REQUEST FOR APPLICATIONS

For

PARTICIPANTS IN THE **PROLONGED EXPOSURE** TRAINING FOR OUTPATIENT MENTAL HEALTH AND SUBSTANCE USE PROGRAMS

Issued by

COMMUNITY BEHAVIORAL HEALTH

Date of Issue
July 23, 2019

Applications must be received no later than 2:00PM on August 6, 2019.

Questions related to this RFA should be submitted via E-mail to:

Amberlee Venti at Amber.Venti@phila.gov

EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER – WOMEN, MINORITY INDIVIDUALS AND PEOPLE WITH DISABILITIES ARE ENCOURAGED TO RESPOND

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I. Overview

A. Introduction/Statement of Purpose

Community Behavioral Health (CBH) is soliciting participants for a training and implementation program to build clinical capacity in Philadelphia to provide Prolonged Exposure (PE) therapy for posttraumatic stress disorder (PTSD) for both adults and adolescents. The PE Initiative is a partnership among Dr. Edna Foa, the developer of PE; the Center for the Treatment and Study of Anxiety (CTSA), which is part of the Department of Psychiatry at the University of Pennsylvania; and the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). Since 2011, the PE Initiative has been part of an ongoing effort to increase the availability of high-quality, evidence-based treatments. There will be no cost to providers for this training, but a significant organizational commitment will be required to successfully implement and sustain adult and adolescent PE. Training in adult and adolescent PE will be provided by the CTSA.

PE is an evidence-based practice (EBP) used to treat individuals with PTSD symptoms. PE utilizes exposure-based techniques to reduce avoidance behaviors that maintain PTSD symptoms, helping to decrease trauma-related distress.

Please note application responses should be separate for each level of care and should clearly indicate adult or adolescent focus. CBH expects to support training for up to three providers and a total of 12 clinicians (approximately four clinicians per provider).

Applications from CBH in-network providers of outpatient mental health and/or outpatient substance use services who meet RFA qualifications will be considered.

B. Organizational Overview

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Human Services (PA-DHS) for the provision of behavioral health services to Philadelphia's Medicaid recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. Services are funded on a capitated basis through this contractual agreement. The City of Philadelphia, through the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), contracts with Community Behavioral Health to administer the HealthChoices program.

CBH was established as a non-profit organization by the City in 1997 to administer behavioral healthcare services for the City's approximately 700,000 Medicaid recipients. As a result, CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services. CBH employs more than 400 people and has an annual budget of approximately $800 million.

C. DBHIDS System Transformation

Because of the successful DBHIDS transformation initiative over the last decade (2005-2015), people with behavioral health conditions and intellectual disabilities now not only live in communities but are *a part of* their communities. As the natural continuation of the transformation of Philadelphia's behavioral health and intellectual disability service system, DBHIDS has now adopted a population health approach.

Population health refers to the health of an entire community. Traditional approaches to health care center around individuals who are already experiencing a health-related condition. Population health approaches take a much broader view, seeking to improve the health status of everyone in a community, not just those who are sick. By providing excellent clinical care as well as community-level interventions and services, **population health approaches help to create communities in which every member—not just those who seek out health services—can thrive**. It is essential that providers who apply for this RFA follow population health approaches as they apply.

As DBHIDS worked in communities to help them better support people in its system, it became clear that many communities are themselves distressed, grappling with violence, poverty, inadequate housing, and other threats to health, well-being, and self-determination. It also has become clear that many people in need of support are not being reached or being reached too late. As a result, DBHIDS has initiated a population health approach to increase capacity within the community to deliver highly effective clinical care supports and services so that over time, communities experience less illness and its associated consequences.

The current national attention to population health confirms that Philadelphia's population health approach is appropriate. The U.S. healthcare environment is already moving in this direction in an effort to contain costs and achieve better outcomes. Acknowledgement is growing locally, nationally, and internationally that promoting optimum health among a whole population can't be achieved within a narrow paradigm built primarily to manage diagnosed conditions. To break the cycle of escalating costs, health systems are increasingly focusing resources on prevention and early intervention. Because of DBHIDS' longstanding commitment to promoting recovery, resilience, and self-determination, Philadelphia is well positioned to be a leader in the nation's next health transformation. The thrust of Philadelphia's behavioral health initiatives is shifting from addressing illness and disability one person at a time to promoting optimum health, wellness, and self-determination throughout the population.

The population health approach challenges us to continue to enhance efforts to improve the health of all Philadelphians. This approach challenges us to expand our efforts beyond pilot projects and special initiatives and embed these principles into the culture of our entire system. It challenges us to consistently broaden our scope to include *all* people in a population, not just those seeking our services. It challenges us to prevent behavioral health conditions and developmental delays from developing or progressing, to equip individuals with the skills and opportunities to make their own choices and build meaningful lives in their communities, and to move even more out of program settings and deeper into the community to address the social and environmental circumstances that have shaped people's lives. We must learn from the innovative work the city has already started and be even bolder, shifting the *intention* of our work from addressing illness and disability one person at a time to promoting optimum health, wellness, and self-determination throughout the whole population.

Health providers and payers use a variety approaches to improve the health of a population. Some approaches, known as population health management, prioritize identifying and providing services to members of a population who have complex, chronic, or very costly conditions. A key goal of population health management efforts is to control costs, often through existing managed care strategies such as reducing avoidable emergency department visits. Other population health approaches are more akin to public health interventions in that they include broad-based interventions (such as flu shots) that benefit *all* members of a defined population, not just those seeking health services. These two major population health frameworks both use data-driven decision making and focus on health outcomes. DBHIDS's approach to population health builds on many years of focus on community health; thus, our approach is consistent with a public health framework.

The essence of the DBHIDS population health approach is as follows:

- **Attend to the needs of the whole population, not just those seeking services.** Population health approaches emphasize community-level outcomes, not just outcomes for individuals with particular diagnoses. A key benefit of a population health approach is its focus on keeping people well so that, over time, communities experience less illness and its associated consequences.
- **Promote health, wellness and self-determination.** Health is much more than the absence of illness or management of symptoms. There is a fundamental difference between providing targeted interventions to address illness versus promoting wellness and quality of life.
- **Provide early intervention and prevention.** There will always be a need for access to high –quality clinical care, supports, and services. A population health approach provides such care and also works to screen for and prevent the onset or progression of conditions which improves outcomes and better utilizes resources.
- **Address the social determinants of health.** Poor health and health disparities don't result from medical conditions alone. Chronic stress, toxic environments, limited access to nutritious foods, inadequate housing, social isolation, and numerous other nonmedical factors contribute to poor outcomes. A population health approach seeks to address these factors to reduce health disparities and safeguard everyone's right to optimum health and self-determination.
- **Empower individuals and communities to keep themselves healthy.** Healthcare providers can't shoulder the entire responsibility for healthy communities. A population health approach not only educates but also empowers and motivates people to take responsibility for promoting their own health and wellness.

