Evidence Based Practices (EBPs) for CFTSS Providers

July 8, 2024 Cohort 2 Kick Off Webinar

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Agenda

- Introduction
- Overview
  - Timeline
  - Eligibility
  - Funding
- Training
- EBPs: FFT & PCIT
- Evaluation & Reporting
- Lessons Learned
- Next Steps
- Q&A
- Resources

Thank you to our Cohort 1 Participants!

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Introduction

Introduction to CWE Initiative:

- Last year, NYS announced a new project for the inclusion of Evidence Based Practices (EBPs) within Children and Family Treatment and Supports Services (CTFSS) programs through the Center for Workforce Excellence (CWE)

- The CWE is leading the EBP rollout under CFTSS on behalf of all state partner agencies: **NYS OMH, DOH, OASAS, OCFS.**

NEW YORK STATE | Department of Health | Office of Mental Health | Office of Addiction Services and Supports | Office of Children and Family Services

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Introduction to CWE Initiative

- The first two EBPs piloted were :
  - Functional Family Therapy (FFT) and
  - Parent -Child Interaction Therapy (PCIT)
  - Training for both EBPs launched Fall 2023

- The new training cohorts will begin Fall/Winter 24/25

- It is anticipated that there will be additional EBP rollouts coming soon

Functional Family Therapy

PCIT

Overview

Timeline

Monday, July 8th	• Kick Off Webinar & Application Launch
Tuesday, August 6th	• Office Hours
Friday, August 9th	• Application Due Date
Mid September	• Notifications to Selected Participants
Fall/Winter 2024/2025	• Orientation & Learning Collaboratives
Early 2025	• EBP Trainings Launch

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Eligibility

- Providers designated for OLP and CPST are eligible to apply to participate in one or both EBP rollouts
  - FFT is available in OLP and CPST
  - PCIT is available only in OLP
  - The same staff member within an agency cannot participate in both rollouts

Eligibility

- Each EBP has specific staffing and population served requirements

- Providers will need to complete the application in order to participate & confirm they meet staffing and case criteria.

- Providers will be expected to have fully staffed teams and families available as soon as the initial training is complete

Application Process

Apply

- Application s will be submitted via Qualtrics survey link distributed by CWE
- Send questions to **CWE.info@nyu.edu**
- Join the Office Hours on **August 6th**

Submit

- Applications are due **August 9th**
- All forms must be completely filled out prior to submission.
- Incomplete or missing forms may result in an applicant not being authorized for a specific cohort but may reapply for future cohorts.

Train

- NYS & CWE will notify all applicants of authorization determination.
- If authorized, the provider agency will receive an updated designation letter indicating the approved EBP type and site(s).
- Authorized providers will be connected with information regarding training and other applicable processes.

Funding

- All training and credentialing costs will be covered by CWE, including training costs for replacement staff.
- Agencies are eligible to bill the EBP specific enhanced rate as soon as staff complete the initial training.
- Once initial training has been complete, OMH will send an authorization letter to plans, and this will also appear on the Exhibit 4.

Billing Information

Billing: Start Up Funds

- In order to be eligible must:
  - Agency participation in the First Kick Off Learning Collaborative
  - Have requisite staff onboard
  - Complete Initial Training by *February 2025*
- Funding Allocation for **FFT**:
  - Per Team - $25,000
- Funding Allocation for **PCIT**:
  - 1-5 staff - $25,000
  - 6-10 staff - $50,000

Billing Enhanced Rates: FFT

- CPST Rates - (PDF) - Effective 4.1.202 4

Rate	Description	Billing Unit	Upstate	Downstate
7911	Community Psychiatric Supportive Treatment Service Professional	15 minutes	31.60	35.46
7983	Comm Psych Supp Trtmnt Srvc Prof: EBP, FFT	15 minutes	50.89	57.09

- OLP Rates - (PDF) - Effective 4.1.2024

Rate	Description	Billing Unit	Upstate	Downstate
7901	Other Licensed Practitioners Counseling Individual	15 minutes	49.82	55.86
7981	Oth Lic Pract Cnsl Indvdl: EBP, FFT	15 minutes	79.21	88.82

Billing Enhanced Rates: PCIT

- OLP Rates - (PDF) - Effective 4.1.202 4

Rate	Description	Billing Unit	Upstate	Downstate
7901	Other Licensed Practitioners Counseling Individual	15 minutes	49.82	55.86
7982	Oth Lic Pract Cnsl Indvdl: EBP, PCIT	15 minutes	84.18	94.41

Billing: Enhanced Rates

- **MCOs were notified week of 10/2/23 of the enhanced rates.**
- Providers are able to bill enhanced rates once the initial training has been completed.

