDH, FFT and OJA within the timeframes required
- Ability to attract and retain a minimum of three full time FFT therapists
- Knowledge and history of serving at-risk youth using family-centered and model-based treatment approaches, and community-based services
- Ability to provide FFT in the home outside of approved circumstances
- Reach families outside of standard catchment area
- Potential to stabilize families at-risk of continued involvement with the juvenile justice system
- Ability to manage and support an evidence-based intervention
- Cost effectiveness of budget proposals
- Experience with and/or knowledge of FFT
- Willingness to support the evaluation of this project
- Ability to begin FFT implementation immediately following FFT clinical training
- Quality of the proposal
- Current team(s) in good standing with FFT Inc. if applicable
- Considerations will be made if FFT is provided in the area of the applying agency's stated catchment area

FUNDING/TIME FRAMES:

A contract for the period of one base year plus optional renewals could be negotiated because of this ITN process. Continued funding is contingent upon effectively managing grant funds and compliance with administrative requirements, accurate and prompt submission of required program and financial data and reports. In addition, continued funding is contingent upon positive performance history with achievement of program goals and objectives. All training costs and related travel associated with FFT licensing training and fidelity will be the responsibility of OJA in year one of implementation. Funding for training and fidelity for year two for FFT (\$20,000 + travel for FFT consultant once a year) is not guaranteed by this funding and should be planned for in year two budgeting. The cost for year three and beyond (\$8,000 + travel for FFT consultant once a year) is not guaranteed. Replacement training for a therapist who will be filling a vacancy on a team due to turnover is the responsibility of the grant receiving agency.

Selected agencies will receive reimbursement of direct clinical service delivery. See approved reimbursement rates. This rate is solely for the delivery of FFT and is not approved for outreach efforts, clinical documentation, etc.

SCOPE OF SERVICES:

1. Identify and/or hire at least 3 and no more than 8 full-time therapists who will provide FFT to youth and families identified by internal or other core services agencies, while adhering to the program model provided by FFT, LLC. Cooperate fully with all training,

clinical supervision, and reporting requirements outlined by FFT LLC and their representatives including by not limited to, the following:

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 program 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 session for mild cases and up to 30 sessions of direct services for more difficult situations. In most programs, sessions are spread over a three-month period. FFT has been conducted in clinic settings as an outpatient therapy and as a home-based model. This initiative strongly recommends FFT services be provided in the home setting with the understanding that exceptions may be made under approved circumstances through FFT and OJA.

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 suggest 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 LLPC 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.

- Referrals are submitted through OJA with the ability to coordinate with outside entities in non-Juvenile Bureau counties.
- 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, medication, safety planning, etc.
- Prepare progress reports to the referral source on a regular and ongoing basis to inform the referral source of the family's progress toward meeting the obligation of the referring agent.
- Collect data on youth participating in the project to evaluate the effectiveness of the project design; work with representations from OSDH and OJA in the identification of outcome measures and design of data collection tools; and cooperate fully with any evaluation.
- Participate in regular and, as necessary, ad hoc meetings with the project manager to exchange program and evaluation information.
- Provider will need to be in compliance with regulations for mental health services.

APPLICATION PROCESS:

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

In addition to your narrative responses, please provide:

Attachment A – Detailed Budget Outline. (use the attached FFT cost estimator). This document contains an **example** to assist with completion by the applying agency to plan financially.

Provide a budget that:

- Includes both year 1 and year 2 (two different tabs on the excel spreadsheet)
- Enter annual salary amounts for the therapists currently defaulting to \$55,000 for year 1 and year 2; enter Supervisor Salary year 2 currently defaulting to \$65,000. The default amounts are **examples** and should be modified to fit what the agency intends to pay FFT clinicians. OJA does **not** pay providers' salaries.
- Outline 12-month costs at least 2 FTEs with anticipated billing revenue choice highlighted
- Lists specific salary for personnel costs separate from fringe costs (plug in fringe percentage in cell e3) currently defaulting to 30% or .3
- List admin percentage in D16 currently defaulted to 35% or .35

- Justifies each budget category with a brief statement of calculation or explanation

Attachment B – FFT Application for Site Training and Site Certification if required

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

PROPOSAL OUTLINE

(Your response must be structured in this format to be considered for contact funding.)

1. Introduction/Management Capability
 - Describe your agency and agency's history.
 - Provide an organizational chart, identifying key personnel/positions and their qualifications that will have management and oversight of the FFT team.
2. Experience with status offender/at-risk youth population and treatment model
 - Describe your agency's experience serving at-risk youth involved in the juvenile justice and/or mental health systems.
 - Describe your agency's experience with and/or knowledge of FFT or other community-based, family-centered treatment models.
 - If currently providing an evidence-based family-centered model, please share your success with the model and the obstacles encountered and how those obstacles are being handled.
3. Ability to meet OSHD, OJA, and FFT LLC requirements, deadlines and timeframes
 - Provide detailed plan for your operational approach to the recruitment, training supervision and retention of therapists to provide management of FFT therapist.
 - i. Include in the description of your recruitment plan a copy of your employment advertisement for a FFT therapist.
 - ii. 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.
 - Provide detailed plans for how your agency will meet the obligations of OSHD and OJA to ensure that services commence immediately. Include a detailed description of proposed contract initiation operations including all start up activities.
 - i. Provide a timeline with days and steps detailed beginning with the date the contract is awarded and ending the day the team is fully staffed.
 - ii. Provide an outreach plan that details the source of referrals, who will be responsible for outreach and the anticipated time allotted by each person for the tasks identified in the plan.
 - iii. Include information on the ability to conduct in-home services and plans to provide FFT outside of the typical catchment area.
4. 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 and on the Center for the Study and Prevention of Violence website: www.colorado.edu/cspv.