



FAQs

Evidence-Based Program Training Funding Information Session

An information session was held February 4, 2022 and co-hosted by the Virginia Department of Social Services (VDSS) and the Center for Evidence-based Partnerships (CEPVA). CEPVA is an independent research body initiated by state leaders from the Office of Children's Services (OCS), the Department of Behavioral Health and Developmental Services (DBHDS), and VDSS. More information, including a recording of the February information session and link to the RFA, may be found on the Family First website.

Request For Application (RFA) Process

1. Would only licensed practitioners be able to provide these services?

Providers are the ones ultimately responsible for investigating the requirements from purveyors in addition to the Virginia law and policy associated with the evidence-based program (EBP) named in their application. Virginia law and policy may very likely differ from what purveyors recommend or permit. At this time, we recommend following state guidance regarding licensure for practice. Additional guidance or updates will be announced as they come available. Interested providers are welcome to contact the CEPVA for help navigating these requirements if they pose a barrier to applying for an EBP training award (EBPlab@vcu.edu).

2. Is CEPVA involved in advocating for the practitioner fits of these EBPs versus what the VA Department of Health Professions has in place with tighter staffing regulations?

Yes, CEPVA is actively working with state agencies like the Department of Health Professions (DHP), Department of Medical Assistance Services (DMAS), and DBHDS to align policy with the needs of the Commonwealth.

3. Can Registered Behavior Technicians (RBTs) and Licensed Behavior Analyst (LBA) be part of the team or is it all done separately?

RBTs and LBAs can be part of the team if they meet the purveyor eligibility requirements of the EBP they are seeking training for. Providers are encouraged to consult and/or review DHP guidelines to confirm eligibility requirements as well. More guidance on this will be released as it comes available.

4. How do the more recently added EBPs mesh with other services? Do all other services have to cease if the EBP is implemented?

No, other services may and should in many cases continue to operate. CEPVA and VDSS are working with DBHDS to buildout local arrays of services that best align with the needs of families within their own communities. Part of the RFA process for training awards includes the provider demonstrating need for a particular EBP according to the services currently available on-site and within their surrounding area.

5. Does VDSS have a comprehensive needs assessment so that we know what interventions are needed by those children and families who meet the criteria for In-Home Services?

VDSS has gathered (and continues to gather) data to guide work on Family First. A study completed by CEPVa, called the NAGA Report (Needs Assessment and Gaps Analysis) provided a first look at the level of need related to child welfare across the state. A number of recommendations were issued based on several months work and data collection projects. Projects included individual interviews with various stakeholders at multiple levels within and outside of different government agencies, as well as community partner surveys, and community listening sessions. Additionally, the VDSS Child & Family Services Review (CFSR) and the Virginia-based CFSR (VCFSR) results and Continuous Quality Improvement (CQI) model also provide ongoing data. We also know that multiple localities are assessing their needs, through formal processes such as the [Children's Services Act \(CSA\) Service Gap Survey](#) and the Promoting Safe and Stable Families (PSSF) Inventory of Community Services, Gaps and Needs. CEPVa's NAGA Report represents a larger project under the same name that continues to collect information on services and community needs to inform next steps and gauge progress.

6. Will we get a cost breakdown of what sustainment costs will look like? VDSS is helping get things off the ground, but we need to ensure sustainability.

Each EBP differs in training format, trainee/practitioner eligibility to practice, and intensity with regard to amount of time and organizational support required for providers and practitioners to reach and maintain certification status. Much of the information regarding EBP model costs may be found through individual EBP purveyors websites, which have been included in materials posted through VDSS's Family First website. This information can also be found through the [Title IV-E Prevention Services Clearinghouse](#). Once an application has been submitted and before training begins, CEPVa and VDSS will notify successful applicants through an official award letter that will include: what is covered through the award and what the provider will be responsible for in maintaining EBP access. After visiting the EBP purveyor's website, providers with remaining questions related to EBP-fit may contact the Center (EBPlab@vcu.edu).

7. Can we apply for replacement training for adding new team members to an already established team?

Yes. The RFA process will permit this request.

8. Do we have established reimbursements rates for these services?

As new EBPs are added, VDSS will work with relevant state partners and other stakeholders to identify the appropriate and competitive rates. The established rates will be clarified in the training award letter.

9. Will only Brief Strategic Family Therapy (BSFT) be supported through the RFA request?

No. Although BSFT will be the priority for initial training supported by VDSS and CEPVa, the plan is to implement multiple programs in phases. We will use interest gleaned from the RFA process and other sources to determine subsequent training phases, which may include existing services like Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT).

Specific to Evidence-Based Programs

1. When will the training begin for BSFT?

Specific dates are to be determined according to provider interest and submitted applications, but we would like to begin some training this spring.

2. Can Parent-Child Interaction Therapy (PCIT) be offered virtually?

PCIT has been done successfully using a telehealth platform as well as data predating the COVID-19 pandemic supporting outcomes using telehealth as a deliver method. Whether internet-PCIT can be reimbursed under Title IV-E is in deliberation by state and national leaders and decisions that follow will be released via the Virginia Family First website.

3. Would providers interested in implementing MST or FFT still need to go through their respective institutes or would CEPVa provide the training and model oversight?

Providers may coordinate and obtain their own training at any time and are not obligated to go through CEPVa or VDSS. To serve families with title IV-E prevention services funds, providers will need to enter into a contract with their local departments of social services and work with CEPVa to provide fidelity monitoring data. In order to serve families with CSA funding, providers will need to enter into a contract with their local CSA teams.

CEPVa will provide technical support to VDSS and other state stakeholders for training related to Family First (i.e., this RFA process). Technical support includes coordination amongst EBP purveyors who will train the practitioners in collaboration with CEPVa staff. CEPVa will also continue to coordinate model-specific certification for individual practitioners and providers who went through the RFA process. After certification has been reached, meaning all EBP requirements have been met as well as applicable state licensing procedures, CEPVa will continue to provide implementation support so that these services remain available to families involved in the child welfare system.

4. Does the clinician have to have a specific number of cases?

Case requirements vary by EBP. When they exist, these requirements will be reviewed with individual providers by CEPVa, in partnership with the EBP purveyor.

5. Do any of these models include somatic components, like yoga?

Many EBPs allow for inclusion of a variety of approaches or strategies, including components like yoga, as part of the treatment plan.