The Child Trauma Training Center (CTTC) is pleased to announce that we are accepting applications from mental health agencies and clinicians in private practice who treat youth (ages 0-25) whose lives have been impacted by trauma, to participate in a no cost Trauma- Focused Cognitive- Behavioral Therapy (TF-CBT) intensive learning community. CTTC is focused on providing services to underserved high risk youth, including court involved youth, transition-age youth (16-25), youth of substance abusing parents, LGBTQ, youth in military families, and victims of commercial sexual exploitation/trafficking. Funding secured through a competitive grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Child Traumatic Stress Network (NCTSN) allows us to offer this training at no cost for participants.

The launch of this initiative enables CTTC to enhance the availability of evidence supported therapeutic interventions to youth victims of trauma throughout Massachusetts. In addition to the learning community, CTTC will work with agencies, clinicians, and consumers in accessing LINK-KID, a centralized referral system based at the UMASS Medical School’s Child Trauma Training Center connecting children with appropriate therapeutic intervention. Thank you for your interest in this exciting opportunity. Please do not hesitate to contact us should you have questions about this process.

This application is structured to facilitate agencies/clinicians engaging in a self-reflective process to assess their organizational readiness to implement trauma-focused Evidence Based Treatments (EBTs) through participation in the Intensive Learning Community (ILC) approach. In this light, it is highly recommended that all appropriate members from your agency are involved in completing and/or reviewing this application.

* There is no fee for this application. The Child Trauma Training Center will be prioritizing applications from agencies in Norfolk and Suffolk Counties. However, agencies, group practices, and private practices throughout MA are welcome to apply. Additional regions will have the opportunity to receive this training free of cost in future years. Applications that are accepted from agencies that are outside of the catchment area (Norfolk & Suffolk Counties) will be obligated to pay a fee of $250/clinician. This cost offsets the additional trainer time and consultation required for their participation.
* For each application you will be asked to identify a senior leader and clinical supervisor. We recognize that many individuals may have dual roles in their agency (e.g., senior leader and supervisor). Each applicant can choose a primary and a secondary role (if applicable).

* Agencies and clinicians must agree to prioritize referrals from LINK-KID – these referrals MUST go to EBT-trained clinicians.
* Demonstration of support from an agency fortifies a candidate’s application.
* The primary contact person for agency applications will be the Senior Leader/Supervisor identified in applications (unless otherwise specified). Typically, correspondence goes to both the Senior Leader/Supervisor noted in application who then disseminate information to the remaining participants accordingly.
* If you are a clinician in group practice or private practice, we understand that you will be applying for this training as an individual, not within an agency. We acknowledge that you will not have a Senior Leader, Supervisor, or Intake/Referral Coordinator on your team. As the Learning Community progresses, we will be discussing with you best ways to offer you support. Please complete the application below as it pertains to you as the sole clinician.

**The format of the TF-CBT ILC training is as follows:**

* Online Training via TF-CBT*Web*
* Basic Training: Two day in-person TF-CBT training (3/19 & 3/20/2018) conducted by Dr. Jessica Griffin & Dr. Jessica Wozniak
* Face-to-face training on the use of trauma assessments, conducted by Dr. Jessica Dym Bartlett/Child Trends (CTTC’s independent evaluator) (which will be held within the TF-CBT basic training)
* Complete REDCap webinars prior to 2 day Basic Training - REDCap is CTTC’s database which houses the clinical measures/tools to be used in TF-CBT
* Ongoing monthly consultation calls for therapists conducted by Drs. Griffin and Wozniak – including formal case presentations by each clinician (clinicians must participate in a minimum of 9 out of 12 calls)
* Monthly Supervisor/Senior Leader calls (30 minutes, following the consultation calls)
* Supervisor/Senior Leader Training one ½ day in-person training (only for the TF-CBT supervisors identified within each agency)
* Advanced Training: Two day in person training for all participants conducted by Drs. Griffin and Wozniak (to be held in Fall 2018)
* Clinicians will be expected to use TF-CBT with a minimum of 3 youth and enroll a minimum of 3 youth in TF-CBT using the trauma assessments
* Agencies/clinicians participating in the TF-CBT ILC will be willing to take TF-CBT referrals from the CTTC LINK-KID referral system and prioritize referrals to the EBT-trained clinicians.

