



Request for Applications

for

**Participation in The Health Federation of Philadelphia
Trauma-Informed Care Implementation Academy**

issued by

Community Behavioral Health

Date of Issue:

March 29, 2021

**Applications must be received no later than
2:00 P.M., Philadelphia, PA, local time, on May 24, 2021**

**Questions related to this RFA should be submitted via email to:
Lauren Hicks at Lauren.Hicks@phila.gov**

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER;
MINORITY, WOMEN, AND DISABLED ORGANIZATIONS
ARE ENCOURAGED TO RESPOND**

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1. Overview

1.1. 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 Trauma-Informed Care (TIC). The TIC Implementation Academy is a training provided by The Health Federation of Philadelphia led by Monica Sullivan, M.Ed.; Marcy Witherspoon, MSW, LSW; and Rebecca Bryan, DNP; in collaboration with the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), and CBH. The TIC Implementation Academy will infuse TIC practices into the provider network and will increase sustainability of trauma-informed practices, while also addressing staff retention as a byproduct of vicarious trauma and promote resilience. There will be no cost to providers for this training, though a significant organizational commitment will be required to successfully implement and sustain the TIC practices taught. CBH expects to support training for five outpatient program (OP) mental health providers through this RFA.

1.2. 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 DBHIDS, contracts with CBH to administer the HealthChoices Program.

DBHIDS has a long history of providing innovative and groundbreaking services in Philadelphia for people in recovery, family members, providers, and communities and has become a national model for delivering behavioral health care services in the public sector. The Department envisions a Philadelphia where every individual can achieve health, well-being, and self-determination. The mission of DBHIDS is to educate, strengthen, and serve individuals and community so that all Philadelphians can thrive. This is accomplished using a population health approach with an emphasis on recovery and resilience-focused behavioral health services and on self-determination for individuals with intellectual disabilities. Working with an extensive network of providers, DBHIDS provides services to persons recovering from mental health and/or substance use, individuals with intellectual disabilities, and families to ensure that they receive high-quality services which are accessible, effective, and appropriate.

DBHIDS is comprised of six divisions: the Division of Behavioral Health, the Division of Intellectual disAbility Services (IDS), the Division of Community Behavioral Health (CBH), the Division of the Chief Medical Officer, the Division of Planning and Innovation, and the Division of Administration and Finance. CBH manages a full continuum of medically necessary and clinically appropriate

behavioral health care services for the City's approximately 735,000 Medical Assistance/Medicaid recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. As a result, CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services.

The mission of CBH is to meet the behavioral health needs of the Philadelphia community by assuring access, quality, and fiscal accountability through being a high-performing, efficient, and nimble organization driven by quality, performance, and outcomes. We envision CBH as a diverse, innovative, and vibrant organization in which we are empowered to support wellness, resiliency, and recovery for all Philadelphians.

1.3. 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.

1.4. Project Background

The Health Federation of Philadelphia (HFP) is partnering with DBHIDS and CBH to facilitate the TIC Implementation Academy. HFP was founded in 1983, as a membership organization of Federally Qualified Community Health Centers, to improve the quality and accessibility of primary health care, including behavioral support, for vulnerable populations in Southeastern Pennsylvania. HFP has provided training and technical assistance for the last 35 years, focusing on supports for integrating trauma knowledge and trauma-informed practice into a variety of systems, including, child welfare, health, education, human services, and family service programs. HFP's areas of expertise include community-oriented, integrated primary care; quality improvement; trauma-informed practice; infectious disease treatment and control; and early childhood development. The organization provides training and technical assistance that helps other organizations operate more efficiently and effectively. HFP shares their knowledge about best practices through customized consulting; offer administrative and technological support; and advocate for policies that support their partners' work throughout the Philadelphia region and beyond

Trauma is defined as an emotional response which results from exposure to an incident or series of events that are emotionally disturbing or life-threatening. Trauma is a pervasive problem with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being. The prevalence of trauma in the United States is significant; 70% of individuals have experienced a traumatic event at least once in their lives, and 37% have experienced four or

more adverse childhood experiences (ACEs). The need to immerse TIC practices into mental health providers in the City of Philadelphia is imperative.