D. General Disclaimer

This RFA does not commit CBH to award a training opportunity to any program. This RFA and the process it describes are proprietary and are for the sole and exclusive benefit of CBH. No other party, including any Respondent, is intended to be granted any rights hereunder. Any response, including written documents and verbal communication, by any Applicant to this RFA, shall become the property of and may be subject to public disclosure by CBH.

E. Project Background

Prolonged Exposure (PE) is an evidence-based treatment for posttraumatic stress disorder (PTSD) developed by Edna Foa, PhD, Director of the Center for the Treatment and Study of Anxiety. PE has been empirically validated with more than 25 years of research supporting its effectiveness for treating chronic PTSD and related depression, anxiety, guilt, shame, and anger. PE results in clinically significant improvement in PTSD and related symptoms for approximately 80% of individuals treated. Practitioners worldwide have used PE to successfully treat survivors of many types of trauma, including rape, assault, child abuse, combat, motor vehicle accidents, and disasters. PE has also been shown to be effective for individuals with comorbid diagnoses, such as borderline personality disorder. Additionally, when combined with substance use treatment, PE can be beneficial for those suffering from co-occurring substance use disorders. PE is appropriate for individuals who have experienced a single trauma as well as individuals with histories of multiple traumas.[1, 2]

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[1] Carmen P McLean and Edna B Foa. *Prolonged exposure therapy for post-traumatic stress disorder: a review of evidence and dissemination.* Expert Reviews. https://www.div12.org/wp-content/uploads/2014/11/Prolonged-exposure-therapy-for-post-traumatic-stress-disorder-review-of-evidence-and-dissemination.pdf

A cognitive behavioral approach, PE employs interventions designed to help individuals process traumatic events and reduce trauma-induced psychological disturbances. The treatment helps people process traumatic events by changing the way they respond to internal and external reminders of traumatic memories. PE therapy has three main components that help people gradually become more comfortable with external reminders: using imaginal exposure to revisit and process the trauma memories; in vivo exposures to approach feared, but objectively safe, situations; and psychoeducation about trauma and its impact on people's lives. PE is a flexible therapy that can be modified to fit individual needs. PE instills confidence and a sense of mastery, enhances daily functioning, increases an individual's ability to cope with stress, and improves the ability to distinguish between safe and unsafe situations. PE typically consists of between 8 and 15 90-minute sessions.[1, 2]
In 2001, PE for PTSD received an Exemplary Substance Abuse Prevention Program Award from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). PE was selected by SAMHSA and the Center for Substance Abuse Prevention as a Model Program for national dissemination and was one of two PTSD treatments chosen to disseminate throughout the Veterans Affairs health system.[2] Additionally, in a 2008 report, the Institute of Medicine wrote that "the evidence is sufficient to conclude the efficacy of exposure therapies in the treatment of PTSD," further supporting the use of PE for PTSD treatment.[3]

CBH recognizes the need to provide high-quality, evidence-based treatment to its population of adults and adolescents who have experienced various types of trauma. As such, CBH is committed to increasing capacity for the provision of PE within its network. As CBH is also aware of the challenges faced by agencies in implementing and sustaining evidence-based clinical programs, this initiative includes both PE training and consultation to support the development of sustainable PE programs.

II. Prolonged Exposure Training and Implementation

A. Training and Implementation Opportunity

CBH is sponsoring an innovative training, consultation, and implementation program for adult and adolescent outpatient mental health and/or adult outpatient substance use providers. The training will be provided by the CTSA, an internationally renowned research and clinical facility that offers state-of-the-art treatment programs specifically designed for posttraumatic stress disorder (PTSD) and other anxiety disorders. The Center was founded in 1979 by Edna Foa, PhD, who is the director of the Center and a world leader in anxiety disorders and PTSD research. The CTSA is a division of the University's Department of Psychiatry and is located on the campus of the University of Pennsylvania in the city of Philadelphia, Pennsylvania. CTSA faculty are doctoral-level psychologists with extensive experience in diagnosing and treating anxiety disorders and PTSD and in training physicians, psychologists, and other health professionals from around the world.

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[2] Department of Psychiatry. Penn Behavioral Health. *About Prolonged Exposure Therapy*. Retrieved 4/21/17 from http://www.med.upenn.edu/ctsa/workshops_pet.html
[3] Institute of Medicine (IOM): 2008. *Treatment of posttraumatic stress disorder: An assessment of the evidence.* Washington, DC: The National Academies Press.

B. Overview of Training and Implementation Program

1. Training and Consultation Activities

The following section outlines the activities that will comprise the training schedule.

Pre-Training Orientation Meetings		Pre-training orientation will provide specific guidance on the implementation of PE. Agencies will be required to establish a PE implementation team, which will include an executive leader, a clinical director or supervisor, intake staff, and three to five participating clinicians.	
ACTIVITY	**PARTICIPANTS**	**DATE/ LENGTH OF TIME**	**PURPOSE/CONTENT/OUTCOMES**
Pre-Training Orientation Meeting #1	Executive leader, clinical director or supervisor, participating clinicians, intake staff, and CTSA and CBH Staff	Date TBD 2 hours	With the entire PE implementation team in attendance, this meeting will cover an introduction to and overview of training, consultation, and implementation procedures; discussion of necessary technology; a description of the roles and responsibilities of each team member; and specific expectations about PTSD screening in the agency, data reporting, and training/consultation requirements.
Pre-Training Orientation Meeting #2	Clinical director or supervisor, participating clinicians, intake staff, and CTSA and CBH Staff	Date TBD 2 hours	This meeting will cover specifics about PTSD screening and data reporting, the format and requirements of individual and group consultations, and review agency progress so far.

