



Program Announcement and Requirements

Title: The Orange County TF-CBT Learning Collaborative

Date: November 10, 2021

***** Letter of Intent *****

Friday, November 19, 2021 at 5:00 PM ET

***** Participation Form Deadline *****

Monday, December 13, 2021 at 5:00 PM ET

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The Orange County TF-CBT Learning Collaborative: Program Announcement and Requirements

1 INTRODUCTION AND GENERAL DESCRIPTION

1.1 Scope and Description of Work

Judge Baker Children's Center ("Judge Baker") and the Orange County Community and Family Services, Mental Health and Homelessness Division ("Orange County") are excited to announce the start of **The Orange County TF-CBT Learning Collaborative** (the "Learning Collaborative"). The Learning Collaborative will include and engage Provider Agencies from in and around Orange County, Florida, subject to funding approval.

TF-CBT (or Trauma-Focused Cognitive Behavioral Therapy) is a structured, short-term evidence-based treatment model that effectively helps children and adolescents recover from traumatic stress by improving a range of trauma-related outcomes. The intervention has been rigorously tested and employed successfully to improve child outcomes in diverse Provider Agencies both nationally and internationally.

All participating Provider Agencies will receive training and implementation support from Judge Baker over the course of the Learning Collaborative. The Learning Collaborative will last approximately 18 months. Intensive training, technical assistance, and support will be provided in all aspects of TF-CBT implementation, allowing Provider Agencies to skillfully install the TF-CBT 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 Orange County TF-CBT Learning Collaborative**, consisting of an expert faculty from JBCC, county leaders, and workgroups from each participating 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.
- **Intensive and ongoing training of selected clinicians from each Provider Agency in TF-CBT**, including a 2-3 day initial training, three multi-disciplinary day-long trainings ("Learning Sessions"), a 1-day advanced training, and monthly consultation for the duration of the initiative.
- **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 TF-CBT implementation**, including assessment and referral, performance tracking, and quality improvement activities.

1.2 Background on the TF-CBT Intervention & Learning Collaborative Model

1.2.1 TF-CBT 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. TF-CBT is an evidence-based practice that has been evaluated and refined over the past 30 years to help children and adolescents recover after traumatic experiences.

TF-CBT is a structured, short-term treatment model that effectively improves a range of trauma-related outcomes in a series of 8 – 25 sessions with the child and caregiver. Clients typically progress through eight core TF-CBT components as they master skills, process trauma experiences, and experience a reduction in their trauma symptoms.

Randomized controlled trials conducted in the United States, Europe, and Africa comparing TF-CBT to other active treatment conditions consistently show that TF-CBT is superior in improving children's responses to and symptoms as a result of trauma. TF-CBT was originally developed to address the needs of children who experienced sexual abuse. However, over the past 20 years it has been used and studied with many other populations of traumatized youth. The research consistently shows that TF-CBT is effective for diverse, multiple, and complex traumatic experiences, for youth of different developmental levels, and across different cultures.

The federal government's Substance Abuse and Mental Health Services Administration has recognized TF-CBT as a Model Program due to the extensive outcome data from randomized controlled trials that supports its effectiveness in improving a variety of problems. TF-CBT is also listed on the current registry of The California Evidence-Base Clearinghouse for Child Welfare. Although TF-CBT is highly effective at improving youth posttraumatic stress disorder (PTSD) symptoms and diagnosis, a PTSD diagnosis is not required to receive this treatment. TF-CBT effectively addresses many other impacts of trauma, including affective (e.g., depressive, anxiety) and cognitive and behavioral problems, as well as improves caregiver personal distress regarding the child's traumatic experience, effective parenting skills, and supportive interactions with the child.

Utilized in tandem with TF-CBT is the *Treatment Response Assessment for Children (TRAC) System*, a user-friendly, electronic monitoring and feedback tool, which allows clinicians to easily and effectively collect outcome data and monitor progress of children in therapy. Research has demonstrated tracking and use of outcome data by clinicians through the TRAC System has a substantial and direct positive impact on client outcomes.

1.2.2 The Judge Baker Children's Center Learning Collaborative Approach

Successful implementation of evidence-based practices involves more than participating in trainings or consultations. The Judge Baker Learning Collaborative approach used to implement TF-CBT 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 or county 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 TF-CBT model in Provider Agencies in Orange County, Florida.
- Work collaboratively with the Orange County Government, local community-based providers, and community and family representatives to implement the TF-CBT model with fidelity and good outcomes.

