Parent Child Interaction Therapy
Program Development and Services
Funding Opportunity 2019-2021

Presentation by:
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Early Childhood Mental Health Policy Specialist
Child and Family Behavioral Health

November 6th and November 14th
Goals of this Webinar

- Brief overview of PCIT
- Why OHA is supporting further expansion
- Outline of new funding structure
- Who can apply
- How to apply
- What are the expectations
- Resources regarding PCIT training and fidelity
What is Parent Child Interaction Therapy (PCIT)?

- PCIT was developed in the early 1970s PCIT in Oregon by Dr. Sheila Eyberg
- Two-phase therapeutic approach:
  1. Enhance a secure attachment between the child and caregiver
  2. Reduce disruptive or challenging behaviors that get in the way of daily living
- Key Characteristics:
  - Consistency
  - Safe
  - Structured
  - Short-Term (16-20 weeks)
  - Predictable for the child and caregiver
What does delivery of PCIT look like?
Populations for which Standard PCIT has been shown to be effective:

- Children ages 2 - 6 years old
- Children diagnosed with ODD, ADHD and other Disruptive Behavior Disorders
- Children on the Autism Spectrum
- Child welfare involved children and caregivers
- Children in foster care and their foster parents
- Families from all over the world
Well supported Adaptations Requiring Additional Training

- PCIT-Toddler for 12-24 months
- Older Child Protocols- 7 & 8 years
- Children with Selective Mutism
- Children with Anxiety
- Teacher Child Interaction Training- TCIT

PCIT effectiveness is being tested for:

- Providing PCIT via telemedicine
- Intensive PCIT
- PCIT-Care limited session model
- Others
Oregon PCIT Outcomes 2017-2018

Reduction in Intensity of Problem Behaviors for Graduated Families

146 pre-tx
89 post-tx

114 or less is the goal

Met research criteria for treatment completion
Families Who Left Treatment Early

Attended 4 or more PCIT sessions and did not meet treatment completion criteria

Statistically significant decrease in Problem Behavior Intensity

150 pre-tx

126 post-tx
Need for PCIT
Victims of Child Abuse 2017

- 45.1 % of all victims were younger than 6 years old.
- 4,295 Victims were 2-6 years old

2017 Child Welfare Data book
235,800 Oregon Children ages 0-5 yrs.

National estimates - **12-16 %** of all children 0-6 would benefit from mental health services

Oregon data – only **6%** are receiving mental health services

2017 County Data Book, Status of Oregon Children & Families (Children First for Oregon)

by county
Wheeler- 49 children – Multnomah- 46,192 children
History of PCIT funding

- **2004** Oregon Commission on Child and Families awarded a grant to one county mental health agency to do a pilot PCIT project

- **2009** PCIT pilot expanded to include 4 counties

- **2013** Oregon Legislature earmarked some of the new investment funds for expanding PCIT to all areas of the state

- **2018** PCIT is provided in ~45 locations, 19 counties, 2 PCIT-Internationally certified Regional Trainers (Level II)
Yellow Sun = OHA PCIT site
Blue Sun= other PCIT site
Number = Multiple sites
Red Star=Trainer(s)
New Request for Information

Rationale

• Alignment of funding to amount of services provided
• Increase transparency
• Increase access
• Reduce barriers to fidelity implementation
• Improve PCIT training infrastructure
• Increase prioritization of brief evidence-based dyadic mental health treatment
# This Funding Structure Is Different

<table>
<thead>
<tr>
<th>2004-2019</th>
<th>2019-2021</th>
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<tbody>
<tr>
<td>RFP process</td>
<td>RFI process</td>
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<tr>
<td>Flexible</td>
<td>Standardized &amp; Specific</td>
</tr>
<tr>
<td>Each proposer estimated their cost</td>
<td>Modules of funding based on data</td>
</tr>
<tr>
<td>Site level training emphasis</td>
<td>System level training emphasis</td>
</tr>
<tr>
<td>Funding process unclear</td>
<td>Transparent process</td>
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</tbody>
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Funding Priorities

