APPLICATIONS for OUTPATIENT and RESIDENTIAL TREATMENT PROVIDERS to Join The Philadelphia Alliance for Child Trauma Services (PACTS)

By Participating in TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT) Training

Posted July 10th, 2017

Responses must be sent by 4:00 PM on July 28th, 2017 to Arturo Zinny at Arturo.Zinny@phila.gov

Questions related to this request should be submitted via E-mail to Arturo Zinny at Arturo.Zinny@phila.gov
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A. Introduction to Philadelphia Alliance for Child Trauma Services (PACTS)/Statement of Purpose

In the fall of 2012, the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) was awarded a National Child Traumatic Stress Initiative (NCTSI) Category III Substance Abuse and Mental Health Services Administration (SAMHSA) grant to develop a network of child-serving systems and organizations committed to delivering trauma-informed and trauma-specific services to underserved children and families in Philadelphia’s public sector. The project was entitled the Philadelphia Alliance for Child Trauma Services (PACTS). This four-year grant significantly increased both the number of children and families who receive high-quality trauma treatment services as well as the number of agencies providing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in their communities. In the spring of 2016, DBHIDS was awarded a five (5)-year (October 1, 2016 to September 30, 2021) Community Treatment Center (Category III) continuation grant by SAMHSA through NCTSI. Philadelphia Alliance for Child Trauma Services II (PACTS II): Reaching the Most Vulnerable Youth is a child and adolescent behavioral health system-wide universal trauma screening, education, prevention and intervention program, with a focus on the most vulnerable and underserved youth: young children (2-6 years old); Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth; Commercially Sexually Exploited Children (CSEC); and Intentionally Injured Youth (IY). We will primarily serve children with Medicaid under the age of 18, but will also include transitional youth ages 18-21 in these populations.

DBHIDS is seeking in-network residential and outpatient providers interested in joining the network of PACTS providers with the purpose of building clinical capacity in Philadelphia to provide trauma-informed screening and assessment and evidence-based practices (EBPs), primarily TF-CBT, for trauma-impacted children and adolescents. Providers who become members of the PACTS network will receive training in Trauma 101. Trauma Screening and Assessment, and TF-CBT, at no-cost. CBH allows for an enhanced rate when providing TF-CBT in outpatient settings contingent upon adherence to the Evidence-Based Practice and Innovation Center (EPIC) credentialing and PACTS requirements through the course of the grant period ending in September, 2021. Significant organizational and executive commitment will be required to implement this evidence-based practice (EBP) successfully. Involved agencies will need to commit to a pre-training, training, and post-training period, which is described in detail below. They must also detail plans for sustaining ongoing referrals from and partnerships with other child-serving agencies and the provision of universal trauma-screening and assessment and TF-CBT. Agencies will receive consultation to help with the integration of trauma-focused assessments into their standard processes. Further support to agencies in developing an effective trauma screening and assessment process will be provided by ongoing consultation and quarterly site visits by the PACTS Project Manager, Mr. Arturo Zinny.

For more information about PACTS please visit our website at philadelphiapacts.org and our journal publication, “Lessons Learned While Building a Trauma-informed Public Behavioral Health System in the City of Philadelphia,” (Beidas, R.S. et.al. 2016, Evaluation and Program Planning, 59, 21-32).

B. DBHIDS Organizational Overview

The Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) oversees PACTS and this training application and opportunity. DBHIDS is responsible for administering a broad array of treatment, intervention, prevention, and support services to individuals, families, and communities experiencing difficulties related to mental health challenges, intellectual disabilities, and substance-related conditions. The Department 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.
In 2005, DBHIDS initiated a system transformation to change service delivery for people who live with behavioral health challenges. Transformation in Philadelphia moves beyond the field's historical focus on pathology and disease to a model directed by the person in recovery’s needs, wants and desires and that emphasize the individuals’ culture, resilience and unique recovery processes. A recovery/resilience-oriented system attends to the issues of symptom reduction but ultimately provides access to services, supports, environments, and opportunities that help individuals restore a positive sense of self and rebuild a meaningful and fulfilling life in their community. Through the implementation of recovery/resilience-oriented innovative, evidence-based, evidence-informed, and promising practices, the system transformation holds the potential to improve quality of care and the lives of service recipients and their families.

