

REQUEST FOR APPLICATIONS

For

LONG TERM STRUCTURED RESIDENCES INTERESTED IN A BECK INITIATIVE RECOVERY- ORIENTED COGNITIVE THERAPY TRAINING PROGRAM

Issued by

COMMUNITY BEHAVIORAL HEALTH

Date of Issue

October 8, 2015

Applications must be received no later than
4:00pm on October 30, 2015

Questions related to this RFA should be submitted via E-mail to:

Mark O'Dwyer at mark.odwyer@phila.gov

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

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I. Overview

A. Introduction/Statement of Purpose

Community Behavioral Health (CBH) is soliciting Long Term Structured Residences (LTSR) to apply for Recovery-Oriented Cognitive Therapy training and implementation programming. The Beck Initiative is a public academic partnership between Dr. Aaron T. Beck, his research group at the University of Pennsylvania, and the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). A particular emphasis of the Beck Initiative has been to implement innovative, evidence-based inpatient programming. There will be no cost to providers for this training but a significant organizational commitment will be required to successfully implement and sustain this Evidence-Based Practice (EBP). CBH expects to provide Beck Initiative training and implementation support for one to two LTSRs through this RFA.

B. Organizational Overview

This RFA is being issued by Community Behavioral Health (CBH). 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 CBH 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 470,000 Medicaid recipients. As a result, CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services. CBH employs more than 350 people and has an annual budget of approximately \$800 million.

DBHIDS has been actively transforming Philadelphia's behavioral health system for the last eight years. This 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 responsibility for their sustained health, wellness, and recovery from behavioral health challenges. System transformation takes place in an environment of self-determination and is individualized, comprehensive, flexible, person-first (culturally responsive), and designed to support health and wellness across the lifespan. In administering behavioral health services for Philadelphia's Medicaid recipients, CBH has been actively involved in the support and implementation of this system transformation.

DBHIDS recognizes that evidence-based and innovative practices are critical for achieving the goal of resilience and recovery for people receiving behavioral health services. DBHIDS is committed to developing a system of care that is grounded in evidence-based practices and to ensuring that evidence-based practices are a part of the array of services and supports available to individuals who may benefit from them. In 2013, DBHIDS established the Evidence-base Practice and Innovation Center (EPIC) to advance system-wide efforts to support the implementation, sustainability and

accessibility of behavioral health evidence-based practices. One of the roles of EPIC is to support DBHIDS EBP Initiatives with the latest strategies from the field of implementation science and to ensure alignment among system operations and policies to optimize the impact of EBPs. EPIC will provide these ongoing supports to participants in the Recovery-Oriented Cognitive Therapy (CT-R) training.

C. Project Background

Recovery-Oriented Cognitive Therapy (CT-R) is a joining of the Recovery movement principles with evidence-based strategies and cognitive therapy interventions. The empirically-validated approach is active and collaborative, with considerable emphasis on identifying individuals' successes and aspirations, promoting progress towards meaningful and valued goals, as well as identifying and removing obstacles (e.g., low energy, aggressive behavior, disorganization, psychosis, self-injury). The cognitive model is interwoven throughout this process to understand how to engage individuals, how to identify and develop the most effective goals, how to understand the obstacles to their aspirations, and how to help individuals draw more helpful conclusions about themselves and others that will help them get more of what they want in life and have more of a personally meaningful social role in the community. This programming is being implemented on the three Extended-Acute Units in Philadelphia, as well as at Norristown State Hospital. As LTSRs largely serve individuals being discharged from these long-term care facilities, the present training proposal aims to facilitate continuity of care between the hospitals and LTSRs.

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 individuals' 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 that was issued by DBHIDS in 2011 (<http://www.dbhids.org/practice-guidelines/>).

E. General Disclaimer

This RFA does not commit CBH to award a training opportunity to any program. This RFA and the process it describes are proprietary and are for the sole and exclusive benefit of CBH. No other party, including any Respondent, 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 and may be subject to public disclosure by CBH.

II. Recovery-Oriented Cognitive Therapy Training and Implementation

A. Training and Implementation Opportunity

CBH is sponsoring an innovative training and implementation program provided by the University of Pennsylvania (PENN) for LTSRs interested in energizing their existing programming with Recovery-Oriented Cognitive Therapy programming for individuals with chronic and persistent mental illness. The program is scheduled to begin **November 2015** and will include an active participation phase through **June 30, 2016**, with the potential to be extended and/or modified.