Billing: Enhanced Rates

Only individuals who:

- have received the initial EBP training and
- are continuing to participate in requirements and/or have received certification under this project, and
- maintain fidelity to the model throughout the duration of service provision,

Are eligible to bill for this service.

Billing: Working with Managed Care

- **We strongly encourage providers to work with MCOs once they have been notified that they have been selected to participate to ensure that the rates and codes are loaded for their organization.**

- We encourage providers to work with their EHRs, billing systems and/or clearing houses to make sure that these rates and the rules applicable to these rates are appropriately reflected within these systems.

- CWE will be providing further resources and training around billing.

- Once providers begin to bill, if there are issues with billing for the FFT rates, we encourage you to let CWE know immediately so that we can work with NYS and the MCOs to address. **(CWE.info@nyu.edu)**

Training

Training and Credentialing

- Each EBP will have specific training requirements for both staff and supervisors.
- Participating agencies will be expected to participate in all required trainings and consultation.
- Upon the completion of all required training and consultation, each participating program/clinician will be eligible to be credentialed in the appropriate practice.
- Participation includes completion to credentialing.

EBPs: FFT & PCIT

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Functional Family Therapy (FFT)

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FFT Model Overview

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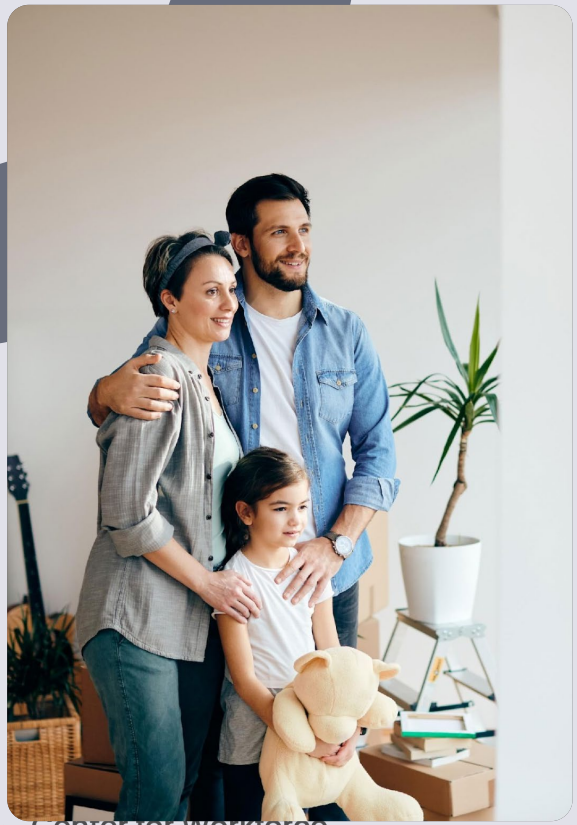


What is Functional Family Therapy?

- Research -based prevention (Indicated) and intervention (Selective) program for at -risk youth with behavioral or emotional concerns
- Targets youth 11 -18 years of age
- Prevention intervention --status/diversion youth/at risk for outplacement or further penetration into care systems
- Treatment intervention --moderate and serious system - involved youth
- Short -term, family -based/relational program
    - 12-16 for moderate cases, 26 -30 for more serious cases spread over 3 to 5 months provided mostly in -home but....
- Range of youth concerns
    - Violence, drug abuse/use, emotional and behavioral concerns, gang involvement, family/relationship conflict

FFT's Underlying Philosophy

01

FFT draws from family systems theory and behavioral approaches.

