RFQ: CHDI Accepting Applications for Child Parent Psychotherapy (CPP) Learning Collaborative

CHDI is releasing a Request for Qualifications (RFQ) for participation in a Learning Collaborative for the evidence-based Child-Parent Psychotherapy (CPP) treatment model. This initiative is funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded to CHDI as part of the National Child Traumatic Stress Network (NCTSN). CHDI anticipates that up to four agencies or organizations in Connecticut that provide mental health services to young children will be selected through this RFQ to receive training at no cost. Selected agencies will receive a stipend. Please see details later in this RFQ.

The CPP Model

CPP is an intervention for children aged 0-5 who have experienced traumatic events and/or are experiencing mental health, attachment, and/or behavioral problems. Treatment sessions include the child and their parent or primary caregiver. The treatment is based in attachment theory and integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. The central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health.

RFQ Details

The deadline for responding to this RFQ is **June 28, 2019, 4:00 pm**. Agencies interested in applying may participate in a bidders' conference call, to be held on **May 21, 2019** at **2:00-3:00pm** (call-in information located in the body of the RFQ attached).

Please send an email of intent to apply to this Learning Collaborative to Kellie Randall (randall@uchc.edu) no later than **May 31, 2019, 4:00 pm**. A letter of intent is strongly encouraged but not required. For more information and to submit questions about this RFQ please email Tiffany Franceschetti (tfranceschetti@uchc.edu). The deadline to submit your questions is **June 7, 2019, 4pm.**

Child Health and Development Institute of Connecticut
CPP Learning Collaborative
Request for Qualifications Application Deadline:
June 28, 2019 – 4PM

Background

A. History

CPP was developed at the Child Trauma Research Program at San Francisco General Hospital. The Child Trauma Research Program was founded in 1996 with the mission of developing an evidence-based, culturally-informed approach to treating traumatic stress in young children and extending the basic principles of infant-parent psychotherapy to children under 5 years. CPP was developed to improve psychological and relational functioning in trauma-exposed young children and their primary caregivers. Results from five randomized controlled trials have demonstrated that CPP significantly reduces posttraumatic stress symptoms and enhances mental and relational health in mother-child dyads (Cicchetti, Rogosch, & Toth, 2006; Lieberman, Ghosh Ippen, & Van Horn, 2006; Lieberman, Van Horn, & Ghosh Ippen, 2005; Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002). Research has shown strong evidence that caring for the mental health of both members of the caregiver-child dyad improves mood, trauma symptoms, parent-child relationship, children's problem behaviors and learning as well as biological stress response in early childhood.

B. Treatment Model

The CPP intervention includes: (1) the treatment model, *Child-Parent Psychotherapy (CPP)*, and (2) a child monitoring and feedback system through an online database (EBP Tracker/PIE).

- CPP is used to treat children aged 0-5 and their parents/caregivers. Therapeutic sessions include the child and parent or primary caregiver. The intervention seeks to address caregivers′ and children′s maladaptive mental representations of themselves and each other, and interactions and behaviors that interfere with the child′s mental health. Treatment also focuses on factors that may affect the caregiver-child relationship (e.g. cultural norms and socioeconomic and immigration-related stressors). For children exposed to trauma, the caregiver and child are guided over the course of treatment to create a joint narrative of the traumatic event and identify and address traumatic triggers that generate dysregulated behaviors and affect. CPP has been shown to reduce overall posttraumatic stress symptoms in both young children and caregivers.
- The Measurement Feedback System provides monitoring of each child's treatment response through completion of clinical measures, monthly metrics and fidelity tools. Clinical research suggests that clinicians who are provided with frequent ongoing feedback on their clients' treatment progress demonstrate improved outcomes. Through use of the database, providers can access visual displays of assessment data as a way to monitor the client's treatment progress. CPP fidelity tools were developed to allow participants and trainers to assess the fidelity to the CPP framework at various stages in the treatment process. These fidelity tools assist in monitoring the processes that have been found to be associated with the uptake of the model (i.e., assessment and engagement, intervention, supervision, etc.). By using the fidelity tools, teams will be able to support their professional growth and gauge their progress toward the training goals.

C. CHDI Role and Collaboration with other Partners

This initiative is funded by a grant to CHDI from the Substance Abuse and Mental Health Services Administration (SAMHSA) as part of the National Child Traumatic Stress Network (NCTSN). This grant, called the Early Childhood Trauma Collaborative (ECTC), is a partnership between CHDI, the Child Trauma Research Program (CTRP) at the University of California, San Francisco (UCSF), Yale University, UCONN Health, and a network of community-based provider agencies implementing EBPs. A major component of the ECTC grant is to disseminate CPP in Connecticut outpatient child guidance clinics. For more information about ECTC, please see (https://www.chdi.org/our-work/mental-health/evidence-based-practices/early-childhood-trauma-collaborative/).