Under the direction of Dr. Aaron T. Beck, the training program provides staff with an evidence-based approach that operationalizes specific procedures that promote the recovery efforts of individuals with severe mental illness who are having difficulty sustaining recovery in the community. The key elements are breaking through isolation by connecting with the individuals to kindle hope and trust, identifying the right targets of future-oriented action, promoting positive action toward those targets, and using the cognitive model to understand and strategize the removal of obstacles to each person's unique recovery process. By focusing resources on meaningful activities in the real world, each individual's hidden capacities can then be activated and reintegrated into the self.

With this mission in mind, the selected provider(s) will partner with the University of Pennsylvania and DBHIDS to integrate a Recovery-Oriented CT framework into the milieu programs of the LTR to promote successful recovery strides, leading to sustained success in the community.

B. Overview of Training and Implementation Program

1. Training Program Goals

The overarching aim of this training program is to help LTSRs become even more effective at promoting the recovery efforts of the individuals they serve. This involves developing new conceptualizations, procedures, and interventions that help multi-disciplinary staff [Mental Health Technicians and Team Leads, Psycho-Social Rehabilitation Coordinators, Social Workers, Psychiatrists, Psychologists, Nurses, Therapists (Creative Arts, Recreational, Community Resource), Continuity of Care Specialists, Recreational Coordinators, and Administrators] aid individuals with chronic and persistent mental illness.

The training will be tailored to the setting and mission of the selected provider, which may include workshops, on-site consultation, demonstration of CT-R skills, and co-facilitation of CT-R based groups and programs.

Key aspects of this recovery-oriented approach include:

- Recovery planning: identifying successful engagement techniques; developing meaningful, personalized life aspirations; and pinpointing recovery obstacles for each individual, supporting greater understanding of what procedures bring out the individuals at their best and what factors can keep them stuck.

- Positive action scheduling: developing or bolstering programming (clubs, groups, individual therapy) to help individuals identify specific steps toward successful attainment of aspirations and provide opportunities for individuals to practice or actualize these steps while in the LTSR.
- Guided discovery: using a casual and highly collaborative style of questions and experiments to help the individual draw helpful conclusions about their capabilities, self-concept, and value of doing activities with others.
- Sustainable progress: continued progression toward aspirations and preparation for possible step-down to less intensive care.

2. Scope of Training Program

The training program will introduce CT-R to LTSRs in three phases. During the initial phase, Penn staff will visit and get to know the LTSR staff, observe the milieu, and participate in the programming. Additionally, all staff will be trained in the foundational elements of CT-R — Engagement, Aspirations, Obstacles, and Positive Action — via one-on-one and large group meetings led by a Penn instructor.

The second phase will involve weekly consultation with multidisciplinary staff to apply the new procedures to the work they do within their specific role. Staff providing individual or group therapy to residents, including but not limited to therapists, social workers, and psychologists, may receive specific training and consultation on

- applying CT-R in individual therapy
- CT-R group therapy programs
- milieu programming

Direct care staff, including but not limited to mental health technicians, mental health tech team leads, and nurses, may receive specific training and consultation on:

- milieu programming
- CT-R techniques for challenging cases (e.g., crisis prevention)
- recovery-oriented documentation of resident behaviors (e.g., rounds, room checks, and routine 'data' collection)

Training will be through one-on-one in-vivo modeling and group consultation. Training can be didactic as well as through in-vivo modeling and demonstration. There is an option to include competency and certification to this aspect of the training. During this second phase of training Penn staff will be attending weekly team meetings to help integrate recovery-oriented cognitive therapy and will present an interactive recovery-oriented curriculum to all LTSR staff to consolidate learning.

The third phase of training will focus on the promotion of the sustainability of the recovery-oriented cognitive therapy approach within the milieu. This may include the development of an ongoing CT-R consultation group led by LTSR clinicians, the identification of champions to further promote and integrate CT-R into the milieu, and the development of a sustainability plan to address barriers that may arise (e.g., staff turnover, re-certification, etc...)

3. Certificates

Staff will receive certificates for completion of the training. If the selected LTSR/s has therapists on staff that conduct individual therapy, there is the possibility of the programming focusing upon them achieving competency in individualized CT-R.

C. Monitoring and Reporting Requirements

The Beck Initiative considers the tracking of change to be an integral part of the CT-R process, as well as essential to understanding what is working well within the initiative. Therefore, CBH and Penn will partner with the selected agency to develop a collaborative outcomes monitoring plan. Support will be given in the development of the operational procedures for collecting and regularly reporting/reviewing data with CBH and Penn. Measures will be selected collaboratively that will inform the development of the program. These can include staff attitudes towards their work and towards the individuals they work with. Behavioral outcomes can include positive behaviors on the milieu, time out of room, etc. Longer-term outcomes might include frequency of stepping down to less restrictive care and days in the community.

