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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 practices (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 practice approved by the Family First Prevention Services Clearinghouse to meet the diverse needs of at-risk youth and their families.

This policy brief guides counties and providers in applying continuous quality improvement (CQI) activities to support the effective implementation of BSFT under [California's Five-Year State Prevention Plan](#). It outlines requirements for data collection, reporting, and review to meet both **federal CQI requirements under the Family First Prevention Services Act (FFPSA)** and **state expectations for CQI activities outlined in California's CQI Plan**. Together, these activities support real-time program monitoring, data-driven decision-making, and compliance with IV-E reimbursement standards.



Counties and agencies delivering BSFT should use this brief as a guide for measuring the success of BSFT in their local context, applying required CQI activities, and ensuring implementation meets federal IV-E reimbursement requirements. This brief supports local discussions, outlines the data tracking and sharing requirements established in the CQI Plan, and establishes feedback loops that inform program delivery and continuous improvement. The CQI prompts are designed to support reflection on program effectiveness, address implementation challenges, and guide data-driven decision-making to better meet the needs of children and families.

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.

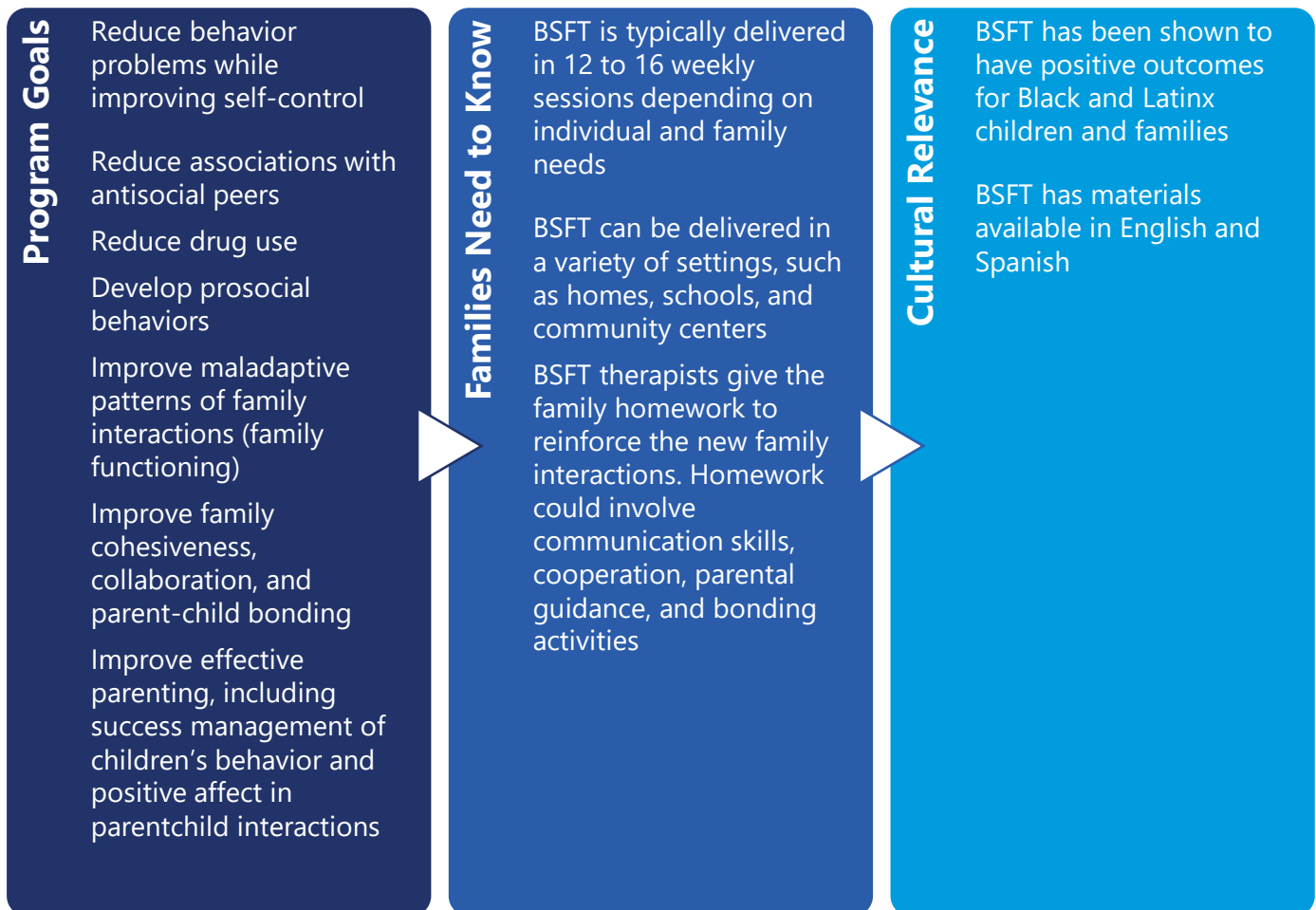
BRIEF STRATEGIC FAMILY THERAPY PROGRAM OVERVIEW

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.



DATA REQUIREMENTS FOR CQI

CQI is a critical part of implementing EBPs as part of California's Family First Prevention Services (FFPS) Prevention Plan. The California CQI Plan outlines expectations for counties and EBP providers to collect, analyze, and use data to monitor program delivery and support continuous improvement.

To guide this work, the CQI Plan identifies four core categories of data collection, each essential to understanding implementation and driving progress.

Key Metrics for Continuous Quality Improvement (CQI)

To support continuous improvement and federal IV-E compliance, agencies delivering evidence-based programs (EBPs) must regularly collect and review data across four core categories:

- 1 Capacity** – Measures the staffing, infrastructure, and resources required to deliver services effectively. Capacity data tracks the number of trained staff, supervisors, and service sites, helping counties and providers assess whether programs are adequately resourced to meet the needs of families.
