Washington State Department of CHILDREN, YOUTH & FAMILIES

Evidence Based Practice (EBP) Readiness Packet

Thank you for your interest in contracting to deliver EBP's to families and children involved with DCYF. In order for DCYF to consider contracting with your agency to deliver EBP services, this packet must be completed along with a contract application. This application is necessary if your agency wishes to deliver any of the following programs through contract with DCYF:

- ✓ SafeCare
- ✓ Parent-Child Interaction Therapy (PCIT)
- ✓ Incredible Years (IY)
- ✓ Positive Parenting Program (Triple P)
- ✓ Functional Family Therapy (FFT)
- ✓ Promoting First Relationships (PFR)

In order to be considered for any Department of Children, Youth and Families sponsored Evidence Based Training and/or to secure a contract to deliver these programs, this entire packet must be completed and received by your Regional EBP Program Manager a minimum of 45 days prior to the identified training date.

Please Note: Contracts can take up to 6 weeks to be executed. If you wish to contract with DCYF, please allow ample time for discussion, readiness assessment packet completion (including re-submitting work if necessary), and time for the contract to be executed. Often this process can take 2-4 months of work prior to anyone attending training.

If you have questions about Evidence Based Practices, training opportunities, or contracts for these programs, please contact your Regional EBP Program Manager below.

Region	Lead	Email	Phone
1	Danelle Stone	Danelle.stone@dcyf.wa.gov	509.818.2710
2	Andrea Cardenas	Andrea.cardenas@dcyf.wa.gov	509.380.6662
3	Felix Idahosa	Felix.idahosa@dcyf.wa.gov	425.595.3464
4	Shawn Sivly	shawn.sivly@dcyf.wa.gov	206.247.9131
5	Laneta Able	Laneta.able@dcyf.wa.gov	253.306.2117
6	Arthur Fernandez	Arthur.Fernandez@dcyf.wa.gov	360.827.2508

An Evidence Based Program (EBP) is an interdisciplinary approach to practice with a focus on preserving the integrity of service by integrating the best available and relevant evidence, practitioner expertise and consistency in delivery of service to achieve replication of the documented positive outcomes.

DCYF is committed to increasing the availability of services that have documented effectiveness in order to provide the most relevant services for our clients. DCYF is focused on services that make sustainable changes to families that increase safety in the home and help families achieve permanency.

The following EBP's have been selected by DCYF for their effectiveness in promoting safety in families across cultures:

- ✓ SafeCare
- ✓ Parent-Child Interaction Therapy (PCIT)
- ✓ Incredible Years (IY)
- ✓ Positive Parenting Program (Triple P)
- ✓ Functional Family Therapy (FFT)
- ✓ Promoting First Relationships (PFR)

The assessments within this document are intended to help Regional Program Managers with DCYF learn more about agencies that may be interested in implementing EBPs. Through the assessment process, your agency will understand the requirements of DCYF contracted EBP's. Additionally, the information provided will be used to help support your agency through the implementation process to support model fidelity. Thus, we hope you will be as forthcoming and detailed as possible in your response to the questions.

If your agency is interested in administering SafeCare, PCIT, Incredible Years, Functional Family Therapy, Triple P or Promoting First Relationships, complete the checklist(s) within this document. There are specific steps that need to be taken to implement one or more of these programs, and you should consult with your assigned Regional Program Manager (see page 1) if you have questions.

Agency Background Information and General Readiness

The following questions will help us understand more about your agency and what kind of support or help your agency might need to successfully implement an EBP.

1. Which EBP are you applying for?

   Make a Selection

2. Does your agency currently provide any in home or evidence based programs?

Evidence Based Program	Staff Name	Supervisor or Coach	Certification/Accreditation Status
		Make a Selection	
		Make a Selection	
		Make a Selection	
		Make a Selection	

3. If you currently or in the past have provided EBP's, what are your internal standards and practices for ensuring compliance with fidelity monitoring?

4. Describe the current coaching/supervision/clinical supervision practices in place for services your agency currently offers.

5. Describe the current clinical supervision model of practice your agency uses for services you already offer.

6. Can you give some examples of how leadership within your agency promotes EBP use? (e.g. time and incentives for coaching, technical assistance, meetings, and backfill)?

Agency Readiness to Implement EBP

1. How will your agency manage the requirements of an intensive training plan? For example, can it release clinicians for an initial training of up to 40 hours, give them time and backfill for ongoing training, consultation, and supervision, and so forth?

2. EBP's often require the time of a support staff for implementation (e.g., food ordering, materials set up, telephone engagement with parents, and setting up video or audio recording of sessions). Please describe your agency's capacity to help with these kinds of logistical details of EBP program delivery?

