
West Virginia Department of
Health and Human
Resources Bureau for
Children and Families

Funding
Announcement for
Functional Family
Therapy

Functional Family Therapy Funding Announcement

Contents

I. Introduction	3
II. Background	3
III. Program Requirements.....	4
A. Target Population	4
B. Required Services	5
C. Service Delivery Area.....	6
D. Time Frames/ Mandatory Start Dates	7
E. Organizational Experience/Capability.....	7
F. Staffing Requirements	7
G. Outcomes.....	8
IV. Narrative/Work Plan Requirements	9
V. Department Responsibilities	9
VI. Application Process	9
A. Intent to Apply:	9
B. Administrative Data:	10
C. Applicant Capability/ Personnel Experience.....	10
D. Program Narrative/Work Plan.....	10
E. Budget.....	10
VII. Evaluation	10
A. Applicant Capability/Experience.....	11
B. Program Narrative.....	12
C. Work Plan.....	14
D. Budget and Budget Narrative.....	14

Functional Family Therapy Funding Announcement

I. Introduction

The Department of Health and Human Resources (Department), Bureau for Children and Families (BCF) is soliciting applications from legal entities interested in developing juvenile diversion programming throughout the state. BCF is interested in the development of a Functional Family Therapy (FFT) model diversion program in one or more counties. Applicants may propose sites that will serve multiple counties.

Applicants interested in applying for this training initiative for Functional Family Therapy are limited to legal entities which are licensed behavioral health providers with the capacity to recruit and or sustain/maintain Therapists and Supervisors to provide Functional Family Therapy as part of their responsibilities. Agencies selected for this initiative will receive a grant in the amount of no more than \$50,000 to cover the **Phase I** training and site certification costs, which is to include travel related expenses associated with training, and assessment licensing fees for the required assessments provided by OQ measures, LLC. In return the successful applicants must accept referrals from Juvenile Probation Officers and/or other court officials, **school personnel**, Prosecuting Attorneys, and DHHR staff for the provision of Functional Family Therapy.

The grants will cover Phase I costs incurred for training and certification activities during the initial six month grant period beginning January 1, 2016 and ending June 30, 2016. These grants do not cover staff costs other than those related to training and site certification activities because Functional Family Therapy is a Medicaid reimbursable service. In addition, therapists will be able to continue to provide other interventions to other clients as needed in their catchment areas. Renewal of these grants is contingent upon continued funding and grantee performance.

II. Background

West Virginia's juvenile justice system has been plagued with "get tough" policies that have failed to provide for the needs of youth and have resulted in high rates of recidivism and out-of-home placement. Between 2002 and 2012 the number of court referrals for status offenders rose nearly 124%, and subsequently the number of status offenders placed outside of the home increased nearly 255%. These staggering numbers are only offset by the fact that just under 50% of those youth were first-time offenders. The Final Report of the West Virginia Intergovernmental Task Force on Juvenile Justice concluded; the state lacks a

comprehensive network of alternatives for youth and that “insufficient access to community-based options is the main reason large numbers of low level, nonviolent offenders go through the court process”.

During the 2015 Legislative session the legislators recognized the urgent need to change these ineffective policies and provide for an evidence-based approach to rehabilitating juveniles. As a result, the use of programs and agreements designed to divert juveniles from the justice system was codified (49-4-702) and the Department intends to expand the availability of these types of programs through the use of Functional Family Therapy.

Functional Family Therapy (FFT) is an evidenced-base program with recidivism reduction capabilities above 60 percent. FFT is a short-term, high quality intervention requiring, on average, 12-14 sessions in less than six months. Therapy services in FFT are mobile can be provided in-home, in a clinical setting, or in a school. The flexibility in the delivery of the services allows for the maximum amount of family participation based on what is convenient and comfortable for them.

Functional Family Therapy helps juveniles and families take a strengths based approach to solving the problems that led to involvement with the juvenile system. FFT is designed to address risk and protective factors inside and outside the family which impact the juvenile and their maladaptive development (FFTLLC).