III. Application and Selection Process

A. Eligibility Requirements and Expectations

1) Eligible applicants must be a current LTSR provider under contract and in good standing with the Philadelphia Department of Behavioral Health. DBHIDS will determine if a provider is in good standing by reviewing information gathered through various departments across the DBHIDS. These services must also have a current license from the Pennsylvania Department of Human Services.

2) Participating providers will be expected to make a serious, sustained commitment to full and continuing implementation of CT-R, both for the duration of the training cycle and for the long-term. Applicants must be willing and able to meet the expectations indicated below.

At a minimum, the following will be required:

- Recovery-Oriented Continuity of Care Programming for Chronic and Persistent Mental Illness will be designed in collaboration with the LTSR. While the specifics of the training program and the corresponding expectations will be dependent upon the mission, setting, needs, and strengths of the provider, multi-disciplinary staff from the LTSR will:
 1. Collaborate and strategize with PENN trainers during weekly consultation and team meetings
 2. Practice and use the recovery-oriented CT skills in daily work with individuals on the team census
 3. Complete training related assessments and questionnaires selected by the LTSR and PENN Team to improve the training and implementation of CT-R

- Agency leadership, including Executive Directors, must be willing to participate actively in the effort to successfully establish and sustain CT-R within their organizations. The following commitments will be required of organizational/agency leaders:
 1. Identification of an administrative point person within the agency who will serve as the main point of contact for CBH and PENN throughout and beyond the active training period. This point person must attend regular coordination and review meetings with CBH and PENN to track the progress of this initiative. Meetings will occur approximately every six weeks throughout the active training period.
 2. Allotment of one hour per week for participating LTSR staff to take part in consultation with the PENN team, in addition to participation in on-site training in milieu programs.
 3. Active involvement in the oversight of all facets of this initiative, including the implementation plan, development and execution of a sustainability plan, and resolution of any operational challenges.
 4. Ensure that assessment and tracking measures are completed and submitted.

B. Application Process

The application consists of two (2) documents, which are attached as Appendices A and B. These appendices must be completed and submitted by the agency applying for CT-R training. Appendix A is a cover sheet to be completed by an official at the agency requesting participation in CT-R training and signed by the Executive Director. This should be the first page of your application. Appendix B is the Application Form that contains questions that must be completed by each agency.

Completed application documents must be submitted to Mark O'Dwyer by **4:00pm on October 30, 2015**. Responses submitted after the deadline will be returned unopened. Responses will also be returned unopened to agencies that are ineligible to apply because they do not have a current license with the Pennsylvania Department of Human Services for the level of care noted in section III. A. Submissions are to be addressed as follows:

**Community Behavioral Health
801 Market Street
7th Floor
Philadelphia, PA 19107
ATTN: Mark O'Dwyer**

Submissions should be marked "Beck Initiative Application." Applications submitted by any means other than mailing, courier, or hand delivery will not be accepted.

Applicants must submit the following:

- An electronic version of the entire application prepared as a PDF document placed onto a compact disc or flash drive (Appendices A and B).
- One (1) clearly marked, signed original hardcopy application.
- Eight (8) additional hardcopies of the complete application (Appendices A and B).

Proposals submitted after the deadline date and time will be returned unopened.

The agency Executive Director must sign the cover sheet of the application (Appendix A).

C. Questions about the RFA

All questions concerning this RFA are to be directed to Mark O'Dwyer by October 16, 2015 at mark.odwyer@phila.gov. Please insert your agency name and the phrase Beck Initiative Training Application Questions in the title of your email. No phone calls will be accepted. Answers to questions will be posted on the CBH website (www.dbhids.org) by October 23, 2015. Questions must be clear and relevant to warrant replies.

D. Notification

Applicant agencies will be notified by November 13, 2015 as to whether or not they have been accepted for training. The Applicant that is accepted will be given detailed information regarding the training process and expectations by late November 2015.

E. Cost Information

There will be no cost to providers for this training but a significant organizational commitment will be required to successfully implement and sustain this empirically-supported therapy model within the milieu. There will be no "lost revenue" reimbursement provided to participating agencies for staff time devoted to the Beck Initiative trainings and activities.

Please see Appendix C, which describes the responsibilities of all parties and the consequences related to the failure to follow through on those responsibilities. All prospective applicants should read Appendix C in its entirety before submitting an application.

