THE BAKER CENTER
FOR CHILDREN AND FAMILIES

NCTSN The National Child Traumatic Stress Network

Program Announcement and Requirements

Title: The National Child Traumatic Stress Network (NCTSN)
PCIT Learning Collaborative

Date: February 14, 2024

*****Letter of Commitment and Participation Form Deadline*****
Monday, April 8, 2024 at 5:00 PM ET

Table of Contents

The NCTSN PCIT Learning Collaborative:
Program Announcement and Requirements

1 INTRODUCTION AND GENERAL DESCRIPTION

1.1 Scope and Description of Work

The Baker Center for Children and Families ("BCCF"), previously Judge Baker Children's Center, and the National Child Traumatic Stress Network ("NCTSN") are excited to announce the start of **The NCTSN PCIT Learning Collaborative** (the "Learning Collaborative"), funded by the Substance Abuse and Mental Health Services Administration ("SAMHSA"). The Baker Center for Children and Families recently created the Center for Traumatic Stress and Comorbidity ("CTSC") to manage Learning Collaboratives and provide NCTSN Cat-3 Provider Agencies with training to address posttraumatic stress and co-occurring conditions to promote comprehensive treatment of childhood trauma and related co-occurring conditions (e.g., anxiety, depression, and disruptive behaviors).

PCIT (or Parent Child Interaction Therapy) is a trauma-informed EBP for children ages 2 to 7 that is one of the strongest EBPs for young children and their families. It consists of two phases: 1) to enhance child-caregiver relationships, and 2) to teach effective discipline and limit setting. Research continually shows significantly improved child behavior, reduced parenting stress, and improved parent-child relationships for families who receive PCIT treatment. PCIT provides clinicians with the necessary skills to work with families with young children. Given the high number of traumatized young children who demonstrate behavioral problems, PCIT can be used as an effective complement to trauma-focused interventions for young children.

All participating NCTSN Cat-3 Provider Agencies will receive training and implementation support from The Baker Center for Children and Families over the course of the Learning Collaborative. The Learning Collaborative will last approximately 24 months. Intensive training, technical assistance, and support will be provided in all aspects of PCIT implementation, allowing Provider Agencies to skillfully install the PCIT intervention, as well as sustain high quality implementation of the model beyond the term of the Learning Collaborative.

Training and technical assistance will include:

- **An interactive learning community, the NCTSN PCIT Learning Collaborative,** consisting of expert faculty from The Baker Center for Children and Families and workgroups from each participating NCTSN Cat-3 Provider Agency. The Learning Collaborative will provide a forum for Provider Agencies to learn from experts throughout the training and technical assistance period and provide support to one another to address implementation challenges and increase the awareness, identification, and treatment of traumatic stress and comorbidity within their community.
- **Intensive and ongoing training of selected clinicians from each NCTSN Cat-3 Provider Agency in PCIT**, including a 5-day face-to-face didactic and experiential training, three multi-disciplinary day-long trainings ("Learning Sessions"), and biweekly consultation for 12 months.
- **Training of PCIT WATER Trainers,** allowing NCTSN Cat-3 Provider Agencies to train the intervention without further outside consultation by utilizing a train-the-trainer model.
- **Ongoing Senior Leader engagement and consultation.**
- **Continuous Quality Improvement (CQI) and implementation consultation** to all participating Provider Agencies.
- **Training of administrative and other key staff in all aspects of PCIT implementation**, including assessment and referral, performance tracking, and quality improvement activities.

1.2 Background on the PCIT Intervention & Learning Collaborative Model

1.2.1 PCIT Intervention

Nationally, there has been a growing emphasis on the use and implementation of evidence-based practices (EBPs) to improve the quality of mental health care for children and families, yet most are limited to specific disorders (e.g., anxiety, depression, and conduct). Children and adolescents seeking treatment for traumatic stress often experience a variety of behavior-related problems. **Parent training interventions such as Parent-Child Interaction Therapy (PCIT) address concerns of children and families and can be used as effective complements to trauma-focused interventions.**

As one of **the strongest trauma-informed EPBs for young children ages 2 to 7,** PCIT is effective in working with families with a history of maltreatment. **Researchers have found a recidivism rate of less than 20% at two years post-intervention** for PCIT participants in this population. There is also support for decreased trauma symptoms among children in the welfare system receiving PCIT.

