

REQUEST FOR APPLICATIONS

for

PARTICIPANTS IN

**CASE CONSULTATION TRAINING SERIES:
IMPROVING CLINICAL SKILLS WITH
CHILDREN AND FAMILIES**

issued by

COMMUNITY BEHAVIORAL HEALTH

Date of Issue

July 18, 2016

**Applications must be received no later than 2:00 P.M.
Philadelphia, PA, local time, on August 12, 2016.**

**Questions related to this RFA should be submitted via
E-mail to: Sara Fernandez-Marcote at
sara.fernandez-marcote@phila.gov**

**EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER –
WOMEN, MINORITY INDIVIDUALS AND PEOPLE WITH
DISABILITIES ARE ENCOURAGED TO RESPOND**

TABLE OF CONTENTS

Page Number

I.	Project Overview	
	A. Introduction/Statement of Purpose	3
	B. Organizational Overview	3
	C. Project Background	4
	D. DBHIDS System Transformation	4
	E. Request for Applications	5
	F. General Disclaimer	5
II.	Case Consultation Training Series	
	A. Training Need & Opportunity	5
	B. Overview of Training	6
	C. Continuing Education Credits	6
III.	Request for Applications	
	A. Agency Eligibility Requirements	6
IV.	Application Process	
	A. Application Details	7
	B. Questions	7
	C. Notification	8
	D. Cost Information	8
	E. Definition of Agency in Good Standing	8
V.	General Rules Governing RFPs/Proposals: Reservation of Rights; Confidentiality and Public Disclosure	
	A. Revisions to RFA	8
	B. Reservation of Rights	8
	C. Confidentiality and Public Disclosure	11
	D. Incurring Costs	11
	E. Prime Contractor Responsibility	11
	F. Disclosure of Proposal Contents	11
	Appendix A – Application Cover Sheet	12
	Appendix B – Agency Description	13
	Appendix C – Participant Information	14
	Appendix D – DBHIDS Policy Alert	15

I. Project Overview

A. Introduction/ Statement of Purpose

Community Behavioral Health (CBH) is soliciting applications for clinicians and supervisors to participate in an expert case consultation training series to build clinical capacity for work with children and families in Philadelphia. The Case Consultation Training Series is a joint initiative between Community Behavioral Health (CBH) and the School of Social Policy and Practice (SP2) at the University of Pennsylvania. The series will be facilitated by five experienced clinicians with extensive clinical practice of behavioral health treatment, multi-system child mental health consultation and supervisory work with children and families in Philadelphia. This training and consultation opportunity is designed to supplement and grow the skills of clinicians and supervisors currently working with children and families and will offer a range of experience with foundational child and family treatment concepts and skills through case-based consultation. The training will focus on family interaction patterns, including how the practitioner can observe the verbal and non-verbal patterns in the family and describe the development of the problems or symptoms in a systemic context. Participants will be offered practical, coherent and effective means of intervening in the family and supporting supervisees in their work. There will be no cost to providers for this training but organizations are expected to make a significant commitment evidenced by continued staff attendance and engagement in the trainings. Continuing Education Credits will be provided by The University of Pennsylvania School of Social Policy and Practice for each hour of participation in the program.

CBH expects to support training for up to 36 clinicians or supervisors through this RFA.

B. Organizational Overview

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Human Services for the provision of behavioral health services to Philadelphia's Medicaid recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. Services are funded on a capitated basis through this contractual agreement. The City of Philadelphia, through the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), contracts with Community Behavioral Health to administer the HealthChoices program.

CBH was established as a non-profit organization by the City in 1997 to administer behavioral health care services for the City's approximately 550,000 Medicaid recipients. As a result, CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services. CBH employs more than 390 people and has an annual budget of approximately \$800 million.

