

PCIT Request for Applications

Questions & Answers

1. **Will CBH provide reimbursement for lost billing time/revenue related to the staff's participation in training/supervision, and related activities over the project year, as well as expenses related to traveling to/from the training (mileage/parking, etc.)?**

Answer: CBH will not provide reimbursement for lost revenue or expenses related to attending the training.

2. **A supervisor at our agency has already completed PCIT training and is trained as a trainer. Will this person be required to participate in all components of the training again?**

Answer: If a supervisor is already trained in PCIT, the person is not required to participate in the full training; however, the person will be expected to participate in some aspects of the learning collaborative to ensure they are able to support newly trained therapists. The specific training requirements will be determined upon selection.

3. **On page 13, Appendix A, there is a line which says PCIT contact, what does this mean? Is this asking who will be the point person for our agency, or perhaps is this to document our experience in being trained in PCIT in the past?**

Answer: The PCIT contact in Appendix A is the point person for PCIT at your agency.

4. **On page 15, it requests license from DHS, is this supposed to be our State license number for OP instead?**

Answer: CBH is requiring an Outpatient Mental Health License under the Chapter 5200 regulations.

5. **We were previous participants in PCIT across PA training and already have a fully ready PCIT room. However, if approved for the RFA, this would significantly increase our use of the room and we would likely need a 2nd room, can we still apply for the \$2000 to help offset these costs?**

Answer: Providers who would like to add an additional PCIT room can apply for the start-up costs and should include a justification of the need for a second room. Requests will be evaluated on an individual basis.

6. **There are clear criteria for degree and clinical experience for all of the roles except the Administrator. Does this allow the agency to choose a non-masters degree person to fill this role since so much of this function is connected to data collection and adherence to fidelity?**

Answer: Since the Administrator will not carry a caseload and provide PCIT directly, the person is not required to have a master's degree (at minimum). However, the

Administrator is expected to be a high-level administrator in the agency to support successful implementation and sustained practice of PCIT.

- 7. We have a Clinical Supervisor who has been credentialed in PCIT. The RFA states that the Supervisor must carry a caseload of 5-7 child-caregiver dyads. He currently carries 3. Given his current role and responsibilities would be very challenging. Would you consider waiving the criteria.**

Answer: The caseload requirement for supervisors already trained in PCIT will be evaluated on an individual basis

- 8. Will staff be certified when they complete the training in PCIT?**

Answer: Please refer to section III. E: Certification, pages 9-10, of the RFA.

All licensed clinical staff who complete the PCIT training will be eligible for certification through PCIT International through a separate process coordinated directly with PCIT International. The identification of licensed or licensed-eligible clinical staff for the training is strongly recommended so that these staff can pursue PCIT certification. This RFA does not, however, preclude applicants who are not licensed or licensed-eligible.

The DBHIDS sponsored training will meet or exceed PCIT International's standards and certification eligibility will primarily depend on the clinician meeting PCIT International's prerequisites and fully participating in the PCIT training.