PCIT is designed for a treatment length of about 20-30 sessions. Clinicians provide caregivers with live coaching over two treatment phases: the child-directed interaction (CDI) and the parent-directed interaction (PDI). CDI focuses on enhancing the child-caregiver relationship and improving child behavior, while PDI gives caregivers the skills for effective discipline and limit setting.

Both PCIT phases improve caregiver-child bonds and provide skills that promote positive child behavior. By participating in PCIT and addressing behavioral challenges first, **children are able to participate fully and meaningfully in their trauma-focused treatment.** Caregivers' participation in their children's trauma-focused treatment may also be positively impacted by PCIT's mitigation of parental and familial stress**.**

In typical outpatient community mental health settings, PCIT shows markedly better outcomes than usual clinical care, shorter treatment duration and high clinician satisfaction. Utilized in tandem with PCIT is the Eyberg Child Behavior Inventory (ECBI), a caregiver-report behavioral rating scale, which allows clinicians to easily and effectively collect outcome data and monitor progress of children in therapy. Research has demonstrated that the tracking and use of outcome data by clinicians through progress monitoring systems has a substantial and direct positive impact on client outcomes by enabling clinicians to adjust their treatment in real-time. Use of the ECBI, specifically, helps inform criteria for graduation, to ensure families are experiencing significant clinical improvements prior to ending treatment.

1.2.2 The Baker Center for Children and Families' Learning Collaborative Approach

Successful implementation of evidence-based practices involves more than participating in training or consultation. The Baker Center for Children and Families Learning Collaborative approach used to implement PCIT includes training and consultation, but expands upon these traditional aspects of EBP implementation, helping provider agencies and systems make necessary, broader changes to ensure that practices are feasible and sustainable.

The Learning Collaborative Model uses quality improvement methods to help provider agencies develop their internal capacity and the local and state partnerships needed for EBPs to be used consistently and effectively. Learning Collaboratives bring together teams from multiple provider agencies to work on improving a process, practice, or system, with team members learning from their collective experiences and challenges. An active learning process, Learning Collaboratives engage participants in identifying their own learning needs as well as other components of the learning process, through in-person "Learning Sessions" and between-session "Action Periods."

2 LEARNING COLLABORATIVE MISSION, TARGET POPULATION, AND PARTICIPANTS

2.1 Learning Collaborative Mission

The mission of this Learning Collaborative is to:

- Implement and sustain the PCIT model in NCTSN Cat-3 Provider Agencies;
- Work collaboratively with the NCTSN, community-based providers at NCTSN Cat-3 Provider Agencies, and community and family representatives to implement the PCIT model with fidelity and good outcomes;
- Implement the necessary data collection and monitoring systems at the local level to monitor both metric and outcome data generated by the PCIT implementation;
- Train NCTSN Cat-3 Provider Agency teams in the PCIT model, including two selected supervisors per Provider Agency to train further clinicians and promote sustainability of the model;
- Engage senior leadership and agency supervisors in ongoing implementation support, including "plan-do-study-adapt" cycles that use initial experiences with the intervention to improve and sustain its implementation.

2.2 Target Population

The focus of the Learning Collaborative is to implement and sustain PCIT within NCTSN Cat-3 Provider Agencies for children ages 2 to 7 and their families who are receiving treatment for traumatic stress and/or present with co-occurring conditions (e.g., anxiety, depression, and disruptive behaviors).

2.3 Provider Agency Implementation Teams

The Learning Collaborative will include up to twelve (12) clinical staff (i.e., Master's level or above mental health clinicians and supervisors who actively treat children and adolescents at the Provider Agency) – from no more than four (4) NCTSN Cat-3 Provider Agencies. Detailed definitions of appropriate clinical staff are included in Table 1.