PTSD Screening and Assessment and PE for PTSD Workshops	All agencies will be required to attend the adult screening and 4-day workshops; agencies pursuing an adolescent program, in addition, will be required to attend the adolescent screening and 1-day workshops. Prior to the 4-day workshop, clinicians should identify individuals with PTSD symptoms that are potential candidates for PE to prepare for PE utilization immediately upon completion of the workshop.		
ACTIVITY	**PARTICIPANTS**	**DATE/ LENGTH OF TIME**	**PURPOSE/CONTENT/OUTCOMES**
Adult PTSD Screening and Assessment Workshop	*Required:* Participating clinicians and intake staff *Recommended:* Clinical director or supervisor and any staff making referrals	September 13, 2019 Full Day	Participants will receive instruction in the DSM-5 diagnostic criteria for PTSD as well as on administering the Posttraumatic Stress Scale for DSM-5 (Interview version – PSSI-5) and PTSD Diagnostic Scale for DSM-5 (PDS-5), a self-report measure of PTSD symptoms.
Adolescent PTSD Screening and Assessment Workshop (required for adolescent program development)	*Required:* Participating clinicians and intake staff *Recommended:* Clinical director or supervisor and any staff making referrals	September 27, 2019 Full Day	Participants will receive intensive instruction in the DSM-5 diagnostic criteria for PTSD for children and adolescents ages 8 and up, including introducing the Child Posttraumatic Stress Scale for DSM-5 (Interview version – CPSSI-5) as well as the Child Posttraumatic Stress Scale for DSM-5 (Self-Report version – CPSS-SR-5), a self-report measure of PTSD symptoms.

4-Day Intensive Workshop in Prolonged Exposure Therapy for PTSD	*Required:* Participating clinicians *Recommended:* Clinical director or supervisor	October 21-24, 2019 4 days	Dr. Edna Foa and faculty from the CTSA will provide instruction in the use of PE for survivors of trauma, covering the basics of all components of PE, and how to modify PE procedures to tailor treatment to the individual's response to exposure.
1-Day Workshop in Prolonged Exposure Therapy for Adolescents (required for adolescent program development)	*Required:* Participating clinicians *Recommended:* Clinical director or supervisor	October 25, 2019 1 day	Participants will receive instruction in the basic differences between PE and PE-A, use excerpts from videotaped sessions to illustrate how to use PE with adolescents, discuss when and how to implement PE-A, and provide guidelines for how and when to modify PE techniques to tailor the therapy to adolescents.

<table>
<tr><td colspan="2">Post-Workshop Case Consultation and PE Therapist Certification</td><td colspan="2">The CTSA will provide participating clinicians with expert individual and group consultation in PE, leading to certification as a PE Therapist upon completion of two PE therapy cases.

Clinicians are required to videotape and audiotape all PE sessions. Videotaped sessions are reviewed by the CTSA’s PE consultant, and audio recordings of sessions must be given to individuals as part of treatment. See section III.A.2.a for details.</td></tr>
<tr><th>ACTIVITY</th><th>PARTICIPANTS</th><th>DATE/
LENGTH OF TIME</th><th>PURPOSE/CONTENT/OUTCOMES</th></tr>
<tr><td>Individual PE Consultation</td><td>Participating clinicians</td><td>Ongoing from conclusion of 4-day workshop through completion of 1st PE case

Weekly 30-minute consultation sessions</td><td>Individual PE consultation consists of a session review and consultation call or meeting for each PE session. In the Pre-Training Orientation Meetings, clinicians will be instructed to identify potential PE candidates prior to beginning the 4-day workshop. During the workshop, the CTSA PE consultant will discuss the appropriateness of PE for these potential candidates (i.e. their PTSD symptoms and their appropriateness as a training case). The PE consultant must approve the appropriateness of an individual for PE consultation before the clinician starts PE.

After the 4-day workshop, the CTSA PE consultant will prepare clinicians for their first PE sessions and review the procedures of video- and audiotaping. The PE consultant will review recordings of each session prior to the next session and provide PE consultation sessions via telephone or face-to-face meetings for each session.</td></tr>
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Group PE Consultation	Participating clinicians	Ongoing from conclusion of 4-day workshop Weekly 90-minute meetings	CTSA PE consultant and participating clinicians will choose a 90-minute weekly group consultation time. This will be a standing meeting for the first year of participation in the PE initiative. The expectation is that PE group consultation will continue with the PE program leader and/or PE consultant, ensuring consistent attendance. During weekly group PE consultation meetings, participating clinicians will show video of PE sessions conducted in the previous week for group review and feedback. Note that clinicians' first cases will be reviewed during group consultation (in addition to the individual consultations outlined above). Clinicians' second cases will be reviewed only during group consultation. See section III.A.2.a for space requirements.

Sustainability and Other Trainings		Trainings in this phase will include the certification of a PE consultant, a trauma overview, and psychoeducation.	
ACTIVITY	**PARTICIPANTS**	**DATE/ LENGTH OF TIME**	**PURPOSE/CONTENT/OUTCOMES**
5-Day PE Consultant Workshop	Participating certified PE clinicians who have been identified as candidates for PE consultants	Fall 2020 5 days	To ensure continued sustainability of PE within the agency, select certified PE clinicians will be identified as candidates for PE consultants. Once trained, the agency PE consultant will be expected to provide consultation on PE cases to new trainees. To become a PE consultant, the selected clinician will attend a 5-day Consultant Workshop.
Trauma 101	Case managers, administrative staff, and any other interested staff	Date TBD 2 hours	CTSA has developed a 2-hour “Trauma 101” training, designed for case managers, administrative staff, and other interested staff, to provide an overview of trauma and PTSD, including types of traumas, common reactions and symptoms, prevalence, and other data. This course is intended to equip staff, who may not receive direct PE training, to support and sustain the implementation of PE and enhance the culture of trauma-informed care across the program/organization. This training will occur on-site at the agency during the Training phase.
PE Psychoeducation Group Training	Participating certified PE clinician or consultant	Dates TDB Six 90-minute group sessions	One effective referral pathway into PE has been through a PE Psychoeducation Group, a 6-session group developed specifically for the PE initiative and designed to help prepare potential PE candidates for PE therapy. Training in how to implement this group can be provided upon request, if the need and resources exist, and includes identification of a group leader (chosen from among the agency’s PE therapists and consultants) as well as support from the CTSA PE consultant in preparing and running a cycle of the 90-minute group sessions.