IMPORTANT DATES:

 INFORMATIONAL CALLS: **Tuesday, Jan 9th at 12:00 and Wednesday, Jan 24th at**

 **11:00** **508-856-8222 code 3994#** (calls are recommended, but not mandatory)

 APPLICATIONS DUE: **Friday, February 2, 2018**

 NOTIFICATION OF ACCEPTANCE: **Friday February 23, 2018**

 2-DAY TF-CBT BASIC TRAINING: **Monday March 19th & Tuesday March 20th**

*Should you require assistance or have questions, please contact* ***Genevieve Kane-Howse*** *at* ***genevieve.kane-howse@umassmed.edu*** *or at* ***774-455-4102****.*

**APPLICATION**

**\*NOTE: Implementing an EBT is a rewarding yet time intensive process for an agency and for clinicians…keep this in mind when thinking about team members.**

**Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Address/Locations\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*If your agency has multiple sites, please list each site that will have clinicians participating in this training.**

 **(e.g. You Inc. has sites in Worcester, Southbridge, and Gardner)**

**Description of Agency, Team, Implementation Plans, and Experience**

This application offers each agency an opportunity to participate in a process to assess their readiness to implement Trauma-Focused Cognitive-Behavioral Therapy in their organization through the Intensive Learning Community (ILC) approach. As noted previously it is recommended to have all appropriate parties (i.e. applicant, supervisor, agency head/senior leader) involved in completing this application.

Please write your responses below each question.

***1. Agency Description***

#### Briefly describe your agency. Please be sure to include the following information:

#### Agency Name

* Agency Overview
* Number of Clinical Staff
* Referral/Intake Coordinator-to collaborate with LINK-KID referral coordinators
* Geographic area served by agency
* Client Population Served (specify race/ethnicity, language, and other important characteristics)
* Specify underserved, high risk populations that your agency serves
* Setting(s) in which practices are implemented (e.g., clinic, home-based, school, etc.)
* Trauma-focused approaches currently provided by your agency and history of treating children with trauma reactions (in particular complex trauma)
* Past or present participation in any learning collaboratives

**Trauma-Informed Care**

* Please explain your agency’s understanding of trauma-informed care. Briefly describe services and supports your agency either currently employs or views as areas of growth needed to become a trauma-informed organization.

***2. Applicants Listed***

***AGENCY MEMBERS***

*a) Agency Clinicians* ***(please limit clinicians to between 4-6 in total)***

Briefly describe each clinician (not supervisor or senior leader) from your agency who will participate in the Intensive Learning Community (ILC). Please include the following information for each individual named:

* Name, Title, E-mail and Phone Number
* Length of time at the agency and roles/responsibilities within the agency
* Experience in treatment of trauma, child treatments, including any prior TF-CBT exposure/training, and parent involvement/intervention
* Experience with serving underserved, high-risk populations (sub-populations described above)

*b) Agency Supervisor*

Please provide the supervisor’s demonstration of support and participation in this learning collaborative. Briefly describe the supervisor from your agency who will participate in the ILC. Please have the supervisor include the following information:

* Name, Title, E-mail and Phone Number
* Length of time at the agency and responsibilities/roles within the agency
* Experience with implementing Evidence Based Treatments, including TF-CBT if applicable
* Overall theoretical and clinical orientation
* Percentage of time spent on clinical supervision vs. administrative supervision?
* In addition, please describe the model for clinical supervision that is used at your agency.
* Experience with serving underserved, high-risk populations (sub-populations described above)

*c) Senior Leader*

Briefly describe the senior leader from your agency who will participate in the ILC. Please have the senior leader include the following information about their experience:

* Length of time at the agency and roles/responsibilities within the agency
* The senior leader’s experience implementing Evidence Based Treatments, including TF-CBT if applicable.

***3. Agency’s Screening and Assessment***

 Please address the following questions about screening and assessment procedures:

* How does the agency plan to identify potential TF-CBT clients? How will children and families be screened to ensure that they are appropriate for TF-CBT?
* Does your agency currently screen for trauma history of the youth and parents/caregivers it serves? If so, when does this trauma screen happen?
* Does your agency currently conduct a trauma assessment after a positive trauma screen? Is trauma history assessed using formal instruments? If so, which instruments?