In addition to these clinical staff, Provider Agencies will be required to send senior leaders, administrators, quality improvement managers, supervisors, community liaisons, and family partners (if applicable) to participate in select Learning Collaborative trainings and activities. Detailed definitions of appropriate staff to serve in these roles are included in Table 1. These staff, along with the clinical staff selected for PCIT training, will form the Provider Agency's Implementation Team and will be responsible for facilitating a successful implementation process and identifying and engaging key stakeholders in the community. This implementation experience will provide an opportunity for NCTSN Cat-3 Provider Agencies to embed PCIT within their child and adolescent services and increase awareness, identification, and treatment of traumatic stress and comorbidity within their community.

Table 1. Provider Agency Staff Selection Criteria

Role	Criteria
Clinical Staff	
Clinicians	Master's level or above mental health clinicians who actively treat children and adolescents at the Provider Agency and have been identified for PCIT training.
Supervisors	Master's level or above mental health clinicians **who actively treat children and adolescents** at the Provider Agency, supervise others' clinical activities, and have been identified for PCIT WATER training.
Non-Clinical Staff	

Senior Leaders/Administrators	Senior leader(s) within the Provider Agency who oversee clinical activities and are responsible for organizational changes necessary to support PCIT implementation.
Quality Improvement, Training, and Support Staff	Staff who can support implementation of EBPs within the Provider Agency in roles such as operations, quality improvement, internal training, and information technologies.
Community Liaisons	Local community representative of a child-serving agency whose function it is to support the Provider Agency implementation within the greater community.
Family Partners	Individuals (staff or otherwise) who bring the parent's/guardian's perspective to the treatment of children and adolescents at the Provider Agency. Will provide ongoing consultation to ensure that PCIT implementation is family friendly.

The specific expectations of Provider Agency staff types participating in the Learning Collaborative are outlined in Table 2. Details related to the expectations and activities included in the Learning Collaborative are explained in Section 4, Learning Collaborative Activities and Expectations for Activities.

Table 2. Expectations of Provider Agency Staff Types

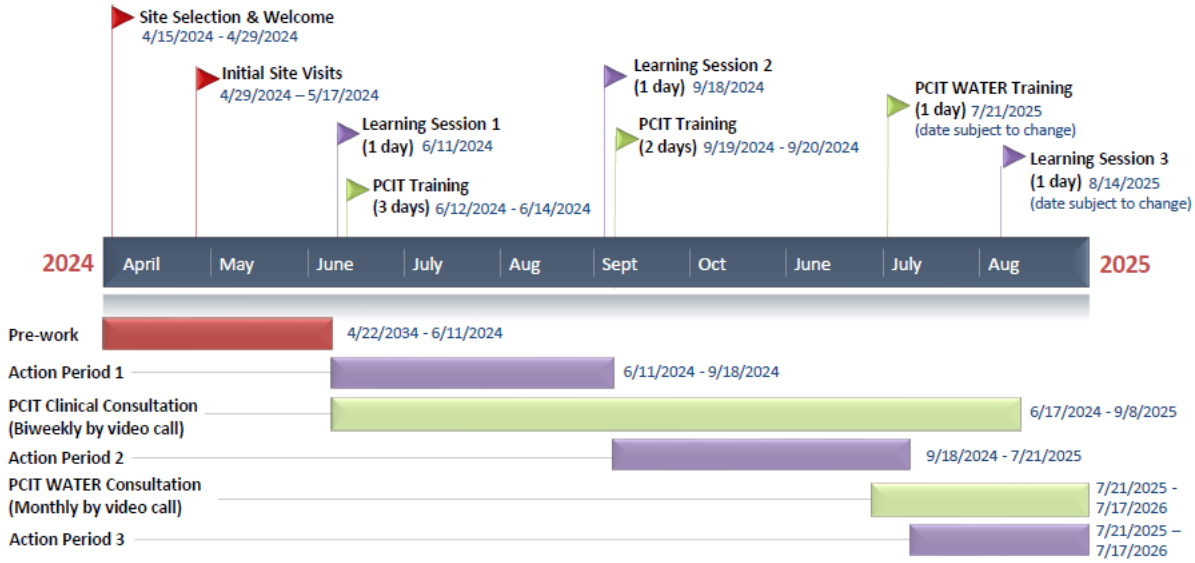
Role	PCIT Training Expectations	Learning Collaborative Expectations
Clinical Staff		
Clinicians	• Two to five clinicians should attend the PCIT training	• Participate in pre-work activities, including initial site visit • Complete PCIT Change Toolkit with implementation team • Complete Readiness Assessments individually • Attend all Learning Sessions and clinical trainings (mandatory) • Participate in Affinity Group activities • Participate in clinical consultation calls • Submit key sessions for review and feedback by their PCIT trainer. • Participate in PCIT training and begin enrolling PCIT cases • Use CHART System to assess progress of PCIT cases • Participate in ongoing Implementation Team meetings and activities to sustain PCIT implementation and guide quality improvement • Collaborate with BCCF faculty as needed • If identified, participate in PCIT WATER Training and consultation calls
PCIT WATER Training	• One clinician attending PCIT training should be identified for a PCIT WATER Trainer role within the Provider Agency • PCIT WATER Trainers must have served at least two PCIT cases to graduation during the Learning Collaborative. WATER Trainers must also be fully certified prior to the WATER Training	
Non-Clinical Staff		
Senior Leaders /Administrators	• Senior Leaders/ Administrators, Quality	• Participate in pre-work activities, including initial site visit