DBHIDS has been actively transforming Philadelphia's behavioral health system for the last ten years. The department's system transformation is rooted in approaches that promote recovery, resilience and self-determination and build on the strengths and resilience of individuals, family members and other allies in communities that take ownership for their sustained health, wellness, and recovery from behavioral health challenges. As a next wave of its transformative efforts,

DBHIDS is now putting emphasis on quality community-level health outcomes using a population health approach. A population health approach seeks to promote health and wellness in all, not just to diagnose and address challenges for some. DBHIDS's population health approach builds upon many years of focus on community health; thus, the approach is consistent with a public health framework. The essence of DBHIDS' population health approach is based on the following principles: attend to the whole population, not just to those seeking services; promote health, wellness and self-determination; provide early intervention and prevention; address the social determinants of health; and empower individuals and communities to keep themselves healthy.

DBHIDS is committed to developing a system of care that is grounded in evidence-based practices. In 2012, DBHIDS created Evidence-based Practice and Innovation Center (EPIC) to support the alignment of resources, policies and technical assistance to support the ongoing transformation of the system to one that promotes and routinely utilizes evidence-based, empirically-supported, and outcomes-oriented practices.

C. Project Background

The Case Consultation Training Series provides a unique opportunity for clinical skill development in a small group setting, offering a range of concepts and skills to clinicians currently working with children and families. It is the intention of the consultation training group to offer two sets of lenses, the systemic and the individual dynamic, while highlighting the specific developmental stage of the child and the developmental stage of the problem or symptom. Each participant will present clinical material from their current practice to the group and trainers. The case presentation will be used as a foundation for enhancing the understanding of the problem situation, i.e., an explication of the symptom in the child, its function and origin according to the developmental stages and history of the child, as well as the systemic processes in the familial context which stimulate the appearance of the symptom. The discussion will address questions regarding symptom manifestation, underlying communication, and interactive family processes. Additionally, supervisors will have the opportunity to strengthen their clinical supervision skills through presenting current supervision experiences.

This program is not a model-based initiative but will focus on interventions for specific cases. There are theoretical underpinnings which draw concepts and intervention strategies from a range of authors, encouraging the practitioner to view the child/adolescent and symptom from a dynamic perspective as well as view the family/contextual forces from a systemic perspective. The early work of Anna Freud, Margaret Mahler, and Melanie Klein have provided a clear, accurate, and useful lens to view the psychological life of the individual child and the presence of the symptom in the child. The work of seminal family systems therapists, Salvador Minuchin, Jay Haley, and Murray Bowen has provided a useful set of lenses through which to view and to intervene in the context and the interplay of the symptom.

D. DBHIDS System Transformation

In 2005, DBHIDS initiated a system transformation to change service delivery for people who live with behavioral health challenges. Transformation in Philadelphia moves beyond the field's historical focus on pathology and disease processes to a model directed by the person in

recovery's needs, wants and desires and that emphasize the individual's culture, resilience and unique recovery processes. A recovery/resilience-oriented system attends to the issues of symptom reduction but ultimately provides access to services, supports, environments and opportunities that help individuals restore a positive sense of self and rebuild a meaningful and fulfilling life in their community. Through the implementation of recovery/resilience-oriented, innovative, evidence-based, evidence-informed and promising practices, the system transformation holds the potential to improve quality of care and the lives of service recipients and their families. The core values of the transformation can be found in the Practice Guidelines for Recovery and Resilience Oriented Treatment.

E. Request for Applications

CBH is seeking responses to this RFA from provider agencies within the CBH network who would like to nominate clinicians or supervisors who work with children, adolescents, and families to participate in the Case Consultation Training Series. A total of 36 clinicians will be selected across the provider network. Agencies are encouraged to send more than one clinician to support continued learning beyond the dedicated training time.

F. General Disclaimer

This RFA does not commit CBH to award a contract. This RFA and the process it describes are proprietary and are for the sole and exclusive benefit of CBH. No other party, including any Applicant, is intended to be granted any rights hereunder. Any response, including written documents and verbal communication, by any Applicant to this RFA, shall become the property of CBH and may be subject to public disclosure by CBH.