3. EBP's often require having sessions regularly audio or video recorded and reviewed by experts in [the selected EBP]. How do you think the clinicians in your agency would respond to this requirement?

4. Please describe in detail how your agency has presented its plan for implementing EBP's to staff that may be expected to implement them. Describe any concerns that have been raised by management, staff, or clinicians and how your agency has or will address these concerns.

5. Please describe how your agency has presented its plan for implementing EBP's to your management and/or Board of Directors. Describe the administrative motivation and buy-in to deliver EBP's.

6. Tell us about your agency's business model for managing implementation of new EBP(s).

7. How many referrals would you need per month to sustain the service?

8. Is there anything else you would like to share about your agency and its experience with or capacity to implement EBP's?

EBP Specific Readiness Checklists

All EBP's are delivered to DCYF clients in a home setting, the community, or during visitation with their children (IY is class based and delivered in the community). The expectation is that clinicians meet weekly with a family to provide the individual components of the EBP to the family. In some cases, DCYF will request twice a week contact to provide the service.

Complete the checklist(s) that pertain(s) to the specific EBP(s) your organization is interested in implementing. Each checklist includes specific readiness items for one of the five EBPs and may take approximately 10 minutes to complete.

Parent Child Interaction Therapy (PCIT) *Use the comment boxes to expand on your agency's ability to provide the required items for this EBP.*		
PCIT International requires that all therapists trained in PCIT possess a master's degree with a mental health background. Does your agency have therapists who meet this requirement and who regularly see parents with young children who lack appropriate parenting skills and parent youth who are between the ages of 2 and 7 and exhibiting noncompliant, oppositional defiant behaviors, or other externalizing behaviors?	☐ Yes ☐ No	
PCIT consists of an assessment of child disruptive behaviors. How will your agency document child mental health/behavioral problems and assess appropriateness for the intervention? Does your agency use a standardized assessment measure at baseline? If not, does your agency agree to use the required assessment tool requested under the PCIT protocol?	☐ Yes ☐ No	
Please describe how your agency will deliver PCIT and/or the space you have available to conduct PCIT treatment sessions at your agency's location.		
Does your agency have the following capacity to meet families in home and clinic:		
If PCIT is delivered in the home, therapists have the means to travel to the family's home? If the sessions are in a clinical setting, do you have a stripped therapy room *(or a room that can easily have its breakable/dangerous components removed in preparation for each session)?*	☐ Yes ☐ No	
The ability to monitor the session either in the same room as the parent or from an adjacent room *(e.g., live coach, video monitor or via a two-way mirror)?*	☐ Yes ☐ No	
The ability to provide therapists with recording devices to audio or video record sessions and be able to record at least 4 sessions (CDI Teach, PDI Teach, CDI Coach 1, PDI Coach 1) to give to their trainer/consultant for fidelity checks?	☐ Yes ☐ No	
The ability to purchase the Eyberg Child Behavior Inventory, the DPICS manual and DPICS workbook for administration in each PCIT session *(at a current cost of approximately $99 for all three protocols)?*	☐ Yes ☐ No	
A communication system that allows a therapist to speak to the parent from outside the room in real time *(i.e., "bug in the ear")?*	☐ Yes ☐ No	
Will your therapists be able to:		
Spend time away from your agency to attend a 40-hour in-person training or engage in co-therapy with a Within Agency Training (WATer)? Training/consultation can last up to 18 months. Will the agency support the therapists to complete this process?	☐ Yes ☐ No	
If your agency employs a WATer trainer, will the agency ensure they attend consultation with a Global or Regional Trainer quarterly?	☐ Yes ☐ No	

Conduct PCIT sessions that routinely last 60 minutes for each contracted parent or longer if a child is having a difficult session. Will your agency allow therapists to remain with a family until the child/parent is regulated enough to exit the session?	☐ Yes ☐ No	
Attend up to three days of booster training every other year or as directed by the state Regional Trainer?	☐ Yes ☐ No	
Please add any additional information about your agency's interest in or ability to implement PCIT.		

Incredible Years

Use the comment boxes to expand on your agency's ability to provide the required items for this EBP.