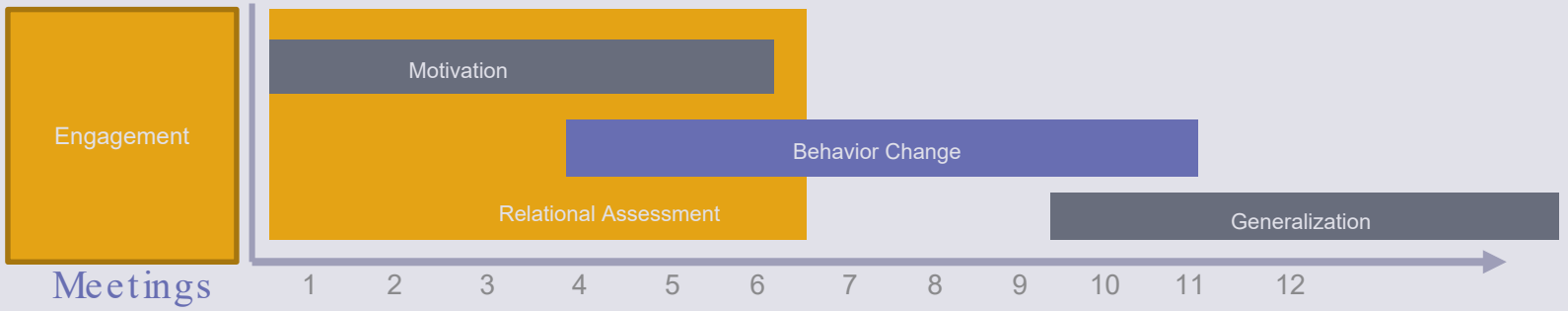
02

It is based on the theory that problem behaviors serve a function within the family. Family members develop ways of interacting that help them to get their relational needs for closeness or distance met, but these patterns of interacting may also create or maintain behavior problems.

03

FFT achieves changes by improving family interactions and developing family member skills that are directly linked to risk factors and issues leading to the need for formal therapeutic intervention.

5 Phases of FFT



- Each phase has its own assessment focus, intervention goals, strategies, and techniques.
- Interventions start with creating a motivational context for change; and
- Build to changing individual behaviors and patterns of family interaction
- Therapists utilize different strategies over the course of treatment: Relational vs. Structuring/Directive - Interventions incl ude an ecological focus, particularly in generalizing change

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Where Services are Provided

Recommended Locations/Delivery Settings

Typically, FFT is conducted in home and clinic settings. What matches to the families we work with?

It can also be delivered in schools, child welfare facilities, probation and parole offices, aftercare systems, and mental health facilities.

Most importantly is who is in the room, however homebased services are always preferred as long as it matches to the family.

What good model fidelity can do:

- Effectively treating youth within the entire range of Behavioral & Emotional Disorders
- Interrupting the matriculation of youth into more restrictive, higher -cost services
- Preventing younger children in the family from penetrating the system of care
- Preventing youth from penetrating and/or re -entering the adult criminal justice system and child welfare systems
- Reduce costs