The core values of the transformation were drawn from the earlier work of the Recovery Advisory Committee and from the values identified in the report issued by the Mayor’s Blue Ribbon Commission on Children’s Behavioral Health and can be found in the Practice Guidelines for Recovery and Resilience Oriented Treatment that was issued by DBHIDS in 2011 (http://www.dbhids.org/announcing-the-release-of-the-practice-guidelines/).

C. Evidence-Based Practice and Innovation Center (EPIC)

A core value of DBHIDS is that a recovery-oriented and resilience-oriented system of care is one that provides the highest quality and most effective behavioral health services. As such, DBHIDS is committed to developing a system of care that is grounded in evidence-based practices. In 2012, DBHIDS created the Evidence-Based and Innovation Center (EPIC) to coordinate resources, policies, and technical assistance to support the ongoing transformation of the system to one that promotes and routinely utilizes evidence-based, empirically-supported, and outcomes-oriented practices. EPIC provides technical assistance and coordination to providers receiving training in and delivering these evidence-based practices so efforts are aligned with DBHIDS policies and operations and to ensure individuals have access to high quality services that support recovery. For the TF-CBT initiative, PACTS will primarily provide ongoing support and technical assistance to participating agencies and will be supported in these efforts by EPIC.

D. General Disclaimer

This application process does not commit PACTS to award training opportunities. This application and the process it describes are proprietary and are for the sole and exclusive benefit of PACTS. 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 application shall become the property of and may be subject to public disclosure by PACTS.

E. Need for Trauma Services in Philadelphia

Many children and adolescents in Philadelphia experience potentially traumatic events such as child abuse, domestic violence, rape, community violence, the sudden and/or violent death of loved ones, and separation from caregivers due to incarceration, deportation, immigration, child welfare placement, or loss of parental rights. Many experience multiple types of trauma and/or chronic trauma and adversity (e.g., the impact of poverty). In addition, the vast majority of our youth experience discrimination based on their race, ethnicity, sexual orientation or gender identity. Although some children demonstrate extraordinary resilience in the aftermath of these experiences, many have significant distress or develop post-traumatic stress symptoms (PTSS), including post-traumatic stress disorder (PTSD), anxiety, depression, and behavioral difficulties. If untreated, PTSS can alter a child’s brain development and
negatively impact his/her emotional, physical, and behavioral well-being. Such impairment can last into adulthood, creating an array of physical health and psychosocial challenges, including under- and unemployment, relationship difficulties, and persisting anxiety, depression, and other mental health symptoms. DBHIDS remains committed to expanding network capacity to provide evidence-based trauma treatment children and adolescents through the PACTS project.

F. PACTS Providers and Partners

PACTS is grounded in the understanding that evidence-based, trauma-informed and trauma-specific treatment practices for youth who have experienced trauma have strong potential to reduce the high rates of social, medical, behavioral, and economic ills that beset them. PACTS is a partnership that comprises DBHIDS, CBH, and multiple behavioral health provider agencies, pediatric and other child-serving providers, as well as numerous stakeholders invested in the delivery of trauma-informed treatment. The PACTS providers currently include: Child Guidance Resource Center (CGRC), Children’s Crisis Treatment Center (CcTC), Interact, Intercultural, Hall-Mercer, Pennsylvania Hospital, Northern Children’s Services(NCS), The Bridge, People Acting To Help (PATH), The Village, Joseph J. Peters Institute, COMHAR Latino Treatment Program, Silver Springs and NHS Human Services. We have also developed partnerships with and provided training opportunities to The Children’s Hospital of Philadelphia (CHOP) Violence Intervention Program (VIP), Healing Hurt People at St. Christopher’s Hospital for Children, Jane Addams (Lutheran Settlement House), our city’s child advocacy center, the Philadelphia Children’s Alliance (PCA), The Center For Grieving Children, and Youth Emergency Services (YES).