- Implement the necessary data collection and monitoring systems at the local and state or county level to monitor both metric and outcome data generated by the TF-CBT implementation.
- Train Provider Agency teams in the TF-CBT model.
- Engage senior leadership in ongoing implementation support, including “plan-do-study-act” 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 TF-CBT within the Provider Agency settings for children and adolescents ages 3 to 21 with Posttraumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences and their parents or primary caregivers.

2.3 Provider Agency Implementation Teams

The Learning Collaborative will include up to seventy-five (75) clinical staff (i.e., Master’s level or above mental health clinicians who actively treat children and adolescents at the Provider Agency) – from no more than ten (10) 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, 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 TF-CBT 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 Provider Agencies to embed TF-CBT within their child and adolescent services and to become leaders in the county for this highly supported evidence-based practice.

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 TF-CBT training.
Non-Clinical Staff	
Senior Leaders /Administrators	Senior leader(s) within the Provider Agency who oversees clinical activities and is responsible for organizational changes necessary to support TF-CBT 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 Liaison	Local community representative of a child-serving agency whose function is to support the Provider Agency’s implementation within the greater community.
Family Partners	Individuals (staff or otherwise) who bring the caregiver’s perspective to the treatment of children and adolescents at the Provider Agency. Will provide ongoing consultation to ensure that TF-CBT 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.

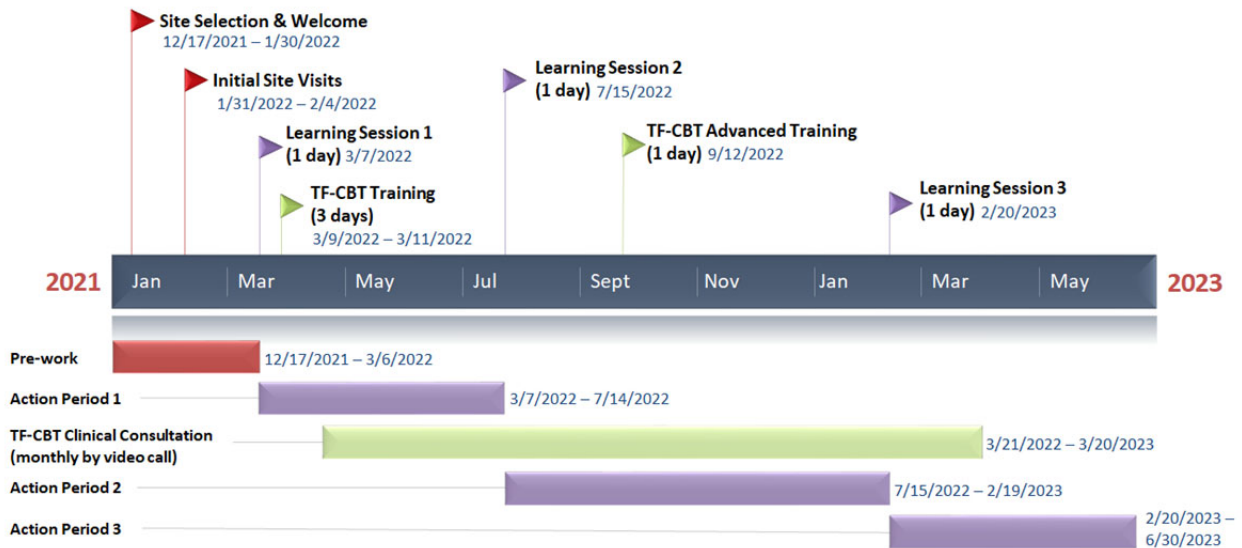
Table 2. Expectations of Provider Agency Staff Types

Role	TF-CBT Training Expectations	Learning Collaborative Expectations
Clinical Staff		
Clinicians	<ul style="list-style-type: none"> Six to eight clinicians should attend the TF-CBT training 	<ul style="list-style-type: none"> Participate in pre-work activities, including the initial site visit Complete TF-CBT 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 Participate in TF-CBT training and begin enrolling TF-CBT cases Use TRAC System to assess progress of TF-CBT cases Participate in ongoing Implementation Team meetings and activities to sustain TF-CBT implementation and guide quality improvement Collaborate with Judge Baker faculty as needed
Non-Clinical Staff		
Senior Leaders / Administrators	<ul style="list-style-type: none"> Senior Leaders, Quality Improvement, Training, and Support Staff, Community Liaisons, and Family Partners will not attend the TF-CBT training 	<ul style="list-style-type: none"> Participate in pre-work activities, including the initial site visit Complete TF-CBT 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 TF-CBT implementation and guide quality improvement Collaborate with Judge Baker faculty as needed If identified as a Senior Leader, participate in senior leader consultation calls
Quality Improvement, Training, and Support Staff		
Community Liaison		
Family Partners		