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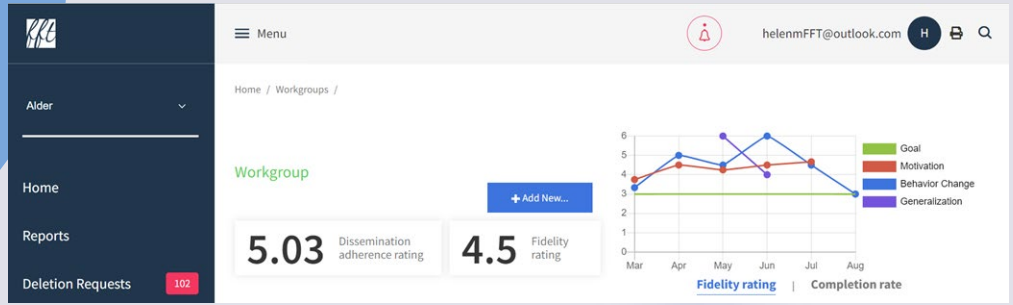
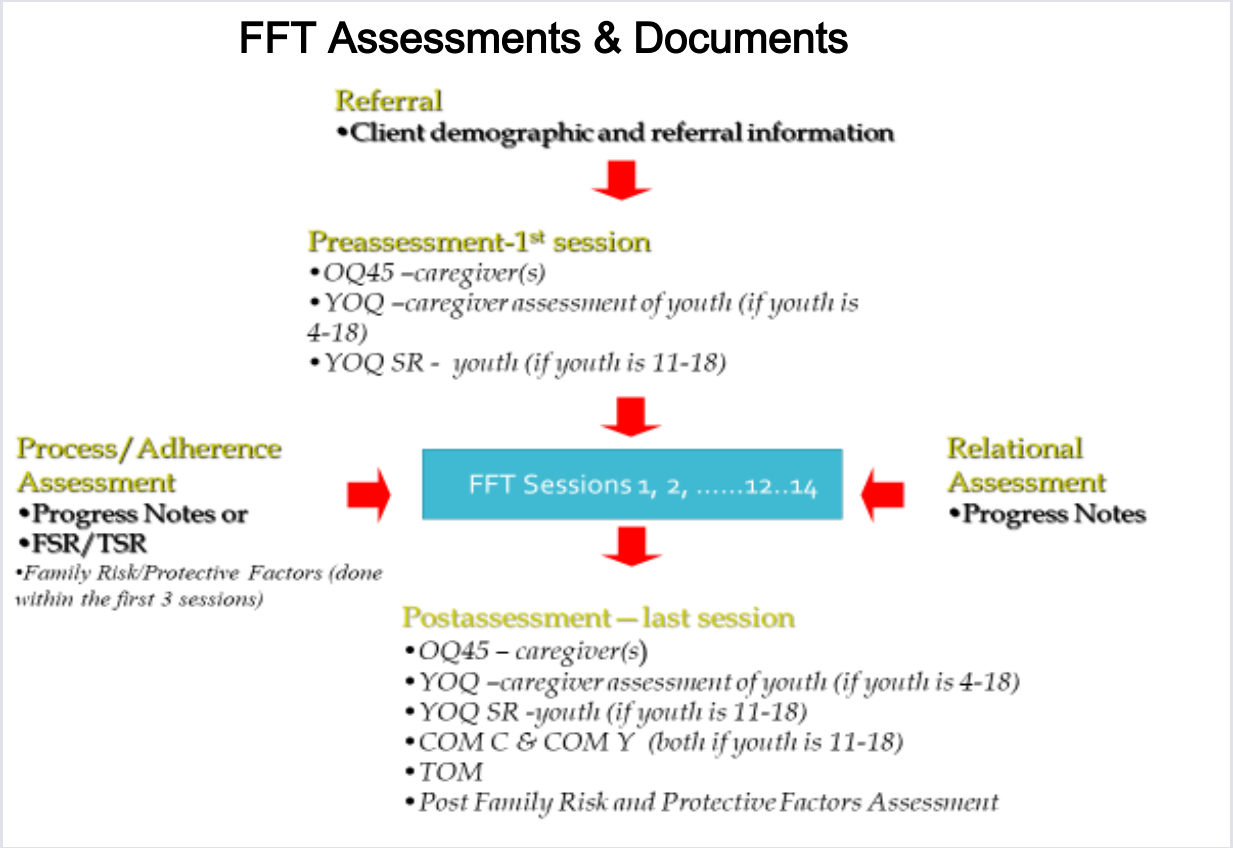


FFT Client Services System or “CSS”

- Exclusively used in current FFT Projects
- Easy to use by providers and administrators for caseload monitoring and outcomes reporting (pre/post, outcomes, qualitative assessments)
- Provides in-the-moment support, data and training to all FFT therapists
- Guides therapists in their work with families (session notes match the phase of model)
- Aggregate Reporting features for Stakeholders and Funders
- Can interface with EMRs, notes accepted by MCO’s in many states

FFT Assessments & Documents



Training & Implementation Expectations

Therapist Caseload & Expectations

- Working group of 3 to 8 clinicians trained in year one of implementation, with a case carrying supervisor trained in year two of implementation. Supervisor is case carrying. Masters level clinicians and supervisor.
- Meet weekly in consultation on FFT cases provided by trained supervisor/consultant (2 hrs per week).
- Maintain minimum caseload of 5 cases at any given time (20 hrs. per week) and no more than 10 to 12 cases at any given time if full time.
- Each therapist minimum of initial clinical training, follow -ups and on -going case consultation (initial dosage of training)
- Individual therapist and group receiving level of supervision, consult and training appropriate to degree of adherence and competency
- Web based system to assist with staying on track and ongoing fidelity monitoring and quality improvement (CSS provides in the moment data and feedback on performance, TYPE reports, GTR
- We respect agency “know how....” FFT teaches therapists....Looks for local ownership