II. Case Consultation Training Series

A. Training Need and Opportunity

A key area of struggle for clinicians often entails moving theory into practice as clinicians build the confidence and skills to enhance the resilience of children and families and move them through the recovery process. As such, CBH is offering this training opportunity to respond to the need for increased clinical support to enhance the clinical practice of both new and seasoned clinicians supporting individuals in Philadelphia with multi-faceted challenges. Case consultation provides a crucial opportunity for expert input as well as interaction with colleagues in the field, creating opportunities to exchange information and experience, thwarting isolation and facilitating professional growth. Additionally, clinical literature confirms that training, supervision, and consultation for clinicians enhances skill level and confidence, contributing to increased job satisfaction and improved practice overall. Overall, the group provides a forum for clinicians to share challenges and solutions regarding clinical skills and improve their decision-making abilities. An additional need identified across the network is the development of clinical supervision skills. This consultation training series provides an opportunity to enhance those supervisory skills by providing an ongoing forum for skill development focused on working with children and families.

CBH has collaborated with the School of Social Policy and Practice at the University of Pennsylvania to offer training for up to 36 clinicians holding at least a Master's degree. The

training will be on conceptualization and skill development for work with children and families in the Philadelphia behavioral health system through a case consultation approach.

There will be capacity for clinicians to receive training and consultation in Spanish.

There will be no cost to the clinician or provider agency for participation in this training.

B. Overview of Training

The goal of this training is to increase clinical skill development for clinicians currently working with children and families through small group case consultation.

Training will be offered to a total of 36 clinicians, divided into groups of no more than 12 participants. Each group will be led by one trainer, all of whom are Licensed Clinical Social Workers with 20-35+ years of experience working with children and families in Philadelphia, including with the Philadelphia School District and the Philadelphia Child Guidance Clinic. Additional experience includes psychodynamic psychotherapy training, family therapy training, and adjunct teaching in multiple schools of social work. There will be capacity to deliver training and consultation in Spanish for clinicians and supervisors who provide services in Latino communities.

Trainings will be held twice per month for three hours each session. Each group will consist of a maximum of 12 clinicians. The groups will remain intact throughout the 18 month training period. Maintaining consistent membership throughout a training/consultation program fosters a group process that encourages openness and risk taking on the part of the members. The program will use a case-based format in which clinicians will bring cases from their current work to the group and the trainers will provide a theoretical analysis and specific intervention suggestions that apply to the cases being presented. Cases discussed in the program should be de-identified to protect member identity.

Training will begin September 2016, and conclude in February 2018. No training will occur July-August, 2017. Exact training dates and locations will be determined at a later date.

There are no foundational requirements as the training is open to clinicians with varied levels of experience. A supervisors' track will be developed to support the unique needs of clinical supervisors based on responses to this RFA.

C. Continuing Education Credits

Continuing Education Credits will be provided by The University of Pennsylvania School of Social Policy and Practice for each hour of participation in the program.

III. Request for Applications

A. To be eligible to participate in the Case Consultation Training Series, each participant must meet the following requirements:

- Possess a Master’s degree or higher in a behavioral health discipline, including social work, counseling psychology, clinical psychology, family therapy, and psychiatry.
- Be a clinician in a CBH contracted provider. Clinicians must have support from the Executive Director and Supervisor to participate in all of the training sessions for 2016-2018.
- Be committed to clinical skill development and growth related to working with children and families.

IV. Application Process

A. Application Details

The application consists of three documents which are attached as Appendices A, B, and C.

Appendix A is the cover sheet of the application, and it provides the format for each agency’s application. The top portion of the cover sheet is to be completed by the agency at which each applicant offers clinical services. An official who is authorized to approve each clinician’s participation in training and bind the agency to all provisions must sign this form.

Appendix B is the agency description and includes items 1 – 4, which must be completed by each agency that is proposing to send one or more clinicians to the training. These 4 items must be presented in print size of 12, using a Times New Roman font. Applicants must complete their responses in a maximum of five (5) single-spaced pages on 8.5” by 11” sheets of paper with minimum margins of 1”, organized in the same order as presented in Appendix B (from 1 – 4) and clearly label each section with the heading as it appears in Appendix B.

Appendix C is the participant information, to be completed for each clinician or supervisor the agency has identified to participate in the training series.

