



Request for Applications

To Join

The Philadelphia Alliance for Child Trauma Services (PACTS)

issued by

Community Behavioral Health

**Date of Issue:
June 13, 2022**

**Applications must be received no later than
2:00 P.M., Philadelphia, PA, local time, on July 12, 2022**

**Questions related to this RFA should be submitted via E-mail to:
Kate Spencer at Katherine.Spencer@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 providers interested in becoming Philadelphia Alliance for Child Trauma Services (PACTS) providers to build on the clinical capacity within the city of Philadelphia. The purpose of this Request for Application (RFA) is to increase the number of PACTS providers, subsequently increasing the number of children and families who receive the most effective trauma-specific care in Philadelphia. The PACTS program falls under the leadership of the Evidence-Based Practice and Innovation Center (EPIC) and is supported through CBH. There are currently 20 PACTS partner agencies city-wide and through this RFA, PACTS seeks to increase this number, specifically, in the **North** and **West** neighborhoods of Philadelphia. North and West neighborhoods include Cobbs Creek, Mill Creek-Parkside, Paschall-Kingsessing, Nicetown-Tioga, Sharswood-Stanton, and Strawberry Mansion (19104, 19121, 19132, 19134, 19139, 19140, 19143). PACTS expects to support the training of up to 9 agencies to become PACTS providers, up to 5 of which can be independent practitioners.

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 the Department of Behavioral Health and Intellectual disAbility Services (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 the following 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, the Division of Behavioral Health and Justice, 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

It is an unfortunate fact that many children and adolescents experience traumatic events such as child abuse, domestic violence, sexual assault, violent crime, community violence, natural disasters, war, terrorism, and the death of loved ones under traumatic circumstances. Many youth experience multiple types of traumas before entering adulthood. Although some children demonstrate extraordinary resilience in the aftermath of these experiences, many have significant distress or develop psychological difficulties that can be serious or long lasting. These experiences also increase the risk of adult physical and psychological problems, criminal behavior, and impaired functioning.

In the fall of 2012, DBHIDS was awarded a Category III SAMHSA grant to provide trauma- focused treatments to Philadelphia youth and families. Through this grant the PACTS program was developed and has since been training and supporting providers in the city of Philadelphia to combat the significant effects trauma has on children and adolescents.

Through this RFA PACTS seeks to increase the number of PACTS providers in the city of Philadelphia. The PACTS program has identified the need for more PACTS providers particularly in the North and West neighborhoods of Philadelphia. Bonus points will be offered to those providers located in the North and West regions of the city who apply for this RFA.

1.5. Applicant Eligibility: Threshold Requirements

Threshold requirements provide a baseline for all applications, which means they provide basic information that all applicants must meet. Failure to meet all requirements may disqualify an applicant from consideration through this RFA. Threshold requirements include timely submission of a complete application with responses to all sections outlined in Section 4 “Application Process.” In addition, all required attachments must be submitted. Threshold requirements include having the requisite experience and licenses to implement the program and being a service provider in good standing with the City of Philadelphia and CBH (as applicable).

2. Philadelphia Alliance for Child Trauma Services

2.1. What is PACTS?

PACTS is a child and adolescent (ages 2-21) behavioral health system-wide trauma screening, education, prevention, and intervention program, with a focus on the most vulnerable and underserved youth: youth children ages 2 to 6; lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth; commercially sexually exploited children (CSEC); intentionally injured youth (i.e., victims of interpersonal violence and community violence) (IY); and Unaccompanied minor immigrant youth (UC). The goal of PACTS is to increase the number of traumatized youths who participate in evidence-based practices to help them heal from trauma and develop coping skills to manage traumatic stress symptoms.

There are several benefits to becoming a PACTS provider. As a PACTS provider your agency would become part of city-wide network of child trauma providers, have access to expert training and consultation at no-cost, and access to NCTSN resources and committees. Your agency will be able to build and enhance your child trauma program. Additionally, providers will gain access to a community of trauma informed clinicians in Philadelphia.