Through this partnership, CHDI is pleased to release this Request for Qualifications (RFQ) for up to four (4) community-based providers to participate in the Connecticut CPP Learning Collaborative (LC). The purpose of this two year project (October, 2019 – September, 2021) is to expand the dissemination and implementation of CPP in Connecticut outpatient clinics with the goal of improving access to CPP statewide. CHDI will serve as the coordinating center and Dr. Christian Connell (Yale University and Penn State University) will serve as the evaluator for this initiative. The CTRP will provide clinical training and expert case consultation.

The agencies selected will receive a stipend and support to offset their participation over the course of the LC. This intensive training and implementation experience will support agencies to embed CPP within their agency and for selected agencies to become leaders in the state in the implementation of this evidence-based practice.

For agencies that have participated in previous Learning Collaboratives with CHDI (e.g., ARC, MATCH-ADTC, TF-CBT), there are both benefits and challenges to integrating multiple models. Some agencies choose to select clinicians who have not been trained in an EBP previously. Other agencies select clinicians with previous EBP experience. In either case, an agency integrating multiple EBPs requires careful attention to strategic planning and collaboration.

Project Description

A. Learning Collaborative (LC) Methodology

1) Introduction to the LC Model

CPP dissemination will be facilitated through the LC implementation model. The LC model focuses on a quality improvement methodology that promotes system-wide transformation and rapid adoption of evidence-based practices in outpatient community-based behavioral health settings. It has also been an effective method for developing collaborative relationships between systems. The LC Model brings together teams from multiple sites to work on improving a process, practice, or system, with team members learning from their collective experiences and challenges. A LC is an active learning process, which builds on participants' identification of their own learning needs and actively engages participants in all components of the process, including both the in- person learning sessions and the Action Periods (which occur between learning sessions). For more information on the LC Training model, visit: http://www.chdi.org/our-work/mental-health/evidence-based-practices/learning-collaborative-approach.

2) Purpose and Goals of the CPP LC

The purpose of the CPP LC is to build the capacity of outpatient providers to implement CPP with fidelity, in order to support family strengths and relationships and to help families heal and grow after stressful experiences.

Goals of the CPP LC:

- Through an 18-month LC and 6 months of sustainability support, participants will gain core CPP knowledge and competencies to enable them to implement CPP as part of their service array;
- Build providers' capacity to implement CPP with fidelity for the caregiver-youth dyad through application of the LC methodology and the creation of a sustainable learning collaborative;
- Develop collaborative and cooperative relationships between outpatient providers, clinicians, caregivers, and other community systems to assure effective referral, assessment, and treatment of children; and
- Build providers' capacity to utilize data and implement EBPs through application of a sustainable LC methodology and the use of a measurement feedback system.

3) Target Population

The target population for CPP is children aged 0-5 years who have experienced traumatic events and/or are experiencing mental health, attachment, and/or behavioral problems and their caregivers.

4) Learning Collaborative Activities and Expectations of Participants

a. Pre-Work Phase (September – October 2019)

All selected clinics will participate in a pre-work phase, including completion of pre-implementation activities within their agency to prepare for CPP implementation and participation in the LC. The pre-work phase includes the following activities:

- Identify a Core Team that includes the following members:
    - At least one CPP clinical supervisor *(Supervisors are expected to practice CPP with 4 children during the 2 year collaborative)*
    - 3-5 clinicians who will receive CPP supervision from a licensed clinical supervisor on the team
      Note: it is highly encouraged that agencies enroll close to the maximum number of clinicians in order to account for any potential attrition over the year. Clinicians are expected to provide CPP to 8 children during the 2 year collaborative and 4 children each year thereafter.
    - 1 senior leader (an agency director or other management staff in a leadership position)
    - 1 site coordinator (who can also serve one other role on the team);
    - 1 family partner that is or was the parent or caregiver for a child who has received mental health treatment
- Participate in an initial site visit by CHDI's project staff;
- Complete the *Collaborative Goals Framework,* an organizational readiness tool
- Complete grant evaluation activities, including an online staff survey assessing experience, attitudes, and readiness for implementing evidence-based trauma treatment (which will also be completed post-LC)
- Review readings and/or videos;

- Participate in conference calls with CHDI as needed; and
- Work with clinic partners to establish meeting times and design the structure of weekly supervision.

b. Intensive Clinical and Online Measurement Feedback System (EBP Tracker/PIE) Training (October/November 2019)