Appendices A, B, and C must be completed and sent together as an application package to:

**Sara Fernandez-Marcote, LPC
Network Development Specialist
Community Behavioral Health
801 Market St., 7th floor
Philadelphia, PA. 19107**

The application must be submitted by no later than **2:00 pm on August 12, 2016** for the application to be considered. Responses submitted after the deadline will be returned unopened. Applicants must submit an electronic version of the application prepared as a PDF document placed on a compact disc or flash drive, along with one clearly marked signed original proposal and four (4) copies of the application.

B. Questions

All questions regarding the RFA must be sent via email and directed to Sara Fernandez-Marcote at Sara.Fernandez-Marcote@phila.gov. No phone calls will be accepted. The deadline for

submission of questions is July 22, 2016. Answers to all questions will be posted on the CBH section of the DBHIDS website (www.dbhids.org) by July 29, 2016.

C. Notification

Applicants will be notified via email by August 26, 2016 about their acceptance for the Case Consultation Training Series. Applicants who have been accepted will be given additional information about the training series.

D. Cost Information

There will be no cost to participants and agencies. However, a significant organizational commitment is required. Additionally, Continuing Education Credits will be provided by The University of Pennsylvania School of Social Policy and Practice for each hour of participation in the program.

E. Definition of Agency in Good Standing

CBH will determine if a provider is in good standing by reviewing information gathered through various departments across the DBHIDS. A determination is based on, but not limited to, the following criteria: re-credentialing status history, compliance error rate history, quality improvement plan status, financial solvency, and state licensure status. In each case, CBH will review the findings and make a final determination of standing for the purpose of the provider's eligibility to apply for the RFA. Additionally, neither the provider nor its staff, subcontractors, or vendors may be on any of the three Excluded Individuals and Entities lists:

- **List of Excluded Individuals and Entities (LEIE)**
<http://oig.hhs.gov/fraud/exclusions.asp>;
- **System for Award Management (SAM)** (*formerly Excluded Parties List System (EPLS)*) <https://www.sam.gov>;
- **Department of Human Services' Medichex List**
<http://www.dhs.state.pa.us/publications/medichexsearch/>

In each case, CBH will review the findings and make a final determination of standing for the purpose of the provider's eligibility to apply for the RFA.

V. General Rules Governing RFAs/Proposals; Reservation of Rights; Confidentiality and Public Disclosure

A. Revisions to RFA

CBH reserves the right to change, modify or revise the RFA at any time. Any revision to this RFA will be posted on the DBHIDS website with the original RFA. It is the applicant's responsibility to check the website frequently to determine whether additional information has been released or requested.

B. Reservation of Rights

By submitting its response to this notice of Request for Proposals as posted on the DBHIDS website, the Applicant accepts and agrees to this Reservation of Rights. The term "notice of request for proposals," as used herein, shall mean this RFA and include all information posted on the DBHIDS website in relation to this RFA.

1. Notice of Request For Applications (RFA)

CBH reserves the right, and may, in its sole discretion, exercise any one or more of the following rights and options with respect to this notice of contract opportunity:

- (a) to reject any and all proposals and to reissue this RFA at any time;
- (b) to issue a new RFA with terms and conditions substantially different from those set forth in this or a previous RFA;
- (c) to issue a new RFA with terms and conditions that are the same or similar as those set forth in this or a previous RFA in order to obtain additional proposals or for any other reason CBH determines to be in their best interest;
- (d) to extend this RFA in order to allow for time to obtain additional proposals prior to the RFA proposal deadline or for any other reason CBH determines to be in its best interest;
- (e) to supplement, amend, substitute or otherwise modify this RFA at any time prior to issuing a notice of intent to develop a provider agreement or consultant contract to one or more Applicants;
- (f) to cancel this RFA at any time prior to the execution of a final provider agreement whether or not a notice of intent to develop a provider agreement has been issued, with or without issuing, in CBH's sole discretion, a new RFA for the same or similar services;
- (g) to do any of the foregoing without notice to Applicants or others, except such notice as CBH, in its sole discretion, elects to post on the DBHIDS website.