Therapist Caseload

A site = a working group of 3 to 8 therapists

Therapists sees cases on individual basis

- Working groups attend all training/consult together
- Functions: collaborative staffing of cases
- Purpose: sustainability; support; model Fidelity

Caseload Standards

- 2-3 cycles of cases per yr.
- F/T therapist: max 10 cases – 20-30 per year
- P/T therapist: min 5 cases (20 hrs/wk) – 10-15 per year

Case Needs — #s of cases / year

- 8 F/T therapist site – 200-300 per year
- 3 F/T site– 60-90 per year

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Goals: Model adherence; Clinical and supervisory competence, Increasing self-sufficiency, Lasting and adhering sites…

Site Application/Dialogue -> Review / Feedback -> Site Start -Up

Phase 1: CLINICAL TRAINING: adherence, accountability, competence

- Initial Implementation/technical training
- Initial clinical training/CT2
- Phone consultation (weekly w/ FFT Consultant) and Peer Consultation
- Follow-up training (FFT Consultant) – 3x year at 2 days each
- Externship
- Clinical Services System (FFT-CSS)

Phase 2: SITE SUPERVISOR TRAINING: building self-sufficiency

- 2x of 2 days each at Supervisor Training; weekly or every other week supervisor consultation; site visit; CSS review

Phase 3: ONGOING ADHERENCE

- Monthly consult, one day on -site, CSS review

FFT Program Implementation Takeaways

1) FFT should be a priority for therapists
2) FFT team should have 3-8 therapists (1 of which will become site supervisor AND carry cases)
3) FFT therapists should have at least 5 active cases at ALL times – 10 cases for F/T
4) FFT therapy is NOT provided virtually
5) FFT therapists are REQUIRED to use the CSS system

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Parent -Child Interaction Therapy (PCIT)

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What is Parent -Child Interaction Therapy?

- A transdiagnostic behavioral family intervention for children 2.5 years – 6yrs
- Attachment based.
- Uses play to facilitate healthy interaction between parents and children

IN VIVO COACHING:
Powerful Mechanism to Strengthen Parenting

PCIT = An evidence-based treatment with an innovative format

(Eyberg & Funderburk, 2011; Niec, 2018)

Why PCIT?

- 40 Years of research supporting PCIT's effectiveness for children with DBDs
- Transdiagnostic – has demonstrated effectiveness for multiple diagnoses
- Trauma Informed – Endorsed by the National Child Traumatic Stress Network (NCTSN)

Goals of PCIT

- Build a warm, responsive relationship between parents and children

- Decrease disruptive behaviors in young children
- Increase prosocial behaviors in parents and children

- Through the parent-child relationship, builds resilience in children.

Outcomes (Abridged)

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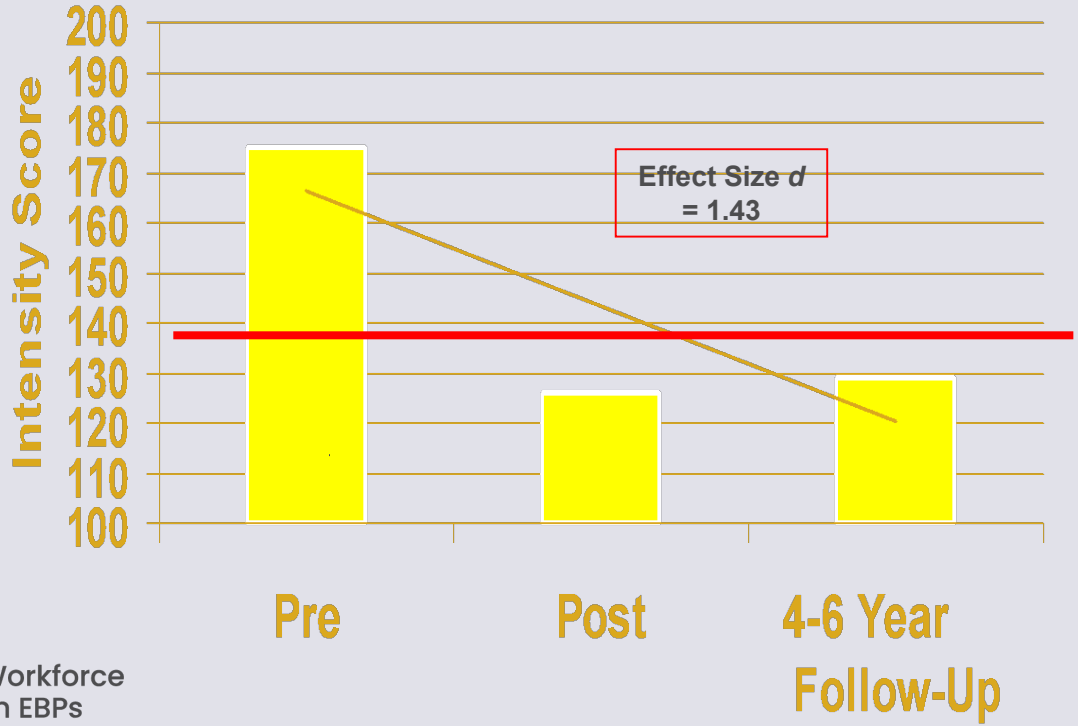
Parent -reported Child Conduct Problems ~ 4-6 Year Effect Size



