

DBT Request for Applications Questions and Answers

1. After the initial training, who will continue training new staff? Will this be set up much like the Beck Community Initiative has done with CBT Web Based training or will the agency complete all training for new staff?

Long-term sustainability is the goal for all evidence-based practices supported by DBHIDS and staff training is a key component of sustainability. Agencies are responsible for ensuring adequate training for future DBT staff. The training and implementation plan outlined in the RFA will provide a strong foundation for agency ownership and sustainability of the model so they will be well positioned to support new staff in developing the necessary skills.

DBHIDS and the DBT expert trainers will work collaboratively with agencies selected for DBT training to support a training plan that addresses sustainability. In addition, DBHIDS plans to support opportunities for low cost training for new DBT clinicians.

For new DBT clinicians, agencies should plan to support completion of comprehensive DBT training as outlined by expert trainers. Agencies are also expected to establish sustainable strategies to infuse DBT knowledge and culture across programs, meeting the needs of milieu or direct care staff and additional ancillary staff who support referral pathways to DBT and individuals engaged in DBT.

2. What would be the incentive if the staff are not certified after training? In assessing sustainability, if Certification is not the end result of this training, what would be the incentive for eligible staff to participate?

DBT Certification is coordinated through the DBT-Linehan Board of Certification. The training offered through the current RFA will meet the training requirements for certification and the support offered will provide a solid foundation for a clinician to pursue DBT Certification. Once a clinician has been offering comprehensive DBT for a minimum of 12 months, per certification guidelines, the option to pursue certification is available. Providers and clinicians are strongly encouraged to review the DBT Certification Requirements at www.dbt-llc.org for additional detail. Of note, DBT Certification is not mandatory to provide high-level, quality DBT services. Many clinicians and/or agencies may decide to move toward certification of individuals and programs, but certification is not required. Additionally, DBT program certification has recently been launched and requires at least one certified DBT clinician. DBT Program certification information is also available at www.dbt-llc.org. Documentation of training completion can be provided for participants, as requested.

For information about certification In the RFA, see page 11, section III. Application and Selection Process, Section F. Certification.

3. Are adult residential programs eligible to apply?

The current RFA is open to two levels of care: Residential Treatment Facilities for adolescents and Outpatient Services for adults and adolescents. No other levels of care will be considered for the current DBT training opportunity.

4. Is there a page limit for each section of Appendix A or Appendix A as a whole?

There is no page limit for each section of Appendix A or Appendix A as a whole.

5. Some research has suggested that DBT is indicated for children. Could the age range for Residential Treatment programs be extended to cover ages 11-13?

Residential Treatment programs that serve children 11 and above can submit application.

6. Can you provide details about the enhanced rate for DBT? Would the rate for Residential Treatment and Outpatient programs be different and, if so, how?

Per the RFA, CBH is exploring strategies to provide an enhanced billing rate for outpatient DBT that will be dependent on engagement in all training requirements and demonstrating sustained support of the DBT program and delivery of the DBT model to fidelity. At this time, the enhanced rate is only available for Outpatient programs. Residential Treatment per diem rates are established with each provider.

7. When applying to have DBT programs at more than one location, are two applications needed or is one sufficient for both locations?

As the goal is to build sustainable site-specific DBT programs, the applications should support agency infrastructure and DBT teams/programs at each location. We are looking for thoughtful responses that reflect the agency as well as each site and team. As such, questions should reflect consideration of agency practice as well as site-specific information. The applications do not need to be separate but should clearly reference both locations as appropriate.

8. When applying to have DBT programs at more than one location, do two Executive Leaders need to be identified or one for both locations?

The Executive Leader will be the person to ensure the implementation and sustained delivery of comprehensive DBT and identify specific roles and responsibilities among all staff to manage DBT implementation. The agency should determine if the same

Executive Leader can serve in this capacity for both locations or if two difference Executive Leaders should be identified, depending on the agency infrastructure.

9. Page 11 of documents states “PCIT Training Application,” and “PCIT” in a few locations on this page. Is that a typo?

Yes, any reference to PCIT should be replaced with DBT for the purposes of this RFA.

10. What information and supporting documentation would need to be included in the application to justify training more than 8 individuals for DBT?

The application should provide information about the rationale for training more than 8 individuals in the training, such as establishing teams at more than one location, and how the agency will support all the individuals during training, implementation and sustainability, and that an adequate number of individuals are being served by the agency to ensure all trained clinicians will be able to maintain a DBT caseload.

11. Is a provider located outside of Philadelphia County eligible to apply for the DBT Training RFA?

Eligible applicants must be current outpatient services providers under contract with Community Behavioral Health and located in Philadelphia County OR residential providers under contract with Community Behavioral Health, although not required to be located in Philadelphia County

Additional program requirements are outlined on page 8 of the RFA, III. Application and Selection Process, A. Eligibility Requirements and Expectations, 2. Program Requirements. See below.

Program Requirements: As DBT programs are established, programmatic census levels will be determined and maintained, with thoughtful approach to caseloads. Teams will be expected to work collaboratively with CBH to be available to receive CBH members identified by CBH. In order to be eligible for the DBT Training, Residential Treatment Facilities must on average have 50% of their census be CBH members and outpatient programs must demonstrate an adequate number of CBH members will benefit from implementation of a DBT program at the proposed location.