2. Trauma Informed Care Implementation Academy

2.1. Training and Implementation Opportunity

DBHIDS is sponsoring an innovative training and implementation program—provided by HFP—for applicants interested in implementing TIC practices into their outpatient mental health programs. HFP will provide virtual professional development and consultation services through the TIC Implementation Academy. This RFA will result in the selection of five providers for the TIC Implementation Academy opportunity. The opportunity is scheduled to begin in July 2021 and will include a virtual kick-off training and a trauma-informed Training of Trainers (TOT). The TOT component will allow for sustainability within providers by allowing program staff to train within their system/organization and onboard new staff to TIC practices. The TIC Implementation Academy will be provided over the course of 12 months and facilitated virtually. Integration of TIC practices into the OP services is then expected to be expanded and sustained over time by the provider.

2.2. Overview of Training and Implementation Program

The TIC Implementation Academy will infuse TIC practices into the selected providers' programs. The TIC academy utilizes multi-functional design which includes organizational self-assessment, training, technical support, and mentorship.

2.2.1. Training Program Goals

The goal of this project is to provide training, technical assistance, and consulting services to DBHIDS providers to build an understanding of trauma informed practice and integrate this knowledge throughout the provider system. The project provides training, skills practice, a training of trainer model, support for organizational assessments, and facilitation of trauma informed champion teams to embed the knowledge gained into the skills and practices of provider agencies.

2.2.2. Training Model: Overview of Training and Implementation

HFP will meet monthly or bimonthly in a virtual format, up to six meetings, with project leaders from awarded providers, to develop and refine the project. During the initial phase of the project, HFP will work with the awarded providers to identify and administer a trauma-informed organizational assessment, which will be used to plan and refine the scope of work. HFP will work with each organizational site to identify a small multidisciplinary team (champion team) that is interested in

launching trauma-informed practice changes at their respective sites. HFP highly recommends including a patient or community member from each site to be a part of the respective team. HFP will then plan and facilitate up to eight virtual meetings (approximately every four to six weeks) with each on-site champion teams over the course of the grant year to administer and analyze results of base-line organization assessment tools, review training evaluations, develop a long-term trauma-informed organizational change plan, introduce trauma-informed practices that include team- and morale-building, and conduct cohort specific training as needed. HFP will also provide a virtual Becoming Trauma Informed TOT. TOT would be provided to up to 25 participants to provide sustainability by allowing program staff to train within their systems/organizations and to onboard new staff with the basic information needed to provide services at a trauma-informed capacity.

HFP's obligations: HFP will provide all the activities identified in the contract as well as the following support to the awarded providers in connection with the TIC academy:

1. Identify two to three HFP trainers to design and deliver a tailored virtual multi-day TOT based on the Becoming Trauma Informed (BTI) curriculum for organizations as follows:
 - a. Part 1: six-hour facilitation
 - b. Part 2: six-hour facilitation
 - c. Teach back and coaching: six-hours
2. Develop and provide all materials for the TOT, including hard and digital copies of trainer manual and materials.
3. Develop and deliver pre-training materials, including trainee assessments and content material
4. Provide evaluations and certificates of completion to all participants who successfully complete and demonstrate competency to train the BTI curriculum
5. Provide three post-TOT virtual consultations beginning at least three months out from the completion of the TOT to allow for coaching and mentoring of participants using the curriculum within their profession or community
6. Use of HFP's Ring Central virtual platform for all events, if deemed the most feasible
7. Provide a follow-up series of three to four virtual workshops for identified cohorts which build on and reinforce one another and the organization's foundational understanding of TIC, and focus on applying TIC in the provision of day-to-day care
 - a. Workshop Menu (Additional workshops available. Menu to be decided collaboratively with the awarded providers):

- i. Introduction to Trauma-Informed Verbal De-escalation Training/ Dealing with Challenging Patient Behaviors
- ii. Intermediate/Advanced Trauma-Informed Verbal De-escalation Training/ Dealing with Challenging Patient Behaviors
- iii. Introduction to Secondary Traumatic Stress, Staff Wellness and Resilience
- iv. Intermediate/Advanced Secondary Traumatic Stress, Staff Wellness and Resilience
- v. Reflective Practice
- vi. Introduction to Trauma-Informed Motivational Interviewing
- vii. Intermediate/Advanced Trauma-Informed Motivational Interviewing
- viii. Reflective Supervision to Staff who Supervise