1. **Current PCIT programs** - maintain fidelity and outcomes
2. **Access in rural or underserved areas** - increase availability
3. **Child welfare involved families** - prioritize access
4. **Cross agency integration** - get PCIT to where the children are
5. **Sustainable PCIT implementation and training** - continue to develop coordinated system
PCIT is Reimbursable by Medicaid and Commercial Insurance as a Mental Health Treatment

- **Family therapy** (90846, 90847)

- **Psychotherapy** with client and/or family member (90832, 90834, 90837)
PCIT Modules of Funding

- Established PCIT Program
- Satellite PCIT site
- Area of Unmet Healthcare Need (Oregon office of Rural Health, 2017)
- Expanded PCIT Team (4 options)
- New Program Development/New Location
- Within Agency PCIT Trainer
- Regional PCIT Trainer
- PCIT Innovation Module
Requirements for all Proposers

- Proposers must be enrolled as an Oregon Behavioral Health Medicaid Provider
  OR
- Contract with an Oregon Behavioral Health Medicaid Provider
  AND
- Currently serve families with Medicaid eligible children 2 through 6 years of age
Minimum Staffing and Administration

- 2 QMHP, .3 FTE ea. devoted to PCIT
- Clerical and Administration support, incl. data collection
- 80 families, 4 or more PCIT sessions
- Serve minority families in the same proportion as live in the county
- Actively collaborate with early childhood serving community partners
Maintain Fidelity Implementation

✓ OHA approved PCIT first year intensive training
✓ On-going monthly PCIT Consultation
✓ Certification within 2 yrs.
✓ Maintain certification
✓ Use Eyberg Child Behavior Inventory consistently
✓ Use Dyadic Parent-Child Interaction Coding System consistently
✓ Documentation in Electronic Health Records of adherence to PCIT protocols
✓ Appropriate and safe PCIT-specific therapy space
✓ Participate in PCIT fidelity reviews
✓ Attend PCIT Conference and Oregon PCIT National Expert Conference calls consistently
**Main Location**

Full PCIT Program, 2 QMHP, Administration etc.

**Satellite PCIT Locations**

- Adequate space for PCIT
- Minimum 1 QMHP, 5+ hours per week
- 20 clients per biennium
- Employed by, or contracted with the Main Location
- Receives training and supervision as part of Main PCIT Location
- May be located in early learning center, DHS office, primary care, space rented to increase access to mental health services or other
Additional funding for areas in Oregon where
- There is no or limited access to PCIT services and
- There is a demonstrated mental health shortage

An Area of Unmet Mental Health Need means a service area which has less than 1 Mental Health provider per 1,000 people as determined by the Oregon Areas of Unmet Health Care Need Report, August 2018

To determine if your agency falls in a healthcare shortage area, please review this following link:
New PCIT Site Funding Module

Develop Programs In:

- Locations with Areas of Unmet Need
- Areas with few or no PCIT trained providers
- Areas that can capitalize on unique community partnerships and referral streams

Requirements:

- Train 2 QMHP providers in PCIT
- Provide fidelity PCIT
- Make necessary room adaptations and purchase necessary equipment and toys
- Documentation of ongoing training and consultation
Stackable funding Modules

Main Location-Established
2 QMHP, 80+ Families

1 Addl. QMHP
20+ families

Update Training - certification

2 QMHA
40 or more sessions
Optional Expanded Team - Modules

- New and Established PCIT Programs
- Expand PCIT beyond minimum requirements
- May qualify for one or more

A. Additional QMHP PCIT staff
B. Train 1 PCIT certified staff as Within Agency Trainer
C. Update training for PCIT staff to certify by PCIT-I
D. Train 2 QMHA as PCIT
2.5.1 PCIT Optional Expanded Team