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Hood & Eyberg, 2003

Teacher -reported Child Conduct Problems

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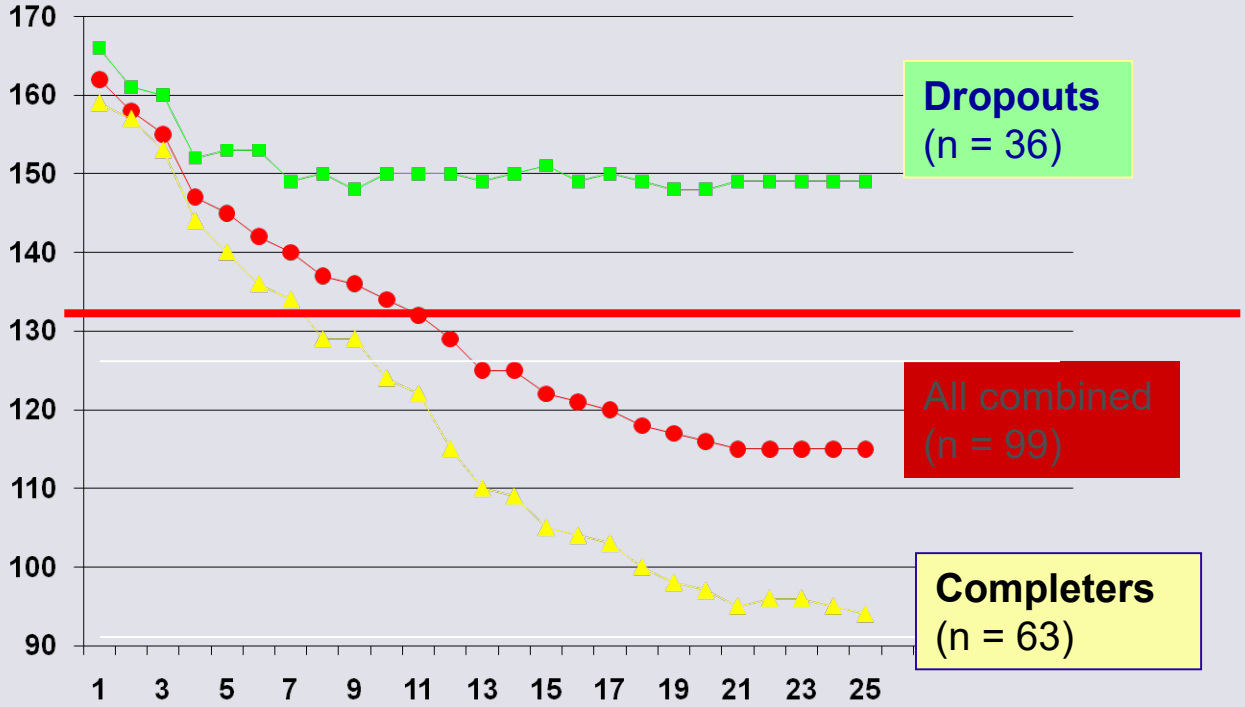
Funderburk et al., 1998