***4. Organizational Change and Sustainability***

Learning and implementing a new intervention is demanding. Describe the administrative supports, resource allocation, and strategies your agency will use to support uptake of TF-CBT through the ILC. Specifically, explain how your agency will provide administrative support for staff to attend training sessions, prepare for and participate in monthly consultation calls, recruit new clients, learn and provide weekly supervision and assist with evaluation activities by answering the following:

1. Is TF-CBT currently being utilized in other programs in the agency? Describe any prior experience your agency has had using EBT’s.
2. Are there any current on-going learning collaboratives at the agency?
3. How will your agency work to ensure that TF-CBT takes hold and will be implemented with sufficient fidelity *after* the ILC ends?
4. Will your agency’s current reimbursement mechanisms cover TF-CBT? If not, what are your plans for obtaining the funding that will allow you to implement and sustain the practice?
5. How will your agency be able to provide ongoing supervision to therapists using TF-CBT once the ILC ends?
6. Please describe the challenges to implementation that your agency anticipates, and how senior leadership plans to meet these challenges.

**Expectations for participation:**

Instructions for completion

* For each expectation, choose the response that best describes your agency’s ability to meet that expectation. Please comment on challenges to your agency’s ability to meet these expectations and propose potential solutions.
* **Completing this portion of the application as a group is recommended (either in a face-to-face format or through synthesizing feedback from each member).**
* “Challenges and proposed solutions” must be addressed if *No/Not sure* is selected for a particular expectation. However, it is NOT necessary to comment on an expectation if your team does not believe there are significant barriers to meeting it.

***All supervisors/clinicians will*:**

* + Participate in pre-work activities, including online TF-CBT*Web* and REDCap online training prerequisites.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* Conduct clinical trauma assessments/measures on youth at the beginning and end of TF-CBT via REDCap.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* + Attend training sessions (Basic 2 day training, 2 day Advanced training, Supervisor training) and complete assignments to prepare for the training sessions.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* Prepare for and participate in consultation calls once per month. Participation will include giving a formal case presentation once during the ILC on a clinical call.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* + Meet as a group, within the agency, at least once per month (preferably weekly to biweekly) to evaluate progress, (e.g., review client outcomes, monitor referral expectations, strategize difficult cases), prepare for consultation, identify challenges, and discuss next steps for practice and system improvements.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* + Participate in the evaluation including: (Optional for Senior Leader)
* Completing questionnaires (e.g., to provide feedback about the ILC experience);

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

***All clinicians will*:**

* + - Complete all reading assignments and online training during pre-work phase.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* + - * Enroll a minimum of **3 clients** into TF-CBT via REDCap.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

***All identified supervisors will*:**

* + - Complete all reading assignments and online training during pre-work phase.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* + - * Enroll a minimum of **1** client into TF-CBT via REDCap.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* + - Administer clinical assessments/measures as specified through the ILC for children receiving TF-CBT at the start, follow-up, and end of treatment.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* Attend TF-CBT Supervisors’ Training.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* Prepare for and participate in TF-CBT consultation calls once per month.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* Participate in supervisor specific meetings/calls, as needed.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* + Ensure clinicians receive clinical supervision 1 hour per week either individually or in a group setting and ensure they are meeting ILC requirements.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* Track clinician’s evaluation participation, including monitoring the following activities:
* Collecting and submitting required fidelity and clinical assessment data
* Review client outcome data and use data clinically with family and guardian

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

***The senior leader will*:**

* As pre-work for the first basic training, participate in a pre-work discussion on organizational readiness and complete assigned readings.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* Ensure LINK KID referrals are being prioritized.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* Either participate in monthly team meetings or meet with clinical supervisor monthly for team updates.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* Ensure completion of a follow-up survey one year after the end of the ILC to evaluate whether agency is sustaining the practice. This survey may require input from other staff/team members.

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

* Ensure that all team members have the necessary support to participate in the ILC, including:
* Time to attend all training sessions;
* Time to prepare for and participate in monthly consultation calls;
	+ Regular access to and use of email and the Internet; and
* Time to participate in internal team meetings;
* Time, materials, and support from agency leadership necessary to implement the TF-CBT model

[ ]  Yes [ ]  No/Not sure

Challenges and proposed solutions:

**Signatures***:*

*Supervisor Approval

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, support this application including the clinicians within it and understand my role as supervisor.*

Date application reviewed and approved by supervisor(s): \_\_\_\_\_\_\_\_\_\_

Date application completed: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Agency Administrator/Senior Leader Approval*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Authorized Signatory

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**SUBMISSION DEADLINE**

All applications must be received by **5:00PM FRIDAY, FEBRUARY 2nd, 2018.**

Scanned/electronic applications formatted in PDF are preferred and should be submitted to genevieve.kane-howse@umassmed.edu. Faxed applications are also accepted and can be sent to 774-455-4111 **ATTN**: Genevieve Kane-Howse

You will be notified of acceptance of your application by **Friday February 23, 2018.**