2.3. Overview of Trauma Informed Care Implementation Academy

1. **Plan and implement a kick-off virtual training:** Provide a kick-off virtual training, up to two hours, for all cohort sites to announce the project and to spark interest in and commitment to the ongoing work at the site level.
2. **Bi-monthly consultation with leadership:** Meet monthly or bi-monthly in a virtual format, up to six meetings, with project leaders to develop and refine the project.
3. **Facilitate use of trauma informed organizational assessment:** During the initial phase of the project HFP will work with the Organization to identify and administer a trauma informed organizational assessment which will be used to plan and refine the scope of work. Additional fees, outside of this scope of work, to the author of the assessment may be required depending on the assessment chosen by the project leaders.
4. **Develop and facilitate Trauma Champion teams at each site (Up to five sites):** HFP will work with each organizational site to identify a small multi-disciplinary team that is interested in launching trauma informed practice change at their respective sites. We highly recommend including a patient or community member from each site to be a part of the respective team. HFP will then plan and facilitate up to eight virtual meetings (approximately every four to six weeks) with each on-site champion team over the course of the grant year to administer and analyze results of base line organizational assessment tools, review training evaluations, develop long-term trauma informed organizational change plan, introduce trauma-informed practices that include team and morale-building, and conduct cohort specific training as needed.

5. **Facilitate a Virtual Becoming Trauma Informed TOT:** HFP would provide the services listed below for a training group of up to 25 participants. TOT would provide sustainability by allowing program staff to train within their systems/organizations and to onboard new staff with the basic information needed to provide services at a trauma informed capacity.
6. **Facilitate 3-4 virtual workshops for identified cohort** which build on and reinforce one another and the organization's foundational understanding of trauma informed care and focus on applying trauma informed care in the provision of day to day care.

2.4. Continuing Education Credits

Continuing education credits are not offered for the TIC Implementation Academy.

3. Eligibility Requirements and Expectations

3.1. Licensure and Good Standing

Eligible applicants must be outpatient mental health service providers located in Philadelphia County under contract with CBH. These services must also have current relevant licenses from the PA DHS 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, taken into consideration, and discussed with PA DHS. 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 one 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 \(LEIE\)](#)
- [System for Award Management \(SAM\)](#)
(formerly Excluded Parties List System (EPLS))
- [Department of Human Services' Medichex List](#)

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.

3.2. Program Requirements

Participating providers will be expected to make a serious, sustained commitment to full and continuing implementation of TIC practices, both for the duration of the training cycle and for the long-term. Participation represents a willingness to transform the outpatient services, rather than just a brief training initiative. As such, agencies will be expected to sustain TIC practices ongoing. Participating providers will be responsible for recruitment and registration of participants; use of the DBHIDS virtual platform, if deemed more feasible; timely communications to HFP about program participants; and coordination of follow-up coaching, consultation sessions, and learning circles.

3.3. Sustained Practice

Following the completion of the full training and implementation, program providers will be expected to independently sustain TIC practices. Recommendations for next steps to provide sustainability will be offered at regular intervals during the process and at the completion of the training academy.

3.4. Monitoring and Reporting Requirements

There is no monitoring or reporting requirements for the TIC Implementation Academy.

3.5. Participating Staff

There will be five providers selected as awardees of this RFA. Each of the awarded providers will select five staff members to participate in the program for a total of 25 participants in the academy. In terms of providing sustainability and integration into site practice, HFP suggests having a mixed-level and role group from each site participate in the project, e.g. representation from different levels of the organization, from leadership to front-line staff, with mixed education and experience levels.

3.6. Technology Capabilities

The TIC Implementation Academy will be provided virtually. Applicants must have the technological capabilities required to perform the proposed activities in the TIC Implementation Academy.

Awarded providers must be able to use the DBHIDS virtual platform, if deemed feasible, and access to Zoom for virtual events.

4. Application Process

The application consists of Appendix A. This Appendix must be completed and submitted by the agency applying for the TIC Implementation Academy.

1. Appendix A is the main portion of the application, to be completed by an official at the agency requesting participation in the TIC Implementation Academy and signed by the Executive Director.

4.1. Submission

Completed application documents must be submitted to **Lauren Hicks** by **2:00 p.m. on May 24, 2021**. Please email completed applications to Lauren Hicks at Lauren.Hicks@phila.gov. Submissions should be marked "HFP TIC RFA." Responses submitted after the deadline will not be considered. Responses will also not be considered from agencies that are ineligible to apply because they do not have a current contract with CBH for the level of care noted in Section 3.1.

4.2. Schedule

RFA Event	Date
RFA Issued	3/29/21
Information Session	4/7/21
Deadline to Submit Questions	4/12/21
Question Answers Posted on Website	4/19/21
Application Submission Deadline	5/24/21
Applicant Award Notifications	6/18/21

4.3. Questions about the RFA

All questions regarding the RFA must be sent via email and directed to Lauren Hicks at Lauren.Hicks@phila.gov. No phone calls will be accepted. The deadline for submission of questions is **April 12, 2021**. Answers to all questions will be posted on the CBH website by **April 19, 2021**.

