

# **REQUEST FOR APPLICATIONS**

**For**

## **PARTICIPANTS IN THE BECK COMMUNITY INITIATIVE COGNITIVE THERAPY TRAINING FOR ADULT DRUG AND ALCOHOL INTENSIVE OUTPATIENT PROGRAMS**

**Issued by**

**COMMUNITY BEHAVIORAL HEALTH**

**Date of Issue**

**May 10, 2016**

**Applications must be received no later than  
4:00 P.M., on June 7, 2016**

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

**Carrie Comeau at [carrie.comeau@phila.gov](mailto:carrie.comeau@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 participants for a training and implementation program to build clinical capacity in Philadelphia to provide Cognitive Therapy (CT). The Beck Community Initiative is a public academic partnership among Dr. Aaron T. Beck, the founder of Cognitive Therapy (CT), his research group at the University of Pennsylvania and the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). Since 2007, this innovative, team-oriented approach has been used to advance the quality of care provided to persons in the DBHIDS system by placing tangible, empirically-based tools in the hands of the clinicians who serve them. 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 support training for up to three adult drug and alcohol intensive outpatient services through this RFA.

### **B. Organizational Overview**

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Public Welfare 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 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 350 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. 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 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 Beck Community Initiative works with community behavioral health providers to implement Cognitive Therapy (CT), a highly acclaimed, evidence-based practice that has produced impressive treatment outcomes for many people with complex and challenging behavioral health needs. Programs that partner with the Beck Community Initiative will collaboratively retool and re-conceptualize their services to infuse a CT culture, creating a cohesive, empirically based clinical approach across the clinical contacts individuals have with the

IOP. To date, the Beck Community Initiative has partnered with 47 programs to create CT programming. These trainings have spanned populations from adults who live with the challenge of chronic schizophrenia to children in schools, and have involved a wide range of disciplines including psychologists, psychiatrists, therapists, peer specialists, social workers, and support staff in classrooms, ACT teams, and inpatient care staff.

CT, also referred to as cognitive behavioral therapy (CBT), is based on the cognitive model that describes the connection between an individual's thoughts, emotions, and behaviors. Each person's unique history and past experiences lead them to develop basic, core beliefs about themselves, others, and the world. Those beliefs, in turn, become the lens through which new experiences are seen and understood. When we see a new situation through the lens of these past experiences, we have immediate, almost reflexive reactions (thoughts, emotions) that influence our behavior in those situations. Some of our thoughts and beliefs (cognitions) may be less accurate or helpful than they may at first seem to us, leading to distress and problematic behavior. CT helps people to identify the cognitions (based on past experiences) that are connected to the distress and unhelpful behavior in their lives, evaluate how accurate or helpful those cognitions may be, and shift to more accurate or helpful cognitions. Those changes in thinking, in turn, lead to less distress, more desirable behavior, and progress toward meaningful life goals. CT also fits well within the recovery movement, helping individuals to identify their own long-term goals, the short-term goals that will move them toward their ultimate goals, and then resolve the obstacles that may be in their path, such as addiction, depression, trauma, chronic stress, and more. CT is supported by substantial research evidence, including almost 300 meta-analyses.

Beck's cognitive model has been systematically applied to substance misuse and addiction (Beck et al., 1993). This model holds that continued use or relapse happens in reaction to a chain of events. Cognitive and behavioral treatment of addiction and misuse focuses on using cognitive and behavioral strategies to disrupt this cycle, practice alternate behaviors, develop new learning and belief set. This empowering and skills training approach is accomplished in the service of goal- and recovery-oriented life activities.

## **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. 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. Cognitive Therapy (CT) 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 agencies interested in implementing cognitive therapy in a recovery-oriented

framework in their adult drug and alcohol intensive outpatient services. The training program is scheduled to begin in July 2016 and will include an active training phase through June 30, 2017. Integration of CT into the intensive outpatient services is then expected to be sustained and grown over the long-term.

The selected providers will partner with the University of Pennsylvania and DBHIDS to implement cognitive therapy into their adult partial drug and alcohol intensive outpatient services. Counselors will participate in an intensive workshop process to build their knowledge of the principles and strategies of cognitive therapy, and then practice the application of those skills during six months of group consultation meetings with cognitive therapy experts.

## **B. Overview of Training and Implementation Program**

### **1. Training Program Goals**

The goal of this Beck Community Initiative Training and Implementation program is to successfully integrate and sustain CT as an evidence-based practice within adult drug and alcohol intensive outpatient services to support individuals with behavioral health challenges and strengthen their recovery in their family, work, home and community.