III. Program Requirements

A. Target Population

The target population is limited to males and females between the ages of 11-18 whom:

- Have been charged, or are at-risk of being charged, with a status offense, and are at-risk of being placed outside of the home, or;
- Have been charged, or at-risk of being charged, with a delinquent act, and are at-risk of being placed outside of the home, or;
- Are transitioning from out-of-home placement back to their community and are in need of intensive family therapy to be successful, and;
- Have been referred by the youth’s school, Juvenile Probation Officer or other court official, or local DHHR.

B. Required Services

FFT is a three phase certification and training process requiring an approximate three year timeframe. A description of each phase and estimated costs are provided below:

Phase I—Clinical Training: The initial goal of the first phase of FFT implementation is to impact the service delivery context so that the local FFT program builds a lasting infrastructure that supports clinicians to take maximum advantage of FFT training/consultation. By the end of Phase I, FFT’s objective is for local clinicians to demonstrate strong adherence and high competence in the FFT model. Assessment of adherence and competence is based on data gathered through the web based Clinical Services System and at FFT weekly consultations and phase one FFT training activities. The goal is for Phase I to be completed in one year, and not last longer than 18 months. Periodically during Phase I, FFT personnel provide the site feedback to identify progress toward Phase I implementation goals. By the eighth month of implementation, FFT will begin discussions to identify steps toward starting Phase II of the Site Certification process, including likely candidates at the site to be trained as an FFT on-site supervisor. If sites are unable to achieve minimum caseloads of 5-7 families per therapist by the first month and a half of training, then completion of phase one may be delayed, necessitating additional training and costs.

Phase II—Supervision Training: The goal of the second phase of FFT implementation is to assist the site in creating greater self-sufficiency in FFT, while also maintaining and enhancing site adherence/competence in the FFT model. Primary in this phase is developing competent on-site FFT supervision. During Phase II, FFT trains a site’s extern to become the site supervisor. This person attends two 2-day supervisor trainings, and then is supported by FFT through monthly phone consultation and the web-based FFT supervision assessment system. FFT provides one 1-day on-site training during Phase

II. In addition, FFT provides any on-going consultation as necessary and reviews the site's FFT CSS database to measure site/therapist adherence, service delivery trends, and outcomes. Phase II is a yearlong process.

Phase III and On Going Partnership: The goal of the third phase of FFT implementation is to move into a partnering relationship to assure on-going model fidelity, as well as impacting issues of staff development, interagency linking, and program expansion. FFT reviews the CSS database for site/therapist adherence, service delivery trends, and client outcomes and provides a one-day on-site training for continuing education in FFT. Therapists and supervisors maintain case, outcome and adherence tracking in the FFT CSS system. Phase III requirements are renewed annually, and their base of oversight and consultation is considered necessary for a FFT site to remain certified.

Applicants interested in launching a Functional Family Therapy (FFT) site must demonstrate an understanding of the FFT model and the ability to provide a high-fidelity FFT clinical model in individual or group settings to youth and families.

Applicants must demonstrate the ability to complete Phase I, II, and III training and site certification as long as funding is available from the Department.

Applicants must demonstrate the ability to maintain a caseload of five cases to twelve cases per therapist.

Applicants must demonstrate the ability to ensure supervisors are active therapists who maintain five to seven cases while also providing clinical supervision as defined by the FFT model.

C. Service Delivery Area

BCF is interested in program development/implementation in one or more counties throughout the state. Sites may propose to serve multiple counties. BCF will prioritize funding to applicants based on the number of youth eligible to be served during the grant period.

D. Time Frames/ Mandatory Start Dates

Grants will be for the period of: **January 1, 2016 through June 30, 2016.** Selected applicants must begin accepting referrals for FFT upon completion of the initial two day on site training or no later than **March 8, 2016.**

E. Organizational Experience/Capability

Applicants must complete the site certification application to include with the grant application.

Applicants must demonstrate experience providing therapy for youth and their families.

Applicants must demonstrate an understanding of the target population.

Applicants must describe experience working with at-risk juveniles.

Applicant must include a letters of support from the judicial circuit and the probation office in the proposed counties.