All Clinical and Supervisor Core Team members will attend all 3 learning sessions (7 days in total). The first is anticipated to take place in October/November 2019 and will include clinical training presented by expert CPP national trainers as well as training in the measurement feedback system. Everyone participating in the training must have an advanced degree (e.g., MSW, LCSW, LPC, PhD, MD) in the mental health field (e.g., social work, psychology, psychiatry). Those not licensed must be supervised by a licensed clinician who is also receiving the training. All participating agency staff will also be required to read the CPP manuals which will be made available to teams at no cost. This will provide Core Team members with foundational training in the CPP model. In addition to the training, participants will have an opportunity to ask questions about the model and its implementation, along with how best to use the database for clinical practice. Attendance at all days of this training is required for all clinical staff (both clinicians and supervisors) participating in the learning collaborative.

c. Learning Sessions (October 2019; April 2020; October 2020)

The Core Teams from the CPP clinics will come together for up to three face-to-face Learning Sessions (one 3-day and two 2-day sessions) over the course of 12 months. Team members will learn from each other and from expert CTRP and CHDI faculty about the CPP model, how to improve collaboration across providers, and how to share progress reports and data.

d. Action Periods

Periods between Learning Sessions are referred to as Action Periods. During this time teams will work intensively to implement what they have learned. Teams are expected to recruit and engage families eligible for CPP services, administer assessment measures with identified families, and collect fidelity data. Teams will utilize Plan-Do-Study-Act (PDSA) Cycles, which are a core aspect of the Learning Collaborative Model for Improvement. These cycles test ideas and techniques quickly and allow teams to capture successes and challenges in their implementation of the practice. They also contribute to sustaining practice beyond the Learning Collaborative. During action periods, continued learning will be provided by a CPP consultant who will conduct twice monthly clinical consultation calls for 18 months (36 hours of calls), starting in October 2019. Team members are expected to actively participate in all components of the Action Periods, including discussion of clients on bi-weekly consultation calls and weekly agency supervision, and actively engage in discussions during learning session conferences.

Required Activities during Action Periods:

Activity	Purpose	Frequency of Occurrence	Who Facilitates	Members Expected to Attend
Internal Reflective Supervision with CPP team at each participating clinic	Discuss components of CPP as they are learned; discuss clients and implementation progress	Weekly	Clinical Supervisor on Agency Team	Clinicians and Clinical Supervisor(s) *Recommend Family Partner to participate in a least 1 meeting a month
Implementation Consultation	Implementation support for agencies; feedback for faculty	Weekly/bi-weekly 15-30 minute phone call	Site Coordinator & CHDI Project Coordinator	Site Coordinator
Clinical Consultation Calls	Discuss CPP cases and clinical questions with Developers	Bi-weekly 1-hr conference call	CTRP Faculty	Clinicians, Clinical Supervisor(s)
Senior Leader Calls	Discuss implementation, dissemination, and quality improvement	Monthly or bi-monthly 1-hr conference call	CHDI Faculty and/or CTRP Faculty	Senior Leader

f. Learning Collaborative Teamwork

Action Periods also require interaction with other Learning Collaborative Core Teams via teleconferences, virtual conferences, and ongoing group consultation facilitated by the expert and/or faculty. Activities and assignments throughout the Learning Collaborative are geared toward building a community of providers that can share ideas and learn from one another and work collaboratively toward the shared goals of implementing an evidence-based practice.

g. Learning Collaborative Role Expectations

Team Role	Learning Collaborative Expectations
Provider Senior Leader	• Provide leadership and direction for the agency in the Learning Collaborative Core Team • Inspire a vision of quality of care for children and families, who experience trauma • Select the members of the Core Team to include a Clinical Supervisor(s), Clinicians and Site Coordinator • Provide time for staff to participate in Learning Sessions, Action Period activities and consultation calls • Ensure that the agency provides time and space for weekly reflective supervision (this supervision can be provided individually or in a group format) • Plan for and allow adjustments to schedules, productivity hours, and other productivity issues (e.g., productivity credit for trainings and case preparation) • Cover expenses such as travel/meals/related needs for participating in Clinical Training and Learning Sessions • Participate in a call that delineates their role in the CPP Learning Collaborative prior to Learning Session 1 • Conduct at least one (1) CPP forum community presentation • Participate in the completion of the Collaborative Goals Framework and reviews in partnership with Provider Administrators • Attend the Learning Sessions, as applicable to roles and responsibilities (maximum 7 Learning Session days) and participates in Learning Session activities • Connect the learning collaborative goals to strategic initiatives of the agency • Communicates regularly with team members through attendance at weekly team meetings • Identify a data manager to coordinate certain tasks for the fidelity monitoring and training evaluation (this role can be filled by a team member or other agency staff) • Identify and commit to working with a local family partner to assure involvement as part of the Learning Collaborative team. (See below for description of Family Partner participant expectations) • Participate in group calls for Senior Leaders, as arranged • Review fidelity measures to assess progress, areas for improvement, and discusses at team meetings each month • Promote the work of the Core Team within the agency and community • Help team members obtain the resources, including time, materials and equipment, and support from agency leadership, necessary to make the changes for effective implementation of CPP within the agency • Facilitate the removal of barriers that inhibit change • Provide continuing opportunities to disseminate and sustain the implementation of CPP after the end of the learning collaborative