A) Receive Training and Supervision each Additional QMHP

<table>
<thead>
<tr>
<th>Deliverables per Additional QMHP funded</th>
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<tbody>
<tr>
<td>☐ 56 hours of OHA approved PCIT training before November 30th, 2019</td>
</tr>
<tr>
<td>☐ 28 or more hours of PCIT consultation per biennium</td>
</tr>
<tr>
<td>☐ 4 or more hours of statewide PCIT Consortium calls per year, for 2 years</td>
</tr>
<tr>
<td>☐ Each PCIT clinician attend Oregon PCIT conference</td>
</tr>
<tr>
<td>☐ Provision of PCIT to 20 or more families for 4 or more sessions each biennium.</td>
</tr>
<tr>
<td>☐ Purchase additional assessment tools required for PCIT expanded team</td>
</tr>
</tbody>
</table>
2.5.1 PCIT Optional Expanded Team

B) Train 1 Certified PCIT Therapist to be certified as a Within Agency (Level I) Trainer

<table>
<thead>
<tr>
<th>Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Completion of 8 hours didactic training which meets the PCIT International Trainer requirements <a href="http://www.pcit.org/trainer-requirements.html">http://www.pcit.org/trainer-requirements.html</a></td>
</tr>
<tr>
<td>☐ Monthly follow-up consultation to the Level I Trainer Course with a Certified Master Trainer or Level 2 Trainer</td>
</tr>
<tr>
<td>☐ Supervise a therapist-in-training to complete at least one PCIT case to graduation criteria while under consultation from a Certified Level II or Master Trainer.</td>
</tr>
<tr>
<td>☐ Complete all Level I Within Agency training requirements and competencies within 2 years.</td>
</tr>
<tr>
<td>☐ Maintain Level I Trainer certification by completing at least 6 hours of PCIT International authorized Continuing Education credit every 2 years.</td>
</tr>
</tbody>
</table>
## 2.5.1 PCIT Optional Expanded Team

### C) Recalibration/Certification Preparation

<table>
<thead>
<tr>
<th>Deliverables per QMHP funded for updated training</th>
</tr>
</thead>
<tbody>
<tr>
<td>- PCIT therapists trained before 2011 with two completed PCIT cases and not yet certified</td>
</tr>
<tr>
<td>- Complete 16 hours of PCIT International Training update skillsets to the most current protocols for PCIT International certification requirements</td>
</tr>
<tr>
<td>- Certified by PCIT International within 2 years from recalibration training</td>
</tr>
<tr>
<td>- Attend 28 or more hours of PCIT Consultation per biennium</td>
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<tr>
<td>- Provide PCIT services to 20 clients for 4 or more PCIT sessions per biennium</td>
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</tbody>
</table>
2.5.1 PCIT Optional Expanded Team

D) **Train 2 QMHA staff to provide PCIT-specific in-home skills building**

<table>
<thead>
<tr>
<th>Deliverables for 2 PCIT QMHA</th>
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<tbody>
<tr>
<td>2 QMHA staff receive 16 hours of PCIT training each in Adjunct in-home skills building</td>
</tr>
<tr>
<td>Each QMHA PCIT trained staff provide 20 PCIT specific in-home skills building sessions per biennium</td>
</tr>
<tr>
<td>Documentation in Electronic Health Records of Adjunct in-home skills building which addresses the PCIT-specific treatment plan goals</td>
</tr>
<tr>
<td>Documentation in Electronic Health Records of PCIT QMHA and primary QMHP communicating and collaborating on behalf of clients to address treatment goals</td>
</tr>
</tbody>
</table>
Additional Funding Modules

Provide Within Agency Training

- Certification as PCIT Within Agency Trainer by PCIT International or the UC Davis Training Center
- Train 2 or more QMHP to provide fidelity PCIT each biennium
- Ongoing training and PCIT consultation for PCIT team
- Provide PCIT to 10+ families
- Document ongoing PCIT consultation and collaboration with Oregon Regional or Master Trainer