Other Training Opportunities	Participating clinicians	Ongoing throughout the year Half- and full-day options available	Other training opportunities are available to participating clinicians throughout the year to fulfill sustainability requirements outlined in the Five Phases of Training (see below). These include offerings such as PE for Adolescents, PE Case Consultation workshops, PE Special Topics workshops, and PE Advanced Skills Workshops, among others.

Implementation Meetings		These meetings serve to facilitate full implementation of the PE program.	
ACTIVITY	**PARTICIPANTS**	**DATE/ LENGTH OF TIME**	**PURPOSE/CONTENT/OUTCOMES**
PE Initiative Administrative Implementation Meetings	Administrative staff	Twice per year	Administrative members of the PE implementation team (executive director, clinical director or supervisor, and agency PE consultants) will participate in two implementation meetings per year to review training and implementation status and to address any challenges that may arise.
PE Initiative Annual Meeting	Executive leader, clinical director or supervisor, participating clinicians, intake staff, and CTSA and CBH Staff	Once per year	All members of the PE implementation team will participate in a yearly meeting to celebrate the accomplishments of the initiative, including recognizing newly certified PE therapists and consultants.

2. Participating Staff

This section provides an overview of requirements and recommendations for agencies as they identify staff to participate in PE training and implementation (see Appendix C for timeline and benchmarks for each position). It is important to note that clinician participation in the PE training must be voluntary. Please note that, when mentioned in this text, “administrative staff” refers to the executive director, the clinical director, and agency PE consultants.

a. Executive Leader (1)

A salaried or full-time equivalent staff member in a leadership position will oversee the PE Initiative. The executive leader must have clinical and administrative decision-making authority to ensure implementation and sustained delivery of comprehensive PE and identify specific roles and responsibilities among all staff to manage PE implementation. The executive leader must participate in Pre-Training Orientation and PE Initiative Implementation Meetings.

b. Clinical Director or Supervisor (1)

Master’s or doctoral level, with preference for licensed or licensed-eligible and salaried or full-time equivalent, the clinical director or supervisor will oversee the clinical team, address implementation issues, ensure fidelity and sound clinical decision-making throughout training and implementation, maintain access to agency leadership to coordinate PE implementation and address potential challenges, champion PE and assist with integration within the agency, and oversee monitoring and reporting procedures. The clinical director or supervisor must participate in the Pre-Training Orientation and Implementation Meetings. The clinical director or supervisor is encouraged to participate in the PTSD Screening and Assessment workshop and to audit the 4-day PE workshop.

c. Clinicians (3-5)

Master’s or doctoral level, with preference for licensed or licensed-eligible and salaried or full-time equivalent, three to five clinicians should be identified and invited for voluntary participation in the PE initiative. The participating clinicians must have a desire to do trauma work and ideally have demonstrated potential for longevity within the organization. The clinicians will implement comprehensive PE through individual therapy, carrying a caseload of at least two PE recipients during training, and will eventually, expand PE caseload to an average of three to five individuals as expertise grows. The clinicians will participate in the Pre-Training Orientation, PTSD Screening and Assessment workshop, 4-Day PE workshop, Post-Training Individual and Group Consultation, the PE Initiative Annual Meeting, and at least one other annual training opportunity offered within the initiative.

d. Intake Staff

Any support or clinical staff involved in the intake and referral process must participate in the Pre-Training Orientation and the PTSD Screening and Assessment workshop, as well as any other trainings and meetings as needed (possibly Trauma 101 and the PE Initiative Annual Meeting). Staff can have any educational or full-time/part-time status. Their participation in the workshop will equip them to support the identification of PE candidates during referral processes, as well as bolster the referral and assessment infrastructure to sustain PE over time.

e. Ancillary/Support Staff

Other staff in positions that will support sustained PE implementation should attend the Trauma 101 training. This can include case managers and administrative staff.

3. Five Phase Model of Training

Recognizing that it takes more than a single training or workshop to implement new practices and programs, the PE training model consists of five phases: Preparation, Training, Clinical Sustainability, Consultant Training, and Program Sustainability.

Phase 1: Preparation (1-2 months before Workshop)
Agency Expectations
• Agency planning regarding ability to provide time, resources, and support for clinicians throughout implementation so that they are able to provide PE therapy and attend the necessary consultation meetings and trainings • Leadership identifies implementation team, which includes an executive leader, a clinical director or supervisor, intake staff, and three to five clinicians. One member of the team should be designated as the PE Program Leader (who will be point person for communication and oversee the PE Program in the agency) • Complete and submit application to PE Initiative • Intake staff and participating clinicians attend the PTSD Screening and Assessment workshop (clinical director or supervisor is also encouraged to attend) • PE implementation team members attend 2-hour Pre-Training Orientation Meeting #1 • Clinical director or supervisor, intake staff, and participating clinicians attend Pre-Training Orientation Meeting #2

Phase 2: Training (9-12 months)	
Agency Expectations	Clinician Expectations
• Agency provides time, resources, etc. for clinicians and staff to complete this phase • Intake staff implements use of PDS-5 as a PTSD screener and supplies screening data to CTSA monthly • PE Program Leader oversees screening procedures and data management, creates a procedure for PE assignment, and provides PE caseload and outcome data to the CTSA monthly	• Participating clinicians attend 4-day Intensive Workshop in PE for PTSD • Participating clinicians complete 1 PE case with weekly individual consultation from CTSA PE Consultant • Participating clinicians complete 2nd PE case through consistent attendance at weekly agency group PE consultation meetings, led by CTSA PE Consultant • Completion of this phase results in certification as PE Therapist

Phase 3: Clinical Sustainability (at least 3 months)	
Agency Expectations	Clinician Expectations
• Agency provides time, resources, etc. for clinicians and staff to complete this phase • Agency supports continued use of PDS-5 as a PTSD screener; intake staff continues to implement use of PDS-5 as a PTSD screener • Agency applies for EBP Program Designation • PE Program Leader oversees screening procedures and data management, the PE assignment procedure, and provides PE caseload and outcome data to CTSA monthly	• Certified PE therapists consistently use PE (carrying at least 2 cases at all times) • Certified PE therapists consistently attend weekly agency group PE consultation meetings • Certified PE therapists attend at least one PE Initiative Training offering per year • Certified PE therapists attend PE Initiative Annual Meeting