- 2 Reach** – Tracks the extent to which eligible children, youth, and families are identified, referred, and engaged in services. Reach data helps ensure services are accessible and equitably distributed, identifying gaps in engagement or disparities in service delivery.
- 3 Outcomes** – Captures the impact of services on children, youth, and families, including measures of engagement, behavior change, and safety outcomes. Outcome data helps counties and providers understand whether services are achieving their intended goals and where additional support or adjustments may be needed.
- 4 Fidelity** – Monitors whether services are delivered as intended, using approved fidelity monitoring tools or guidelines. Fidelity data helps ensure staff are meeting competency standards and following model expectations, which is critical for achieving desired outcomes and maintaining IV-E compliance.

These metrics provide a comprehensive view of program effectiveness and should be used to guide local CQI activities and inform state-level monitoring.

More information on this framework can be found here: [Measurement Framework for Implementing and Evaluation Preventive Services](#).

Together, these categories form the foundation for EBP-related CQI activities. Regularly reviewing data across these areas helps counties and EBP providers assess performance, surface barriers, and make informed adjustments to better support children and families.

Detailed definitions, indicators, and reporting expectations for each category specific to BSFT are provided in [Appendix A](#).

BSFT-SPECIFIC DATA REQUIREMENTS

The [BSFT Measurement Framework](#) outlines how counties and EBP providers delivering BSFT should collect and use data across the four CQI domains – capacity, reach, fidelity, and outcomes. **Counties and EBP providers are expected to track data regularly across all domains to ensure timely, complete, and accurate information is available to support both local and state-level CQI activities.**

The California CQI Plan emphasizes the importance of both local and state-level CQI processes to promote continuous learning and accountability. **At the county level, data is used to assess implementation progress, identify barriers, and inform continuous improvement.** Counties are encouraged to partner with providers—ideally through CQI teams—to review and apply data to local decision-making. County CQI Team leads will pull relevant reports from CARES on a regular basis: monthly for site-level capacity and individual-level reach data, quarterly for individual-level fidelity and outcomes data, and biannually for aggregate-level dashboards.