Applicants must include letters of agreement with sources of referral for the programs.

Applicants must provide information related to the number of youth the proposed site may serve.

Applicants must agree to obtain training and begin the certification process from FFT, LLC.

F. Staffing Requirements

Demonstrate the ability to recruit and or maintain therapists and supervisors as required by the FFT model.

Ensure supervisory staff for functional family therapy sites have a Master's degree in psychology, psychiatry, social work, or counseling and are in compliance with Medicaid licensing/credentialing requirements necessary to bill for therapy. Supervisor must also provide proof of their commitment to working with at-risk youth and families.

Provide a description of the number of therapists each proposed site will employ. Each site must meet the minimum requirements of no less than three therapists but not more than eight, one of which may be the supervisory therapist.

Ensure FFT therapists have the required minimum of a Master's degree in psychology, psychiatry, social work, or counseling, and are in compliance with Medicaid licensing/credentialing requirements necessary to bill for therapy. Therapists must also demonstrate a commitment to working with at-risk youth and families.

Site therapists are not required to be located in the same office/county/region, however, the proposed sites are required to staff and consult together with FFT, llc.

G. Outcomes

Applicants must include information on expected outcomes and the plan to measure the proposed outcomes. Specific performance measures will be provided in the statements of work for the selected grantees. The measurement of program success will likely include:

- The number of youth, families, and/or communities served
- The number of cases opened and the youth's risk level at time of case opening.
- The number of cases closed as completed treatment/agreement with a reduced risk of recidivating
- The number of cases successfully diverted from the court system
- The number of youth who remained uninvolved with the juvenile system at follow-up
- The number of youth and families who demonstrate improved family functioning as measured through the use of functional family therapy outcome assessments.
- No more than 20% of cases may result in children being placed outside of the home during this reporting period.

Applicants must also demonstrate the ability to provide BCF with demographic and outcome information as documented in the FFT CSS software system, as needed, to determine program effectiveness and demographic trends.

Applicants must demonstrate their access to or ability to obtain computer and internet access (Internet explorer 6.0 or above) for

each therapists, quality speakerphone system for clinical consultation, therapist transportation and cellular phone, ample meeting space for conducting FFT therapy sessions when requested by the family.

IV. Narrative/Work Plan Requirements

Applicants must include a detailed description of their understanding of the FFT clinical model and the importance of the adherence to the model.

Applicants must submit the application for site certification with the application.

The work plan must include a detailed description for implementing the FFT model with actions, dates, times, responsible parties.

V. Department Responsibilities

The Department is responsible for the provision of grant funding for training and site certification and referrals for the service from local offices.

As long as funding is available, the Department will continue to cover site certification, ongoing training, and assessment costs after agencies have completed Phase III and become fully certified.

VI. Application Process

A. Intent to Apply:

The Announcement and associated documents is available online at <http://www.wvdhhr.org/bcf/>. Agencies interested in submitting an application must submit a "Letter of Intent" form electronically by **November 18, 2015**. Applicants must submit an original and 7 copies of the application and associated documents by **November 23, 2015**. Any applications not received by the Bureau for Children and Families by close of business on **November 23, 2015** will be removed from consideration.

Telephone calls regarding the Funding Announcement will not be accepted. All questions must be submitted electronically by **November 10, 2015**. Answers to questions will be posted online **November 16, 2015**.

Applicants must use 12pt. Arial or Times New Roman font, single line spacing, and one (1) inch margins. Page numbers must also be included in the footer.

B. Administrative Data:

The Application cover page and Assurances shall include: name of Applicant; service delivery area to be covered; Applicant's business address; telephone number; name of authorized contact person; signature of person authorized to act in agency's behalf; and date.

Applicant shall provide a summary of the agency's organization, its size and resources.

- Identifying information
- Date organization established
- Type of ownership
- Copy of current license to do business in the State of West Virginia
- Copy of current behavioral health license
- List of current services being provided
- Organizational chart

C. Applicant Capability/ Personnel Experience

Discuss the capability and experience of the applicant organization.

