



**Community Based Care of Brevard, Inc.
dba Brevard Family Partnership**

REQUEST FOR INFORMATION (RFI)

FOR

INDEPENDENT CONTRACTORS FOR

**Providers for
Child Parent Psychotherapy, and
Circle of Security Parenting**

Closing Date: ONGOING

STATEMENT OF PURPOSE

This Request for Information (RFI) seeks information from Respondents regarding the delivery of Child Parent Psychotherapy (CPP) and Circle of Security Parenting (COSP) in the Brevard County child welfare system.

OVERVIEW/DESCRIPTION

The Circuit 18 Dependency Court is initiating Early Childhood Court in Brevard County which will place value on CPP and COSP. Early Childhood Court addresses child welfare cases involving children under the age of three. It is a problem-solving court - where legal, societal, and individual problems intersect. Problem-solving courts seek to address not only the legal issues but also the underlying non-legal issues that will benefit the parties and society as well. The goal of Florida's Early Childhood Court is to improve child safety and well-being, change the experience and outcomes of children in the child welfare system, heal trauma and repair the parent/child relationship, expedite permanency, and stop the intergenerational cycle of abuse/neglect/violence.

1. Child Parent Psychotherapy is a therapy for young children from birth through age five and their parents/caregivers that supports family strengths and relationships, helps families heal and grow after stressful experiences and respects family and cultural values.
2. Circle of Security Parenting addresses attachment problems in infancy and early childhood. The presence of these attachment disorders increases the probability of psychopathology later in life. Secure attachment relationships with caregivers are a protective factor for infants and preschoolers, setting the foundation for social competence and promoting effective functioning of the emotion regulation and stress response systems. The quality of the attachment relationship is amenable to change. Learning, including therapeutic change, occurs from within a secure base relationship. Lasting change in the attachment relationship comes from caregivers' developing specific relationship capacities rather than learning techniques to manage behavior.

PROVIDER EDUCATION AND TRAINING

The following training will be provided at no cost to the participating clinicians:

1. Circle of Security training in March 2022 – 10 trainees – **DEADLINE TO REQUEST A TRAINING SLOT IS FEBRUARY 18, 2022.**
2. Child Parent Psychotherapy in July 2022 - 6 trainees

Interested parties should provide:

1. Cover letter. One per agency.
2. Resume (s) for individual provider or specific clinicians employed by a provider agency to be trained.
3. Description of availability for regular business hours or after-hours/weekend calls for service. This will help BFP to determine total capacity within the system of care.
4. Provider Information sheets below. One per clinician.

All submissions shall become the property of Brevard Family Partnership. Submissions should be submitted ONGOING to the attention of Christopher Goncalo, Director of Contracts & Compliance, BFP, 389 Commerce Parkway, Ste 120, Rockledge, FL, 32955. Christopher.goncalo@brevardfp.org BFP reserves the right to award a contract based on the results received from the posting of this RFI to one, all, or none of the individuals that respond. This RFI should not be construed as a solicitation or as an obligation on the part of BFP.



Brevard Family Partnership – A Community Based Care Agency
389 Commerce Pkwy., Suite 120
Rockledge, Florida 32955
(321) 752-4650 – Office

Provider Information for Clinicians

Provider Name: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ EXT: _____ Fax: (____) _____

Email: _____

Professional Degree: _____ University Attended: _____ Year Graduated: _____
CACREP Accredited: Y/N

Professional License: _____ License #: _____ State: _____

Expiration Date: _____

Registered Intern: _____ State: _____ Discipline: RMHCI: _____
RMFTI: _____
LCSWI: _____

Intern #: _____ Expiration Date: _____

If not licensed, please note Licensed Supervisor: _____

Professional Experience: Include dates, types, and years of experience (Provide a Narrative)
Attach a resume or curriculum vitae (see letter for narrative requirements)
