Brief Strategic Family Therapy (BSFT)

Key Continuous Quality Improvement (CQI) Considerations

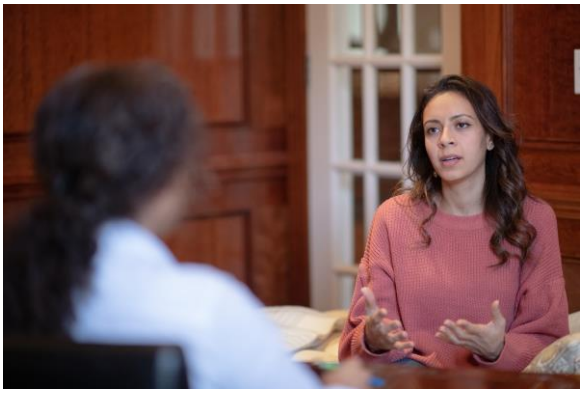
CQI BRIEF FOR CALIFORNIA COUNTIES AND EBP PROVIDERS

INTRODUCTION

As California continues to strive for excellence in child welfare, the implementation of evidence-based programs (EBPs) is a fundamental component of the Family First Prevention Services (FFPS) prevention plan. **This policy brief is designed to provide counties and providers with a comprehensive framework for implementing Brief Strategic Family Therapy (BSFT)**, a well-supported evidence-based program approved by the Family First Prevention Services Clearinghouse to meet the diverse needs of at-risk youth and their families.

As you review this information, consider how you will measure the success of BSFT within your county and how you can develop or refine your implementation to ensure eligibility for IV-E reimbursement, as well as improved outcomes for children and families.

Counties and providers can utilize this Brief to facilitate discussions at the county, agency, and community levels, aimed at identifying best practices for tracking and sharing data. These discussions should also focus on reviewing the CQI prompts to assess program delivery and implementation, making necessary adjustments as needed. Additionally, counties and providers should use these Briefs to establish feedback loops for sharing qualitative data on family-specific needs, ensuring that future efforts to serve and support families are informed and responsive.



The information presented in this resource, including service descriptions, target populations, program or service delivery, and implementation details, is informed by several key sources. These include meetings with California's Family First Prevention Services CQI Subcommittee, Family First Prevention Services Advisory Committee, Community Pathway Subcommittee, IV-E Subcommittee, the Brief Strategic Family Therapy® Institute, and the Family Therapy Training Institute of Miami.

Key Terms

Developer/Purveyor: The entity responsible for creating and supporting the implementation of the EBP. They provide training, resources, and guidance to ensure fidelity and effective implementation.

Provider: The individual or organization delivering the EBP services directly to children and families.

BRIEF STRATEGIC FAMILY THERAPY PROGRAM OVERVIEW

Brief Strategic Family Therapy (BSFT) uses a structured family systems approach to treat families with children or adolescents (6 to 17 years old) who display or are at risk for developing problem behaviors including substance abuse, conduct problems, and delinquency. There are three intervention components. First, counselors establish relationships with family members to better understand and "join"' the family system. Second, counselors observe how family members behave with one another to identify interactional patterns that are associated with problematic youth behavior. Third, counselors work in the present, using reframes, assigning tasks and coaching family members to try new ways of relating to one another to promote more effective and adaptive family interactions.

Who is Eligible?

Children or adolescents ages 6 to 17 who display or are at risk for developing problem behaviors. BSFT focuses on improving family dynamics and is not suited for individuals who need long-term or highly specialized psychiatric care that goes beyond the short-term, problem-focused nature of BSFT.

