CWE Fall 2024 Cohort:
PCIT Application

Eligibility

In order to be eligible to participate in this initiative you must be a CFTSS provider.

Are you a CFTSS provider authorized for OLP?

- ◯ Yes
- ◯ No

Agency PCIT Contact

Please enter your contact information below:

Agency Name   [   ]

Agency Contact   [   ]

Title	

Email	

EBP Requirements

EBP Requirements

PCIT authorized agencies must furnish and/or implement the following:

	By checking here I understand and agree to the following:
a. PCIT is an intervention that focuses on and meets, from the very beginning, with families. **Programs will be expected to work directly with families, not just the children, throughout the treatment episode.**	○
b. **The agency will collect consent from participating clients to video record sessions and consult with the PCIT trainers based on their organization's policies and procedures.**	○
c. Therapists will need to access and/or acquire PCIT-appropriate toys for children 2-6 years of age (e.g., constructive, interactive toys such as Legos, Potato Heads, blocks; i.e., toys that do not encourage aggressive, rough, or messy play). **Confirm that toys will be purchased/available prior to December 1, 2024.**	○

d. **Agencies will need to purchase the required A/V equipment and identify a PCIT-compliant space prior to December 1, 2024 in preparation for a virtual site review.** For more information on the equipment and room set-up requirements, please click [here](#).

e. **Confirm ability to maintain current [CFTSS documentation](#) in addition to the PCIT documentation requirements**, including the use of the Eyberg Child Behavior Inventory (ECBI) and other required components of PCIT assessment and implementation.

f. **Confirm each therapist will submit required data elements for PCIT certification.**

g. **Confirm your agency will have at least 2 therapists and 1 supervisor* identified and/or hired for training by December 1, 2024.**
* If the supervisor will carry a caseload, it is acceptable to have one supervisor and one therapist make up the PCIT team.

h. Training will include two 20-hour in-person meetings; consultation requires two 1-hour virtual meetings per month; CWE Learning Collaboratives will require three 4-hour sessions throughout the year, some of which are in-person. **Please confirm that your agency will attend all of these required sessions.**
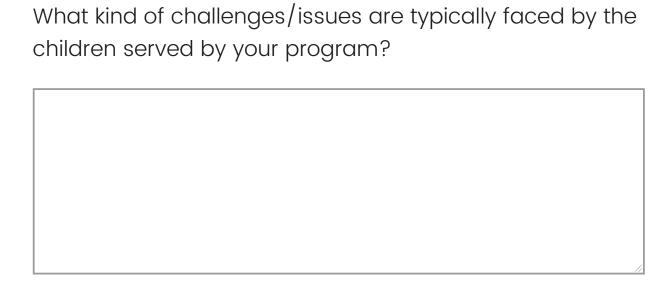
Operation and Workflows

Operations and Workflows

PCIT is a family counseling service designed for 2 through 6-year-old children who are at risk or have been referred for

behavioral problems. Please provide the following information about your agency's ability to implement PCIT:

a. How many families are currently working with your CFTSS program with children in the age range?

b. How many families currently served would be eligible to participate in this program?

c. How many referrals does your CFTSS program receive each month?

d. Based on your current referrals and PCIT's target population, how many of these referrals do you think would be eligible for PCIT services?

What kind of challenges/issues are typically faced by the children served by your program?

To facilitate learning, PCIT therapists begin working with families immediately after initial clinical training. Caseloads should then build to **5-7 families for each therapist** after the first month of training. Discuss planning and anticipated process to assure appropriate flow of referrals at start-up. Include any barriers to building caseloads in a timely way, such as extensive waitlists or delays from time of referral to service initiation.

CFTSS is typically offered in the community, but PCIT specifies a physical set-up* that requires services offered outside the home, i.e. in an office setting.

Outline the agency's plans for setting up space within the CFTSS-designated office(s) or community location, and obtaining necessary equipment to record therapy sessions, which capture both the therapist coaching and the parent-child interactions in accordance with PCIT specifications. **Include plans for installing or setting up the necessary A/V equipment for required in vivo coaching**. If already installed, provide information including schematic of space to be used.

*For more information about the required supplies and room set-up, click here.