Weekly Child Conduct Problems



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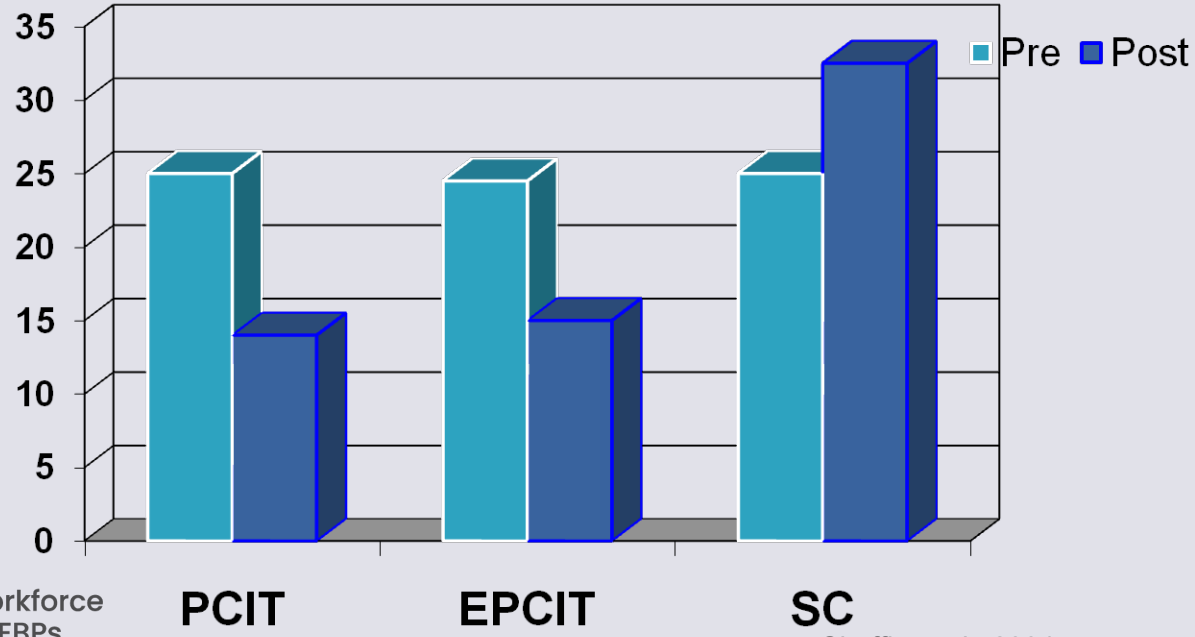
Abusive Parents' Negative Verbal and Physical Interactions



Chaffin et al., 2004

PCIT

Dissemination & Implementation

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PCIT International (www.pcit.org)

- Founded by the developer of PCIT, Dr. Sheila Eyberg
- Develops and maintains the authorized, evidence-based protocol
- Maintains training requirements for therapists and trainers
- Administers the international certification process
- Coordinates & monitors large-scale dissemination efforts
- Multiple levels of trainers: e.g., Within-agency, Regional/Global

Training Readiness Checklist

- Clinicians with at least master's degree & license in MH, or working under the supervision of a licensed clinician
- Supervisor(s) to support clinicians.
- Willingness to provide trainees with the time to learn PCIT.
- Referral stream of children 2.5yrs - 6yrs, 11mos with disruptive behaviors/pathogenic parenting.
- Equipment to provide in vivo coaching & record sessions.
- Method to submit videos to the trainers (e.g., Google Drive).
- Eyberg Child Behavior Inventory (ECBI), a required component of PCIT assessment.

Additional Readiness Requirements

Do agencies have...

- The A/V equipment and two-way mirror necessary for in vivo coaching—or plans to install them *prior* to the training?
- Identified codes for reimbursement for PCIT services from third party payers?
- Administrative support for implementation of the new program?
- Commitment to supporting therapists' national certification through PCIT International?

PCIT Training Requirements

- 40-hours of initial workshop (10 hours of asynchronous and 30 hours live training).
- Year-long, bimonthly live, remote group case consultation.
- Videos of therapy with adequate sound and sightlines.
- Range of competencies must be achieved to meet eligibility for PCIT certification.
- In addition to competencies, two PCIT cases successfully graduated.
- Co-therapy model encouraged.