G. TF-CBT Treatment Modality

What is TF-CBT?
TF-CBT is a structured, short-term treatment model that effectively improves a range of trauma-related outcomes in 12-25 sessions with the child/adolescent and caregiver. Although TF-CBT is highly effective at improving youth PTSD symptoms and diagnosis, a PTSD diagnosis is not required to receive this treatment. TF-CBT also effectively addresses many other trauma-related concerns, including affective (e.g., depression, anxiety), cognitive, and behavioral problems, as well as improves the participating caregiver’s personal distress about the child’s traumatic experience, parenting skills, and interactions with the child.

The therapeutic elements of TF-CBT are denoted by the “PRACTICE” acronym.
- Psychoeducation and Parenting skills
- Relaxation
- Affective Expression and Regulation
- Cognitive Coping
- Trauma Narrative Development and Processing
- In Vivo Gradual Exposure
- Conjoint Parent-Child sessions
- Enhancing Safety and Future Development

Does TF-CBT work?
Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) was developed by Drs. Anthony Mannarino, Judith Cohen, and Esther Deblinger. TF-CBT is an evidence-based treatment that has been evaluated and refined over the last 25 years to help children and adolescents recover after trauma. Currently, 20 randomized controlled trials have been conducted in the US, Europe, and Africa, comparing TF-CBT to other active treatments. All of these studies have documented that TF-CBT was superior to other child-centered modalities in improving children’s trauma symptoms and
responses, leading SAMHSA to recognize it as a Model Program. TF-CBT was also rated a "well-supported, efficacious treatment", the highest level of empirical support, by the U.S. Department of Justice and the California Evidence-Based Clearinghouse for Child Welfare, and it was selected as a "Best Practice" for cases of child abuse in the Kaufman Best Practices Task Force Final Report sponsored by the National Child Traumatic Stress Network.

Who is TF-CBT for?
TF-CBT has proved successful with children and adolescents (ages 3 to 18) who have significant emotional problems (e.g., symptoms of post-traumatic stress disorder, fear, anxiety, depression) related to traumatic life events. This treatment can be used with children and adolescents who have experienced a single trauma or multiple traumas. Children or adolescents experiencing traumatic grief or traumatic separation can also benefit from this treatment. TF-CBT can be used with children and adolescents residing in many types of settings, including parental homes, foster care, kinship care, group homes, or residential programs.

How long does TF-CBT typically last?
TF-CBT is designed to be a relatively short-term treatment, typically lasting 12 to 16 sessions. Over 80 percent of traumatized children who receive TF-CBT experience significant improvement after 12 to 16 weeks of treatment. However, our experience providing TF-CBT in community behavioral health settings in Philadelphia shows that treatment lasts between 20 to 25 sessions, especially when serving youth exposed to multiple and/or chronic traumas and impacted by poverty. TF-CBT can be used as part of a larger treatment plan for children with complex difficulties.

Is TF-CBT flexible and can it be adapted for diverse and special populations?
TF-CBT is best delivered by creative, resourceful therapists who have developed close therapeutic alliances with their clients. This treatment is designed to be provided in a flexible and developmentally appropriate manner to address the unique needs of each child and family. It has been evaluated with Caucasian and African American children, and it has been adapted for Latino and hearing-impaired/deaf populations. It is currently being adapted for Native American children and for children in many other countries (e.g., Zambia, Uganda, South Africa, Pakistan, the Netherlands, Norway, Sweden, Germany, and Cambodia).

Who can deliver TF-CBT?
This treatment can be used by a variety of mental health professionals including clinical social workers, professional counselors, psychologists, psychiatrists, or clinical counselors.