Team Role	Learning Collaborative Expectations
Provider Site Coordinator	• May also be a Senior Leader, Clinical Supervisor, or Clinician on the team • Assumes responsibility for overall project management at agency • Possesses relevant education, training and behavioral health experiences, a masters level clinician with preferably at least five years of experience working with young children and families • Knowledge of trauma in early childhood and treatments related to these conditions • Strong organizational and teamwork skills and dedicates required time necessary to achieve the project goals • Develops strategies, support structures, process capabilities, and resources, in partnership with the Senior Leadership and the Core Team to achieve objectives • Is comfortable managing and interpreting data (e.g., assessments, implementation data) • Maintains at least bi-weekly communication with CHDI project staff about implementation challenges and successes • Coordinates activities relating to studying, testing, and implementing at the clinic site in a timely manner • Arranges for resources to meet the needs of the Core Team • Collects data and disseminates to Senior Leadership and Core Team • Oversees EBP Tracker/PIE activity to meet the needs of the team such as sharing EBP Tracker/PIE data and monitoring timeliness of data entry • Documents activities and outcomes relating to the Action Periods/PDSA Cycles, and consultations with faculty as well as peer Core Teams • Monitors and reports on team progress to Senior Leader, including successes and challenges • Identifies and advocates for solutions that support institutionalization of the practice, including spreading information about CPP throughout the clinic • Who are also Clinicians or Supervisors on the team must meet the expectations for the Clinicians/Supervisor on the team

Team Role	Learning Collaborative Expectations
Provider Clinical Supervisors and Clinicians	• All participants must have experience and/or knowledge of early childhood development and must be willing to work with very young children and their caregivers • Participate in the pre-work activities • Complete the Collaborative Goals Framework, as part of Core Team along with additional pre/post surveys • Learn CPP treatment model • Attend all Learning Sessions with team members • Participate on clinical consultation calls twice per month with CTRP, including presenting cases when assigned • Study, test, implement, and evaluate the practice during the three Action Period (By applying the PDSA methodology) • Communicate regularly with team members and faculty regarding implementation • Engage in collaborative problem solving with other clinic's team members • Supervisors must attend reflective supervision training • Supervisors must offer weekly reflective supervision to clinicians on the CPP team • Clinicians must participate in clinic CPP meetings and weekly reflective supervision • Enroll a minimum of four (4) CPP children per clinician during each year of the two year Learning Collaborative and maintain 4 children each year thereafter. • Supervisors must enroll a minimum of four (4) CPP cases during the two Learning Collaborative • Share ideas and lessons learned on a regular basis with Learning Collaborative members • Enter and track clients served with CPP in EBP Tracker/PIE database (e.g., intake, monthly, measures, fidelity tools, and discharge) to assess progress and guide future improvements

Team Role	Learning Collaborative Expectations
Family Partner	• Is or was the parent or caregiver for a child, ideally the parent or caregiver of a child who has received mental health treatment (or has other special needs, such as education or. Medical) • Must not be a current client (or parent of a client) at the agency/group practice • Must not have an active case with DCF • Is willing to provide constructive criticism to the team and to be a partner in testing solutions • Is willing to share his/her perspective about the effectiveness of the system in delivering service • Is able to offer ideas and suggestions from a family/caregiver perspective on how to engage and support parents/caregivers in positive ways • May provide a unique cultural perspective to the team • Attend approximately one day of each learning session • Participate on 3-4 consultation calls during the year • Participate in CPP team meeting as scheduled by agency's senior leader

h. Expectations of Provision of Clinical Services and Supportive Functions

Period/Goal	Clinician	Clinical Supervisor	Senior Leader
After Learning Session 1 (approx. November 2019)	Enroll at least 1 case within 3 weeks of completing LS1.	Conduct weekly reflective supervision	Participate in Senior Leader calls, as scheduled
By Learning Session 2 (approx. April 2020)	At least 2 CPP children enrolled	Identify areas of success and challenges in practicing CPP and using EBP Tracker/PIE	
By Learning Session 3 (approx. October 2020)	At least 4 CPP children enrolled	At least 2 CPP children enrolled	One CPP community forum presentation

For information on the CPP learning collaborative components, visit:

http://childparentpsychotherapy.com/providers/training/lc/

For more information on the CPP training requirements, visit:

http://childparentpsychotherapy.com/wp-content/uploads/2018/03/CPP-Training-Agreement-2018.pdf