PCIT Treatment Timeline with Assessment Tools

Measures are required, unless otherwise specified below.

Intake (1-2 sessions)	CDI Teach (1)	CDI Coach (4-6+)	PDI Teach (1)	PDI Coach (4-6+)	Graduation (1)
• Interview • DPICS* (full) • ECBI** • SESBI** # • BASC/CBCL** # • PSI-SF** #	• ECBI	• DPICS (brief) • ECBI	• ECBI	• DPICS (brief) • ECBI	• DPICS (full) • ECBI • SESBI • BASC/CBCL • PSI-SF

*DPICS materials included with PCIT training.
**ECBI=Eyberg Child Behavior Inventory), SESBI=Sutter-Eyberg School Behavior Inventory, BASC=Behavior Assessment System for Children-Parent-Report, CBCL=Child Behavior Checklist-Parent Report – are available for purchase online.
#Recommended but optional measures

Parent -Child Interaction Therapy (PCIT)

- Population Served
  - 2-6 years old
  - Children with emotional and behavioral health disorders
- Training Prerequisites
  - Master's degree or higher in a mental health field and be an independently licensed mental health service provider (or be working under the supervision of a licensed mental health service provider)
- Training Requirements
  - Complete training and supervision requirements
  - Served as therapist for a minimum of 4 PCIT cases, and as primary therapist or supervisor on at least 2 cases
  - Complete skill review (recorded or live supervised sessions)
- Treatment Approach
  - Works to improve the quality of the parent -child relationship and changing parent -child interaction patterns by teaching parents relationship enhancement or discipline skills that they will be practicing in session and at home with their child
  - Therapists coach from an observation room or through live video feed using a "bug -in-the-ear" system for communicating to the parents as they play with their child.
  - Treatment is not session -limited; families graduate from treatment when parents demonstrate mastery of skills and rate their child's behaviors as being within normal limits.
- Individual training -based approach

Evaluation and Reporting

EBP Evaluation

- Evaluation provides a systematic way to study an initiative to understand how well it achieves its goals
- This evaluation will help us understand what is working and what can be improved in future rollouts
- Process Evaluation
  - Program operations; the who, what, when, and how many of program activities and outputs
- Outcome Evaluation
  - The effects of program delivery

Evaluation/ Data Categories

2, 3, 5, & 6: Collected as part of EBP
4: Collected as part of LC sessions

1: QR Code: During 1st training session will complete <5 min survey

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1. Therapist/Organizational Characteristics
2. Participation in Training Activities
3. Therapist use of EBPs
4. EBP Feedback
5. Fidelity
6. Family/Child + Therapist Measures (e.g. demographics; ECBI, YOQ)

Evaluation Data

- CWE is conducting a robust evaluation for each initiative
- Data submission is a requirement as part of your participation
- Reporting requirements associated with the CWE
- Data will inform future initiatives
- Individual identifiable data will not be not be shared —aggregated data only
- Aggregated implementation data will be shared back to the group during LC sessions

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Lessons Learned

FFT Lessons Learned

- Teams of 3 are recommended to begin.
- Be sure to have referral stream for cases established.
- You must be a licensed clinician to do the OLP assessment, so we recommend that everyone on the FFT team is licensed, or that you have a process in place to manage the assessment.
- FFT implementation should be a priority for the FFT Team Members at your organization, and not secondary to other work .
- Acquiring 5 active FFT cases is required to start the externship on schedule .

PCIT Lessons Learned

- Room setup & IT setup is required ***before*** training begins
- Please use technology from the list provided – things like airpods don't work well!
- Ensure agencies have enough eligible PCIT cases
- Data! Data! Data!
- Therapists must be comfortable working with young children and families.
- Therapists must have sufficient eligible PCIT cases (at least 5)

Next Steps

What Comes Next?				
Office Hour	**Application Due**	**Selection**	**Orientation/LC**	**EBP Trainings**
8/6/24, 2 - 3pm	Due by 8/9/24 COB.	Participants notified by mid September	Fall/Winter 2024/2025	Kick Off Early Winter 2025

Questions?
CWE.info@nyu.edu

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Resources

CFTSS Manual (Updated as of 6/2024)

Center for Workforce Excellence Website

Email: cwe.info@nyu.edu

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