H. Population of Focus: LGBTQ Youth, Young Children (ages 3 to 6) impacted by trauma, Commercially Sexually Exploited Children (CSEC), and Intentionally Injured Youth (IY)

Findings from our formative work during PACTS I form the cornerstone of PACTS II. Based on these findings, we propose an approach to develop and implement services for the most vulnerable children and youth impacted by trauma. To date, our efforts at reaching youth ages 6-18 have been fairly successful through PACTS activities (i.e., trauma screening and referral and the implementation of TF-CBT and Child and Family Traumatic Stress Intervention (CFTSI). With PACTS II, we now expand these efforts to several high risk and underserved populations, who are over-represented in our child welfare and behavioral health system, often maltreated, but do not consistently receive trauma-specific treatment, resulting in a myriad of medical, mental health, and social issues throughout their lifespan.

Few services exist for the first group, young children (ages 3-6) with trauma, because of the difficulty identifying and treating trauma for very young children. We know that young children experience trauma,
but the complexity involved in implementing treatment interventions has resulted in few options for trauma treatment.

A second group, LGBTQ youth are at especially high risk of trauma. A growing body of research indicates that LGBTQ youth suffer from exposure to potentially traumatic experiences (PTE) at a significantly higher rate than their straight/cisgender peers. Among the most prevalent PTE’s are parental rejection, bullying, harassment, and victimization. As a consequence of these PTE’s, paired with the impact of homophobia, transphobia, and heterosexism in our society, LGBTQ youth are at higher risk for negative outcomes, including: suicide attempts (2 to 7 times as many among LGBTQ high-school students compared with their straight/cisgender peers), mental health challenges, drug and alcohol misuse, homelessness (55% of homeless youth in Philadelphia identify as LGBTQ), HIV infection and STD’s, and Commercial Sexual Exploitation of Children (CSEC). Despite these risks, significant gaps exist in the capacity of our network to provide culturally and linguistically competent services (using language that acknowledges the spectrum of sexual orientation and gender identity) to LGBTQ youth impacted by trauma, reflective of a health disparity nationwide.

A third group, CSEC is a growing concern, with numbers of impacted youth increasing both nationally and locally.

Lastly, Intentionally Injured Youth have been identified as a concern due to high rates of retaliation and re-victimization. As victims of violence, the majority of these youth, maltreated and abused, have been treated primarily for their injuries, but not identified for trauma screening and treatment.

Many of these three vulnerable populations comprise a large percentage of transition age youth (ages 18-21) who bridge the gap between child and adult services, often failing to engage in either system. We therefore intend to expand the offerings of trauma services up until age 21 to reach LGBTQ youth, CSEC, and intentionally injured youth in this age category. It should be noted, however, that because research supporting TF-CBT ends at age 18, providers will not be able to bill TF-CBT at the enhanced rate for individuals age 18-21.

Applicants will need to demonstrate competency to work with these special populations in their application and throughout PACTS participation.

I. Expectations of Selected Agencies

Participation in PACTS requires commitment from executive, clinical, and administrative staff. Applicants to this project will enroll in PACTS beginning in October 2017, which signifies a commitment to sustain and deliver TF-CBT and trauma screening and assessment to children and youth in Philadelphia, both through the initiative phase and beyond. The initial, intensive training portion of the project lasts one year. Agencies can continue to receive training and consultation following the first year, and they are able to send new staff to training in trauma screening and assessment and TF-CBT.

These components are expected of agencies:

1) Meet the competency criteria established by NCTSN.

PACTS shares the expectations for clinical competencies established by NCTSN’s Position Statement on Clinical Competency, which outlines competencies in areas of Assessment (Basic and Risk), Case Conceptualization, Treatment (Engagement, Planning, and Implementation). Please carefully review this document at:
2) Conduct trauma screening and assessment of all children and adolescents served in the respective program.

During our first grant cycle, we learned that many behavioral health agencies were encountering significant challenges implementing effective screenings to both identify trauma exposure and post-traumatic stress symptoms at intake, and then to evaluate treatment impact. We believe universal trauma screening is a key component of effective trauma treatment. Agencies interested in joining the PACTS network of providers must commit to screening all referred children and youth for trauma exposure and traumatic stress symptoms.

3) Select and support clinicians and supervisors to participate in TF-CBT training (see details below).