Do your clinicians regularly see children who are between the ages of birth and 12 and exhibit challenging behaviors often due to stress, trauma, and/or loss?	☐ Yes ☐ No	
Is your agency knowledgeable about the IY core components, order, number of sessions, theoretical framework and research for the IY programs?	☐ Yes ☐ No	
Workshops for training IY group leaders are 3-4 days in various locations across Washington State and agencies will be required to pay lodging, per diem, and travel costs. Are you able to release your clinicians for a 3-4 day in-person training or 2-5 half days for online workshops and pay these costs?	☐ Yes ☐ No	
At a minimum, IY involves administering the treatment parent program (for diagnosed children) for 18-20 weeks, 2 hours weekly. Is the organization committed to this program being offered to participants in this way and in its entirety?	☐ Yes ☐ No	
IY requires protocol checklists for every session or lesson delivered which include content to be covered, DVD vignettes, key role plays, and activities. In addition, there are process checklists which assess interpersonal group process and/or classroom management strategies. Is the organization committed to these important monitoring components and has it identified who will review that the checklists and programs are delivered?	☐ Yes ☐ No	
IY is implemented with groups of parents or by home coaches who are comfortable delivering interventions to families in the home setting, open to delivering a highly structured intervention, creative and flexible in delivering services to families, and open and responsive to supervision and feedback. Has your agency identified candidates for Home Visitors with these characteristics?	☐ Yes ☐ No	
IY recommends ongoing peer review as a way of facilitating quality of IY delivery, enhancing sharing of new ideas, and reinforcing commitment. Will the organization facilitate ongoing support groups and peer review for the group leaders delivering the IY programs on a regular basis?	☐ Yes ☐ No	
At a minimum, IY requires follow-up workshops during which a consultant reviews DVDs of therapists' sessions. Will your providers be available for this level of follow-up contact?	☐ Yes ☐ No	
IY offers a certification process for group leaders and home coaches. This process is voluntary, but highly recommended. Would your agency support IY group leaders and home coaches to pursue certification?	☐ Yes ☐ No	
Describe your clinicians' beliefs or attitudes about the practice of including homework activities for parents to do with children as part of treatment.		

Describe your clinicians' beliefs or attitudes about the practice of using incentives in developmentally appropriate ways to help motivate children with behavior problems?
Any further comments about your agency's interest in or ability to implement Incredible Years?

SafeCare *Use the comment boxes to expand on your agency's ability to provide the required items for this EBP.*		
Does your organization serve parents of young children, between birth and 5 years of age with a history of neglect or physical abuse or who have risk factors for neglect and/or abuse?	☐ Yes ☐ No	
SafeCare services consist of weekly 90 minute sessions for 18-20 weeks. Will your therapists be able to provide this type of service?	☐ Yes ☐ No	
SafeCare is implemented by Home Visitors who are comfortable delivering interventions to families in the home setting, open to delivering a highly structured intervention, creative and flexible in delivering services to families, and open and responsive to supervision and feedback. Has your agency identified candidates for Home Visitors with these characteristics?	☐ Yes ☐ No	
SafeCare agencies must employ Coaches who are willing and able to master the SafeCare model, have good communication and interpersonal skills, understand the importance of model fidelity, and are committed to working with Home Visitors to ensure the program is conducted properly. Has your agency identified candidates for Coaches with these characteristics?	☐ Yes ☐ No	
SafeCare staff must attend a SafeCare Training Workshop for five days, and then demonstrate skills in the field to become a certified SafeCare provider. Are you able to release your staff for a 5-day in-person training?	☐ Yes ☐ No	
SafeCare Home Visitors must have adherence to the SafeCare protocols regularly monitored by their Coach through direct observation or recordings of sessions and participate in weekly team meetings with Coaches to discuss cases. Is your agency committed to this level of monitoring and coaching?	☐ Yes ☐ No	
SafeCare Coaches must attend SafeCare Home Visitation training and achieve full certification, complete one day of additional training in SafeCare coaching, and be regularly supported and monitored by their national SafeCare Trainer to assist them in performing their coaching duties. Is your agency committed to ensuring there are Coaches who will receive all this training and support?	☐ Yes ☐ No	
Can the agency ensure that caseloads for Home Visitors conducting SafeCare are appropriate (10-12 families at a time), and that staff can complete all other work assignments?	☐ Yes ☐ No	
SafeCare requires materials beyond what is normally needed for conducting home-based services, such as a digital audio recorder for the Home Visitor, a screwdriver for installing latches, baby doll for doing role-plays with the parents (one per Home Visitor), access to a copier, and file organizers to carry supplies. Parents require copies of the health manual and other SafeCare forms, and a Safety First Kit or basic safety latches (such as cabinet	☐ Yes ☐ No	

latches, door knob holders, and drawer latches). Can your agency provide these materials to the Home Visitor and parents?		
Any further comments about your agency's interest in or ability to implement SafeCare?		