2. Proposal Selection and Contract Negotiation

CBH may, in its sole discretion, exercise any one or more of the following rights and options with respect to proposal selection:

- (a) to reject any proposal if CBH, in its sole discretion, determine the proposal is incomplete, deviates from or is not responsive to the requirements of this RFA, does not comply with applicable law, is conditioned in any way, or contains ambiguities, alterations or items of work not called for by this RFA, or if CBH determines it is otherwise in their best interest to reject the proposal;
- (b) to reject any proposal if, in CBH's sole judgment, the Applicant has been delinquent or unfaithful in the performance of any contract with CBH or with others; is delinquent, and has not made arrangements satisfactory to CBH, with respect to the payment of City taxes or taxes collected by the City, or other indebtedness owed to the City; is not in compliance with regulatory codes applicable to Applicant; is financially or technically incapable; or is otherwise not a responsible Applicant;
- (c) to waive any defect or deficiency in any proposal, including, without limitation, those identified in subsections 1) and 2) preceding, if, in CBH's sole judgment, the defect or deficiency is not material to the proposal;
- (d) to require, permit or reject, in CBH's sole discretion, amendments (including, without limitation, information omitted), modifications, clarifying information, and/or corrections to their proposals by some or all of the Applicants at any time following proposal submission and before the execution of a final provider agreement or consultant contract;
- (e) to issue a notice of intent to develop a provider agreement or consultant contract and/or execute a provider agreement and/or consultant contract for any or all of the items in any

proposal, in whole or in part, as CBH, in its sole discretion, determine to be in CBH's best interest;

- (f) to enter into negotiations with any one or more Applicants regarding price, scope of services, or any other term of their proposals, and such other agreement or contractual terms as CBH may require, at any time prior to execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to any Applicant and without reissuing this RFA;
- (g) to enter into simultaneous, competitive negotiations with multiple Applicants or to negotiate with individual Applicants, either together or in sequence, and to permit or require, as a result of negotiations, the expansion or reduction of the scope of services or changes in any other terms of the submitted proposals, without informing other Applicants of the changes or affording them the opportunity to revise their proposals in light thereof, unless CBH, in its sole discretion, determine that doing so is in and CBH's best interest;
- (h) to discontinue negotiations with any Applicant at any time prior to the execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to the Applicant, and to enter into negotiations with any other Applicant, if CBH, in its sole discretion, determine it is in the best interest of CBH to do so;
- (i) to rescind, at any time prior to the execution of a provider agreement or consultant contract, any notice of intent to develop a provider agreement or consultant contracted to an Applicant, and to issue or not issue a notice of intent to develop a provider agreement or consultant contract to the same or a different Applicant and enter into negotiations with that Applicant, if CBH, in its sole discretion, determine it is in the best interest of CBH to do so;
- (j) to elect not to enter into any provider agreement or consultant contract with any Applicant, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued and with or without the reissuing this RFA, if CBH determines that it is in CBH's best interest to do so;
- (k) to require any one or more Applicants to make one or more presentations to CBH at CBH's offices or other location as determined by CBH, at the Applicant's sole cost and expense, addressing the Applicant's proposal and its ability to achieve the objectives of this RFA;
- (l) to conduct on-site investigations of the facilities of any one or more Applicants (or the facilities where the Applicant performs its services);
- (m) to inspect and otherwise investigate projects performed by the Applicant, whether or not referenced in the proposal, with or without consent of or notice to the Applicant;
- (n) to conduct such investigations with respect to the financial, technical, and other qualifications of each Applicant as CBH, in its sole discretion, deem necessary or appropriate;
- (o) to permit, at CBH's sole discretion, adjustments to any of the timelines associated with this RFA, including, but not limited to, extension of the period of internal review, extension of the date of provider agreement or consultant contract award and/or provider agreement or consultant contract execution, and extensions of deadlines for implementation of the proposed project; and

(p) to do any of the foregoing without notice to Applicants or others, except such notice as CBH, in its sole discretion, elects to post on the DBHIDS website.