Requirements of Applicants/Training Eligibility

A. Typically, agency teams are trained rather than individual therapists as CTRP feels that working with young children who have experienced trauma requires the support of a team; moreover, ongoing reflective practice with a supervisor or colleague is a core part of CPP.
B. Applicants must be enrolled as a Connecticut Medicaid provider and submit verifying documentation.
C. Applicants must be willing to use the online database and must comply with all rules and regulations governing its use.
D. Applicants must have the ability to provide culturally and linguistically competent treatment for the target population. Bi/multilingual and/or cross-cultural communication capabilities are required, as applicable to the target population. The use of interpretive services is permitted, as necessary.
E. Applicants must show a commitment to providing family-focused services, which are services that engage, involve, strengthen, and support families.
F. Applicants must commit to working with a local Family Partner to support the initiative. These individuals provide a unique perspective and offer ideas on how to engage and support caregivers/families in positive ways.
G. Applicants must meet all RFQ deadlines and accurately follow all instructions for application submission.
H. All clinical team members seeking to complete training and to be eligible for the CPP roster must be master's or doctoral-level psychotherapists with a degree in a mental health discipline
I. If any participating team members are not yet licensed, they must be supervised by a licensed

team member who also participates in the training.

J. Supervisors must attend reflective supervision training and offer weekly reflective supervision to clinicians on the CPP team.

Benefits and Funding

Benefits: Benefits of participation in the Learning Collaborative include extensive training by national trainers in the model, as well as technical assistance, site-based consultation, data collection, analysis, and quality improvement.

- **Available Funds**

CHDI will distribute funds for participation in the Connecticut CPP LC for to up to four (4) community provider clinics, as part of a comprehensive agreement with CHDI. Funds are made available through a federal grant awarded to CHDI. Any funds distributed to providers will be contingent upon the continued availability of such funds.

- **Amount of Funds**

Providers selected to participate in the LC will receive all training, consultation, and implementation support at no cost and will receive a stipend of $30,000.00 ($15,000 in each of the two years) to offset participation costs over the two-year training and implementation phase. Integrating CPP into a clinic requires a supportive learning environment that will include time and commitment for success. We strongly encourage that clinicians and/or clinical supervisors using CPP receive productivity credits for CPP activities (e.g., cases, attendance of clinical trainings/consultation/Learning Sessions). Productivity credit is extremely helpful in reducing staff burden and enhancing staff buy-in when implementing an evidence-based model such as CPP.

- **Period of Award**

The selected Core Teams will enter into a contract with CHDI for a period of two years that includes: participation in three learning sessions (seven days total), three Action Periods, bi-weekly consultation calls/webinars, and collaboration with expert faculty and peer teams to assure utilization and sustainment of the practice at the respective clinic sites. The stipend explained in the previous section, intended to offset the cost of these activities, will also be part of this contract.

- **Costs Associated with Participation**

The Core Teams will not be charged for the training and consultation services by the Expert Faculty; however, the costs associated with participating in a Learning Collaborative include:

- Salary and benefits for the part-time, dedicated Site Coordinator at .2 FTE
- Travel/related expenses for team members to participate in the Intensive Clinical Training and three Learning Sessions. All sessions will be held in Connecticut. No travel out of state or overnight will be required.
- Stipend/expenses for Family Partners (recommend a minimum of $500 to a maximum of $1,000 during the learning collaborative based on the Family Partner's participation with and contribution to the CPP team).
- Work-related time for Core Team members to participate in the following activities:
    - Pre-work activities
    - Weekly supervision meetings
    - 7 days of Learning Sessions
    - Three Action Periods/PDSA Cycles including Core Team meetings

- Learning Collaborative Telephone Consultations – Bi-weekly for 18 months (some team members may be on 2-3 calls per month)
- Agency Learning Activities
    - Collecting, Monitoring, and Using Metrics
    - Communication equipment such as computers, internet and other resources
    - Facilities/space for team consultation meetings, counseling sessions
    - Other general supplies, as needed

Criteria for Selection

A panel, consisting of staff from CHDI and CTRP will review applications and select the Core Teams for participation in the training. CHDI is under no obligation to award the contract to the applications with the highest scores or, for example, the proposals offering to obtain the services at a lower amount than other applicants. The review panels will use numerical point measures as a guide, but these measures are not binding on the review panels. The recommendations of the review panels are based on a wide range of considerations and are not limited to point weight score or the relative costs of the proposals.