For more information on the PACTS, please visit the PACTS website: <http://philadelphiapacts.org/>

2.2. PACTS Objectives

The objectives of PACTS are to: 1) increase screening for traumatic stress symptoms in child-serving programs; 2) provide trauma-informed clinical assessments at child and adolescent behavioral health programs; 3) develop a coordinated network of service provider for expeditious referral of children and families; 4) provide Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for children and adolescents who have established full or partial PTSD with co-morbid disorders and difficulties.

2.2.1. Expectations of PACTS Providers

Participation in PACTS is a rigorous undertaking that requires commitment from clinical, executive, and administrative staff. By applying to this RFA you are signing up both to become a member of the PACTS network and to receive training to provide TF-CBT, as well as participating in ongoing child trauma related education and activities.

2.2.2. Training Model: Overview of Training and Implementation

The process to become a PACTS provider lasts approximately one (1) year in duration.

There are **4 main components** that are expected of agencies:

- 1) Trauma Screening and Assessment of all children and adolescents served
- 2) The Training: Pre-requisite Trainings and TF-CBT training
- 3) Administrative Requirements
- 4) Sustainability

Each component is detailed below.

1) Trauma Screening and Assessment of all Children and Adolescents Served:

PACTS recognizes that many behavioral health agencies may have difficulty integrating effective trauma and Posttraumatic symptom assessments into their intake process. PACTS will visit agencies to help with the integration of trauma focused assessment into their standard processes. Further support to agencies developing an effective Trauma Screening and Assessment Process will be provided by ongoing consultation and bi-monthly site visits by PACTS Project Director and/or child trauma operations specialist. Agencies will be expected to screen and assess for Trauma utilizing the Trauma History Questionnaire (THQ) and The Child PTSD Symptom Scale for DSM-V (CPSS-5).

2) The Training: Pre-requisite Trainings and TF-CBT Training

- Pre-Requisite Training:
 - PACTS Trauma Screening and Assessment (**3 hrs**)
- **TF-CBT Training**

Phase 1: Training Workshops-Month 1

Supervisors

- Complete a 10-hour web-based training prior to the introductory training provided by the Medical College of South Carolina (**CEU Provided**). There is a \$35 per person fee for this training; this cost may be reimbursed by CBH.
- Attend a 2-day introductory training (this training is the same 2-day training that clinicians will attend) (**CEU Provided**)
- In addition to the 2-day training. The PACTS executive committee will work throughout the year with the supervisors to ensure model fidelity and best possible outcomes. This will occur via monthly consultation calls focused on supervisory issues.

Clinicians

- Complete a 10-hour web-based training prior to the introductory training provided by the Medical College of South Carolina (**CEU Provided**). There is a \$35 per person fee for this training; this cost may be reimbursed by CBH.
- Complete the PACTS Trauma Screening and Assessment training mentioned above
- Attend the 2-day introductory training (this training is the same 2-day training that supervisors will attend) (**CEU Provided**)

Phase 2: Practicum Phase-Month 2-12

Supervisors

- Treat at least 2 children/adolescents with TF-CBT. A minimum of 8 TF-CBT sessions each (child is expected to be seen weekly) will be considered an adequate experience. However, two cases must complete a trauma narrative
- Participate in at least 13 of 16 group phone consultation calls, bi-weekly for 1 hour
- Participate in monthly supervisor consultation meetings
- Attend a 1-day follow-up workshop (booster training)
- Provide ongoing supervision to 3-4 program clinicians trained in TF-CBT

- Supervision requirement: Supervision is defined as weekly review of TF-CBT cases using the fidelity checklist as a guide to ensure that model components are being utilized.