At the state level, the CDSS uses data submitted through the CARES Provider Portal, the standardized BSFT template, and standardized provider templates to monitor program performance, generate Tableau dashboards, and fulfill Title IV-E reporting requirements under FFPSA. Federal reimbursement is contingent on meeting the requirements outlined in California’s Five-Year Prevention Plan (see pages 27, 39, and 52).

Appendices [A](#) and [B](#) outline the required measures, data elements, and templates used for BSFT data collection across all four domains.

Data Collection and Use

Child Welfare agencies and Community-Based Organizations (CBOs) delivering BSFT should track utilization daily.

Site-Level Capacity Data

- **Collection:** Entered into the CARES Provider Portal by BSFT providers and CBOs for families receiving BSFT services. Elements collected are listed in **Table 1** of [Appendix A](#).
- **Use:** CARES capacity reports will be pulled monthly by County CQI Team leads in preparation for their county CQI Teams and by the CDSS for statewide monitoring.

Individual-Level Reach Data

- **Collection:** Entered into CARES for child welfare-involved families and into the CARES Provider Portal for Family First community pathway candidate families who are not involved with child welfare or probation. Elements collected are listed in **Table 2** of [Appendix A](#).
- **Use:** CARES reach reports will be pulled monthly by County CQI Team leads and by the CDSS for statewide monitoring.

Individual-Level Fidelity and Outcomes Data

- **Collection:** Collected by BSFT providers and CBOs using a standardized provider template ([Appendix B](#)) or pulled from a site’s own database management system or spreadsheets. Elements are listed in [Appendix C](#).

- **Use:** BSFT providers and CBOs will prepare and share this data quarterly with the County CQI Team leads, using either the standardized template or exports from their own database management system or spreadsheets.

Aggregate-Level Fidelity and Outcomes Data

- **Collection:** BSFT providers will upload aggregate fidelity and outcomes data biannually via the FFPSA portal in CARES.
- **Use:** County CQI Team leads will access aggregate-level fidelity and outcomes Tableau dashboards in CARES every six months for use in county CQI Teams.

For a full list of required BSFT measures and indicators, see [Appendix A](#).

CQI TRAINING

To support the implementation of California’s FFPS CQI Plan and the BSFT program, required training will be provided to county FFPS leads and BSFT providers. This training will be delivered over the course of up to three days and is designed to build the knowledge and skills needed to effectively engage in CQI activities. Additional information about the required CQI training is available in the [California Family First Prevention Services Continuous Quality Improvement Implementation Plan](#).

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 CONNECTED!

The [California Family First Prevention Services Continuous Quality Improvement \(CQI\) Plan](#) was developed with input from CDSS leadership, counties, and advisory subcommittees across the state. It outlines core CQI structures, guidance, and tools to support counties and providers.

California will continue to build on this work through the [CQI Implementation Plan](#) and other prevention resources. Check for updates at [Prevention Resources – Child and Family Policy Institute of California](#), and reach out to FFPSAPreventionServices@dss.ca.gov to share questions, experiences, or lessons learned.

REFERENCES

BSFT AV. (n.d.). Brief Strategic Family Therapy. <http://www.bsft-av.com>.

Chapin Hall at the University of Chicago. (n.d.). Measurement framework. <https://www.chapinhall.org/research/measurement-framework>

Hyland, S. T., & O'Brien, J. (2023). Evidence-based programs desk guide 2023. Chapin Hall at the University of Chicago.

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: BSFT MEASUREMENT FRAMEWORK

This appendix outlines the data elements, indicators, reporting expectations, and CQI prompts for each of the four core measurement domains: capacity, reach, fidelity, and outcomes. **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	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level (Counties & CDSS)	Data Submission Format (Counties & CDSS)	Reporting Cadence Counties	Reporting Cadence CDSS
Staffing	Total # of provider agency sites	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of full-time model-trained or certified practitioners	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of supervisors	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Supervisor / Practitioner Ratio	1:4	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Full-time Caseload <i>(Part-time practitioners are not permitted)</i>	In-office: 15-20 families In-home: 10-12 families	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
Service Duration	12-16 weeks	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