4.4. Information Session

CBH will hold a TIC Implementation Academy Information Session for all interested agencies. If you are interested in applying, your agency should plan to have a representative in attendance at the TIC overview event. Details regarding the date and time of the information session will be posted on the CBH website.

4.5. 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.

4.6. Notification

Applicants will be notified via email by **June 18, 2021**, about their acceptance for training. Applicants who have been accepted will be given additional information about the training and expectations via an orientation session.

4.7. Certification

Certification is provided for those who complete the TOT portion of the Training Academy. Participants who complete this portion of the training will be provided with the materials necessary to train the organizations' staff going forward.

4.8. Cost Information

There will be no cost to providers for this training.

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

5.1. Revisions to RFA

CBH reserves the right to change, modify or revise the 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.

5.2. Reservation of Rights

By submitting its response to this Notice of Request for Applications (RFA), 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 include all information posted on the CBH website in relation to this RFA.

5.2.1. 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 in order to allow for time to obtain additional applications prior to the RFA deadline or for any other reason CBH determines to be in 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 its website.

5.2.2. 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.

5.3. 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, its 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 thereunder. 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.

5.4. Incurring Costs

CBH is not liable for any costs incurred by applicants for work performed in preparation of a response to this RFA.

5.5. 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.

5.6. 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.

5.7. 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: RFA RESPONSE COVER SHEET

COMMUNITY BEHAVIORAL HEALTH

CORPORATE NAME OF
APPLICANT ORGANIZATION _____

CORPORATE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PROGRAM SITE LOCATION _____

CITY _____ STATE _____ ZIP _____

MAIN CONTACT PERSON _____

TITLE _____ TELEPHONE # _____

E-MAIL ADDRESS _____ FAX # _____

SIGNATURE OF OFFICIAL AUTHORIZED TO BIND APPLICANT TO A PROVIDER AGREEMENT TITLE

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED

Name	Role (Clinician, Supervisor, Leadership, Point Person)	Credential / Licensed	Salaried or Contract

CBH is looking to understand your agency's interest and motivation in integrating TIC practices into your agency's services. It is important for providers to engage in a thoughtful process for planning and supporting the long-term sustainability of TIC from the onset of engaging in the TIC Implementation Academy. Please respond to the following sections.

1. **Executive Summary:** Provide a summary of the reasons why your agency should be selected to participate in the TIC Implementation Academy.
2. **Population Served:** Describe the population served at your agency. Include the number of individuals served annually. Indicate any unique characteristics of the population (e.g. primarily Spanish speaking, geographic location, etc.). On average, what percent of individuals served in your program are CBH members?
3. **Treatment Program:** Describe the programming in your program and current treatments offered in your agency. Please be certain to include information about each of the following:
 - a) What specific steps have you taken to promote trauma-informed client care that supports recovery and resilience? Include any barriers.
 - b) What steps has your organization taken to assess the level of trauma-informed practices, policies, and protocols that exist within your agency? Include any barriers.
 - c) Discuss how TIC practices will be incorporated into your existing array of services.
4. **Staff support:** Describe the specific steps your organization has taken to promote staff wellness and support. Be sure to include any challenges presented to ensure this and what steps have been taken to address these challenges.
5. **Diversity, Equity, and Inclusion (DEI):** How is your organization addressing issues of DEI in order to address systemic issues that may be barriers to clients served and to staff? Are there any challenges to addressing DEI and systemic issues, and if so, how is your organization managing these challenges?
6. **Physical Environment:** How is your organization addressing the physical environment in order to ensure that it is welcoming and supportive for the clients and staff and that reinforces the concept of recovery and resilience?
7. **Sustainability:** Describe in detail your plans to support sustainability in the following ways:

- a) Leadership's role in ensuring a culture that integrates TIC into standard practices
- b) Strategies to address turn over and increase utilization of TIC practices into the organization
- c) Plan to provide continued TIC training within the organization after the completion of the training of trainers. How will TIC trained staff members begin providing TIC trainings within the organization?
- d) Integration of TIC into policies and practices

License: Please indicate if your agency has a current license from the Department of Human Services (DHS) for outpatient care. Please submit copies of your most recent licensure certificates. Providers with provisional licenses are eligible for TIC Training.

License from DHS: _____

The following signature is required to confirm your agency's interest in applying for TIC Implementation Academy slated to begin in July 2021.

EXECUTIVE DIRECTOR NAME (Print) _____

EXECUTIVE DIRECTOR SIGNATURE _____

DATE _____