Program Goals

Reduce behavior problems while improving self-control

Reduce associations with antisocial peers

Reduce drug use

Develop prosocial behaviors

Improve maladaptive patterns of family interactions (family functioning)

Improve family cohesiveness, collaboration, and parent-child bonding

Improve effective parenting, including success management of children's behavior and positive affect in parentchild interactions

Families Need to Know

BSFT is typically delivered in 12 to 16 weekly sessions depending on individual and family needs

BSFT can be delivered in a variety of settings, such as homes, schools, and community centers

BSFT therapists give the family homework to reinforce the new family interactions. Homework could involve communication skills, cooperation, parental guidance, and bonding activities

Cultural Relevance

BSFT has been shown to have positive outcomes for Black and Latinx children and families

BSFT has materials available in English and Spanish

MEASURING PROGRAM SUCCESS

Measuring the capacity, reach, fidelity, and outcome data outlined below can greatly enhance the implementation and effectiveness of BSFT. Regular quality assurance monitoring, required for licensure, ensures this adherence.

Data Collection for Federal IV-E Reimbursement

Under the Family First Prevention Services Act (FFPSA), federal IV-E reimbursement for evidence-based programs (EBPs) is contingent upon several requirements described on pages 27, 39, and 52 of the federally approved California Prevention Plan. To meet these requirements and ensure accurate cost tracking:

- **BSFT providers will enter reach and capacity data into the CARES provider portal on a monthly basis.**
- Tracking both outcome and fidelity data is required for IV-E reimbursement.
- **Outcome and fidelity data will be reported by the BSFT providers and submitted to CARES using the designed provider template provided in Appendix A.**
- Currently, **the BSFT developer/purveyor cannot provide reports on capacity, reach, outcomes, or fidelity data**. However, these reporting capabilities are anticipated in the future. Once the BSFT developer/purveyor confirms the ability to store site-specific outcomes and fidelity data, CDSS should assess the feasibility and costs of accessing these reports regularly.

The **CDSS FFPS Program** will:

- **Upload outcome and fidelity data** into the backend of CARES.
- **Translate the reach, capacity, outcome and fidelity data into Tableau reports for use in state- and county-level FFPS CQI processes.**

Key Metrics for Continuous Quality Improvement (CQI)

To measure the success of BSFT, it's important to regularly review data in four key areas:

1. ***Capacity –*** *staff requirements*
2. ***Reach –*** *the extent to which children and families are being served*
3. ***Fidelity –*** *adherence to model implementation requirements*
4. ***Outcomes –*** *impact of services on children and families*

These metrics provide a comprehensive view of program effectiveness. More information on this framework can be found here: Measurement Framework for Implementing and Evaluation Preventive Services.

BSFT MEASUREMENT FRAMEWORK

The **BSFT Measurement Framework** provides standardized metrics for California counties and EBP providers to evaluate **capacity**, **reach**, **fidelity**, and **outcomes**, supporting continuous quality improvement (CQI) and compliance with the Family First Prevention Services Act (FFPSA) for federal IV-E reimbursement. The following data tables outline these measures and expectations for tracking critical program components. **It is recommended that all stakeholders review and familiarize themselves with this information to clearly understand the expectations for tracking and assessing critical components of program implementation.** CQI prompts are included to guide discussions, identify successes, address barriers, and support effective program implementation and oversight.

Capacity

Capacity refers to the resources dedicated by the agency or program to effectively deliver services to children and families, including staffing, infrastructure, and service availability. Adequate capacity is essential for successful implementation of BSFT and influences the program's ability to meet community needs.

Table 1 outlines key capacity measures required to monitor program implementation. **BSFT providers will submit capacity data for each provider site monthly through the CARES provider portal.** Counties should review capacity data and conduct CQI activities monthly.