3 LEARNING COLLABORATIVE ACTIVITIES AND EXPECTATIONS FOR ACTIVITIES

The Learning Collaborative will include the following components carried out over the course of the 18 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 Provider Agencies will participate in a **Pre-work Phase**, which will include the completion of pre-implementation activities within their agency to prepare for TF-CBT implementation and participation in the Learning Collaborative. The pre-work phase includes:

- Participating in a **site visit** with Judge Baker Faculty where we can meet your team, answer questions, understand your needs as an organization, and tailor the upcoming Learning Collaborative activities to your site;
- 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 Judge Baker as needed; and
- Establishing a weekly meeting time and structure for ongoing collaboration among members of the Provider Agency Implementation Team.

3.3 TF-CBT Clinical Training & Consultation

3.3.1 Initial Clinical Training

Participating Provider Agencies will identify and select interested and motivated clinicians to receive intensive training in TF-CBT and TRAC. Training will take two (2) days (6 hours/day, March 9 – 10, 2022) if conducted in-person and three (3) days if conducted virtually (4 hours/day, March 9 – 11, 2022) (12 hours total). Attending all days of the training is **mandatory** for all identified clinicians. The training will be held at a site centrally located for the participating Provider Agencies if conducted in-person (TBD).

3.3.2 Clinical Consultation

Provider Agency clinicians will also receive monthly case consultation from a TF-CBT expert trainer to support the implementation of the TF-CBT protocol with fidelity. Clinicians will receive 12 group

consultation calls lasting 1 hour each and are expected to use the TRAC 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 Provider Agencies, identified to participate in the Learning Collaborative, will participate in three (3) 1-day Learning Sessions. Participation by clinicians, senior leaders, and family partners (as applicable), which 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 TF-CBT 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-Act cycles).

3.4.2 Action Periods and Plan-Do-Study-Act (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-Act 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, 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 **TF-CBT Change Toolkit**, a structured set of assessment and planning tools to aid Provider Agencies in developing a work plan to guide TF-CBT implementation and self-evaluate progress; and
- Collaborate with Judge Baker to develop and implement continuous quality improvement tools and processes.

3.5 Senior Leader Calls

The Senior Leaders at each Provider Agency will engage in monthly senior leader calls led by Judge Baker 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 TF-CBT.

4 ADDITIONAL EXPECTATIONS OF PARTICIPATING PROVIDER AGENCIES

Additional anticipated expectations of Provider Agencies participating in the Learning Collaborative include:

- Contract execution adhering to Judge Baker 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 Orange County, the state of Florida, or Judge Baker Children’s Center or any of its subcontractors, 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 Judge Baker Children’s Center prior to the performance of service.
- Providing travel related expenses for clinical staff to participate in the 2-3 day TF-CBT Training, for clinical and non-clinical staff to participate in the three 1-day Learning Sessions, as well as for the 1-day TF-CBT Advanced Training.
- Work-related time for clinical staff to participate in the following activities*:
 - 1) Pre-work activities in preparation for the first Learning Collaborative session;
 - 2) 2-3 day TF-CBT Training;
 - 3) Monthly TF-CBT consultation via web conference, with TF-CBT consultants;
 - 4) Three 1-day Learning Sessions;
 - 5) Attending weekly Implementation Team meetings at your agency;
 - 6) 1-day TF-CBT Advanced Training; and
 - 7) Completing quality improvement assessments.

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

- Work-related time for non-clinical staff to participate in the following activities:
 - 1) Pre-work activities in preparation for the first Learning Collaborative session;
 - 2) Three 1-day Learning Sessions;
 - 3) Attending weekly Implementation Team meetings at your agency; and
 - 4) 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.

5 QUESTIONS

If you have any questions, please contact:

Rachel E. Kim, Ph.D.
Director of Implementation
Associate Director of Training
Judge Baker Children’s Center
rkim@jbcc.harvard.edu
Office: (617)-278-4256

6 HOW TO PARTICIPATE

6.1 Letter of Intent

Provider Agencies interested in participating in the Learning Collaborative should submit a brief letter of intent as soon as possible to communicate their interest. A one-page letter identifying your agency and your intent to apply should be sent to Amy Doyle, Associate Director of Implementation and Quality Improvement, Judge Baker Children's Center at adoyle@jbcc.harvard.edu by **Friday, November 19, 2021 at 5:00 PM.**

6.2 Q & A Call

A Q & A call will be held via Zoom on **Wednesday, December 1, 2021 from 12:00 – 1:00 PM** during which we will answer any questions about the Program Announcement and Requirements.