Capacity CQI Prompts:

- **Assess Practitioner Capacity:** Review the number of full-time model-trained BSFT practitioners and supervisors across provider agencies. Determine whether staffing levels are sufficient to meet current service needs and maintain caseload expectations.
- **Evaluate Supervision Structures:** Assess supervisor-to-practitioner ratios to ensure compliance with BSFT guidance (1 supervisor per 4 therapists). Identify any supervision gaps that may affect staff support or service delivery.
- **Review Caseload Distribution:** Analyze average monthly caseloads for full-time BSFT practitioners (10-20 families in-office and 10-12 families in-home). Identify workload imbalances and explore strategies to support caseload equity across the workforce.
- **Monitor Model-Training Status:** Track the number of staff who have completed required BSFT model training. Use this information to identify staff in need of initial or refresher training and support ongoing adherence to model fidelity.
- **Analyze Waitlist and Service Access:** Review waitlist data alongside staffing and reach data to identify where additional service capacity may be needed. Use trends to inform staffing decisions, site expansion, or other strategies to reduce access delays.
- **Track Provider Site Coverage:** Monitor the number and geographic distribution of provider sites delivering BSFT. Assess whether current site locations align with community needs and support equitable access to services.

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	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level (Counties & CDSS)	Data Submission Format (Counties & CDSS)	Reporting Cadence	
						Counties	CDSS
Eligible Child Welfare & Probation Candidates <i>(This data will come from the Title IV-E agency)</i>	Total # of FM/VFM/602 youth who come to the attention of the agency ¹	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First candidate <ul style="list-style-type: none"> • FM – Family Maintenance • VFM – Voluntary Family Maintenance • 602 WIC Petition² 	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First pregnant or parenting youth in care (PPY)	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # not identified as a candidate	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
Eligible Community Pathway Candidates <i>(This data will come from the Title IV-E agency)</i>	Total # of community pathway children granted IV-E agency candidacy approval	County Title IV-E Agency	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of community pathway children denied IV-E agency candidacy approval <ul style="list-style-type: none"> • Reason for denial <ul style="list-style-type: none"> ○ MH, SA, or PS imminent risk/need not identified ○ Child outside of age range of the recommended EBP 	County Title IV-E Agency	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Referrals to Providers	Total # candidates referred to an EBP provider	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

¹ Total number of referrals to Probation (inclusive of citations and arrests)

² Youth referred to Probation by a Law Enforcement Agency for alleged involvement in delinquent behavior that could result in a WIC 602 petition.

	Total # candidates who started the EBP	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Service Uptake	Total # candidates who did not start the EBP						
	<ul style="list-style-type: none"> • Reason did not start the EBP <ul style="list-style-type: none"> ○ 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 Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # candidates who completed the full EBP	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Service Completion	Total # candidates who did not complete the full EBP						
	<ul style="list-style-type: none"> • Reason did not complete the full EBP <ul style="list-style-type: none"> ○ Provider unable to contact or engage with family ○ Family withdrew ○ Family no longer eligible ○ Provider capacity issues ○ Other 	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

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 upload outcome data biannually via the FPPSA portal in CARES.** 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	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence		
					Counties	CDSS	Counties	CDSS	Counties	CDSS	
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	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually	
	% of youth with clinical improvement on the Family Functioning subset.	65%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually	
Improved Child Emotional Functioning	% of youth with clinical improvement in the Behavioral/Emotional Needs domain.	70%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually	
Decrease in Youth Delinquent Behavior	% of youth with reduction in association with antisocial peers.	60%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually	
	% of youth with clinical improvement in the Conduct & Socialized Aggression subset.	60%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually	
Decrease in Parent/Caregiver Substance Use	% of parents with reduced alcohol use.	65%			Addiction Severity Index	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
Effective Parenting Practices	% of parents who move out of the "non-clinical" range on the Parenting Practices Questionnaire.	75%			Parenting Practices Questionnaire	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
Overall Family Functioning	% of families who have a significant reduction on the general Family Assessment Device subscales.	75%	McMaster Family Assessment Device	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually		