Table 1. Description of BSFT Capacity Data Elements

Measure	Indicator
Staffing	Total # of provider agency sites
	Total # of full-time model-trained or certified practitioners
	Total # of supervisors
Supervisor / Practitioner Ratio	1:4
Full-time Caseload *(Part-time practitioners are not permitted)*	In-office: 15-20 families In-home: 10-12 families
Service Duration	12-16 weeks

Capacity CQI Prompts:

- **Analyze Waitlist and Capacity Data: Combine waitlist information, reach data, and staffing levels to identify if more clinicians or service slots are needed in specific communities.**
- **Address Staffing Challenges: If Supervisor/Clinician ratios, caseloads, or service duration are not meeting standards, collaborate with providers to identify barriers and develop solutions.**
- **Evaluate Capacity Trends: Regularly review capacity data to detect patterns of increased demand and adjust staffing or resources accordingly.**

Reach

Reach refers to the extent to which the program engages its target population by ensuring eligible children and families are identified, referred to, and actively enrolled in services. It measures how well BSFT is serving those it is intended to reach and whether the service is accessible to those in need.

Table 2 lists the reach data elements to be tracked for effective outreach and engagement. **BSFT providers will submit reach data monthly through the CARES provider portal.** Counties should review reach data and conduct CQI activities monthly.

Table 2. Description of Standardized Reach Data Elements

Measure	Indicator
Eligible Child Welfare & Probation Candidates *(This data will come from the Title IV-E agency)*	Total # of FM/VFM/602 youth who come to the attention of the agency*
	Total # identified as a Family First candidate • FM – Family Maintenance • VFM – Voluntary Family Maintenance • 602 WIC Petition**
	Total # identified as a Family First pregnant or parenting youth in care (PPY)
	Total # not identified as a candidate
Eligible Community Pathway Candidates *(This data will come from the Title IV-E agency)*	Total # of community pathway children granted IV-E agency candidacy approval

	Total # of community pathway children denied IV-E agency candidacy approval
	• Reason for denial
	  ○ MH, SA, or PS imminent risk/need not identified
	  ○ Child outside of age range of the recommended EBP

EBP Referrals to Providers	Total # candidates referred to an EBP provider
EBP Service Uptake	Total # candidates who started the EBP

	Total # candidates who did not start the EBP
	• Reason did not start the EBP
	  ○ No action taken; referral still in process
	  ○ Placed on waitlist; median days on waitlist
	  ○ Provider rejected referral
	  ○ Provider unable to contact or engage with the family
	  ○ Family did not consent, etc.
	  ○ Other

EBP Service Completion	Total # candidates who completed the full EBP

	Total # candidates who did not complete the full EBP
	• Reason did not complete the full EBP
	  ○ Provider unable to contact or engage with family
	  ○ Family withdrew
	  ○ Family no longer eligible
	  ○ Provider capacity issues
	  ○ Other

**Total number of referrals to Probation (inclusive of citations and arrests)*

***Youth referred to Probation by a Law Enforcement Agency for alleged involvement in delinquent behavior that could result in a WIC 602 petition*

Reach CQI Prompts:

Look at eligible child welfare and probation candidates and compare with the number referred to BSFT, started BSFT, and completed BSFT. Discuss strategies to address:

- **Service Flow: Compare eligible candidates to those referred, enrolled, and completed.**
- **Waitlists: Identify causes and reduce delays.**
- **Referral Rejections: Address common reasons for declined referrals.**
- **Family Contact: Improve provider outcome and engagement.**
- **Consent Issues: Increase family consent rates.**
- **Withdrawals: Identify strategies to reduce early terminations.**
- **Eligibility Changes: Minimize service disruptions.**
- **Provider Capacity: Align staffing and resources to demand.**

Outcomes

Outcomes refer to the measurable impacts of the program on children and families, demonstrating whether BSFT is achieving its intended goals. These metrics help assess program effectiveness and inform continuous quality improvement efforts.

Table 3 outlines the key outcome measures needed to monitor and evaluate program success. **BSFT providers will use a standardized template to submit outcome data to CDSS biannually. The CDSS FFPS team will upload provider outcome data into the CARES backend for county CQI activities.** Counties should review outcome data and conduct CQI activities quarterly.

