

Functional Family Therapy (FFT) Request for Proposals

Summary of Questions and Answers from
Pre-Proposal Conference held December 8, 2009
Plus Questions Posed Separately

- 1. Q. Are youth with pervasive developmental delays or who have been charged with sex offenses excluded from FFT?**

A. No. FFT does not exclude youth based on diagnoses or offending behavior. They would choose to focus on whether a youth and family can be engaged in the FFT intervention. This would require a family's willingness to look beyond the youth's behavior as the sole source of the problem and the ability of the youth and family to participate in a cognitive-behavioral intervention approach. The only exclusions are listed on page 3.
- 2. Q. Are diagnostic measures performed before or after the youth's case is discussed by the screening committee?**

When available, a diagnostic assessment will be reviewed by the screening committee in conjunction with discussions about the appropriateness of FFT for the youth. When one is not available, screening may make a recommendation of FFT, but a diagnostic assessment will be conducted to confirm eligibility for FFT services prior to the youth's case being referred to an FFT agency.
- 3. Q. Are the expected outcomes specific to FFT?**

A. The Expected Outcomes (pages 3-4) are consistent to measures required of other contracted Hennepin County DOCCR programs. Supplemental outcomes (page 4) are specific to the particular FFT contracted service and would not necessarily be required of other contracted programs.
- 4. Q. Will success be determined by measured improvement in ALL three supplemental outcomes?**

A. Not necessarily. This hasn't specifically been determined but if the youth shows improvement in their functioning level, most domains should likewise show improvement in the form of reduced domain risk.
- 5. Q. Are providers responsible for reporting new YLSI scores?**

A. No. Probation officers do the YLSI. Within item C, providers are only responsible for reporting CASII and SDQ scores.
- 6. Q. Must the SDQ be given to parents or to youth? What about school staff?**

A. Ideally both parents and youth will be scored on the SDQ. It is not expected that SDQ will be given to school staff.
- 7. Q. Are the providers responsible for reporting the process outcomes?**

A. Yes. Providers are expected to report the process outcomes.
- 8. Q. Is there a change to the supervisor's FTE allotment once they are selected?**

A. No. The increase in the employee's time as a supervisor should correspond to a reduction in his/her caseload. The FFT supervisor must carry a partial caseload as well as providing FFT clinical supervision for all FFT clinicians (who may not

necessarily be from his/her own agency). The expectation that the FFT supervisor continue to carry cases is a requirement of the FFT model.

9. Q. Are youth from all parts of the county or do they tend to be from certain areas?

A. We expect to serve youth from across the county. Individual clinicians could be assigned to specific geographical regions.

10. Q. Will the ability to provide culturally specific services be related to the geographic areas a clinician might serve?

A. Yes. One of the reasons clinicians from multiple agencies will be contracted for FFT is so that as diverse a range of culturally competent providers will be available as possible.

11. Q. How is “back up” service conceptualized, given the need for evening and weekend coverage and safety considerations?

A. 24/7 back-up coverage will be a responsibility of the FFT supervisor. Safety considerations are the responsibility of each individual agency using their own protocol. Budgets may include costs for those safety needs.

12. Q. Are the contracted agencies expected to bill for services provided to youth, or will Hennepin County fund the positions?

A. Services eligible for third-party payment should be billed by the contracted agencies. Proposers should include billable revenue into their budgets based on experience. All non-reimbursable services will be covered by Hennepin County.

13. Q. What percentage of a caseload does the county anticipate to be covered by medical assistance, and what percentage should be expected to be eligible for third-party billing (given different rates charged to each)?

A. The information that we have available for financial planning is based on Ramsey County's FFT project. Their project is comparable to our proposed Hennepin County FFT project. Based on their information and our projections, we would anticipate that approximately two-thirds of the youth and families would have health care (including MA, PMAP, and private insurance) and one-third would be uninsured. Given the payer mix and expected caseload, we would expect that 1 FTE doing FFT could generate about \$15,000 in third party revenue per year.

14. Q. What is the expected time frame for billing? How often will costs be reimbursed?

A. Costs will be reimbursed monthly based on the best expense and revenue information known at the time. Reimbursement for third-party billing rate differences may take longer to settle, with a final adjustment anticipated after contract year end.

15. Q. At what date will FFT service begin?

A. The FFT contract is projected to become effective in April 2010; however, the national FFT organization will need to approve the providers before services can begin.

16. Q. Why must FFT clinicians be prevented from carrying out non-FFT responsibilities?

A. Hennepin County seeks fully committed FFT clinicians. Additional non-FFT program responsibilities would conflict with the FFT model; clinicians cannot be pulled out for

other cases and must be available for FFT youth/families. In addition, it can be difficult for clinicians to implement the FFT model with fidelity when they are moving between programs.

17. Q. Do “non-FFT responsibilities” include diagnostics?

A. Yes. Diagnostic services would be considered additional to FFT responsibilities and cannot be carried out by an FFT clinician.

18. Q. How soon does Hennepin County anticipate clinicians will work with full caseloads?

A. Clinicians should anticipate full FFT caseloads fairly quickly. DOCCR views FFT as a much-needed way to engage families, since services are driven by family needs/desires. Probation Officers are anxious to utilize FFT and DOCCR will strongly market the service.

19. Q. Will FFT clinicians need computer access?

A. Yes. FFT clinicians will need computer access to complete reporting requirements and should anticipate a significant amount of time to do so.

20. Q. Will the FFT supervisor be centrally located?

A. The supervisor will be chosen in year two from among the FFT clinicians and may or may not be located central to the other providers.

21. Q. Will the FFT supervisor carry an agency caseload?

A. Yes. The supervisor will carry an FFT caseload which will be reduced in year two after they are chosen for the supervisor position.

22. Q. If an FFT clinician must be replaced due to staff turnover, who pays for the new clinician’s training?

A. Any subsequent training beyond the full initial offering must be paid for by the contracted agency. This requirement will be included in our contract language.

23. Q. Will all agencies use the same job description to solicit FFT clinicians?

A. Each agency should write its own job description in the proposal so that DOCCR can be sure the agency understands the position. Ultimately, all FFT clinicians would have the same job description in terms of duties and qualifications, but may be paid differently depending on each agency’s structure.

24. Q. How is family compliance considered? If families do not follow through, what ways are they held accountable?

A. FFT is a way to get families involved when the delinquency court has no power over them. FFT’s first phase – engagement – is the critical time for the clinician to develop trust with the family. If engagement is not successful, Hennepin County will be developing a protocol for such situations.

25. Q. Will agencies geographic locations be considered when selecting the contractors?

A. The location of provider agencies will not be a top priority when selecting proposals.

26. Q. Are child protection issues of concern in the FFT model?

- A. This hasn't yet been an issue; however families with child protection issues may not be appropriate for FFT.

Supplemental Question/Answer after original posting:

27. Q. The description of FFT services is synonymous with skills work. Do practitioners have to be licensed? Can they be under supervision of a Licensed Therapist similar to how we do skills work through Medical Assistance (MA)?

- A. The Clinical Supervisor in Year 2 and beyond is selected from the group of Therapists on the team in Year 1. For this reason, it is required that all persons on the team would have the necessary qualifications to rise to be that supervisor.