DOMAIN	REVIEW CRITERIA	POINTS
1. Provider Qualifications	• Provider's mission, philosophy, services and organizational structure support RFQ requirements • Location of services to be delivered under this project • Leadership skills by Senior Management in CPP LC which includes but is not limited to: inspiring a vision of quality care for young children and their families, who experience trauma; integrate the Learning Collaborative goals into the strategic initiatives of the agency • Organizational chart that identifies agency structure and governance is included • Capacity to manage initiatives that involve new learning, major agency-wide changes, teamwork, and continuous quality improvement • Provider readiness and commitment to engage, learn and study (agency culture vs. team personality) • History of successful collaboration with a broad array of behavioral health professionals including model developers, expert trainers, national organizations, peers, and other stakeholders • Previous experience with evaluating model fidelity, managing quality assurance and improvement activities, and conducting internal evaluations of services • Provider shows willingness to participate in the evaluation procedures required by CHDI • Evidence that the practice accepts Medicaid, Insurance, or some form of 3rd party payment • Evidence that the practice can commit to all aspects of the Learning Collaborative, including identification and sustainment of a senior leader, supervisor(s), site coordinator, and clinicians to participate in all learning collaborative activities by an identified clinical team • Evidence that the Provider can meet the Learning Collaborative expectations for measuring and reporting metric and outcomes data.	20

2. Project Understanding	• Understanding of and commitment to advancing evidence-based practices within clinical setting (including: maintaining model fidelity, use of data to inform practice, quality assurance, and continuous quality improvement of service) • Knowledge about how trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory • Familiarity of treatments for young children and their caregivers who have been exposed to trauma • Awareness of factors that support or impede the adoption and sustainment of evidence-based practices • The number and percentage of children served (total and those between 0-5) in provider's outpatient services in the past year	30
3. Proposed Implementation Plan	• Roles, responsibilities, and administrative/other support provided by Senior Leadership that supports the training initiative • Staffing plan meets RFQ requirements (Senior Leadership; Core Team) • Plan for staff to fully commit the necessary time to the training throughout its duration • Plan for clinical and supervisory staff to identify CPP cases for the Learning Collaborative • Sufficient communication equipment and other resources • Service delivery components addressed including identification/screening, assessment, service delivery, and evaluation of client progress • Plan for immediate and ongoing reflective supervision, consultation, and adequate standards of productivity of CPP clinicians • Plan for support of staff in achieving certification in CPP, including training, weekly sessions and case completion criteria • Plan for Senior Leader to conduct at least one (1) community forum presentation	30
4. Cultural and Linguistic Competence and Commitment to delivering Family Centered services	• Demonstrated understanding of the cultural and linguistic needs of the target population • Demonstrated understanding of family-centered services and evidence of commitment to family-centered practice • Staffing plan that adequately addresses the cultural/linguistic needs of the target population and supports family-centered practice • Plan to identify family partner to participate in the learning collaborative that will support family-centered practice • Location accessible by public transportation and/or will support clients in arranging for transportation, childcare services and other services (e.g. adult mental health, housing etc.) needed to support client engagement in treatment • Demonstrated understanding of how clinical practice may be influenced by cultural differences of clients	20

Important Dates

Task	Date
RFQ Released	May 3, 2019
Technical Assistance/Bidders' Conference Call (instructions below)	May 21, 2019
Applicant submission of E-Mail of Intent (non-binding)	May 31, 2019 4:00pm
Deadline for Submission of Questions	June 7, 2019 4:00pm
Deadline for RFQ Submission	June 28, 2019 4:00pm
Agencies notified of acceptance	July 19, 2019
Anticipated Date of Contract Execution	October 2019
Pre-work and site visits	October 2019
Learning Session 1 (3 days)	October/November 2019
Clinical Consultation Calls start	November 2019
Learning Session 2 (2 days)	April 2020
Learning Session 3 (2 days)	October 2020
Clinical consultation calls end	Fall 2020

How to Apply

1. Interested agencies are encouraged to participate in a Conference Call on Tuesday May 21, 2019, 2:00-3:00 pm, during which CPP Faculty will answer any questions about the RFQ or participation in the CPP Learning Collaborative:

Calling Instructions
Dial: 1-800-747-5150
Enter Code: 6791520#
Follow Prompts

2. Submit an E-Mail of Intent by May 31, 2019, 4:00pm, identifying your agency, the contact person, contact information, and your agency's intent to respond to the RFQ. The E-Mail of Intent is required and must be submitted to:

Kellie Randall, Ph.D., Director of Quality Improvement
Child Health and Development Institute (CHDI)
Email:randall@uchc.edu

3. Complete the attached application (see Section 1 – 5). Section 3 should address each of the questions posed in the application. The narrative should be limited to 10 pages, 1.5" spacing, 1" margins, 12 pt. font.

4. The contact person (see below) must receive an electronic copy no later than**, June 28, 2019 4:00 pm**.

Kellie Randall, Ph.D.
Director of Quality Improvement
Child Health and Development Institute

270 Farmington Ave., Suite 360
Farmington, CT 06032
(860) 679-8098
An electronic application must be sent to: randall@uchc.edu

Each electronic file must be complete, collated, and ready for reviewers. Please note that faxed versions of the application will not be accepted. Also, no applications will be accepted or considered for review after the due date and the time stated above.