3. Miscellaneous

(a) Interpretation; Order of Precedence. In the event of conflict, inconsistency or variance between the terms of this Reservation of Rights and any term, condition or provision contained in any RFA, the terms of this Reservation of Rights shall govern.

(b) Headings. The headings used in this Reservation of Rights do not in any way define, limit, describe or amplify the provisions of this Reservation of Rights or the scope or intent of the provisions, and are not part of this Reservation of Rights.

C. Confidentiality and Public Disclosure

The successful Applicant(s) shall treat all information obtained from CBH that is not generally available to the public as confidential and/or proprietary to CBH. The successful Applicant(s) shall exercise all reasonable precautions to prevent any information derived from such sources from being disclosed to any other person. The successful Applicant(s) agree(s) to indemnify and hold harmless CBH, its officials and employees, from and against all liability, demands, claims, suits, losses, damages, causes of action, fines and judgments (including attorney's fees) resulting from any use or disclosure of such confidential and/or proprietary information by the successful Applicant or any person acquiring such information, directly or indirectly, from the successful Applicant.

By preparation of a response to this RFA, Applicants acknowledge and agree that CBH, as a quasi-public corporation, is subject to state and local public disclosure laws and, as such, is legally obligated to disclose to the public documents, including proposals, to the extent required hereunder. Without limiting the foregoing sentence, CBH's legal obligations shall not be limited or expanded in any way by an Applicant's assertion of confidentiality and/or proprietary data.

D. Incurring Costs

CBH is not liable for any costs incurred by applicants for work performed in preparation of a response to this RFA.

E. Prime Contractor Responsibility

The selected contractor will be required to assume responsibility for all services described in their applications whether or not they provide the services directly. CBH will consider the selected contractor as sole point of contact with regard to contractual matters.

F. Disclosure of Proposal Contents

Information provided in applications will be held in confidence and will not be revealed or discussed with competitors. All material submitted as part of the RFA process becomes the property of CBH and will only be returned at CBH's option. Applications submitted to CBH may be reviewed and evaluated by any person other than competing applicants. CBH retains the right to use any/all ideas presented in any reply to this RFA. Selection or rejection of an application does not affect this right.

APPENDIX A
APPLICATION COVER SHEET

COMMUNITY BEHAVIORAL HEALTH

CASE CONSULTATION TRAINING SERIES: IMPROVING
CLINICAL SKILLS WITH CHILDREN AND FAMILIES

APPLICANT ORGANIZATION _____

NAME OF OFFICIAL AUTHORIZED TO PERMIT APPLICANT'S PARTICIPATION IN
TRAINING

NAME: _____

TITLE: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____

E-MAIL ADDRESS _____ FAX # _____

SIGNATURE OF AUTHORIZING INDIVIDUAL TITLE

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED _____

APPENDIX B
AGENCY DESCRIPTION

1. EXECUTIVE SUMMARY: Include the reasons your agency is interested in clinicians participating in the Case Consultation Training Series

2. POPULATION SERVED: Describe the geographic area served, experience working with children and families, and any additional specialty service or focus of the agency.

3. SUPERVISION STRUCTURE: Description of the existing supervision structure and plan to integrate the case consultation series into the agency structure.

4. CASE CONSULTATION TRAINING SERIES PARTICIPANTS:

	Name	Title
1		
2		
3		
4		

APPENDIX C

PARTICIPANT INFORMATION

This questionnaire is to be completed by each potential participant.

Your full name: _____

Your title: _____

Your email: _____

Your educational degree(s) and year(s): _____

Your professional discipline: _____ **Licensed: Y N**

License(s) held in PA: _____

Credentialed: Y N Credential(s) held in PA: _____

Your agency name: _____

Your full agency address (where you are located): _____

Type of program in which you practice most of the time: _____

What treatment models do you generally use in the treatment (check or list all that apply):

CBT _____ **Psychoeducation** _____ **Family supports** _____ **Systemic Family Therapy** _____

Psychodynamic _____ **Medication-managed** _____ **Motivational Interviewing** _____

Other (describe): _____

Have you had any formal type of specific trauma-informed training or courses? Y N

If so, what type? (Please identify where and number of days/hours below):

List any other topic(s) you would like addressed: _____

Please list your personal learning goal(s). _____

APPENDIX D

DBHIDS POLICY ALERT

Funding for Training and Education Services

The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) has committed significant resources in the past five years toward ensuring that services provided in the system are evidence-based and informed and that providers have the opportunity to receive training and education around these practices, often with no cost to the provider.