Training will be offered to counselors and supervisors, occurring in four phases:

- 1) Intensive Workshops
- 2) Six-month Consultation
- 3) Transition to Internal CT Supervision
- 4) Sustained Practice of CT

The intensive portion of the training program (Phases 1 and 2) takes approximately seven months to complete. By the end of the intensive training, counselors will have the opportunity to demonstrate competency in cognitive therapy with a recovery-oriented focus. After the intensive training portion ends, the IOP will be expected to support the ongoing practice of cognitive therapy (Phases 3 and 4). Certified counselors will be expected to be recertified bi-annually, the internal supervision group will be expected to continue to meet on a weekly or bi-weekly basis, and additional counselors and supervisors will be expected to complete a web-based training and join the internal consultation group.

### **2. Training Model**

The typical counselor and supervisor curriculum consists of the following 4 phases:

#### *Phase I: Intensive Workshop (4-5 weeks)*

The 22-hour workshop takes place in 4-5 weekly meetings held over one month. Beginning from core concepts, counselors and supervisors will learn to use a semi-manualized approach to cognitive behavioral group therapy for addiction that targets skills training and acquisition related to (A) Building motivation to abstain, (B) Coping with Urges, (C) Practical and emotional problem solving, and (D) Balancing short-term and long-term goals/enjoyments.

This training program will enhance counselors' toolboxes as they learn to form a cognitive case conceptualization to tailor CT interventions for an individual's strengths and needs, working toward recovery and other meaningful goals set by that individual.

Beck Community Initiative instructors convey this information through experiential learning, didactics, role plays, audio examples, practices and more. In addition to the core participants (counselors and supervisors) who will participate in Phase II, additional staff including administrators, supervisors, and others are strongly encouraged to attend the Phase I workshop to be best able to support the integration of CT into the intensive outpatient program. The workshop series is held at Penn, located at 3535 Market Street in Philadelphia.

### *Phase II: CT 6-Month Consultation*

Immediately following the close of Phase I, the participants will begin to apply their new CT knowledge with individuals seeking services from the provider agency. In order to support and extend their learning, counselors will meet for two hours weekly at Penn for group CT consultation. During the CT group consultation, the participants will review the semi-manualized approach, develop and refine case conceptualizations, roleplay and plan interventions for upcoming sessions, offer and receive feedback, and review the use of structured tools to assess response to treatment. Between meetings, counselors will practice integrating session structure and CT skills into the services they typically deliver in the Intensive Outpatient program. This approach will be designed collaboratively with the agency, and may include psychoeducation groups, process groups, periodic individual sessions, or other services. Every six weeks throughout the six-month consultation phase, key project personnel from Penn, CBH and the agency will meet to discuss the progress of the training program, identify potential issues or challenges and plan for sustainability (see Phase IV). Supervisors who are not participating in Phase II will also be expected to come to consultation meetings at least monthly, to facilitate their familiarity of CT and CT-informed supervision. At the close of the active training program, successful core participants will become eligible for certificates to reflect their achievements (see below).

### *Phase III: Transition to Internal CT Supervision*

Toward the end of the six-month consultation phase, one or two participants from each training group will be identified as CT group facilitators. The identified facilitator(s) will receive specialized training during which specific guidance will be provided about effective leadership of CT supervision groups, sustaining CT in the intensive outpatient program, and other important information. Immediately following the close of the six-month consultation, the group of graduates will transition to an ongoing weekly or bi-weekly meeting to maintain ongoing skill development, prevent drift from the CT model, and to support the learning of subsequent clinicians who join the group through the web-based training (see Phase IV below). Supervisors will receive additional support in how to foster continuing growth and development of CT among their supervisees. The internal CT group facilitator will be responsible for submitting group summary sheets and session recordings for ongoing support from Penn and CBH. Training program graduates, supervisors, and administrators from the partner agencies will attend Beck Community Initiative Annual Meetings at CBH.

### *Phase IV: Sustained practice of CT (Beginning immediately after 6-month consultation)*

A sustainability plan will be developed in collaboration with the provider's administration, CBH, and Penn, including measurable goals and specific dates for meeting those goals. The plan will be discussed in detail in the third key personnel meeting (approximately 4 months into the 6-month consultation phase), finalized in the fourth key personnel meeting (near the end of the 6-month consultation phase), and placed into action in Phase IV (after the 6-month consultation phase). Administrators will continue to provide support to the ongoing internal CT groups within their agencies.

Over time, it is expected that the agency will increase capacity to deliver the CT model by adding more trained counselors through in-house CT training with assistance from Penn (e.g., reviewing a webinar of the initial training workshop). New counselors will join the existing internal CT supervision group at the agency to receive continued support and learning. All Beck Community Initiative participants will also be invited to Annual Meetings held at CBH, as well as additional training opportunities.