Questions concerning this RFQ will be answered at the above-mentioned Technical Assistance/Bidders' Conference Call (May 21, 2019 2:00-3:00 pm)**.** Subsequent questions regarding the RFQ and its content must be received via email by June 7, 2019 and directed to Tiffany Franceschetti. Responses to questions received during and after the Conference Call will be posted on the CHDI website (www.chdi.org).

General Application Notices and Requirements

1. Evaluation and Selection: The review panel, consisting of staff from CHDI and CTRP will review applications and select the clinics for participation in the Learning Collaborative. It is the intent of CHDI and CTRP to conduct a comprehensive, fair and impartial evaluation of applications received in response to this RFQ. Only applications found to be responsive to the RFQ will be evaluated and scored. A responsive proposal must comply with all instructions listed in this RFQ.

2. Applicant Presentation of Supporting Evidence: The applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the RFQ.

3. Rejection of Qualified Applications: Applications are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFQ.

4. Contract Execution: The pursuant contract developed as a result of this RFQ is subject to CHDI contracting procedures. The contract will not be considered valid until fully executed.

5. Limitations: CHDI reserves the right to reject any and all applications, or portions thereof, received as a result of this request, or to negotiate separately any service in any manner necessary to serve the best interests of CHDI. CHDI reserves the right to contract for all or any portion of the scope of work contained within this RFQ if it is determined that accepting a portion or all of the work will best meet the needs of CHDI.

6. Insurance: The applicant will carry insurance (liability, fidelity bonding or surety bonding and/or other), during the term of this contract according to the nature of the work to be performed to "save harmless" the State of Connecticut and CHDI from any claims, suits or demands that may be asserted against it by reason of any act or omission of the Applicant, Sub-Applicant 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 CHDI prior to the performance of service.

Connecticut CPP Learning Collaborative Request for Qualifications Checklist	
☐	**Email of Intent Sent by (May 31, 2019 by 4:00pm)**
☐	**☐ Application submitted by (June 28, 2019) by 4:00 PM** **Section 1: Cover Page** **☐ Section 2: Table of Contents** **☐ Section 3: Project Narrative** **☐ Section 4: Appendices** **☐ Organizational Chart** **☐ Current Certificates of Accreditation and Licensure** **☐ Section 6: Table of Possible Clinicians**

Child Health and Development Institute
Connecticut CPP Learning Collaborative
Application for Funding

Section 1: Cover Page

Date: _____

Organization Information

Please answer all questions on this page. Do not refer to attachments.

1. _____
Legal Name of Organization

2. _____
Address of Organization

3. _____
Telephone Number Fax Number E-Mail Address

4. _____
Authorized Officer and Title (Chief Executive/President/Executive Director)

5. _____
Contact Person and Title for the Application, if Different from Authorized Officer

6. _____
Address of Contact Person if Different from Authorized Officer

7. _____
Telephone Number (Contact) Fax Number (Contact) E-Mail Address (Contact)

Section 2: Table of Contents

Include a Table of Contents that directs the reader to the sections with corresponding page numbers in the document.

Section 3: Project Narrative

Please provide the following information in a narrative (limit to 10 pages [excluding appendices], 1.5" spacing, 1" margins, 12 pt. font).

1. Provider's Qualifications and Readiness. Please provide the following information in a narrative

A. Brief description of your organization, including:
- Provider's mission, philosophy, services and organizational structure support RFQ requirements
- Location of services to be delivered under this project
- Demonstration of leadership skills by Senior Management in CPP LC which includes but is not limited to: inspiring a vision of quality care for young children and their caregivers who have experienced trauma; integrate the Learning Collaborative goals into the strategic initiatives of the agency
- Organization chart that identifies the agency structure and governance.

B. Description of your organization's experiences with and current capacity for learning and or integrating new evidence-based practices, including:
- Demonstrated capacity to manage initiatives that involve new learning, major agency-wide changes, teamwork, and continuous quality improvement
- Demonstrated agency readiness to engage, learn and study
- History of successful collaboration with a broad array of behavioral health professionals including model developers, expert trainers, national organizations, peers, and other stakeholders
- Provider's experience with evaluating model fidelity
- Provider's experience with managing quality assurance activities and conducting internal evaluations of services
- Willingness to participate in the evaluation procedures required by CHDI
- Evidence that the practice accepts Medicaid
- Evidence that the practice can commit to all aspects of the Learning Collaborative, including identification and sustainment of a senior leader, supervisor, site coordinator, and participation in all learning collaborative activities by an identified clinical team
- Evidence that the Provider can meet the Learning Collaborative expectations for measuring and reporting metric and outcomes data.
- Evidence that the agency can utilize video enabled technology (including smart phones, tablets, video enabled computers, etc.) and obtain toys, art supplies and other materials to engage in key CPP modalities.