Clinicians

- Treat at least 2 child/adolescents with TF-CBT for a minimum of 8 TF-CBT sessions each (child is expected to be seen weekly) [see above]
- Participate in at least 13 of 16 group phone consultation calls, bi-weekly for 1 hour
- Receive ongoing supervision from agency TF-CBT supervisors
- Attend a 1-day follow-up workshop (booster training)
- Participate in weekly internal supervision (see supervision requirements above)

3. Administrative Requirements

Executive Staff

- Introductory Meeting: PACTS team members will meet with all awarded providers of this RFA as a group to provide an overview and re-cap of project, answer questions and concerns
- Follow-Up Meeting: Review questions and concerns from initial meeting. Opportunity for awarded providers to meet individually with the PACTS team to discuss the project in more detail, review terms of project and readiness application
- Operational Meeting: Individual meetings with awarded providers to formalize executive point person and confirm clinical point person, supervisors, and clinicians that will attend trainings
- Selected members of Executive Staff (1 clinical staff member and 1 decision making staff member) must attend quarterly coordinating committee meetings with fellow agencies to discuss operational and clinical concerns

Supervisors

- Report a monthly census to PACTS indicating total number of active TF-CBT cases and closed cases detailed by clinician (template to be provided)
- Administer evaluation tool (CPSS-5) for each active case
- Supervisors and selected member of Executive Staff (Clinical Coordinator, Lead Supervisor, etc.) must attend as needed coordinating committee meetings with group of agencies to discuss operational and clinical concerns
- Provide ongoing supervision to 3-4 program clinicians trained in TF-CBT
- Treat at least 2 children/adolescents with TF-CBT (child is expected to be seen weekly)

Clinicians

- Participate in weekly supervision (see supervision requirements above)
- Treat at least 2 children/adolescents with TF-CBT (child is expected to be seen weekly)
- Report a monthly census to supervisor indicating number of active TF-CBT cases and closed cases
- Administer evaluation tools for each active case
- Clinicians must attend as needed direct care staff meetings. These are two-hour meetings that provide an opportunity for clinicians to meet with other direct care staff to talk about the challenges and successes inherent in TF-CBT work as well as receive targeted clinical information on various topics.

4. Sustainability Expectations

- Clinicians and supervisors must carry at least 2 TF-CBT cases and continue to report case census on a monthly basis to PACTS Project Manager
- After the first year of training and practicum, it is the goal that the individual provider agencies will become self-sustaining and continue to grow and deliver treatment with a high degree of fidelity to the model. Although clinicians and supervisors will have finished training after year one, they will still be expected to participate in direct care staff meetings on a quarterly as-needed basis and report case census data. Executive Staff will be expected to be a part of the on-going collaboration of PACTS. This on-going contact will allow opportunities for continued clinical and operational support for agencies with the understanding that open communication and shared learning is the best way to sustain best practices.
- Continued access to training slots will be provided on a yearly basis, with each provider agency's performance and/or unique needs being used to evaluate the allotment of training spaces.

2.3. Continuing Education Credits

Continuing education credits will be offered to staff at awarded providers for participation in various trainings during the process of becoming a PACTS provider.

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 Community Behavioral Health. These services must also have current relevant

licenses from the Pennsylvania Department of Human Services (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 and taken into consideration and discussed with PA Department of Human Services. 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' Medichex List <http://www.dhs.state.pa.us/publications/medichexsearch/>

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. Monitoring and Reporting Requirements

Providers will be required to provide monthly data submissions on program utilization.

3.3. Technology Capabilities

Until further notice, trainings will be provided virtually through The Behavioral Health Training and Education Network (BHTEN) Learning Hub. This will require access to zoom including the use of cameras. Additionally, telehealth adaptations and training supports will be provided. Site visits will occur both via zoom and in person.

4. Application Process

The application consists of Appendix A-D. All applicable appendices must be completed and submitted by the agency applying for PACTS RFA. The following appendices must be completed and submitted as attachments with the agency’s application:

- Appendix A: RFA Response Cover Sheet
- Appendix B: RFA Narrative Response
- Appendix C: Staff Time and Commitment
- Appendix D: Agency Sustainability Plan and Agreement

4.1. Submission

Completed application documents must be submitted to **Kate Spencer** by **2:00 p.m. on July 14, 2022**. Please email completed applications to Katherine.Spencer@phila.gov. Submissions should be marked “PACTS 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 Community Behavioral Health (CBH) for the level of care noted in section 3.1.