IV. General Rules Governing RFAs/Applications; 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. 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 Applications as posted on the DBHIDS website, the Applicant accepts and agrees to this Reservation of Rights. The term “notice of request for applications,” 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 and may, in its sole discretion, exercise any one or more of the following rights and options with respect to this notice of training opportunity:

- 1) to reject any and all applications and to reissue this RFA at any time;
- 2) to issue a new RFA with terms and conditions substantially different from those set forth in this or a previous RFA;
- 3) 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 applications or for any other reason CBH determines to be in CBH’s best interest;
- 4) to extend this RFA in order to allow for time to obtain additional applications prior to the RFA deadline or for any other reason CBH determines to be in the CBH’s best interest;
- 5) 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;
- 6) 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;
- 7) 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. Miscellaneous

- 1) 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.
- 2) 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 shall treat all information obtained from CBH and DBHIDS, which is not generally available to the public as confidential and/or proprietary to CBH and DBHIDS. The successful applicant shall exercise all reasonable precautions to prevent any information derived from such sources from being disclosed to any other person. The successful applicant agrees to indemnify and hold harmless CBH and DBHIDS, 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 submission of an application, 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 applications, to the extent required there under. 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. Disclosure of Application 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.

F. Selection/Rejection Procedures

Applicants will be notified in writing by CBH as to their selection. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with CBH. Applicants who are not selected will also be notified in writing by CBH.

G. Non-Discrimination

The successful applicant, as a condition of accepting training from CBH through this RFA, agrees to comply with all relevant sections of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, hereby assuring that:

The provider does not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap or disability in providing services, programs or employment or in its relationship with other contractors.

APPENDIX A

COVER SHEET

BECK INITIATIVE **COGNITIVE THERAPY TRAINING PROGRAM** **Request for Applications (RFA)**

Agency: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Agency Contact: _____

Title: _____

Telephone: _____

Email: _____

Fax: _____

DBHIDS is looking to understand your agency's interest and motivation in integrating CT-R into your agency services. It is important for providers to engage in a thoughtful process for planning and supporting the long-term sustainability of CT-R from the onset of engaging in the CT-R Initiative. Please respond to the following sections.

1. **Executive Summary:** Provide a summary of the reasons why your agency should be selected to participate in the training and to provide CT-R.
2. **Proposal to Integrate CT-R into Services:** Describe your current clinical approach, population, programming, practices, staffing structure, and supervision format. Then describe your familiarity with CT-R and provide a general outline of how your agency proposes to integrate CT-R into your current array of practices.
3. **Sustainability Planning:** Describe how agency administration will support the integration of CT-R throughout the implementation process.
4. **Impact:** Describe how you expect CT-R will benefit your program across multiple domains.
5. **Evidence-Based Practice:** Please describe any additional Evidence-based Practice Initiatives, Research Activities, or new programming your organization has been involved in or is currently

enrolled in (both DBHIDS sponsored and independent enrollments). Describe some of the specific successes and challenges with these approaches. If your agency is currently involved with other EBP projects, please affirm your agency's capacity to also meet the commitments as outlined in this RFA. If you have not implemented specific EBPs before, please discuss some of the anticipated challenges associated with this kind of practice change and how you intend to address them.

The following signature is required to confirm your agency's interest in applying for CT-R training slated to begin in November 2015.

EXECUTIVE DIRECTOR NAME (Print) _____

EXECUTIVE DIRECTOR SIGNATURE _____

DATE _____

APPENDIX B

APPLICATION FORM

1. Are your Executive Director and your Clinical Director willing to sign a Commitment to Participate Agreement confirming their intention to actively oversee and support efforts to incorporate CT-R into your unit?

YES _____ NO _____

2. Are agency leaders, including Clinical Directors, willing to attend key personnel meetings with DBHIDS and PENN to track the progress of this initiative and address implementation challenges? Meetings are expected to occur approximately every six weeks.

YES _____ NO _____

3. Is your Clinical Director willing to lend necessary support to your agency's CT-R training team and signoff on CT-R documentation?

YES _____ NO _____

4. Are the staff members indicated above participating on a voluntary basis and willing to commit to the aforementioned requirements and expectations as listed in Section III (A) of this RFA?

YES _____ NO _____

5. Please provide the name and title of the person from your agency who will serve as the ongoing administrative point person for The Beck Initiative:

6. Please indicate if your agency has a current license from the Department of Human Services and/or the Department of Health (DOH) for the level(s) of care proposed for CT-R training. Please submit copies of your most recent licensure certificates. Providers with provisional licenses may not be eligible for CT-R Training.

License from Department of Human Services _____

License from Department of Health _____

APPENDIX C

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 seven years toward ensuring that services provided in the system are evidence-based and informed, that providers have the opportunity to receive training and education around these practices and often with no cost to the provider. Additionally, the Department has frequently taken measures to reimburse for lost revenue as a result of staff attendance at these events.

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 considered 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.