Quality Improvement, Training, and Support Staff Community Liaisons Family Partners	Improvement, Training, and Support Staff, Community Liaisons, and Family Partners will not attend PCIT training	• Complete PCIT Change Toolkit with implementation team • Complete Readiness Assessments individually • Attend identified Learning Sessions and initial overview of clinical training • Participate in Affinity Group activities • Participate in ongoing Implementation Team meetings and activities to sustain PCIT implementation and guide quality improvement • Collaborate with BCCF faculty as needed • If identified as a Senior Leader, participate in senior leader consultation calls

3 LEARNING COLLABORATIVE ACTIVITIES AND EXPECTATIONS FOR ACTIVITIES

The Learning Collaborative will include the following components carried out over the course of the 24-month long training cohort, all of which will be mandatory for participating Provider Agencies.

3.1 Overview of Activities & Timeline*



*Dates may be subject to change based on scheduling restrictions.

3.2 Pre-Work Phase

All NCTSN Cat-3 Provider Agencies will participate in a **Pre-work Phase**, which will include the completion of pre-implementation activities within their agency to prepare for PCIT implementation and participation in the Learning Collaborative. The pre-work phase includes:

- Participating in a virtual **site visit** with The Baker Center for Children and Families Faculty where we can meet your team, answer questions, understand your needs as an organization, and tailor the upcoming Learning Collaborative activities to your Provider Agency;
- Creation of an organizational storyboard;
- Completing a **Readiness Assessment**, an organizational readiness tool including structured self-reflections on resources, and questions about organizational capacity to implement the practice;
- Reviewing readings and other introductory materials;

- Participating in conference calls with The Baker Center for Children and Families as needed; and
- Establishing a weekly meeting time and structure for ongoing collaboration among members of the Provider Agency Implementation Team.

3.3 PCIT Clinical Training & Consultation

3.3.1 Initial Clinical Training

Participating NCTSN Cat-3 Provider Agencies will identify and select interested and motivated clinicians to receive intensive training in PCIT and CHART. Training will be a total of five (5) days (35 hours total) that will take place on June 12-14, 2024 and September 19-20, 2024. Attending all days of the training is **mandatory** for all identified clinicians. The training will be held at our office in Waltham to accommodate the use of our PCIT rooms.

3.3.2 Clinical Consultation

NCTSN Cat-3 Provider Agency clinicians will also receive biweekly case consultation from a PCIT expert trainer at The Baker Center for Children and Families to support the implementation of the PCIT protocol with fidelity. Clinicians will participate in virtual group consultation calls lasting 1 hour each for 12 months and are expected to use the CHART system to monitor client progress and response to treatment.