4.2. Schedule

RFA Event	Date
RFA Issued	6/13/22
Information Session	6/15/22
Deadline to Submit Questions	6/22/22
Question Answers Posted on Website	6/27/22
Application Submission Deadline	7/14/22
Applicant Award Notifications	8/24/22

4.3. Questions about the RFA

All questions regarding the RFA must be sent via email and directed to Kate Spencer at Katherine.Spencer@phila.gov. No phone calls will be accepted. The deadline for submission of questions is **June 22, 2022**. Answers to all questions will be posted on the CBH website by **June 27, 2022**.

4.4. Information Session

CBH will hold a PACTS RFA Information Session for all interested agencies. If you are interested in applying, your agency should plan to have a representative in attendance at the information session. 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 if they have been selected or not via email by **August 24, 2022**. Notification of selected applicants will be posted on the CBH website below the original RFA posting.

4.7. Cost Information

There is a \$35 per person fee for the 10-hour training provided by the Medical College of South Carolina; this cost may be reimbursed by CBH.

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 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 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

EXECUTIVE DIRECTOR NAME (Print) _____

EXECUTIVE DIRECTOR SIGNATURE _____

DATE SUBMIT

APPENDIX B: RFA NARRATIVE RESPONSE

It is important for providers to engage in a thoughtful process for planning and supporting the long-term sustainability of being a PACTS provider. Please respond to the following sections. Attach a narrative response to the below sections not to exceed three single-spaced pages.

1. Introduction/Executive Summary

Prepare a very brief Introduction including your agency's interest and motivation in integrating TF-CBT. Training into your agency's service, as well as your agency's intent to plan and support the long-term sustainability of TF-CBT. Include a summary of the reasons why your agency should be selected to participate in TF-CBT Training Series.

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, exposure to violence, etc.). Also include, 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. Primary theoretical model(s) of treatment currently offered.

B. Type and frequency of individual, group, and family therapy (if Applicable) in your program. Role of families/social supports in the treatment process. Process for engaging families in treatment.

C. Process for monitoring symptom change and treatment progress, including the use of standardized measures in intake, treatment planning, or program evaluation.

D. Describe how TF-CBT will be incorporated into your current array of services in the level of care for which you are applying. Indicate how the program will ensure trauma-specific work is able to occur.

E. Describe the role of culture in your current treatment program and the steps that your agency takes to ensure individual differences are honored and appropriate and adaptations are made.

4. Supervision

Developing the skills of supervisors is a key element of the TF-CBT training. Describe current supervisory practices in the program and how supervisors will be supported in TF-CBT training and implementation.

5. Evidence Based Practices

Describe any additional EBP Initiatives or Research Activities your organization (not just the level of care being applied for in this RFA) has been involved in or is currently enrolled in (both DBHIDS-sponsored and independent enrollments). 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, discuss some of the anticipated challenges associated with this kind of practice change and how your agency intends to address them.

6. Participating Staff

Participating clinicians and supervisors will dedicate time to training and implementation of TF-CBT for the initial training and implementation as outlined above.

A. Describe proposed methods to support staff in managing these responsibilities and ensuring time to engage in key activities. Complete and include *Appendix C Staff Time and Commitment questionnaire* and *Appendix D Agency Sustainability Plan and Agreement* when submitting your agency's application.

B. Describe any barriers your organization may face in the process of becoming a PACTS provider, including staffing challenges and efforts for staff retention. Discuss how your agency would address these barriers.

7. Vicarious Trauma/Secondary Traumatic Stress

Describe the specific steps your organization has taken to promote staff wellness and support and to minimize staff burnout. Be sure to include any challenges presented to ensure this and what steps have been taken to address these challenges.