Zoom Link: <https://judgebaker.zoom.us/j/6172784256>

6.3 Participation Form

Provider Agencies interested in participating in the Learning Collaborative will complete the attached 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.

6.4 Participation Form Submission

Judge Baker must receive an electronic copy no later than **Monday, December 13, 2021 at 5:00 PM** sent to Amy Doyle, Associate Director of Implementation and Quality Improvement, Judge Baker Children's Center at adoyle@jbcc.harvard.edu.

7 PARTICIPATION FORM

The Orange County TF-CBT Learning Collaborative
Participation Form Checklist

<input type="checkbox"/>	Participation Form submitted by <u>Monday, December 13, 2021 at 5:00 PM.</u>
	<input type="checkbox"/> Section 7.1: Cover Page
	<input type="checkbox"/> Section 7.2: Brief Description of Agency
	<input type="checkbox"/> Section 7.3: Table of Participating Provider Agency Clinical Staff
	<input type="checkbox"/> Section 7.4: Table of Participating Provider Agency Non-Clinical Staff
	<input type="checkbox"/> Section 7.5: Appendices
	<input type="checkbox"/> Organizational Chart
	<input type="checkbox"/> Current Organizational Certificates of Accreditation and Licensure

Electronic letters of intent and participation form must be sent to the following email address:

adoyle@jbcc.harvard.edu

**Judge Baker Children's Center
The Orange County TF-CBT Learning Collaborative
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 TF-CBT 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. How do you see TF-CBT fitting into your Provider Agency, including the challenges and benefits?
- 7.2.3 Provide a brief description of:
 - 7.2.3.1 The number of children and adolescents served annually by your Provider Agency.
 - 7.2.3.2 The number of FTE clinicians (licensed and non- licensed) at your agency.
 - 7.2.3.3 The number or percent of children and adolescents served by your Provider Agency who present with problems related to traumatic stress.
 - 7.2.3.4 How do you currently assess for trauma? What standardized assessment tools do you use to monitor clinical progress and outcomes?
- 7.2.4 Describe your organization's experience with implementing EBPs.
 - 7.2.4.1 What EBPs have been implemented at your agency?
 - 7.2.4.2 What type of formalized training in EBPs has staff received?
 - 7.2.4.3 Has your agency ever participated in a Learning Collaborative? If so, please describe.
 - 7.2.4.4 Has staff utilized EBPs in practice? If so, which EBPs have been used in practice?
 - 7.2.4.5 Has staff received supervision or consultation on specific EBPs? If so, which EBPs?
 - 7.2.4.6 What kind of ongoing support for these EBPs has your staff received?
- 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 TF-CBT and TRAC
 - 7.2.5.3 Receive monthly consultation from expert TF-CBT consultants
 - 7.2.5.4 Utilize TRAC in clinical practice
 - 7.2.5.5 Engage in implementation and quality improvement activities
- 7.2.6 Is your agency fully committed to participating in all Learning Sessions and Clinical trainings and do you understand that participation by all identified clinical and non-clinical staff is mandatory? Please address any anticipated problems that may impact your participation.

- 7.2.7 At the completion of the Learning Collaborative, what mechanisms will you have in place to ensure that clinicians will maintain fidelity to the TF-CBT model?
- 7.2.8 Describe your agency's plan for assuring 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.

7.3 Table of Required Provider Agency Clinical Staff

In Table 1, please provide a list of up to eight (8) clinical staff you believe are appropriate candidates for the Learning Collaborative. Selected staff should include clinicians identified to participate in TF-CBT training and deliver TF-CBT 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. All clinical staff listed below MUST carry an active caseload of at least two families at all times during the Learning Collaborative.

Table 1. Clinical staff

Name	FTE	Current position*	Degree	Active with another provider? (Y/N)	Licensed? Highest license	Bilingual? Specify language	Caseload Number (between the ages of 3-21)	Staff training & use in EBPs? List all EBPs by staff	Site Location? Primary program affiliation
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

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

7.4 Table of Provider Agency Non-Clinical Staff

In Table 2, please provide a list of Provider Agency non-clinical staff you believe are appropriate candidates for the Learning Collaborative. Selected staff should include senior leaders and administrators, state or county 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. While not required, it is highly recommended that supervisors plan to attend the 2-3 day TF-CBT Training (6 hours/day, March 9 – 10, 2022 if conducted in-person, 4 hours/day, March 9 – 11, 2022 if conducted virtually) and the 1-day TF-CBT Advanced Training (September 12, 2022). Senior agency administrators are encouraged to attend as well.

Table 2. Non-clinical staff

Name	FTE	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 Appendices

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

Organizational Chart

Current Organizational Certificates of Accreditation and Licensure