Staffing

PCIT trains individual therapist(s) and their supervisor who attend all training and consultation together, but who see PCIT cases individually. Supervisors of each therapist are required to attend the training but are not required to carry their own caseload*.

*If the supervisor will carry a caseload, it is acceptable to have one supervisor and one therapist make up the PCIT team. If the supervisor will not carry a caseload, two therapists will need to be identified and/or hired for PCIT training.

Please confirm a clinical supervisor will be attending the training:

○ Yes

Clinical Supervisor Information:

Name

Email

Educational
background and
licensure

Length of time in
practice

Hours worked per
week

Site location

Please provide the site* information below:

Please note: The site must be designated for CFTSS, for the appropriate population (the agency's clinic cannot be listed, for instance).

Site Name: [   ]

Address: [   ]

Population Served:

☐ General Mental Health

☐ Foster Care

☐ Substance Use

Please provide the following information:

Number of proposed PCIT clinicians to be trained: [   ]

If applying for multiple sites, how many clinicians are to be trained at each

site (if one site, please indicate "N/A"):

Are you applying for multiple sites?

○ Yes

○ No

Location #2

Site Name:

Address:

Location # 2 Population Served:

☐ General Mental Health

☐ Foster Care

☐ Substance Use

Location #3

Site Name:

Address:

Location # 3 Population Served:

- ☐ General Mental Health
- ☐ Foster Care
- ☐ Substance Use

What is the anticipated PCIT caseload sizes for each PCIT trainee?

- ○ 5-10
- ○ 11-15
- ○ 15+

Will there be an expectation that therapists also work with a caseload with children/families NOT enrolled in PCIT services?

O Yes

O No

For those who serve both populations (PCIT and non-PCIT), what is the total anticipated caseload for each clinician?

O 1-5

O 6-10

O 11+

How many PCIT cases do you anticipate the clinical supervisor carrying?

O 0

O 1-4

O 5-9

O 10+

Proposed PCIT Therapist #1

Indicate "TBD" for each field if you are planning to hire for this position

Name

Email

Educational
background and
licensure

Length of time in
practice

Hours worked per
week

Site location

Proposed PCIT Therapist #2

*Indicate "TBD" for each field if you are planning to hire for this
position*

Name

Email

Educational
background and
licensure

Length of time in
practice

Hours worked per
week

Site location

Will your PCIT team have more than 2 therapists and 1 clinical
supervisor on it?

○ Yes
○ No

Proposed PCIT Therapist #3

Name

Email	
Educational background and licensure	
Length of time in practice	
Hours worked per week	
Site location	

Proposed PCIT Therapist #4

Name	
Email	
Educational background and licensure	

Length of time in practice	

Hours worked per week	

Site location	

Proposed PCIT Therapist #5

Name	

Email	

Educational background and licensure	

Length of time in practice	

Hours worked per week	

Site location

Proposed PCIT Therapist #6

Name

Email

Educational
background and
licensure

Length of time in
practice

Hours worked per
week

Site location

Proposed PCIT Therapist #7

Name	
Email	
Educational background and licensure	
Length of time in practice	
Hours worked per week	
Site location	

Acknowledging that during the year 1 and year 2, even with the best retention plan, there may be a staff departure. What steps will the program/agency take to mitigate the impact of this staff loss on the PCIT program?

Leadership

Through this initiative, New York State is making a considerable investment in helping agencies implement a highly regarded EBP and wants to make sure there is adequate leadership support and commitment to not just the initial training process but to long-term sustainability. Discuss how your program and agency will provide ongoing support, oversight, and monitoring to ensure PCIT continues after the initial support period.

Attestation

On behalf of the Designated CFTSS Provider Agency, I (Chief Executive Officer or Designee listed below) attest that I have read the materials and guidance associated with Evidence Based Practices in CFTSS, understand the requirements associated with certification, both initially and ongoing, and will abide by all EBP CFTSS program and billing allowances. In addition, the agency will maintain communication and engagement with associated Cohort Two – Fall 2024 partners (e.g., NYS, CWE, Proprietors) and the agency is aware that additional agreement with the proprietary organization may be necessary.

Initials

Date (DD/MM/YY)