3.4 Learning Sessions & Action Periods

3.4.1 Learning Sessions (3, single day trainings)

Staff from NCTSN Cat-3 Provider Agencies, identified to participate in the Learning Collaborative, will participate in three (3) 1-day Learning Sessions. Participation by senior leaders, administrators, quality improvement managers, supervisors, clinicians, community liaisons, and family partners (as applicable) is mandatory. Learning Sessions will focus on advanced topics to supplement training and consultation calls and foster implementation. Sample topics include:

- Case presentations;
- Advanced clinical issues;
- Identifying implementation barriers and developing strategies to overcome them;
- Enhanced methods for engaging and/or training family partners to support PCIT implementation;
- Additional training on screening and referrals;
- Data-driven clinical decision-making; and
- The use of CQI tools to help identify, prioritize, address, and evaluate identified challenges (e.g., Plan-Do-Study-Adapt cycles).

3.4.2 Action Periods and Plan-Do-Study-Adapt (PDSA) Cycles

Periods between the three Learning Sessions are referred to as Action Periods. During this time, Implementation Teams will work intensively to implement what they have learned and follow through on plans from Learning Sessions, through **Plan-Do-Study-Adapt Cycles (PDSAs)**, a core aspect of the Learning Collaborative's model for quality improvement. In these cycles, teams develop ideas or innovations for addressing barriers in implementation by testing them in the field on a limited or short-term ("pilot") basis, assessing successes or challenges experienced in testing, adjusting the idea or innovation accordingly, and then expanding their use to a larger scale (e.g., on a more long-term basis, or throughout the agency).

In addition to completing PDSAs, during the action periods, NCTSN Cat-3 Provider Agencies will:

- Receive implementation data reports;
- Participate in web conference consultation (e.g., clinical web conference consultations, senior leader calls);
- Complete follow-up Readiness Assessments;

- Completing the **PCIT Change Toolkit**, a structured set of assessment and planning tools to aid Provider Agencies in developing a work plan to guide PCIT implementation and self-evaluate progress; and
- Collaborate with The Baker Center for Children and Families to develop and implement continuous quality improvement tools and processes.

3.5 PCIT Level I Training & Consultation

3.5.1 PCIT WATER Training

To become PCIT WATER Trainers, **candidates must first see PCIT clients and become certified as PCIT clinicians**. Once a clinician becomes PCIT certified, they are eligible to attend the PCIT WATER Training. PCIT WATER Training is a train the trainer model designed to prepare PCIT Supervisors to deliver training in the intervention and ongoing supervision to additional clinicians at each NCTSN Cat-3 Provider Agency. Each Provider Agency will select one clinician to attend the WATER Training. The WATER Training is a virtual 1-day (8-hour) program that focuses on advanced PCIT topics as well as supervisory strategies and techniques. Please note that while individuals who ultimately attend the PCIT WATER training may or may not be current supervisors at your agency, it is the expectation that your agency supervisors will maintain an active caseload of at least two PCIT clients throughout the Learning Collaborative.

3.5.2 PCIT WATER Trainer Consultation

PCIT WATER Trainers will also receive monthly case consultation from a PCIT expert at The Baker Center for Children and Families. Trainers will participate in virtual group consultation calls lasting 1 hour each for 12 months and submit clinical sessions demonstrating their training skills.

3.6 Senior Leader Calls

The Senior Leaders at each NCTSN Cat-3 Provider Agency will engage in monthly senior leader calls led by The Baker Center for Children and Families faculty throughout the course of the Learning Collaborative. The calls will focus on promoting effective administrative processes and supports, reviewing metric and outcome data, and addressing implementation challenges to facilitate the sustainability of PCIT.

4 ADDITIONAL EXPECTATIONS OF PARTICIPATING PROVIDER AGENCIES

Additional anticipated expectations of NCTSN Cat-3 Provider Agencies participating in the Learning Collaborative include:

- Contract execution adhering to The Baker Center for Children and Families contracting procedures.