4) Establish ongoing clinical supervision for TF-CBT therapists.
TF-CBT supervision is defined as weekly review, group and/or individual format, of TF-CBT cases using the fidelity checklist as a guide to ensure that model components are being utilized.

5) Identify PACTS Point Person.
As mentioned above, participation in PACTS is a significant undertaking that requires commitment from executive, clinical, and administrative staff. Agencies will select a point person to the PACTS initiative (see requirements below).

6) Enroll clients in the PACTS Evaluation, which is conducted by the Center for Mental Health Services and Policy Research (CMHSPR) at the University of Pennsylvania.
- Report the number of new individuals enrolled in TF-CBT each week to the evaluation team.
- Introduce the evaluation to all eligible children/youth and their families.
- Communicate closely with the evaluation team to ensure that the evaluation can be conducted at the agency around therapy sessions, as families generally report that this is the preferred way for evaluations to be conducted.

7) Participate in quarterly PACTS meetings (both during and after training year).

8) Submit a monthly TF-CBT and Screening and Assessment Report to the agency’s TF-CBT Supervisor who will in turn report to PACTS Project Manager.

9) Become a TF-CBT-Designated Provider as determined by EPIC’s EBP Credentialing Criteria (see details below).
### J. TF-CBT Training Overview

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Training &amp; Trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, November 9, 2017 9:00am to</td>
<td>Trauma 101 Training with Steven Berkowitz, MD</td>
</tr>
<tr>
<td>12:00pm</td>
<td></td>
</tr>
<tr>
<td>Must be completed by Tuesday,</td>
<td>TF-CBT Web: <a href="https://tfcbt.musc.edu/">https://tfcbt.musc.edu/</a> A web based learning</td>
</tr>
<tr>
<td>November 14, 2017</td>
<td>course for TF-CBT; 10hrs of online learning; CEU’s provided</td>
</tr>
<tr>
<td>Tuesday, November 14, 2017 9:00am to</td>
<td>Trauma Screening and Assessment/ Engaging Youth and</td>
</tr>
<tr>
<td>12:00pm</td>
<td>caregiver in TF-CBT with Arturo Zinny, LPC</td>
</tr>
<tr>
<td>Thursday, December 7, 2017 and Friday,</td>
<td>Two (2)-day Introductory TF-CBT Training with Carrie</td>
</tr>
<tr>
<td>December 8, 2017 9:00 to 4:30pm</td>
<td>Epstein, LCSW-R; CEU’s provided</td>
</tr>
<tr>
<td>December 2017 through August 2018</td>
<td>Twice-monthly one (1)-hour TF-CBT group consultation calls</td>
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<tr>
<td></td>
<td>(16 total) with Carrie Epstein and Felicia Neubauer, LCSW-R</td>
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<tr>
<td></td>
<td>• Clinicians must participate in 13/16 calls.</td>
</tr>
<tr>
<td></td>
<td>• Clinicians must treatment at least three (3) children/</td>
</tr>
<tr>
<td></td>
<td>adolescents and their caregivers with TF-CBT during this time.</td>
</tr>
<tr>
<td></td>
<td>o Two (2) cases will complete at least the PPRAC</td>
</tr>
<tr>
<td></td>
<td>(Psycho-education, Parenting Skills, Relaxation, Affective Expression and</td>
</tr>
<tr>
<td></td>
<td>Modulation and Cognitive Coping) components.</td>
</tr>
<tr>
<td></td>
<td>o One (1) case will complete a full-course of TF-CBT*</td>
</tr>
<tr>
<td>March 2018 (full-day; date TBD)</td>
<td>TF-CBT Booster Training with Felicia Neubauer; CEU’s provided</td>
</tr>
<tr>
<td>June 2018 (full-day; date TBD)</td>
<td>TF-CBT Booster Training with Carrie Epstein; CEU’s provided</td>
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</tbody>
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*Note: TF-CBT completion, with caregiver participation, of at least three (3) cases during the 10-month training period, is strongly suggested.