This policy articulates the rights and responsibilities of both DBHIDS and the provider/agency related to training and education funded either directly or through a reimbursement process. These include specifically:

- receipt of training or other types of educational efforts for which DBHIDS has paid;
- funds received or expected to receive with which to enhance services through training;
- funding for lost wages as a result of training or;
- costs to the agency created as a result of training or other types of education.

Agency Responsibilities

DBHIDS expects that if an agency applies for and receives either training or funding for training (including payment for lost revenue) through a Request For Proposals (RFP), Request For Applications (RFA), Request For Qualifications (RFQ) or other procurement/grant process, that the agency will follow through on all commitments related to this training/funding. This includes but is not limited to:

- attendance at all training that is mandatory in order to complete the requirements for the skills being sought;
- attendance/participation in all follow-up, booster or supervision sessions or phone calls related to the training;
- prompt invoicing for all expenses related to the training/educational services being received, including documentation of lost revenue;
- accurate record-keeping related to numbers of staff receiving the training/educational services and requirements for achieving the desired skill set; and the appropriate number of staff (based on the size of the agency) to be trained that will ensure that the skill set is embedded in the practice of the agency;
- immediate notification to DBHIDS in the event that, for unforeseen reasons, there is an obstacle to completing the training and/or follow-up activities as agreed.

Please note that the responsibilities associated with this policy are not program specific but apply to the entire agency.

DBHIDS Responsibilities

DBHIDS commits to the agency that we will:

- provide information in the RFP or request for participation that details, as clearly as possible, expectations including time frames, follow-up meetings, supervision, and costs to be borne by the provider for implementation;
- ensure the highest quality of training/education by contracting with the leaders in the field around evidence-based, evidence-informed practices to provide training/education;
- process invoices in the most expedient manner possible;
- maintain a database of providers with specific skills to ensure that agencies with staff trained in specific evidence-based or evidence-informed practices are acknowledged for their work.
- Work collaboratively with providers(s) should unforeseen obstacles arise that preclude completion of training and/or follow-up activities determine that training and/or follow-up activities should be suspended.

Default of Responsibilities

Because of the major costs associated with bringing no-cost, evidence-based and informed training and education to our provider community, should a provider/agency fail to meet the conditions set herein, the entire agency will be consider in default of this policy and the following remedies may be sought by DBHIDS:

- ineligibility (as an agency) to apply for any RFP, RFA or RFQ or other opportunity that would enhance or expand services for a period of eighteen months;
- ineligibility(as an agency) to receive any reimbursement for any costs (including payment for lost revenue) related to the training/education for which the agency has not billed up to the point of the default and beyond;
- ineligibility (as an agency) to receive any reimbursement for any costs (including payment for lost revenue) for any part of the training that has been completed if the training requires that it be fully completed in order to be considered certified, accredited or otherwise credentialed;
- ineligibility (as an agency) for reimbursement of any costs related to the purchase of any equipment or supplies related to this training/education;

DBHIDS will work collaboratively with individual providers to evaluate whether or not an agency that has defaulted will need to return funds that have been expended for training/education. Agencies lacking the numbers of staff with the time and/or credentials necessary to ensure an embedding of the skill set or evidence-based or informed practice

within its service structure should not apply for training/education through an RFP, RFA, RFQ or other procurement process.

Should there be instances where attendance or participation in training or education activities are interrupted or otherwise precluded due to extenuating circumstances, DBHIDS will evaluate these situations on a case-by-case basis.

A database of all agencies that have defaulted or otherwise failed to complete education or training initiatives will be maintained.
