# Financial Questions

**The start-up costs/investment/training seem significant for providers - is there reimbursement for these costs?**

There are 3 phases of FFT Site Certification. Phase 1 is clinical training; phase 2 is supervision training; phase 3 is the ongoing partnership. VDSS is paying for all training in phases 1 and 2.

Phase 1 encompasses one-day on-site implementation/assessment training, two-day on-site clinical training, ongoing phone consultation of one hour per week, two-day on-site follow-up, (three total per site), access to the Clinical Services System, two-day on-site 2nd clinical team training, implementation and consulting, and an externship for one clinician who will continue into phase 2 as the on-site FFT supervisor. VDSS will pay for the assessment tool as well.

Phase 2 encompasses a supervisor externship training, on-site supervisor phone consultation twice per month for one hour each, on-site one-day follow-up training, and supervisor and therapist access to the Clinical Services System.

Phase 3 will be the responsibility of the agency, as will the cost of replacement therapists.

As training is done at the site in Phase 1, there is no travel or lodging costs. In phase 2, VDSS would pay the travel and lodging for the Site Supervisor to attend an externship training (3 times over the course of 8 weeks.)

**Beyond the initial training that will be funded by VDSS, what funding will be available to scale up new FFT teams?**

VDSS is committing to funding this training. This entails funding for Phase 1 and 2 (years 1 and 2) totaling more than $60,000 per team. Phase 3 will be the responsibility of the agency or individual ($8000 plus travel for trainers), as will the cost of replacement therapists at any point, beginning in year 1. VDSS would like to offer more training and in July 2020, we will look at what is on the clearinghouse, as well as what our population needs, to help determine what training to offer next.

**What is the cost of on-site certification and annual training, as well as replacement costs?**

Phase 3 and on-going site certification is $8000 plus trainer travel costs annually. This includes on-site one-day visit or regional follow-up training, monthly hour-long phone consultation with the local FFT supervisor, and supervisor and therapist access to the FFT clinical services system. The cost of a replacement therapist is estimated at $1600.

**How is this service reimbursed?**

This service is currently reimbursed through DJJ funding for DJJ-eligible youth and CSA funds. For youth who are identified as “candidates for foster care”, Title IV-E Family First funding is expected to be available starting in July 2020. Title IV-E Family First funding for FFT will be reimbursed by the day. The rate has not yet been established. We are aligning the rate with our DJJ and CSA partners as well as keeping the DMAS redesign in mind. We do want to make this desirable to providers as well as make it sustainable.

**Will DSS agencies be required to utilize only those providers selected by the RFP?**

VDSS hopes to select multiple providers from the RFP that will be available in July 2020. This is not a standard “competitive” RFP, as we intend to select as many providers who are available and meet the requirements of the RFP. We will accept current providers who are already trained, as well as those who have been accepted in this training. In addition, we will post the RFP every 6-9 months so that we can continually add new providers to the contract with VDSS. Title IV-E Prevention Services funding can only be utilized with providers who have entered into a contract with VDSS through the RFP process. The VDSS contract is not required if an LDSS utilizes other funding sources for eligible families.

**Is there a requirement of how many hours are billed in the daily rate?**

Model intensity and frequency depends on family risk and protective factors, so there is no set amount of hours, it will vary. For planning purposes, the average number of sessions is about 14-15, and at a minimum, they would be an hour per week per family, though this would be rare and a baseline minimum. There are 5 phases of treatment. There are certain phases of the model when you are there more often. We are paying a daily rate as support is provided 24/7. FFT has a built-in crisis component and we are teaching families skills and abilities to be able to function on their own, absent a constant crisis state.

# FFT Questions

**What is the educational level for therapists? Do they have to be licensed, master’s level, or can QMHP’s qualify as well?**

FFT’s recommendation is to use at least master’s level clinicians, unless extraordinary circumstances require the use of BA level therapists. Any person trained as an FFT supervisor must be a minimum of master’s level.

**Is FFT an in-home therapy model?**

Yes

**Is this model appropriate for QRTP's?**

FFT is an in-home service to prevent out of home placement. Qualified Residential Treatment Programs (QRTP’s) are an out of home placement service for youth in foster care with treatment needs. Therefore, this model would not be appropriate to utilize in a QRTP setting, because the youth would already be out of the home.

**What areas of the state have been identified as needing additional FFT service providers?**

We are not targeting certain areas of the state, but rather using a 2-pronged approach: readiness of providers/sustainability of program, and referral base.

**Does FFT work well with individuals who are diagnosed with Autism Spectrum Disorder, intellectual disabilities or developmental delays?**

This is not the typical population that we serve; however, there are times when an adolescent diagnosed with an autism spectrum disorder where FFT may work well. It depends on the behavior and the referral issue. This is the exception and unique cases are accepted on a case-by-case basis.

**How do we prove our ability to sustain the model?**

There will be a series of application and screening phone calls to assess the potential of a provider’s success. There are questions such as the ability to have credentialed staff and master’s-level staff. We can work with bachelor’s-level staff on some projects, but the provider will need to provide extra support. We look at your ability to recruit and sustain staff. There are also implementation questions and agency philosophy questions as well.

**Would the team see other clients not involved in FFT?**

As a model, it is preferable to only provide FFT as it is difficult to move between models. FFT involves assessment, planning, and general thoughtfulness and has to be the priority. We prefer full-time staff. When there has to be part-time staff, such as in rural areas, it’s possible, but not preferable as it can be difficult to switch models and perspectives. We find that when therapists are juggling multiple roles, this more easily leads to burnout and turnover.

**Is there a recommended catchment size?**

No, there are projects where clinicians travel further distances because the focus is on helping families in remote areas, and others where it may just be a few miles, but because of traffic, it can take a lot of time. It is ideal to know your longest commute time and adjust your caseload, if needed.

**Do you have a proposed budget on your application?**

No, we don’t require that, but we will talk with applicants about this during screening and pre-implementation if useful.

# Training Questions

**What is the due date for the application?**

Applications are due no later than December 20, 2019, and will not be accepted after that date.

**If full time therapists typically have a caseload of 10 cases max, how many hours are they working per week?**

40 hours/week

**Is this model only for a group practice?**

FFT works with agencies that have 3-8 therapists to train as a team.  We do not certify individuals.

**If we are accepted as an FFT provider, are all of our offices then accepted as FFT providers?**

FFT trains and consults with teams, and teams can be from one office, or several. It is the team that is accepted, not an office or address. This team must be able to come together weekly for consultation and for ongoing training.

**If a locality already has an FFT team in place with another provider, can we still submit an application? In other words, can there be more than one FFT provider in a locality?**

We want FFT teams to be sustainable so there needs to be an adequate number of referrals. This does not exclude an additional team, but we need to make certain that the referrals are there.

**How many team will you accept?**

Up to 5 teams.

**What happens after the teams are chosen?**

There is a stakeholder meeting on-site or at a designated nearby space lead by FFT, LLC and serves as a kick off to services and to generate referral interest. An implementation and web-based Client Services System training occurs this day as well. Shortly after this initial training, a 2-day intensive on-site clinical training occurs with the team and immediately following this, the team can start taking cases.