### K. Participating Staff

- **3-4 Clinicians**
  - 50% must be full-time/ salaried
  - Licensed or licensed-eligible (preferred, not required)
  - Who will complete TF-CBT Training Requirements described in grid above (J. TF-CBT Training Overview)

- **1-2 Supervisors**
  - Full-time
  - Licensed or license-eligible (required)
  - Who will complete TF-CBT Training Requirements described in grid above (J. TF-CBT Training Overview)
  - Who will participate in quarterly PACTS meetings
  - Who will provide weekly supervision to trained clinicians (this requirement can also be met by the PACTS Point Person)
• **PACTS Point Person**  
  o Clinical Director or Clinical Supervisor recommended  
  o Who will coordinate/ participate in:  
    ▪ Introductory Meeting (October 2017): Meeting with all selected agencies as a group to provide an overview of PACTS and TF-CBT, answer questions and concerns, review terms of project and readiness application  
    ▪ Monthly TF-CBT Data and Screening and Assessment Report (See document below)  
    ▪ PACTS Coordinating Committee Quarterly Meetings  
    ▪ PACTS TF-CBT Quarterly Meetings  
    ▪ Weekly TF-CBT Supervision  
    ▪ Support clinical team in enrolling youth and caregivers in PACTS Evaluation

### L. EPIC Designation and Enhanced Rate

Outpatient participants in the TF-CBT training program will be expected to becoming credentialed as TF-CBT providers through EPIC. Designation through EPIC qualifies agencies for an enhanced pay rate and ensures that they are listed as TF-CBT providers on the EPIC/DBHIDS website. Please note, some EPIC requirements overlap with those of PACTS; they are being provided here as a means of a check-list, so that organizations can consider what is needed to receive EPIC designation along with joining PACTS.

• **Sustained Practice**  
  Following the completion of the full training, agencies will be expected to independently sustain TFC-CBT, including facilitating ongoing referrals and engagement, delivering TF-CBT to an adequate volume of children and families, maintaining proper documentation and use of measures, and developing strategies to support staff through supervision and to address staff attrition.

• **Training and Consultation**  
  o intensive training by qualified treatment expert  
  o case-specific consultation to translate knowledge to practice

• **Evidence-based Practice (EBP) Service Delivery**  
  o strategies for receiving referrals, assessment, and connecting individual with EBP-trained therapist  
  o maintaining TF-CBT service volume to meet referral needs and maintain proficiency with the practice

• **EBP Quality Assurance**  
  o documentation of use of TF-CBT in treatment plans and notes  
  o supervision of the TF-CBT, including use of TF-CBT specific tools or checklists  
  o documentation of use of EBP in treatment plans and note  
  o use of clinical outcome measures appropriate for TF-CBT

### M. PACTS Sustainability (See Appendix C below)

In order to remain a part of the PACTS Provider Network, agencies must continue meeting PACTS TF-CBT Requirements throughout the life of the grant. After the first year of training and practicum, 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 report case census data monthly for both trauma screening and TF-CBT; participate in PACTS Coordinating Committee Quarterly Meetings; TF-CBT and other trauma-specific booster trainings and continue to enroll children in PACTS Evaluation. Executive Staff will be expected to be a part of the ongoing PACTS collaboration and attend the PACTS Executive Director Annual Meeting. This ongoing 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 evidence-based practices.

N. Eligibility

Eligible applicants must be current outpatient or residential treatment services providers serving children and adolescents located in Philadelphia County under contract with Community Behavioral Health. Please submit copies of your most recent licensure certificates. These services must also have current licenses from the Pennsylvania Department of Human Services 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 the 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 Department of Human Services (state division). 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](http://oig.hhs.gov/fraud/exclusions.asp);
- System for Award Management (SAM) (formerly Excluded Parties List System (EPLS)) [https://www.sam.gov](https://www.sam.gov);
- Department of Human Services’ Medicheck List [http://www.dhs.state.pa.us/publications/medichecksearch/](http://www.dhs.state.pa.us/publications/medichecksearch/)

Applicant must serve at least 200 children per year in the outpatient setting

Applicant must be located in the following geographic areas of the city:

