

- 1. If an organization currently has staff (i.e., a supervisor and clinicians) participating in the TF-CBT training, do they still need to apply to the RFA?**

The organization would still need to submit an application in response to the RFA to become part of the PACTS network.

- 2. We have TF-CBT trained clinicians. Do we need to apply for the training to be able to access the PACTS training in the future?**

Yes, your organization would need to apply to the PACTS RFA. This guarantees the ongoing relationship with PACTS and that your clinicians will get training spots every year. If you are not in PACTS, it is not guaranteed that clinicians will be able to access the training in the future.

- 3. Our agency currently has clinicians participating in the TF-CBT training. Would our new clinicians need to participate in the training or would the current clinicians count?**

New clinicians would need to be sent to the training in the Fall.

- 4. Does the timing of the TF-CBT training matter? Can providers still apply if the training was completed over a year ago?**

The live training must be completed with the cohort. The prerequisite web training can be counted if it was done over a year ago and does not need to be completed again.

- 5. Can the 11-hour web-based training be provided in Spanish?**

Yes, the training is provided in Spanish and can be accessed using this link:  
<https://tfcbt-es.musc.edu/>

- 6. What are the benefits of applying to the PACTS RFA?**

There are benefits to the 3-5 clinicians, the supervisor in TF-CBT training, and the agency as a whole. For example, there are additional day-long workshops that focus on vulnerable populations that are available for all clinicians at a PACTS Agency to register, not just those enrolled in the TF-CBT Training.

- 7. Are the providers selected for PACTS training expected to start applying a specific type of trauma screening (Trauma History Questionnaire (THQ)) and assessment of children and adolescents (administering Child PTSD Symptom Scale (CPSS-5) where trauma history is indicated)?**

PACTS aims to implement universal child trauma screening to have a better understanding of the number of children and adolescents in Philadelphia who have experienced a traumatic event and to assess the impact. The first training on Child Trauma Screening and Assessment will cover the use of the THQ and CPSS-5 tools; these tools (or similar tools) are typically used by each agency already and are not an additional cost. CBH does not mandate that the therapist conducts the assessment and/or screening if another department at the agency completes them, but it is encouraged that the responses and scores of the tools be reviewed by the clinicians and incorporated into sessions.

- 8. Are the providers responsible for paying for the introductory staff training?**

Yes, the providers are responsible for the one-time \$35 staff training.

- 9. Is there any funding available to participate in the training?**

There is no funding or reimbursement available to participate in the training. PACTS cannot reimburse trainees for attending training (paying them for hours spent in training).

- 10. Is there any funding available to reimburse providers for the delivery of services?**

There is no additional funding available to pay or reimburse providers for the delivery of services. Providers would bill for treatment provided at their currently contracted rate. Becoming a PACTS agency does not automatically qualify clinicians for an enhanced rate.

- 11. What is the enhanced rate for the agency and therapist once trained?**

There is no enhanced rate provided to agencies once a therapist is trained. To receive an enhanced rate for TF-CBT delivery, a program must be an outpatient program, meet the standards of the EPIC EBP Program Designation, and apply for a specific EBP designation.