Positive Parenting Program (PPP or Triple P) *Use the comment boxes to expand on your agency's ability to provide the required items for this EBP.*		
Do your clinicians regularly see children who are between the ages of birth and 12 and exhibit noncompliant, defiant, and other externalizing behaviors?	☐ Yes ☐ No	
Is the organization team knowledgeable about the Triple P core components, order, number of sessions, theoretical framework and research on Triple P effectiveness?	☐ Yes ☐ No	
Are you able to release your clinicians for initial 40-hour in-person training and a follow-up one day accreditation training session? (time exclusive of travel)	☐ Yes ☐ No	
At a minimum, Triple P Standard and Pathways involves administering the program for 10-16 weeks, in 60-90 minute weekly sessions. Most of these sessions are with the parents, although at least three sessions are in-person observation and feedback sessions. Is the organization committed to this program being offered to participants in this way and in its entirety?	☐ Yes ☐ No	
Triple P recommends creation of peer support groups as the primary way to ensure high model fidelity. Typically these groups meet once per month. Clinicians are expected to present cases and discuss implementation goals. Does your agency support creation of a peer support group that can meet on a regular basis?	☐ Yes ☐ No	
Are your therapists able to print materials from on-line websites and/or download materials to print for recordkeeping and handouts for families?	☐ Yes ☐ No	
As part of the Triple P program, families receive a Family Workbook. Workbooks cost about $28. Your therapists will receive several workbooks at their initial training, but subsequent workbooks will need to be purchased by the agency (costs for workbooks are factored into the contract rate). Will you be able to order workbooks in a timely manner for families?	☐ Yes ☐ No	
Any further comments about your agency's interest in or ability to implement Triple P?		

Promoting First Relationships (PFR) *Use the comment boxes to expand on your agency's ability to provide the required items for this EBP.*		
Do your clinicians regularly see children who are between the ages of birth and 5 years old?	☐ Yes ☐ No	
Is your agency knowledgeable about the PFR core components, theoretical framework and research on PFR effectiveness?	☐ Yes ☐ No	
Are you able to release your clinicians for an initial 14 hour training conducted either over 2-days in-person or four 3.5 hour online sessions, followed by a 4.5 month online mentored training model which involves approximately 3 hours per week?	☐ Yes ☐ No	
PFR involves administering the program for 10-14 weeks, in 60 to 75 minute weekly sessions. All of these sessions are with the	☐ Yes ☐ No	

parents, and most to all of the sessions will require that the focus child be present. Is the organization committed to this program being offered to participants in this way and in its entirety?		
PFR requires monthly reflective consultation groups (twice monthly for the first 6 months post-training) as the primary way to ensure high-fidelity implementation. Providers meet online in groups with a PFR Trainer to present cases, show parent-child interaction videos, discuss PFR strategies and get support for their work. Does your agency agree to provide release time for your staff to participate in these consultation groups?	☐ Yes ☐ No	
As part of the online training, trainees will need access to fast, wired internet connection, up-to-date computer technology and a webcam. Can your agency provide this?	☐ Yes ☐ No	
PFR providers need to regularly record parent-child interaction videos and playback these videos as part of the program. Will your agency be able to supply this required audio visual equipment to providers?	☐ Yes ☐ No	
PFR requires that providers work in a collaborative, relationship-based way with parents. Providers should feel comfortable working with parents, using the PFR Ways of Being: Being strengths-based non-directive, non-judgmental, reflective and employing active listening skills to help parents feel understood. Discuss how your potential trainees possess these skills.		
PFR uses a reflective, rather than a behavioral modification approach, when helping parents look at their children's behavior. PFR focuses on exploring the feelings and needs of both the parent and child, and helps the parent gain a better understanding of how these feelings/needs influence their caregiving. PFR providers must be comfortable listening to a parent's challenging and/or strong feelings. Discuss how your potential trainees would be able to work in this way.		
Any further comments about your agency's interest in or ability to implement Promoting First Relationships?		
Functional Family Therapy (FFT) *Use the comment boxes to expand on your agency's ability to provide the required items for this EBP.*		
FFT serves youth ages 11-18 and their family members. The youth and at least one caregiver are required to attend all FFT sessions. Note: Clients are not seen individually. Can your agency follow this FFT requirement? If not, why?	☐ Yes ☐ No	
FFT therapists are required to have a fast internet connection, up-to-date technology, including a webcam. To access the FFT Client Services System (CSS), record session notes, session plans, contacts, FFT assessments, outcome assessments, and other data for model adherence and fidelity; attend weekly FFT Clinical Consultation and online FTT trainings, via video; and upload to a secure cloud-based storage system the required FFT session audio/video recordings. Can the agency ensure the therapist has these tools? If not, why?	☐ Yes ☐ No	