Phase 4: PE Consultant Training (1 year)	
Agency Expectations	Clinician Expectations
• Agency provides time, resources, etc. for PE Consultants and staff to complete this phase • Agency attains and maintains EBP Program Designation • Agency supports continued use of PDS-5 as a PTSD screener; intake staff continues to implement use of PDS-5 as a PTSD screener • PE Program Leader oversees screening procedures and data management, the PE assignment procedure, and provides PE caseload and outcome data to the CTSA monthly	• To ensure program sustainability, candidates for PE consultants are identified and attend 5-day PE Consultant Workshop at the CTSA • New agency PE consultant participates in weekly check-in with CTSA PE Consultant for duration of 1st consultee's case • CTSA PE Consultant attends agency PE Group Consultation Meetings weekly for first 6 months, then biweekly for the next 6 months • New agency PE consultant consistently uses PE (carrying at least 2 cases at all times) • New agency PE consultant attends at least one 1-day PE Initiative Training offering per year • New agency PE consultant attends PE Initiative Annual Meeting • New agency PE consultant attends at least on PE Consultant Refresher course per year • Agency consultants begin to take responsibility for all consultation procedures within the agency

Phase 5: PE Program Sustainability (ongoing)	
Agency Expectations	Clinician Expectations
• Agency provides time, resources, etc. to sustain PE program • Agency maintains EBP Program Designation • Agency supports continued use of PDS-5 as a PTSD screener; intake staff continues to implement use of PDS-5 as a PTSD screener • PE Program Leader oversees screening procedures and data management, the PE assignment procedure, and provides PE caseload and outcome data to the CTSA monthly • Executive Leadership attends the PE Initiative Annual Meeting	• Agency PE consultant independently leads weekly agency PE Group Consultation Meetings • CTSA PE consultant attends agency PE Consultation Meetings monthly • Agency PE consultant consistently uses PE (carrying at least 2 cases at all times) • Agency PE consultant attends at least one 1-day PE Initiative Training offering per year • Agency PE clinicians and consultant attends PE Initiative Annual Meeting • Agency PE Consultant attends at least one 1-day PE Consultant Refresher course per year

4. Continuing Education Credits

Continuing Education Credits (CEUs) for the 4-Day Intensive PE Workshop will be provided through the Behavioral Health Education and Training Network (BHTEN). Participants must attend the workshop in its entirety to receive CEUs and must submit a completed course evaluation. No partial credit will be given.

See below for the types of credits offered:

- International Association for Continuing Education and Training (IACET) credits will be provided, as BHTEN is an Accredited Provider.
- Pennsylvania Certification Board (PCB) credits awarded through the PCB.
- Social Work (SW) credit hours awarded. This conference is co-sponsored by the Bryn Mawr College Graduate School of Social Work and Social Research (GSSWSR) for a maximum of 5 credit hours. The Bryn Mawr College GSSWSR, as a Council of Social Work Education (CSWE) accredited School of Social Work, is a pre-approved provider of continuing education for Social Workers in PA and many other states.
- CE credit hours for Psychologists awarded. BHTEN is approved by the American Psychological Association to sponsor continuing education for psychologists. BHTEN maintains responsibility for the program and its content.
- Certified Psychiatric Rehabilitation Practitioner (CPRP) CEUs—BHTEN is approved by the United States Psychiatric Rehabilitation Association (Provider #011190) to sponsor continuing education for CPRPs. BHTEN maintains responsibility for the program and its content.

III. Application and Selection Process

A. Eligibility Requirements and Expectations

Applicants must meet the following eligibility requirements.

1. Licensure and Good Standing

Eligible applicants must be a current outpatient treatment services provider located in Philadelphia County under contract with Community Behavioral Health. These services must also have current licenses from the Pennsylvania Department of Human Services and be a service provider in good standing with the City and CBH. CBH will determine if a provider is in good standing by reviewing information gathered through various departments across DBHIDS. A determination is based on, but not limited to, the following criteria: re-credentialing status history, compliance error rate history, quality improvement plan status, and financial solvency. When applicable, state licensure status will also be reviewed and taken into consideration and discussed with Department of Human Services (state division). Examples of findings from these oversight functions that could disqualify a provider from being in good standing may include but are not limited to: a. Level II Quality Improvement Plan (QIP) (CBH); b. Consecutive Network Improvement and Accountability Collaborative (NIAC) credentialing statuses of 1 year or less (DBHIDS); c. Provisional licensure (State). In addition, CBH will evaluate other commitments between the provider and CBH that may render a provider unable to dedicate the necessary time and resources to this project. Finally, neither the vendor nor its staff, subcontractors, or vendors may be on any of the three Excluded Individuals and Entities lists:

- List of Excluded Individuals and Entities (LEIE) http://oig.hhs.gov/fraud/exclusions.asp;
- System for Award Management (SAM)
  (formerly Excluded Parties List System (EPLS)) https://www.sam.gov;
- Department of Human Services' Medicheck List
  http://www.dhs.state.pa.us/publications/medichecksearch/

In each case, CBH will review the findings and make a final determination of standing for the purpose of the provider's eligibility to apply for the RFA.

2. Program Requirements

Programs should create screening and referral processes to efficiently identify individuals with PTSD symptoms and appropriately match them to clinicians. Programs should be able to support the time, space, and equipment requirements of PE implementation (time spent by clinicians preparing for PE or videotaping sessions, consultation requirements [weekly 30-minute individual consultation sessions and weekly 90-minute group consultation meetings], space for PE therapy sessions and for group consultation meetings, necessary technological equipment for PE therapy [video cameras, digital voice recorders] and for PE group consultation meetings [laptops, projector, laptop speakers]).