- Carrying Insurance (liability, fidelity bonding or surety bonding, and/or other) throughout the contract adequate given work performed to "save harmless" from any claims, suits, or demands that may be asserted against the National Child Traumatic Stress Network, the Substance Abuse and Mental Health Services Administration, or The Baker Center for Children and Families, by reason of any act or omission of the Respondent, sub-Respondent, or employees in providing services hereunder, including but not limited to any claims or demands for malpractice. Certificates of such insurance shall be filed with The Baker Center for Children and Families prior to the performance of service.
- Work-related time for clinical staff to participate in the following activities*:

a) Pre-work activities in preparation for the first Learning Collaborative session;
b) Five days of PCIT Clinical Training;
c) Biweekly PCIT consultation via web conference, with PCIT consultants
d) Preparation and uploading of select PCIT sessions for PCIT consultants;
e) Three 1-day Learning Sessions;
f) Attending weekly Implementation Team meetings at your agency;
g) Completing quality improvement assessments;

h) For selected clinicians, the 1-day WATER Training; and
i) For selected clinicians, monthly PCIT WATER Trainer consultation via web conference, with PCIT consultants.

*We encourage agencies to consider productivity requirements when allocating time for these activities.

2) Work-related time for non-clinical staff to participate in the following activities:
   a) Pre-work activities in preparation for the first Learning Collaborative session;
   b) Three 1-day Learning Sessions;
   c) Attending weekly Implementation Team meetings at your agency; and
   d) Completing quality improvement assessments.

- Communication equipment such as computers, internet, and other resources.
- Facilities/space for consultation meetings and counseling sessions.
- Other project-related costs, including supplies, as needed.
- Please note, the Baker Center will be reimbursing travel related expenses for clinical staff to participate in the 5-day PCIT Training and for clinical and non-clinical staff to participate in the three 1-day Learning Sessions.

5 QUESTIONS

If you have any questions, please contact:

Rachel E. Kim, Ph.D.
Director of Implementation
Associate Director of Training
The Baker Center for Children and Families
rkim@bakercenter.org
Office: (617)-278-4256

6 HOW TO PARTICIPATE

6.1 Q & A Calls

- Two Q & A calls will be held via Zoom on **Wednesday, March 6, 2024, from 1:00-2:00pm ET** and **Thursday, March 14, 2024, from 12:00-1:00pm ET** during which we will answer any questions about the Program Announcement and Requirements.

  Zoom Link: https://judgebaker.zoom.us/j/2804140468

6.2 Letter of Commitment and Participation Form

NCTSN Cat-3 Provider Agencies interested in participating in the Learning Collaborative will complete the attached Letter of Commitment and Participation Form (see Section 7). Section 7.2 should address each of the questions posed in the participation form. The narrative should be limited to 5 pages, 1.5 line spacing, 1" margins, 12 pt. font.

6.3 Letter of Commitment and Participation Form Submission

The Baker Center for Children and Families must receive an electronic copy no later than **Monday, April 8, 2024, at 5:00 PM ET** sent to The Baker Center for Children and Families at ctsc@bakercenter.org.

7 LETTER OF COMMITMENT AND PARTICIPATION FORM

The NCTSN PCIT Learning Collaborative Letter of Commitment and Participation Form Checklist	
☐	Letter of Commitment and Participation Form submitted by **Monday, April 8, 2024, at 5:00 PM ET.** ☐ Section 7.1: Cover Page ☐ Section 7.2: Brief Description of Agency ☐ Section 7.3: Table of Participating Agency Clinical Staff ☐ Section 7.4: Table of Participating Agency Non-Clinical Staff ☐ Section 7.5: Appendices ☐ Organizational Chart ☐ Current Organizational Certificates of Accreditation and Licensure

Electronic commitment letter and participation form must be sent to the following email address:

ctsc@bakercenter.org

The Baker Center for Children and Families
The NCTSN PCIT Learning Collaborative
Letter of Commitment and Participation Form

7.1 Cover Page

Date: _____

Organization Information
Please answer all questions on this page. Do not refer to attachments.