What is your agencies plan for how it will reach out to recruit youth and families in the system? FFT is a phase based program that lasts an average of 12 sessions in 4-6 months. Is your organization committed to this program being offered to participants in its entirety? FFT is a phase-based model. The average number of weekly sessions is 12-14, over 3-4 months. Research shows partial dose of FFT causes more harm to the family. Is the agency committed to serving clients by providing a full dose of FFT? If not, why?	☐ Yes ☐ No	
Maximum caseload number for a full-time FFT therapist is 10-12 (40 hours a week). Minimum caseload for a part-time FFT therapist is 5-6 active FFT cases (20 hours per week). Each family takes about 3-4 hours per week that includes one-hour FFT sessions, collateral contacts, administering FFT assessments, case planning, CSS documentation (session progress notes, case plans, contacts, assessments results and more), case staffing during the required weekly FFT clinical consultation, and travel to session. What is the agency's projected hours a therapist will devote to FFT, each week? Explain the agency's plan to ensure the therapists are meeting the caseload requirements, include how the therapist and agency will build and maintain relationships with the referral source. In early FFT phases, the therapist may see families more than once per week, and sometimes therapy appointments can last longer than one hour. Do you anticipate any systemic/funding/organizational barriers to this?	☐ Yes ☐ No	
FFT therapists are required to attend the FFT Clinical Training Series in WA State. The FFT Training Series consist of a 3-day Initial Clinical Training (17 hours) and three Follow-Up Trainings (13 hours each) that align with the 5-phases of the model. The FFT Training Series are scheduled over nine months. Are you able to release your clinicians for all of the FFT training requirements?	☐ Yes ☐ No	
The WA State FFT Project pays the training cost. Is your agency or contracted clinician able to pay for the cost associated with lodging and per diem for each training, when a training is in person?	☐ Yes ☐ No	
Once a therapist has attended the FFT Clinical Training Series and have met the FFT National dissemination adherence and fidelity standards, the therapist will be certified as a WA State FFT therapist. Failure to attend all required trainings, meet the national standards, and FFT Project Therapist Standards, the therapist is placed on an improvement plan or will be de-certified based on the FFT Project QA/QI. How will the agency support their clinicians to ensure they meet the above requirements?	☐ Yes ☐ No	
Therapists are required to attend weekly one-hour FFT clinical consultation, with their team. Will providers be given time for FFT clinical consultation? If not, why? Attendance requirement is 85%.	☐ Yes ☐ No	
For model fidelity, therapists are required to follow all FFT protocols. The therapist's FFT Clinical Supervisor will	☐ Yes ☐ No	

regularly monitor and provide feedback on their FFT practice through case staffing, CSS data entry, monthly case reviews, Global Therapists Ratings (every 120 days), and session recordings. Additionally, new therapists are evaluated every 30-days for the first three months. Is your agency committed to this level of monitoring and feedback and supporting therapist adherence and fidelity?		
Therapists must maintain a Global Therapists Ratings that meet the statewide standard set by FFT LLC. This is monitored every 90-120 days and feedback is shared with the therapist and the site. Is your agency committed to supporting therapist adherence and fidelity? Therapists are required to maintain the FFT National standards in dissemination adherence and fidelity as outlined in the FFT Project QA/QI documents, which include the Therapist Standards. Is your agency committed to supporting therapist adherence and fidelity? If not, why?	☐ Yes ☐ No	
The FFT Project uses the FFT LLC web-based case management system (CSS), to track pre and post assessments, outcomes, client change, model adherence, model fidelity, completion rates, and service deliver trends. Please confirm that the agency providers are committed to meet the FFT Project expectations in using this system, for accountability purposes. How will the agency support the providers to ensure they are using the CSS as outlined in the Therapist Standards.	☐ Yes ☐ No	
Therapists must begin seeing FFT cases as soon as possible after the initial clinical training. Can your site ensure each therapist will be given an adequate supply of referrals and the time to see the minimum number of FFT cases as soon as the clinical training is completed?	☐ Yes ☐ No	
FFT therapists often work within agencies that provide their own clinical consultation. The FFT Project provides FFT clinical supervision during weekly team consultation, 1:1 meeting with the FFT Clinical Supervisor, and through trainings. Can your agency commit to ensuring that FFT therapists will receive primary clinical supervision in the FFT model from the FFT Clinical Supervisor and the FFT National Consultant?	☐ Yes ☐ No	
Any further comments about your agency's interest in or ability to implement Functional Family Therapy?		