The goal of the PE initiative is to build a sustainable PE program within the agency that has the capacity to engage at least 10-15 individuals at a time. The long-term sustainability of a PE program requires that agencies are thoughtful in clinician and consultant selection processes (to combat excessive turnover), that clinicians and consultants have both administrative and clinical support around the PE program, and that participation in the initiative is a continuing commitment to training, fidelity to the model, and provision of PE.

a. *Spatial and Technological Capabilities*

Applicants must have or be able to obtain the technological capabilities required to perform the proposed activities in this RFA; applicants must have the necessary space to conduct required meetings:

- For provision of PE therapy:
  - Video and audio recording equipment (e.g. video cameras, digital voice recorders)
- For participation in individual and group PE consultation:
  - Ability to upload videos to file-sharing sites such as Dropbox or to burn DVDs to be given the CTSA PE consultant
- For group PE consultation meetings:
  - Private group meeting space
  - Ability to review video during the group meeting (e.g. laptop, projector, speakers)

3. Sustained Practice

Following the completion of the full training and implementation program (see II.B.2-3), agencies will be expected to independently sustain PE, including facilitating ongoing referrals and engagement, maintaining a PE program census (minimum of 12 individuals receiving PE at a time), maintaining proper documentation and use of measures, developing strategies to support staff through supervision, and addressing excessive staff attrition.

a. *Evidence-Based Practice Program Designation*

It is expected that agencies will apply for Evidence-based Practice (EBP) Program Designation during Phase 3 ("Clinical Sustainability") of implementation. The goals of the Evidence-based Practice and Innovation Center (EPIC) EBP Program Designation are to identify and roster providers who are offering high-quality, evidence-based and evidence-supported practices and to increase the number of individuals who receive evidence-based services. The EPIC EBP Designation outlines a set of standards that are expected for implementing an EBP Program in a community behavioral health setting and enables DBHIDS to set up mechanisms for monitoring and incentivizing the delivery of EBPs. Providers who receive the EPIC EBP Program Designation will be recognized on referral lists utilized by CBH Member Services and CBH Clinical Management and made available to CBH members, behavioral health professionals, and the general public. The EBP Program Designation is an expectation for providers participating in DBHIDS EBP Initiatives It is also a requirement for any EBP Program incentives (e.g. enhanced rates, pay for performance). For further information and relevant documents, please see this page: https://dbhids.org/epic/EBP-program-designation.

The criteria for the EBP Program Designation include:

- EBP Training and Consultation: EBP clinicians and supervisors received training and case-specific consultation from a qualified treatment expert.
- EBP Service Delivery: Processes are in place for identifying, assessing, and engaging individuals who are appropriate for the EBP. There is capacity to deliver an adequate EBP service volume to maintain service delivery and proficiency in the model.
- EBP Quality Assurance: Processes are in place to support the sustained quality of the EBP

Program, including EBP documentation, supervision, and use of quality assurance tools and outcome measures.

Providers who participate in this initiative are expected to develop these capacities and procedures during the course of the initiative and to receive the EBP Program Designation during the Clinical Sustainability Phase via the EBP Program Designation application process. Providers are expected to demonstrate sustained capacity for the PE program via annual resubmission of the EBP Program Designation Application.

Other strategies to support sustainability include engagement and support from agency leadership and integration of EBP in organizational culture and operations. This includes:

- Recruiting staff to participate in learning and using the EBP
- Considering an applicant's knowledge of (or openness to) EBPs in hiring decisions and integrating information about PE and trauma-informed care into new employee orientations
- Recognizing EBP clinicians formally in performance reviews and merit raises and informally in newsletters, websites, etc.
- Planning to educate all relevant staff on the PE model and principles, including, for example, outpatient psychiatrists, intake coordinators, and support/administrative staff
- Selecting an individual who will take the lead on integration of PE skills throughout the program (or agency)

b. *Monitoring and Reporting Requirements*

The EPIC EBP Program Designation requires that programs establish quality assurance processes. EBP outcome measures are used to ensure that there is active monitoring of progress of the targets for the EBP, either symptom reduction, functional improvement, or both. Measures should be completed regularly and be reviewed in supervision to identify areas where EBP service delivery may need improvement and to track individual and program level change. Additionally, the tracking of change is an integral part of PE, as well as essential to understanding what is working well within the training and implementation.

PTSD Screening Data: The CTSA will provide the selected agencies with a template for reporting monthly screening data. Support will be provided in the development of the operational procedures for collecting and reporting this data. Each agency must identify a method for PTSD screening data reporting, which will include identifying a PE implementation team member to enter and report all PTSD screening data. Email reminders to send the data will also be provided by the CTSA.

PE Outcomes Data: The CTSA will provide the selected agencies with a template for reporting monthly outcome data. Support will be provided in the development of operational procedures for collecting and regularly reporting this data. Each agency must identify a method for PE-outcomes monitoring and reporting, which will include identifying a PE implementation team member to enter and report PE caseload and pre- and post-treatment scores on clinical measures. Email reminders to send the data will also be provided by the CTSA.

Clinician Data: The CTSA will administer questionnaires designed to assess clinicians' attitudes and beliefs about PE prior to the 4-day workshop, at the end of the 4-day workshop, and at 3-month intervals over the two years after the 4-day workshop. Questionnaires can be administered electronically or on paper. Clinicians must complete these questionnaires at the requested intervals.

In addition, providers will be expected to maintain the necessary documentation for the EBP Program Designation, including:

- Roster of clinicians/consultants, documentation of their training in PE, and tracking of caseload
- Documented processes for accepting referrals/assessing appropriateness of EBP/scheduling with EBP clinicians
- Documentation of delivery of EBP components (e.g. trauma group, individual therapy/session structure, supervision, and team consultation)
- Documented supervision of the model and/or peer supervision
- Documented use of EBP-specific fidelity tools
- Integration of model into treatment plan and session documentation
- Documented use of clinical measures appropriate to EBP

The EBP Program Designation is an expectation for providers participating in DBHIDS EBP Initiatives

B. Application Process

The application consists of Appendices A and B. These Appendices must be completed and submitted by the agency applying for PE training.

- Appendix A is the main portion of the application, to be completed by an official at the agency requesting participation in the PE Initiative and signed by the Executive Director.
- Appendix B is the Clinician Information Form, to be completed by each potential clinician participant.

Completed application documents must be submitted to Suja Mathew by **2:00PM on August 6, 2019**. Responses submitted after the deadline will be returned unopened. Responses will also be returned unopened to agencies that are ineligible to apply because they do not have a current contract with Community Behavioral Health (CBH) for the level of care noted in section III.A. Submissions are to be addressed as follows:

Community Behavioral Health
ATTN: Suja Mathew
801 Market Street
7th Floor
Philadelphia, PA 19107

Submissions should be marked "PE Initiative Application." Applications submitted by any means other than mailing, courier, or hand delivery will not be accepted.

Applicants must submit the following:

- An electronic version of the entire application, prepared as a PDF document and placed onto a compact disc or USB drive (Appendices A and B).
- One (1) clearly marked, signed original hardcopy application.
- Eight (8) additional hardcopies of the complete application (Appendices A and B).