D. Program Narrative/Work Plan

Detailed description of activities to be conducted and services to be provided with implementation schedule with timeframes for actions, dates, responsible parties

E. Budget

Detailed line item budget and narrative related to training and site certification costs.

VII. Evaluation

Eligible applicants must comply with all requirements provided within this Funding Announcement. Applications that fail to comply with the requirements provided within this document, incomplete applications or applications submitted after the application deadline will not be reviewed. A Statement of Assurance agreeing to these terms is required of all applications. This statement must be signed by the applicant

organization's CEO, CFO, and Project Officer. All applications will be forwarded to an independent grant review team which will score the application in accordance with the criteria stated. Applicants who best meet the specifications of the Funding Announcement will be eligible for an award. The maximum number of points available is one hundred (100).

The Department reserves the right to accept or reject any or all of the applications, in whole or in part, without prejudice if to do so is felt to be in the best interests of the Department. The Department also reserves the right to contact applicants to clarify applications and/or negotiate modifications to the applications.

Applications will be evaluated on the following criteria:

A. Applicant Capability/Experience (40 Points)

Did the applicant demonstrate the ability to recruit/maintain therapists and supervisors as required by the FFT model?

Did the applicant complete and submit the site certification application?

Did the applicant ensure supervisory staff for functional family therapy sites have a Master's degree in Social Work, Psychology, Counseling, or Psychiatry and have the required licensing/credentialing necessary to bill Medicaid?

Did the supervisor demonstrate their commitment to working with at-risk youth and families?

Did the applicant provide a description of the number of therapists each proposed site will employ?

Did each site meet the minimum requirements of three therapists and not more than eight?

Did the applicant ensure FFT therapists have the required Master's Degree in psychology, psychiatry, social work, or counseling, and have the required licensing/credentialing necessary to bill Medicaid?

Did the therapist(s) demonstrate a commitment to working with at-risk youth and families?

Did the applicant demonstrate the ability to complete Phase I, II, and III training and site certification contingent upon continued funding from the Department?

B. Program Narrative (30 Points)

Did the applicant:

Demonstrate an understanding of the FFT model and the ability to provide a high-fidelity FFT clinical model in individual or group settings to youth and families?

Demonstrate the ability to maintain a caseload of five cases to twelve cases per therapist?

Demonstrate the ability to ensure supervisors remain active therapists maintaining five to seven cases while providing clinical supervision as defined by the FFT model?

Demonstrate experience providing therapy for youth and their families?

Demonstrate an understanding of the target population?

Project the number of youth to be served during the grant period?

Describe experience working with at-risk juveniles?

Include a letters of support from the judicial circuit and the probation office in the proposed counties?

Include letters of agreement with sources of referral for the programs?

Agree to obtain training and begin the certification process from FFT, LLC?

Demonstrate the ability to provide information on expected outcomes and the plan to measure the proposed outcomes, such as:

- The number of youth, families, and/or communities served
- The number of cases opened
- The number of cases closed as completed treatment/agreement

- The number of cases successfully diverted from the court system
- The number of youth who remained uninvolved with the juvenile system at follow-up
- The number of youth and families who demonstrate improved family functioning as measured through the use of functional family therapy outcome assessments.

Demonstrate the ability to provide BCF with demographic and outcome information as documented in the FFT CSS software system, as needed, to determine program effectiveness and demographic trends?

Ensure their ability to access or ability to obtain computer and internet access (Internet explorer 6.0 or above) for each therapist, quality speakerphone system for clinical consultation, therapist transportation and cellular phone, ample meeting space for conducting FFT therapy sessions when requested by the family?

C. Work Plan (20 Points)

Did the applicant provide a detailed plan for beginning the training and site certification process with actions, dates, responsible parties?

D. Budget and Budget Narrative(10 Points)

- Did the applicant include a detailed line item budget with projected costs for beginning the site certification and training process?
- Does the budget calculate correctly?
- Are costs reasonable?
- Are costs allowable?

Applicant's failure to provide complete and accurate information may be considered grounds for disqualification. The Department reserves the right if necessary to ask applicants for additional information to clarify their applications and negotiate changes to the application.