Provider Agency Name

Legal Name of Organization (if different from above)

Address of Organization

Authorized Officer and Title (Chief Executive/President/Executive Director)

Tax ID # Telephone Fax E-mail

Contact Person and Title for the Application, if Different from Authorized Officer

Address of Contact Person if Different from Authorized Officer

Telephone Fax E-mail

Provider Agency Director

Provider Agency Catchment Area (Cities and Towns)

Provider Agency Location

7.2 Brief Narrative

Please provide the following information in a narrative (limit the entire Narrative Response to 5 pages or less with 1.5 line spacing, 1" margins, 12 pt. font).

7.2.1 Provide a brief description of your organization including years in operation, mission, client population, numbers served, ages, and the current range of services and/or activities provided.

7.2.2 Describe why you would like to implement PCIT at your agency and participate in this Learning Collaborative and the benefits/opportunities you foresee relative to improved access, quality, and outcomes for children and families, particularly in the treatment of traumatic stress and/or related behavioral challenges). How do you see PCIT fitting into your agency, including the challenges and benefits?

7.2.3 Provide a brief description of:

7.2.3.1 The number of children between ages 2 and 7 served annually by your agency.

7.2.3.2 The number of child-serving clinicians (licensed and non- licensed) at your agency.

7.2.3.3 Percentage of salaried versus contracted child-serving clinicians.

7.2.3.4 The number or percent of children served by your agency who present with problems related to traumatic stress and/or related behavioral challenges.

7.2.3.5 How do you currently assess for these types of problems? How do you assign cases to clinicians? How will you ensure that clients appropriate for PCIT will be directed to the correct clinicians? What standardized assessment tools do you use to monitor clinical progress and outcomes?

7.2.4 Describe your organization's experience with implementing evidence-based practices (EBPs).

7.2.4.1 What type of formalized training has your staff received in EBPs?

7.2.4.2 Has staff utilized EBPs in practice? If so, which EBPs have been used in practice?

7.2.4.3 Have staff received supervision or consultation on specific EBPs? If so, which EBPs?

7.2.4.4 Has your agency ever participated in a Learning Collaborative? If so, please describe.

7.2.4.5 What kind of ongoing support for these EBPs has your staff received? (i.e. financial support, additional training, etc.)

7.2.5 Learning and implementing a new intervention takes time, planning, and consultation. How will you provide administrative support, including modification of clinician schedules/responsibilities (including productivity requirements, if necessary), in order to accommodate for the time required to:

7.2.5.1 Implement a new practice

7.2.5.2 Receive training in PCIT and CHART (progress monitoring tool)

7.2.5.3 Receive biweekly consultation from expert PCIT consultants

7.2.5.4 Submit key sessions via a secure file sharing site

7.2.5.5 Utilize CHART in clinical practice (regularly entering and monitoring client data)

7.2.5.6 Engage in implementation and quality improvement activities (such as regularly evaluating continuous PCIT implementation and engaging in brainstorming across agencies)

7.2.5.7 Describe your agency's plan for ensuring that the practice will meet the cultural and linguistic needs of the target population, including use of effective family engagement practices. Please identify the ethnic/racial demographics of the target population and specify how you will accommodate these needs and ensure that families in your catchment area have access to services.

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7.3 Table of Required Agency Clinical Staff

In Table 1, please provide a list of up to five (5) clinical staff you believe are appropriate candidates for the Learning Collaborative. Selected staff should include clinicians identified to participate in PCIT training and deliver PCIT to children and families on a daily basis, as well as participate in Provider Agency Implementation Teams, Learning Sessions, and other Learning Collaborative activities. Please refer to Section 2.3, Table 1 for detailed selection criteria of appropriate staff to serve in these roles and Table 2 for detailed expectations for participation. At least two clinicians should be selected who might be able to serve in a PCIT Level I Trainer capacity by the end of the Learning Collaborative. All clinical staff listed below, including supervisors, MUST carry an active caseload of at least two families (recommendation is between 2 and 7) at all times during the Learning Collaborative.