Regional Trainer

- Certification by PCIT International to train and supervise therapists external to their own program or agency
- Authorized by a licensing board to provide clinical supervision
- PCIT training and supervision which meets PCIT International Certification Guidelines for 24 or more clinicians
- Other requirements
## Hypothetical Examples

<table>
<thead>
<tr>
<th>Basic Established PCIT Program</th>
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<tbody>
<tr>
<td>1 location, 2 therapists, 80 clients</td>
<td>1 Implementation Module</td>
</tr>
<tr>
<td>Administrative costs</td>
<td>18%</td>
</tr>
<tr>
<td>Biennium total</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>New PCIT Program Development</th>
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<tbody>
<tr>
<td>Program Development, Training, and PCIT suite 1st year</td>
<td>1 New PCIT Location Module</td>
</tr>
<tr>
<td>1 location, 2 therapists, 80 clients</td>
<td>1 Implementation Module</td>
</tr>
<tr>
<td>Administrative costs</td>
<td>18%</td>
</tr>
<tr>
<td>Biennium total</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Modules/Training</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>2 full Program locations (2 therapists, 80 clients each location)</td>
<td>2 Implementation Modules</td>
</tr>
<tr>
<td>4 Satellite Locations (20 addl. Clients each location)</td>
<td>4 Satellite Modules</td>
</tr>
<tr>
<td>2 of the Satellite Locations meet AUN</td>
<td>2 Area of Unmet MH Need Modules</td>
</tr>
<tr>
<td>6 Additional PCIT QMHP (20 addl. clients each)</td>
<td>6 Expanded Team (A) Modules</td>
</tr>
<tr>
<td>Within Agency Trainer (provide PCIT training and consultation)</td>
<td>1 Level I certified Module</td>
</tr>
<tr>
<td>Administrative costs</td>
<td>18%</td>
</tr>
<tr>
<td>Estimated biennium total</td>
<td></td>
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Low Population Areas
Interagency Collaboration

Regional Agency
Subcontract with providers in different counties or agencies. Provide Admin, reporting, other supports

Satellites
Contracted with regional agency.
Meet requirements as a group
Participate in training/consultation/supervision as a group
Report to Regional Agency
Innovation Module

- No more than one per program
- Only open to established PCIT Programs
- Must employ 2 or more certified PCIT QMHP
- Program must have served 60 or more families in most recent biennium
- Must have adequate Fidelity Review rating in past two OHA fidelity reviews
- Demonstrate community need for a PCIT adaptation
- Must contract with researcher or Master trainer
- Additional application requirements
Expenses

**Included**

- PCIT training - authorized trainer
- ECBI & other tools for PCIT
- Room build & maintenance
- PCIT equipment & toys
- PCIT Consultation - Staff time
- Conference & Certification
- PCIT related travel
- Outreach to referral sources
- PCIT for uninsured families
- Reporting & Administration - Staff time

**Excluded**

- Non-PCIT activities or staff time
- General expenses
Application Components

Application Form

➢ Includes applicant contact and profile information
➢ Agency minimum requirements to ensure the agency is able to deliver the intervention at the time of the award
➢ Documentation of Enrollment as OHA Behavioral Health Provider
➢ Authorizing signature
➢ Three community references (letters and contact information)

Specific Module of funding deliverable form(s)

➢ To ensure applicants understand the deliverables expected from grant receipt
➢ Some modules require additional documentation
Letters should demonstrate:

- Each applicant is required to submit three letters of support from community partners