Applications submitted after the deadline date and time will be returned unopened. The agency Executive Director must sign Appendix A.

C. Questions about the RFA

All questions regarding the RFA must be sent via email and directed to Amberlee Venti at amber.venti@phila.gov. No phone calls will be accepted. The deadline for submission of questions is **July 29, 2019**. Answers to all questions will be posted on the CBH website (https://cbhphilly.org) by **July 31, 2019**.

D. Interviews/Presentations

Applicants may be required to make an oral presentation concerning various aspects of their application to CBH. Such presentations provide an opportunity for applicants to clarify their application to insure a thorough and mutual understanding. CBH will schedule such presentations on an as-needed basis.

E. Notification

Applicants will be notified via email by **August 30, 2019** about their acceptance or rejection for training. Applicants who have been accepted will be given additional information about the training and expectations via an orientation session.

F. Certification

PE certification is coordinated through CTSA. All participating clinicians will be eligible for PE certification through the training and implementation program.

G. Cost Information

There will be no cost to participating agencies and individuals. However, agencies are responsible for technological requirements outlined in Section III.A.2.a. Additionally, a significant organizational commitment is required for participation in PE training.

IV. General Rules Governing RFAs/Applications; Reservation of Rights; Confidentiality and Public Disclosure

A. Revisions to RFA

CBH reserves the right to change, modify or revise this RFA at any time. Any revision to this RFA will be posted on the CBH website. It is the applicant's responsibility to check the website frequently to determine whether additional information has been released or requested.

B. Reservation of Rights

By submitting its response to this notice of Request For Applications as posted on the CBH website, the Applicant accepts and agrees to this Reservation of Rights. The term "notice of request for applications," as used herein, shall mean this RFA and includes all information posted on the CBH website in relation to this RFA.

1. Notice of Request For Applications (RFA)

CBH reserves and may, in its sole discretion, exercise any one or more of the following rights and options with respect to this notice of training opportunity:

- to reject any and all applications and to reissue this RFA at any time;
- to issue a new RFA with terms and conditions substantially different from those set forth in this or a previous RFA;
- to issue a new RFA with terms and conditions that are the same or similar as those set forth in this or a previous RFA in order to obtain additional applications or for any other reason CBH determines to be in CBH's best interest;
- to extend this RFA to allow for time to obtain additional applications prior to the RFA deadline or for any other reason CBH determines to be in the CBH's best interest;
- to supplement, amend, substitute, or otherwise modify this RFA at any time prior to issuing a notice of intent to develop a provider agreement or consultant contract to one or more Applicants;
- to cancel this RFA at any time prior to the execution of a final provider agreement, whether or not a notice of intent to develop a provider agreement has been issued, with or without issuing, in CBH's sole discretion, a new RFA for the same or similar services;
- to do any of the foregoing without notice to Applicants or others, except such notice as CBH, in its sole discretion, elects to post on the CBH website.

2. Miscellaneous

Interpretation; Order of Precedence: In the event of conflict, inconsistency, or variance between the terms of this Reservation of Rights and any term, condition, or provision contained in any RFA, the terms of this Reservation of Rights shall govern.

Headings: The headings used in this Reservation of Rights do not in any way define, limit, describe, or amplify the provisions of this Reservation of Rights or the scope or intent of the provisions, and are not part of this Reservation of Rights.

C. Confidentiality and Public Disclosure

The successful applicant shall treat all information obtained from CBH and DBHIDS which is not generally available to the public as confidential and/or proprietary to CBH and DBHIDS. The successful applicant shall exercise all reasonable precautions to prevent any information derived from such sources from being disclosed to any other person. The successful applicant agrees to indemnify and hold harmless CBH and DBHIDS, and their officials and employees, from and against all liability, demands, claims, suits, losses, damages, causes of action, fines, and judgments (including attorney's fees) resulting from any use or disclosure of such confidential and/or proprietary information by the successful applicant or any person acquiring such information, directly or indirectly, from the successful applicant.

By submission of an application, applicants acknowledge and agree that CBH, as a quasi-public corporation, is subject to state and local public disclosure laws and, as such, is legally obligated to disclose to the public documents, including applications, to the extent required there under. Without limiting the foregoing sentence, CBH'S legal obligations shall not be limited or expanded in any way by an Applicant's assertion of confidentiality and/or proprietary data.

D. Incurring Costs

CBH is not liable for costs incurred by applicants for work performed while preparing a response to this RFA.

E. Disclosure of Application Contents

Information provided in applications will be held in confidence and will not be revealed or discussed with competitors. All material submitted as part of the RFA process becomes the property of CBH and will only be returned at CBH's option. Applications submitted to CBH may be reviewed and evaluated by any person other than competing applicants. CBH retains the right to use any/all ideas presented in any reply to this RFA. Selection or rejection of an application does not affect this right.

F. Selection/Rejection Procedures

Applicants will be notified in writing by CBH as to their selection. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with CBH. Applicants who are not selected will also be notified in writing by CBH.

G. Non-Discrimination

The successful applicant, as a condition of accepting training from CBH through this RFA, agrees to comply with all relevant sections of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, hereby assuring that:

The provider does not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap, or disability in providing services, programs, or employment or in its relationship with other contractors.

Appendix A: PE Initiative Application

Agency: ____

Program and Site Proposed to Receive PE Training: __________________________

Organizational Type: ____ **For Profit** ____ **Not For Profit**

Address: ____

City: _______________________________ **State:** _________ **Zip Code:** __________

Executive Leader Contact: ____

Title: ____

Telephone: ____

Email: ____

Fax: ____

Clinical Director Contact: ____

Indicate the Level of Care in which you plan to integrate PE: Adult Mental Health Outpatient (OP), Adolescent Mental Health Outpatient (OP), Adult Drug and Alcohol (D&A) Outpatient, Adolescent Drug and Alcohol (D&A) Outpatient

(continued)

List all personnel that will comprise the PE Implementation Team. Please note that at least 3, but no more than 5, clinicians can be identified to participate and that one or more intake staff may be identified to participate.