C. Capacity to bill for CPP activities
- What are your agencies sources for funding/reimbursement for provision of treatment services for children under age 6?
- Please include the types of sessions and/or activities your agency can bill for. (e.g. extended assessment of child, dyadic caregiver-child sessions, separate treatments with different caregivers, family sessions, collateral sessions alone with caregiver, individual sessions with child, case management etc.)

2. **Project Understanding**

- Describe your agency's experience with providing services to children 0-5 and their caregivers (including # of years working with this age group if applicable) who have experienced trauma, including:
    - Understanding of and commitment to advancing evidence-based practices within clinical setting (including: maintaining model fidelity, use of data to inform practice, quality assurance, and continuous quality improvement of service)
- Agency referral process
    - Indicate whether or not your agency currently has adequate referrals of children aged 0-5 who have experienced at least one traumatic event. If not, describe strategies to cultivate these referrals to enable staff to meet minimum case requirements
- The number of young children (0-5) served in your agency in the last year
- How many and what percentage of young children and their caregivers have been treated by your agency for trauma exposure in the past year
- If applicable, describe specific, well-defined treatment models and interventions, including evidence-based models your agency has used to treat children ages 0-5
- How you currently assess for trauma exposure in young children and track clinical changes in young children and caregivers. Please identify any standardized assessment tools for screening purposes as well as any standardized tools used to monitor clinical progress and outcomes
- Your understanding of the factors that support and impede the adoption and sustainment of evidence-based practices
- If your agency is already providing CPP, how many children a year are being served?

3. **Proposed Implementation Plan**

- Please complete the "Section 6: Table of Possible Staff" form in this RFQ to provide a description of the staff that will be part of the CPP LC team [Senior Leader, Site Coordinator, Supervisor(s), and Clinician(s)]. Resumes are not required.
- Describe how you will ensure that staff is motivated to participate in the Learning Collaborative and fully commit the necessary time to the training and consultation throughout the duration of this initiative.
- Describe your plan for clinical staff to identify CPP cases for the Learning Collaborative.
- Describe your plan for ensuring that staff in the CPP Learning Collaborative has access to sufficient communication, technology and other resources needed (i.e. Google (drive, g-chat), Dropbox, video conferencing software (WebEx, Zoom, Adobe, etc.)
- Describe your plan for ensuring that staff in the CPP Learning Collaborative has time available (e.g., reduced productivity requirements, adjust schedules, etc.) to participate in the CPP Learning Collaborative and learn/practice the CPP model.
- Describe your plan for service delivery components including identification/screening, assessment, service delivery, and evaluation of client progress.
- What will be the caseload of the staff participating in the Learning Collaborative? Please include your plan for staff to conduct weekly sessions and their capacity to

meet with caregivers individually.
- Describe what supervision looks like in your agency (hours per week, individual v. team, etc.)
- Describe your plan for immediate and ongoing reflective supervision, consultation, and adequate standards of productivity for staff in the CPP Learning Collaborative
- Plan for Senior Leader to conduct at least one (1) community forum presentation
- Plan for supporting staff in achieving certification in CPP, including training and case completion criteria
- Describe any time limitations your agency has for how long a clinician can work with a family (e.g. 6 months, 1 year)
- Does the agency have the capacity to provide case management/care coordination within the agency (agency has links with child welfare, can obtain CPS reports related to placement history, and has the capacity to participate in team meetings to coordinate care), please describe

4. **Cultural and Linguistic Competence and Commitment to Delivering Family-Centered Services.**
   - Describe your agency's understanding of the cultural and linguistic needs of the target population.
   - Describe your agency's understanding of and commitment to family-centered practice.
   - Describe your staffing plan that adequately addresses the cultural/linguistic needs of the target population and supports family-centered practice
     - Include plan to identify and collaborate with one Family Partner to support family engagement and address service delivery components during the learning collaborative
   - Describe how your agency will support clients in arranging for transportation services, child care services and other services (e.g. adult mental health, housing etc.) needed to support client engagement in treatment.
   - Describe your agency's understanding of how the CPP practice model may be influenced by the cultural differences of clients.

Section 5: Appendices

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

Appendix 1	Organizational Chart
Appendix 2	Current Certificates of Accreditation and Licensure

Section 6: Table of Possible Staff

Please provide a list of the staff you believe are appropriate candidates for the project, including name, educational background, credentials, current position in the clinic, approximate size of current case load, email access, internet access, training in evidence based practice, and use of evidence-based practices. Please add additional rows to the table if you would like to add more staff.

Staff Name	Degree	Licensed? (Y or N) List type	Current position in clinic **and** Proposed role in CPP LC	Caseload	Email access (Y or N)	Internet access (Y or N)	Training in EBPs (Yes or No) If yes, please list each EBP	Experiencing using EBPs (Yes or No) If yes, please list each EBP