Table 1. Clinical staff

Name	Full time or part time	Current position*	Salary or contract?	Degree	Active with another provider? (Y/N)	Licensed? Highest license	Bilingual? Specify language	Total Caseload	Children between 2 and 7 years Caseload?	Staff training & use in EBPs? List all EBPs by staff	Site Location? Primary program affiliation	Has watched PCIT coaching video? (Y/N)
1.												
2.												
3.												
4.												
5.												

* Denotes a staff member who supervises others' clinical activities.

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7.4 Table of Agency Non-Clinical Staff

In Table 2, please provide a list of Agency non-clinical staff you believe are appropriate candidates for the Learning Collaborative. Selected staff should include senior leaders and administrators, state systems liaisons, and family partners who will participate in Provider Agency Implementation Teams, Learning Sessions, and other Learning Collaborative activities. Please refer to Section 2.3, Table 1 for detailed selection criteria of appropriate staff to serve in these roles and Table 2 for detailed expectations for participation. **Since successful implementation requires top-level support, senior agency administrators are expected to attend the morning of the first training day (Wednesday, June 12, 2024, from 9:00 AM to 12:00 PM ET) for an overview of PCIT and the implementation fundamentals.**

Table 2. Non-clinical staff

Name	Full time or part time	Current position	Degree	Anticipated role within Learning Collaborative	Staff familiarity with EBPs? List all EBPs by staff	Site Location? Primary program affiliation
Senior Leaders/Administrators						
1.						
2.						
3.						
Quality Improvement, Training, and Support Staff						
1.						
2.						
3.						
4.						
Family Partners						
1.						
2.						

3.						
Community Liaison						
1.						

7.5 PCIT Space and Technology. PCIT conducted in a clinic setting requires specific space and technology to allow the therapist to provide in vivo coaching to participating caregivers as they play with their child. Due to the technology requirements, Telehealth can be a good option for the conduct of PCIT, but PCIT delivered via Telehealth requires specific considerations as well.

1. Please indicate how your team will conduct PCIT:
    a. In person
    b. Telehealth
    c. Both in person and Telehealth

If you responded either a or c, please complete the Clinic Space Assessment. If you responded either b or c, please complete the Telehealth Assessment.

PCIT Clinic Based Assessment:

1. Does your space include an observation room with a one-way mirror or video monitoring?
   _____

2. If you do not currently have the appropriate space for PCIT, please describe a plan for developing this space:
   _____
   _____
   _____
   _____

3. Do you have a communication system that will allow you to talk to a caregiver live during sessions?
   _____

4. Do you have resources to videotape sessions so that a visual of the caregiver-child interaction and an audio of the therapist in an adjacent room can be recorded concurrently? If not, please describe a plan to attain these resources, if any:
   _____

PCIT Telehealth Assessment:

1. Do you have access to a HIPAA compliant teleconferencing platform that allows recording, such as Zoom?
   _____

2. Are computers equipped with microphones and webcams?
   _____

3. Do most of your clients have access to a computer, tablet, or smartphone, with high-speed internet? If not, do you have funding to supply these devices?
   _____

7.6 PCIT is a live coaching model, in which the therapist spends the majority of the therapy session providing real time feedback to participating caregivers as they use the treatment skills with their child. Please have potential therapists' watch the following sample of PCIT coaching:

https://drive.google.com/file/d/1gU_eMXCcmSBbRpYhCKGsiYJEC_Myv357/view?usp=sharing

1. What are your therapists' initial reaction to observing this clip?

2. How comfortable have your therapists said they would feel about learning to provide live coaching such as this?
    a. Not at All Comfortable
    b. Somewhat Uncomfortable
    c. Somewhat Comfortable
    d. Very Comfortable

7.7 Appendices

Please include as an appendix to this application the following supporting documents:

Organizational Chart

Current Organizational Certificates of Accreditation and Licensure