8. 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?

9. 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?

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 as an attachment with your application.

License from DHS: _____

APPENDIX C: STAFF TIME AND COMMITMENT

Staff and Time Commitment

1. Does your agency commit the CEO to annual meetings and the Program Director(s) to quarterly meetings?

- Yes
 No

2. Does your program(s) have **1-2 supervisors** that are full time staff members and are **interested and able** to participate in the following mandatory activities over a 10-month period:

- a. Complete a 10-hour web-based training prior to the introductory training
- b. Attend a 2-day introductory training and a second 2-day training with clinical staff from your agency
- c. Treat 2 children/adolescents with TF-CBT
- d. Participate in 9 months of group phone consultation
- e. Attend a 1-day follow-up workshop
- f. Provide ongoing supervision to 3-4 program clinicians trained in TF-CBT

- Yes
 No

Please list the following information:

Name Of Supervisor (degree and licensure if applicable)	Number of Supervisors	Number of Supervisors to be Trained (Must be full-time)
	___ Full-time ___ Part time or Fee-For Service (FFS)	
	___ Full-time ___ Part-time or FFS	
	___ Full-time ___ Part-time or FFS	

3. How many of the supervisors to be trained are fee-for-service?
4. Does your agency have **3-4 full-time clinicians interested and available** to participate in the following mandatory activities?
- a. Complete a 10-hour web-based training prior to the introductory training
 - b. Attend a 2-day introductory training
 - c. Participate in 6 months of group phone consultation
 - d. Receive ongoing supervision from agency TF-CBT supervisors
 - e. Attend a 1-day follow-up workshop
 - f. Treatment requirements for 2 children/adolescents with TF-CBT

Yes

No

Please list the following information:

Name Of Clinician (degree and licensure if applicable)	Number of Clinicians	Number of Clinicians to be Trained (Must be full-time)
	___ Full-time ___ Part time or Fee-For Service (FFS)	
	___ Full-time ___ Part time or Fee-For Service (FFS)	
	___ Full-time ___ Part time or Fee-For Service (FFS)	

5. How many of the clinicians to be trained are fee-for-service?
6. Please indicate the number of staff in your program **currently** trained in Trauma-Focused Cognitive Behavioral Therapy.

Number of Supervisors Currently Trained in TF-CBT	Number of Clinicians Currently Trained in TF-CBT	Who Provided training?	How long was the Training?	Are supervision and consultation calls taking place?

APPENDIX D: AGENCY SUSTAINABILITY PLAN & AGREEMENT

The agency's Executive Director and the TF-CBT Initiative Administrative Point Person must review and complete this form.

Agency Name: _____

Purpose: An important part of the PACTS/TF-CBT Training is to provide agencies with the skills and capacity to maintain and grow their evidence-based services when serving trauma-impacted children and youth. To this end, it is important for providers to engage in a thoughtful process for planning and supporting the long-term sustainability of TF-CBT from the onset of engaging in PACTS.

- For TF-CBT to be continued and expanded in the involved agencies, sustainability of this evidenced-based model must be an initial and ongoing consideration. From the CEO of the agency, “top-down” to the intake workers, the importance of a trauma-informed organization must be embraced and supported. Parents are to be viewed as collaborators; the agency should be “child and family friendly” from its waiting room surroundings to its therapeutic interaction with families. Ideally, youth and caregivers should be included on the agency’s advisory board.
- During the 1-year training period, meetings will be held with agency CEOs and clinical directors to review the ongoing progress of the training, its impact on the agency, and problems encountered
- Post-training, it is expected that there will be a continuation of the expansion of TF-CBT in the number of cases seen, and in the increased supervision of TF-CBT in the agency

I have read and understand the above document that explains what steps are necessary for my agency to successfully sustain TF-CBT. I agree to collaborate with CBH during and after the training program to ensure that the above-mentioned sustainability steps are implemented at my agency.