Table 3. Description of BSFT Outcome Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Frequency	Standardized Reports
Improved Child Behavioral Functioning	% of youth with clinical improvement in the Social Functioning subset.	70%	Child and Adolescent Needs & Strengths (CANS) Assessment	Assessed before intervention and again at completion	None; provider-specific
	% of youth with clinical improvement on the Family Functioning subset.	65%			
Improved Child Emotional Functioning	% of youth with clinical improvement in the Behavioral/Emotional Needs domain.	70%			
Decrease in Youth Delinquent Behavior	% of youth with reduction in association with antisocial peers.	60%			
	% of youth with clinical improvement in the Conduct & Socialized Aggression subset.	60%			
Decrease in Parent/Caregiver Substance Use	% of parents with reduced alcohol use.	65%	Addiction Severity Index		
Effective Parenting Practices	% of parents who move out of the "non-clinical" range on the Parenting Practices Questionnaire.	75%	Parenting Practices Questionnaire		
Overall Family Functioning	% of families who have a significant reduction on the general Family Assessment Device subscales.	75%	McMaster Family Assessment Device		

Outcomes CQI Prompts:

- **Assess Outcome Data: Review BSFT outcome data to determine if target populations are achieving expected improvements. Identify disparities across demographic groups and explore strategies, such as tailored interventions, to support equitable outcomes.**
- **Monitor Program Completion: Review family completion rates for the 12–16-week BSFT program. Identify common reasons for early closure and strategies to help providers support families in completing the program.**

Fidelity

Fidelity refers to how closely the program follows the prescribed BSFT model to ensure services are delivered as intended. Maintaining high fidelity is crucial for achieving positive outcomes and ensuring program integrity.

Table 4 outlines the fidelity measures required to assess program adherence. **BSFT providers will use a standardized template to submit fidelity data to CDSS biannually. The CDSS FFPS team will upload provider outcome data into the CARES backend for county CQI activities.** Counties should review fidelity data and conduct CQI activities quarterly.

Table 4. Description of BSFT Fidelity Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Frequency	Standardized Reports
Provider Received & Maintained Required Training	% of providers who have completed Training Workshop #1.	100%	Class Attendance Matrix	Collected by BSFT trainers as training occurs	BSFT Training Class Attendance Report
	% of providers who have completed Training Workshop #2.	100%			
	% of providers who have completed Training Workshop #3.	100%			
	% of supervisors who have completed supervisor training and have had a minimum of 1 year of fidelity adherence.	100%			
Meets Staffing Qualification Requirements	% of therapists who have at least a master's degree in mental health, social work, marriage and family therapy, or a related field, or a bachelor's degree plus 5 years of clinical experience.	100%	BSFT Hiring Toolkit	Collected by developer/purveyor upon hire	BSFT Summary Sheet of Provider Qualifications
	% of supervisors who have at least a master's degree in mental health, social work, marriage and family therapy, or a related field.	100%			
Ongoing Completion of the BSFT Adherence Certification Checklist	% of therapist who score at least a 3.8 on the BSFT Adherence Certification Checklist at the end of their first year.	100%	BSFT Adherence Certification Checklist	Collected by BSFT Certified Supervisor every other month	
	% of therapists who score at least a 3.8 on the BSFT Adherence Certification Checklist at the end of their second year.	100%		Collected by BSFT Certified Supervisor every quarter	
	% of therapists who score at least a 3.8 on the BSFT Adherence Certification Checklist at the end of their third year.	100%		Collected by BSFT Certified Supervisor every 6 months	

Fidelity CQI Prompts:

- Review Adherence Reports: Regularly review the monthly supervisor report, BSFT summary sheet, and annual adherence rating scale to verify compliance with training requirements and staff qualifications.
- Evaluate Provider Performance: Assess provider success in meeting county targets for child social functioning (70%) and family functioning (65%). Where gaps exist, consider contributing factors and explore county support options, like targeted training or resources.
- Address Implementation Challenges: If issues are identified, collaborate with providers and the model developer to develop solutions.