- **North Philadelphia**
  19120, 19121, 19122, 19123, 19124, 19125, 19126, 19128, 19129, 19130, 19132, 19133, 19134, 19138, 19140, 19141, 19144, 19148
- **Northeast Philadelphia**
  19111, 19114, 19124, 19135, 19136, 19137, 19149, 19152 & 19154
- **South Philadelphia**
  19112, 19146, 19147, 19148
- **Southwest Philadelphia**
  19142, 19143, 19145, 19146, 19153
- **West Philadelphia**
  19104, 19131, 19132, 19151
O. Agency Selection

Agencies will be selected by the PACTS Core Committee based on the threshold criteria and eligibility outlined below as well as their ability to describe their clinical population and need for TF-CBT training and their implementation plan (which includes their means of supporting staff and ability to sustain TF-CBT within their agencies). Agencies will be evaluated on their understanding of and commitment to the Department’s larger vision of creating a trauma-informed network of care for youth. Once applications have been submitted, qualified agencies will participate in pre-selection interview with PACTS Core Committee members to ask questions, receive clarification, and discuss plans/concerns about moving forward. Agencies will then be selected to become a part of PACTS and attend the TF-CBT Training.

P. Benefits of Becoming Part of PACTS

- Specialized training in evidence-based practices for staff
- Clinical and operational support around implementing an evidence-based practice
- Opportunity to become part of a trauma-informed network
- Access to resources, materials and trainings through the National Child Traumatic Stress Network (NCTSN)
- Opportunity to be part of a demonstration project that provides outcomes that can inform and impact the treatment delivery system for youth
- Opportunity to become part of a network of providers who understand the challenges involved in sustaining best practices (e.g., staff turnover, fee-for-service challenges, supervision difficulties) and can share promising practices to address these challenges
- Opportunity to send new staff to future trainings
- Eligibility for an enhanced rate when providing TF-CBT (contingent upon requirements noted, applies to **outpatient providers** only)
- Access to consultation and quarterly site visits to support integration of trauma-informed practices and TF-CBT

Please continue to next page and fill out the Application.
APPENDIX A

PACTS/TF-CBT Training

Agency: ____________________________________________________________

Program (Outpatient or Residential)____________________________________

Address: __________________________________________________________

City: __________________ State: _________ Zip Code: ___________

Agency Contact: ____________________________________________________

Title: ______________________________________________________________

Telephone: __________________________________________________________

Email: ______________________________________________________________

Fax: _________________________________________________________________

1. Are your Executive Director and your Clinical Director willing to sign a Commitment to Participate confirming their intention to actively oversee and support efforts to incorporate and sustain TF-CBT into your agency’s services?

   YES _______  NO _______

2. Are agency leaders, including Clinical Directors, willing to attend coordination and review meetings with PACTS to track the progress of this initiative and address implementation challenges? Meetings are expected to occur quarterly.

   YES _______  NO _______

3. Does your agency currently screen children and youth for trauma exposure (i.e., sexual abuse, physical abuse, community and domestic violence, sudden or death of a loved, parental incarceration, deportation, etc)?

   YES_______     NO_____________________

If yes, which trauma screening tools does your agency use?
4. Does your agency currently screen or assess children and youth for traumatic stress symptoms (i.e. nightmares, trouble sleeping, intrusive thoughts, not wanting to think or talk about what happened, body aches and pains related to trauma exposure, etc.)?

YES_________                        No__________

If yes, which trauma screening or assessment tool does your agency use?

5. Please approximate your current census of children (Medicaid covered or uninsured) ages 3-18 who are eligible for TF-CBT.

6. Please explain your agency’s current average documented supervision time per clinical full-time/salaried employee and per fee-for-services employees.

7. Successful TF-CBT implementation requires at least weekly supervision of clinicians providing this treatment modality, preferably both individual and group supervision. How will your agency ensure that this key requirement is met?

8. Trauma-Informed Culture: Describe the current or planned practices to infuse a trauma-informed culture throughout the program for which you are applying. These practices can include attention to the physical environment of your program, training of clinical and nonclinical staff, and activities to provide personal and professional support to clinicians providing trauma treatment.