Signature of Executive Director

Date

Signature of TF-CBT Administrative Point Person

Date

APPENDIX E: DBHIDS POLICY ALERT

Funding for Training and Education Services

The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) has committed significant resources toward ensuring that services provided in the system are evidence-based and informed and that providers have the opportunity to receive training and education around these practices, often with no cost to the provider. Additionally, the Department has frequently taken measures to reimburse for lost revenue as a result of staff attendance at these events.

This policy articulates the rights and responsibilities of both DBHIDS and the provider/agency related to training and education funded either directly or through a reimbursement process. These include specifically:

- receipt of training or other types of educational efforts for which DBHIDS has paid;
- funds received or expected to receive with which to enhance services through training;
- funding for lost wages as a result of training or;
- costs to the agency created as a result of training or other types of education.

Agency Responsibilities

DBHIDS expects that if an agency applies for and receives either training or funding for training (including payment for lost revenue) through a Request For Proposals (RFP), Request For Applications (RFA), Request For Qualifications (RFQ) or other procurement/grant process, that the agency will follow through on all commitments related to this training/funding. This includes but is not limited to:

- attendance at all training that is mandatory in order to complete the requirements for the skills being sought;
- attendance/participation in all follow-up, booster or supervision sessions or phone calls related to the training;
- prompt invoicing for all expenses related to the training/educational services being received, including documentation of lost revenue;
- accurate record-keeping related to numbers of staff receiving the training/educational services and requirements for achieving the desired skill set; and the appropriate number of staff (based on the size of the agency) to be trained that will ensure that the skill set is embedded in the practice of the agency;
- immediate notification to DBHIDS in the event that, for unforeseen reasons, there is an obstacle to completing the training and/or follow-up activities as agreed.

Please note that the responsibilities associated with this policy are not program specific but apply to the entire agency.

DBHIDS Responsibilities

DBHIDS commits to the agency that we will:

- provide information in the RFP or request for participation that details, as clearly as possible, expectations including time frames, follow-up meetings, supervision, and costs to be borne by the provider for implementation;
- ensure the highest quality of training/education by contracting with the leaders in the field around evidence-based, evidence-informed practices to provide training/education;
- process invoices in the most expedient manner possible;
- maintain a database of providers with specific skills to ensure that agencies with staff trained in specific evidence-based or evidence-informed practices are acknowledged for their work.
- Work collaboratively with providers(s) should unforeseen obstacles arise that preclude completion of training and/or follow-up activities determine that training and/or follow-up activities should be suspended.

Default of Responsibilities

Because of the major costs associated with bringing no-cost, evidence-based and informed training and education to our provider community, should a provider/agency fail to meet the conditions set herein, the entire agency will be consider in default of this policy and the following remedies may be sought by DBHIDS:

- ineligibility (as an agency) to apply for any RFP, RFA or RFQ or other opportunity that would enhance or expand services for a period of eighteen months;
- ineligibility (as an agency) to receive any reimbursement for any costs (including payment for lost revenue) related to the training/education for which the agency has not billed up to the point of the default and beyond;
- ineligibility (as an agency) to receive any reimbursement for any costs (including payment for lost revenue) for any part of the training that has been completed if the training requires that it be fully completed in order to be considered certified, accredited or otherwise credentialed;
- ineligibility (as an agency) for reimbursement of any costs related to the purchase of any equipment or supplies related to this training/education;

DBHIDS will work collaboratively with individual providers to evaluate whether or not an agency that has defaulted will need to return funds that have been expended for training/education. Agencies lacking the numbers of staff with the time and/or credentials necessary to ensure an embedding of the skill set or evidence-based or informed practice within its service structure **should not** apply for training/education through an RFP, RFA, RFQ or other procurement process.

Should there be instances where attendance or participation in training or education activities are interrupted or otherwise precluded due to extenuating circumstances, DBHIDS will evaluate these situations on a case-by-case basis.

A database of all agencies that have defaulted or otherwise failed to complete education or training initiatives will be maintained.