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 upload fidelity data biannually via the FFPSA portal in CARES.** 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	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
Provider Received & Maintained Required Training	% of providers who have completed Training Workshop #1.	100%	Class Attendance Matrix	Collected by BSFT trainers as training occurs	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of providers who have completed Training Workshop #2.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of providers who have completed Training Workshop #3.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of supervisors who have completed supervisor training and have had a minimum of 1 year of fidelity adherence.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
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	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% of supervisors who have at least a master's degree in mental health, social work, marriage and family therapy, or a related field.	100%			Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
Ongoing Completion of the BSFT	% of therapist who score at least a 3.8 on the BSFT Adherence Certification	100%	BSFT Adherence	Collected by BSFT Certified Supervisor every other month	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually

Adherence Certification Checklist	Checklist at the end of their first year.	100%	Certification Checklist	Collected by BSFT Certified Supervisor every quarter	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually
	% 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.	100%		Collected by BSFT Certified Supervisor every 6 months	Individual-level	Aggregate	County-specific	Provider Template	Quarterly	Biannually

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.

APPENDIX B: STANDARDIZED PROVIDER TEMPLATE

This template is optional. BSFT providers will either pull all of the fidelity and outcome data fields depicted in the tables below from their own systems or spreadsheets on a quarterly basis for review during county CQI Team meetings, or complete the BSFT Fidelity and Outcomes Report Template, which can be downloaded from the Child and Family Policy Institute of California (CFPIC) website at [this link](#).

The standardized template can be used to examine differences in the indicators by gender, race, and ethnicity as defined in Technical Bulletin #1 which is necessary for identifying potential disparities in program outcomes and addressing them through the county CQI Team.

Below are sample screenshots of a portion of the outcome and fidelity data captured at the individual level in the standardized template.

<i>Fidelity: Therapist Information</i>		
Agency Name:		Site Name:
Staff Identifier	Meets Staffing Qualification Requirements	
Therapist First and Last Name	Does this therapist have a master's degree or higher in mental health, social work, or marriage and family therapy?	Does this therapist have a bachelor's degree and five years of clinical experience?

<i>Outcomes</i>											
Agency Name:			Site Name:								
Child Identifier											
DCFS/Probation Unique Identifier	BSFT Child ID	Child Date of Birth	Child Sex	Child Hispanic or Latino Ethnicity	Child Race: White	Child Race: Black or African American	Child Race: Asian	Child Race: Native Hawaiian or Other Pacific Islander	Child Race: American Indian or Alaska Native	Child Race: Declined	Child Race: Unknown

<i>Outcomes</i>		
Improved Child Behavioral Functioning		Improved Child Emotional Functioning
Did this youth exhibit clinical improvement in the social functioning subset?	Did this youth demonstrate clinical improvement in the family functioning subset?	Did this youth show clinical improvement in the behavioral and emotional needs domain?

APPENDIX C: PROVIDER OUTCOME & FIDELITY TEMPLATES

Providers will complete the aggregate fidelity and outcome templates provided below. Providers are responsible for uploading their own model fidelity and outcomes documentation biannually via the FFPSA portal in CARES. Counties will be able to access this data in aggregate through Tableau dashboards.

BSFT Outcome Measures

Brief Strategic Family Therapy (BSFT)

Provider sends the percentage for each location 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 in 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 Agreed Subset.	% of parents with reduced alcohol use.	% of parents who move out of the "non-clinical" range on the Parenting Practices Questionnaire.
Target Level	70%	65%	70%	60%	60%	65%	75%	75%
Site 1								
Site 2								

BSFT Fidelity Measures

Brief Strategic Family Therapy (BSFT)

Provider sends the percentage for each location in a data file.

Measure	Provider received and maintained required training				Meets staffing qualification requirements		Ongoing completion of the BSFT Adherence Certification Checklist			
	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.	% 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%	100%
Site 1										
Site 2										