RESOURCES

To ensure the successful implementation of BSFT, it is crucial to establish a strong relationship between the BSFT provider, the BSFT developer/purveyor, and the county. Here are the steps to initiate this process:

Providers Contact BSFT: Reach out to one of the official developers/purveyors of Brief Strategic Family Therapy (BSFT): the Family Therapy Training Institute (www.bsft-av.com) or the University of Miami Brief Strategic Family Therapy® Institute (www.publichealth.med.miami.edu/bsft/index.html). Initiate a conversation to discuss your interest in implementing BSFT and seek guidance on the next steps.

Providers and County Leaders Contact Your Local CPP Lead: Providers or counties looking to implement BSFT for IV-E reimbursement should contact their local Comprehensive Prevention Planning Lead to ensure their implementation plans align with state and federal requirements, including IV-E reimbursement guidelines. Follow this link to determine your point of contact: https://cdss.ca.gov/Portals/9/CCR/FFPSA/ffps-title-iv-eagency-county-contact-list.pdf

You can also submit additional questions to the FFPS Inbox at FFPSAPreventionServices@dss.ca.gov

STAY TUNED!

In the coming months, the CQI Subcommittee and statewide advisory committees (see Page 1) will be drafting a comprehensive California Continuous Quality Improvement Plan. The content will include governance structure recommendations, CQI focused resources/policies, data analysis, and feedback loops. Stay tuned for these updates as we enhance our statewide CQI practices for Family First Prevention Services.

REFERENCES

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U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (n.d.). Title IV-E prevention services clearinghouse. https://preventionservices.abtsites

University of Miami Health System. (n.d.). Brief Strategic Family Therapy. http://www.publichealth.med.miami.edu/bsft/index.html.

APPENDIX A: PROVIDER OUTCOME & FIDELITY TEMPLATE

BSFT Outcome Measures

Brief Strategic Family Therapy (BSFT)								
Provider sends the percentage for <u>each location</u> in a data file.								
Measure	**Improved child behavioral functioning**		**Improved child emotional functioning**	**Decrease in youth delinquent behavior**		**Decrease in parent/caregiver substance use**	**Effective parenting practices**	**Overall family functioning**
Indicator	*% of youth with clinical improvement in the Social Functioning Subset.*	*% of youth with clinical improvement on the Family Functioning Subset.*	*% of youth with clinical improvement in the Behavioral/Emotional Needs Domain.*	*% of youth with reduction in association with antisocial peers.*	*% of youth with clinical improvement in the Conduct and Socialized Aggression subset.*	*% of parents with reduced alcohol use.*	*% of parents who move out of the "non-clinical' range on the Parenting Practices Questionnaire.*	*% of families who have a significant reduction on the general Family Assessment Device subscales.*
Target Level	70%	65%	70%	60%	60%	65%	75%	75%
Site 1								
Site 2								

BSFT Fidelity Measures

Brief Strategic Family Therapy									
Provider sends the percentage for <u>each location</u> in a data file.									
Measure	**Provider received and maintained required**				**Meets staffing qualification**		**Ongoing completion of the BSFT Adherence**		
Indicator	*% of therapists who have completed Training Workshop #1.*	*% of therapists who have completed Training Workshop #2.*	*% of therapists who have completed Training Workshop #3.*	*% of supervisors who have completed supervisor training and have had a minimum of 1 year of fidelity adherence.*	*% of therapists who have at least a master's degree in mental health, social work, marriage and family therapy, or a related field, or a bachelor's degree plus 5 years of clinical experience.*	*% of supervisors who have at least a master's degree in mental health, social work, marriage and family therapy, or a related field.*	*% of therapists who score at least a 3.8 on the BSFT Adherence Certification Checklist at the end of their first year.* Completed every other month.	*% of therapists who score at least a 3.8 on the BSFT Adherence Certification Checklist at the end of their second year.*	*% of therapists who score at least a 3.8 on the BSFT Adherence Certification Checklist at the end of their third year.*
Target Level	100%	100%	100%	100%	100%	100%	100%	100%	100%
Site 1									
Site 2									