9. What is your agency’s current familiarity with the implementation of Evidence-Based Practices (EBP)?

- List current EBP’s being employed at your agency (if applicable).
- Describe the training received for such EBP/s (i.e., online training only; in-person training, usually ranging between 2 to 5 days; group phone consultations; case monitoring; Booster training).
- How many of your current staff have been trained in such EBP? (Specify type of staff).

10. Does your program have staff who have been trained in Trauma-Focused Cognitive Behavioral Therapy?

YES_________                        NO________________________

If yes, what did the TF-CBT training consist of? Check all that apply:

☐ Completed TF-CBT Web: https://tfcbt.musc.edu/ 10hrs of online learning
☐ Attended 2-day Introductory TF-CBT Training with Co-Developer or Master Trainer
☐ Attended 1 hour group TF-CBT conference calls with Co-developer or Master Trainer
☑️ Attended a 1-day TF-CBT Booster Training with Co-developer or Master Trainer
☑️ Other ___________________________________________________________

Who was the trainer and when were you trained?

11. Summary/Narrative:
   Please describe (in 400 to 500 words) how your agency plans to support and sustain TF-CBT, including partnerships with other child serving agencies/systems, development of trauma screening and assessment of children, training of supervisors and therapists in TF-CBT, evaluation of TF-CBT training and its impact on youth served (outcomes monitoring) and building a trauma-informed milieu across the agency. In addition, please describe your current supervisory structure and any barriers you foresee in implementing TF-CBT. Successful narrative responses will clearly describe how your agency plans to support TF-CBT trainees and sustain the ongoing practice of this EBP.
APPENDIX B

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Training and Supervision (Child and Adolescent Services)

Staff and Time Commitment

1. Does your agency commit the CEO/Executive Director to annual meetings and the Program Director(s) to quarterly meetings?
   - Yes
   - No

2. Does your program(s) have 1-2 full-time supervisors who 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 Trauma 101 and Trauma Screening and Assessment trainings.
   c. Attend a 2-day TF-CBT Introductory training.
   d. Treat 3 children/adolescents with TF-CBT.
   e. Participate in 9 months of group phone consultation.
   f. Attend two 1-day TF-CBT Booster trainings
   g. Provide ongoing supervision to 3-4 program clinicians trained in TF-CBT.
   - Yes
   - No

Please list the following information:

<table>
<thead>
<tr>
<th>Name of supervisor/s who will participate in the TF-CBT training</th>
<th>Degree and Licensure</th>
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3. Does your agency have 3-4 clinicians (at least 50% full-time) 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 Trauma 101 and Trauma Screening and Assessment trainings.

c. Attend a 2-day introductory training.

d. Participate in 9 months of group phone consultation.

e. Receive ongoing (weekly) supervision from agency TF-CBT supervisors.

f. Attend two 1-day TF-CBT Booster trainings

g. Treatment requirements for 3 children/adolescents with TF-CBT

☐ Yes ☐ No

Please list the following information:

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<thead>
<tr>
<th>Name of clinician who will participate in the TF-CBT training</th>
<th>Degree and Licensure</th>
<th>Status (50% must be full-time)</th>
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<td>___ Part-time or Fee-For-Service (FFS)</td>
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<td>• If FFS, note how many hours weekly ___</td>
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15
The following signature is required to confirm your agency’s interest in applying for TF-CBT training.

Executive Director Name (Print)
_________________________________________________

Executive Director Signature ________________________________ Date __________
APPENDIX C

AGENCY TF-CBT SUSTAINABILITY PLAN AND 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 implemented and expanded in the involved agencies, sustainability of this evidence-based model must be an initial and ongoing consideration. From the CEO of the agency, to the intake workers, the importance of a trauma-informed organization must be embraced and supported. Caregivers 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 initial 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 challenges encountered.
- Post-training, it is expected that there will be a continuation of the expansion of TF-CBT in the number of cases treated with TF-CBT, and in the ongoing 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