Name	Role	Degree, if any	Licensed/Credentialed? (yes/no)	Salaried or Contract
	Executive Leader			
	Clinical Director or Supervisor			
	Clinician			
	Clinician			
	Clinician			
	Clinician			
	Clinician			
	Intake Staff			
	Intake Staff			
	Intake Staff			

(continued)

CBH is looking to understand your agency's interest and motivation in integrating PE into your services. It is important for providers to engage in a thoughtful process for planning and supporting the long-term sustainability of PE from the onset of engaging in the PE Initiative. *<u>Please respond to the following sections.</u>*

1. **<u>Executive Summary</u>**: Provide a summary of the reasons why your agency should be selected to participate in the training and to provide PE.

2. **<u>Population Served</u>**: Describe the population served at your agency. Include the number of individuals served. Indicate any unique characteristics of the population (e.g., primarily Spanish speaking, geographic location, etc.) On average what % of individuals served in your outpatient program are CBH members?

   Describe the need in your community/population for specialized treatments and interventions for adolescents and/or adults who have experienced trauma.

3. **<u>Treatment Program</u>**: Describe the programming in your outpatient program and current treatments offered in your agency. Please be certain to include information about each of the following:
   a) Primary theoretical model(s) of treatment currently offered
   b) How individuals are engaged in the treatment process, strategies currently used, or that will be deployed to engage individuals in trauma treatment.
   c) Other services, supports provided to support engagement of individuals/families in treatment, including support/psychoeducation groups.
   d) Process for monitoring symptom change and treatment progress, including the use of standardized measures in intake, treatment planning, or program evaluation.

   Discuss how PE will be integrated into the service array at your agency.

4. **<u>Evidence-Based Practice:</u>** Please describe any additional evidence-based practice Initiatives or research activities your organization has been involved in or is currently enrolled in (both DBHIDS sponsored and independent enrollments). Include EBPs across your entire organization, not just in the outpatient level of care.

   Describe some of the specific successes and challenges your agency has had with EBPs. Describe how you plan to support and integrate multiple EBPs. If you have not implemented specific EBPs before, please discuss some of the anticipated challenges associated with this kind of practice change and how you intend to address them.

5. **<u>Referral Pathways /Identification of PE recipient</u>s<u>:</u>** Describe current sources of referrals for your program. Describe proposed strategies for creating and sustaining referral pathways for PE, ensuring minimum caseloads for clinicians. Describe strategies to identify PE recipients and match with appropriate clinicians, including methods to provide education about the services and screening and intake processes.

6. **<u>Requirements of participating staff:</u>** Participating clinicians and the PE clinical director will dedicate time to training and implementation of PE, including commitment to training through the training year, regularly scheduled expert PE consultation, and participation in meetings as needed to support implementation and sustainability of PE program. The participating clinical director and executive leader will provide leadership and oversight of implementation in conjunction with CTSA. Although not part of the core PE team, direct care/ancillary staff play integral roles in supporting the integration of PE

programming into an agency. Describe proposed methods to support staff in managing these responsibilities and ensure time to engage in key activities.

7. **Sustainability:** As noted, the capacity to sustain the implementation of PE in your setting will be strongly considered in the RFA selection. Sustainability requires the full engagement of leadership, policies that support the EBP practice, and efficient staff retention methods, among other strategies. Please describe your current staff retention rate (or turnover rate) and strategies used to support retention of staff. Please describe the plan to ensure that the implementation of PE can be sustained long term and meet the EBP Program Designation requirements, addressing the commitment of executive director and other agency leaders, policies, staff retention strategies, and continued education/training for all ancillary staff to maintain model.

8. **License:** Please indicate if your agency has a current license from the Department of Human Services (DHS) for outpatient or residential levels of care. Please submit copies of your most recent licensure certificates. Providers with provisional licenses may not be eligible for PE Training.

   License from DHS _________

The following signature is required to confirm your agency's interest in applying for PE training and implementation support slated to begin in September 2019.

EXECUTIVE DIRECTOR NAME (Print) ____

EXECUTIVE DIRECTOR SIGNATURE ____

DATE ______________________

Appendix B: Clinician Information Form

Prolonged Exposure (PE) is an evidence-based treatment developed by Edna Foa, PhD, Director of the Center for the Treatment and Study of Anxiety. PE has been empirically validated with more than 20 years of research supporting its use for treating chronic PTSD and related depression, anxiety, and anger. PE produces clinically significant improvement in about 80% of individuals treated. Practitioners in multiple countries use PE to successfully treat survivors of traumas including rape, assault, child abuse, combat, motor vehicle accidents and disasters. PE has been beneficial for those suffering from co-occurring PTSD and substance use disorders when combined with substance use treatment.

Based on cognitive behavior approaches and principles of learning, PE uses interventions designed to help individuals process traumatic events and reduce trauma-induced psychological disturbances. PE's procedures are similar to extinction training. Treatment involves repeatedly confronting feared thoughts, images, objects, situations or activities in the absence of the expected negative outcome, in order to reduce unhelpful fear, anxiety, and other symptoms. Exposure therapy for PTSD typically involves 'imaginal' exposure to the individual's memory of the trauma, as well as 'in vivo' exposure, or real-life exposure, to various reminders of the trauma. PE is a flexible therapy that can be modified to fit individual needs. PE instills confidence and a sense of mastery, enhances daily functioning, increases an individual's ability to cope with stress, and improves the ability to distinguish between safe and unsafe situations.

The training will include up to three agencies currently providing psychiatric outpatient or substance use services. Each agency will identify one executive leader, one clinical director, and 3-5 clinicians to participate in the PE training. Participants will be expected to participate in the meetings/trainings outlined in Appendix C.

In order to be trained in PE, clinicians must have a master's degree or higher in a human services field (e.g., social work, psychology).

This questionnaire is to be completed by each potential participating clinician. Please note your participation in the PE training is voluntary.

Your full name: ____

Your title: ____

Your educational degree(s) and year(s): ____

Your professional discipline: ____

Licensed or Credentialed: Y N

License(s) held in PA: ____

Credential(s) held in PA: ____

Your agency name: ____

Your full agency address (where you are located): ___________________________________

Is your agency: Full Time Part-time Fee for Service

Do you primarily provide services to adults and/or adolescents? ___________________________________

Are you able to provide treatment in other languages? Y N

If yes, which language(s)? ____

Please describe prior training in trauma and experience treating individuals with trauma histories:

____

Please describe your interest in learning about PE: ____

____

____

____

Are you trained in any other evidence-based practice (EBP)? Y N

If yes, which EBPs? ____

Are you currently providing any other EBPs? Y N

If yes, which EBPs? ____