1. The agency’s ability to be successful in reaching the target population for PCIT in adequate numbers

2. The community partner’s commitment to being a strong referral source to PCIT services

3. The community partner’s satisfaction with the partner relationship and services provided by the agency
## Timeline

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Pre-Proposal Webinar</td>
<td>November 6&lt;sup&gt;th&lt;/sup&gt;, 2018</td>
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<td></td>
<td>November 14&lt;sup&gt;th&lt;/sup&gt;, 2018</td>
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<td></td>
<td>10:00 am PST</td>
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<td></td>
<td>2:00 pm PST</td>
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<tr>
<td>Link to full Request for Information document available</td>
<td>November 16&lt;sup&gt;th&lt;/sup&gt;, 2018</td>
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<tr>
<td><a href="https://www.oregon.gov/oha/HSD/OHP/Pages/Providers.aspx">https://www.oregon.gov/oha/HSD/OHP/Pages/Providers.aspx</a></td>
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<tr>
<td>First day applications may be submitted</td>
<td>December 3&lt;sup&gt;rd&lt;/sup&gt;, 2018</td>
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<td></td>
<td>8 am PST</td>
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<tr>
<td>Questions / Requests for Clarification Period</td>
<td>December 3&lt;sup&gt;rd&lt;/sup&gt;-20&lt;sup&gt;th&lt;/sup&gt; 2018</td>
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<tr>
<td>Application Period Closes (Proposal Due)</td>
<td>January 11&lt;sup&gt;th&lt;/sup&gt;, 2019</td>
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<td></td>
<td>5 pm PST</td>
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<tr>
<td>RFI Protest Period Ends</td>
<td>January 11&lt;sup&gt;th&lt;/sup&gt;, 2019</td>
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<tr>
<td>Opening of Applications</td>
<td>January 14&lt;sup&gt;th&lt;/sup&gt;, 2019</td>
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<td></td>
<td>TBA</td>
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<tr>
<td>Issuance of Notice of Intent to Award (approx.)</td>
<td>January 25&lt;sup&gt;th&lt;/sup&gt;, 2019</td>
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<tr>
<td></td>
<td>TBA</td>
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<tr>
<td>Award Protest Period Ends</td>
<td>7 calendar days after Notice of Intent to Award</td>
<td></td>
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<tr>
<td>2019-2021 PCIT funding</td>
<td>July 1, 2019-June 30&lt;sup&gt;th&lt;/sup&gt; 2021</td>
<td></td>
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<tr>
<td>Initial 40 hrs. training of new PCIT clinicians and modifications for basic PCIT suite completed</td>
<td>November 30&lt;sup&gt;th&lt;/sup&gt;, 2019</td>
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Reminder

This is an overview of the changes to the PCIT funding and the amounts used in the examples are only estimates. Final amounts of award may be more or less than in the examples.

The full list of Requirements will be included in the Request for Information (RFI)

The Final Authority is the Executed Contract
PCIT Training

Contact Jackson County Mental Health, Alejandra Moreno, MA, MS, certified PCIT International Level II Trainer MorenoAJ@jacksoncounty.org

Jackson County Mental Health (JCMH) has a PCIT training team contracted to provide PCIT training and on-going supervision to qualifying Oregon programs. Trainee travel and time expenses are covered by their agencies.

Contact Lifeworks NW, Erin Sewell, LCSW, certified PCIT International Level II Trainer Erin.Sewell@lifeworksnw.org

LWNW may have training slots available on a limited basic for therapists not employed by LWNW


Additional costs will be incurred and are the responsibility of the applicant agency. If you have questions whether or not an upcoming PCIT workshop follows the current PCIT Training Guidelines, please contact: John Paul Abner – JPAbner@milligan.edu
PCIT Information

PCIT International-  http://www.pcit.org/
- Training and Certification requirements
- Comprehensive lists of PCIT Research
- Purchase PCIT required manuals and materials
- videos of PCIT, find PCIT Providers, and more


UC Davis Children’s Hospital-  https://pcit.ucdavis.edu/about-us/


Other Resources

- Oregon Health Plan Provider Enrollment - https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx
- Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5) by Zero to Three http://www.zerotothree.org/
- Diagnostic and Statistical Manual of Mental Disorders, Fifth edition, (DSM-5); http://www.dsm5.org/psychiatrists/practice/dsm
- International Statistical Classification of Diseases and Related Health Problems (ICD), 10th revision
Questions? Email: laurie.l.theodorou@state.or.us