### **3. Certificates**

All counselors/supervisors who also attend at least 85% of the 6-month consultation meetings will receive a certificate of completion. Counselors/supervisors who participate in the workshop, attend at least 85% of the consultation meetings, and demonstrate competency in CT (as measured by adherence to CT session structure and review of CT skill adherence and competency) will receive a certificate of Competency in CT in a Community Drug and Alcohol Recovery Setting. These certificates stay current for 2 years, after which participants are strongly encouraged to apply for recertification. To be recertified, a counselor/supervisor must attend at least 85% of the ongoing internal group meetings, earn at least 3 continuing education credits (CEs) related to CT or CBT, and submit new materials demonstrating competency in CT.

### **C. Monitoring and Reporting Requirements**

The Beck Community Initiative considers the tracking of change to be an integral part of the CT 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 an 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. Programs that are selected through this RFA process will be required to meet the following monitoring and reporting requirements.

- Submission of measures related to the agency (completed by supervisors, administrators, and counselors prior to the workshop) and counselor information (prior to beginning training, at the completion of the workshop, 3 months post-workshop, 6 months post-workshop, and bi-annually).
- Collection and submission of clinical measures that will be integrated into clinical care and consultation as well as aggregated to inform program-level outcomes and areas for quality improvement. Measures will be selected collaboratively with the agencies. Examples of measures include the Addiction Severity Index, Days Sober/Urine Toxicology Screen, WHO Quality of Life, Behavioral Inhibition Scale/Behavioral Activation Scale.
- Submission of data and/or chart review to verify CT program components (e.g. delivery of CT groups, supervision and team approaches that support CT, development of policies supporting new staff in CT, ongoing collection of data related to fidelity and outcomes)

These reporting requirements may be used to determine if programs are sustaining the CT model. If programs do not adequately sustain the model, they may no longer be eligible for continued support from Beck Community Initiative and/or included on DBHIDS rosters of CT providers.

To this end, each participating agency will identify an Evaluation Team, staffed by agency staff and supported by the Beck Community Initiative team. As noted above, measures will be selected collaboratively that are clinically useful throughout the intake, treatment, and discharge processes. The clinical data from the assessment at intake and discharge, as well as clinical data collected during treatment, will inform both individual treatment planning and, in aggregate, the development of the training program. Team members should be nominated based on their willingness and familiarity with the current services provided. Key evaluation team participants may include clinical / IOP program leadership, clinical staff members, quality assurance or compliance staff members, and IT or data management staff.

### **D. Technology Capabilities**

Applicants must have the technology capabilities required to perform the proposed activities in this RFA. At a minimum, agency applicants must have the capabilities for new counselors to access the webinar of the initial training (Phase IV), electronic data submission and required reporting. Participating counselors will be required to have the ability to transfer materials and measures to Penn's secure, HIPAA compliant server for Penn's retrieval and review. If needed, digital audio recorders will be lent to counselors and returned at the end of Phase III. Participating agencies will need to make arrangements with their IT departments to ensure that this

transfer of data is able to occur on a regular basis. In addition, counselors will need access to an appropriate setting to deliver group and individual CT (i.e., a quiet, private space for individual sessions).

## E. Continuing Education Credits

If they choose to do so, participants in the intensive workshop can receive continuing education credits (CEs) from the American Psychological Association (APA). In order to receive CEs, the individual completes 100% of the workshop, completes feedback forms, and then pays a \$25 processing fee for the CEs, with a check made out to the Trustees of the University of Pennsylvania.

## III. Application and Selection Process

### A. Eligibility Requirements and Expectations

**Applicants must meet the following eligibility requirements.**

1) Eligible applicants must be a current adult drug and alcohol intensive outpatient services provider located in Philadelphia County under contract with Community Behavioral Health. These services must also have current licenses from the Pennsylvania Department of Human Services and be a service provider in good standing with the City and CBH. CBH will determine if a provider is in good standing by reviewing information collected through clinical, quality, compliance and credentialing oversight functions. Examples of findings from these oversight functions that could disqualify a provider from being in good standing may include but are not limited to: a. Level II Quality Improvement Plan (QIP) (CBH); b. Consecutive Network Improvement and Accountability Collaborative (NIAC) credentialing statuses of 1 year or less (DBHIDS); c. Provisional licensure (State). 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.

2) Participating providers will be expected to make a serious, sustained commitment to full and continuing implementation of CT, both for the duration of the training cycle and for the long-term. Please note that participation represents a willingness to transform the intensive outpatient services, rather than just a brief training initiative. Applicants must be willing and able to meet the expectations indicated below.

At a minimum, the following will be required:

- **At minimum, six to eight** core participants, who are counselors providing group or individual therapy who will participate in the training as outlined in Section II, and who will:
  1. Attend a Beck Community Initiative Orientation Meeting (2 hours)
  2. Submit a baseline audio recording of a real or role-played treatment-as-usual session and complete background and training program evaluation measures prior to the start of the workshop
  3. Attend and participate in all 22-hours of intensive workshop
  4. Assessment of emerging CT skills at the end of the workshop (may be through role play, submitted audio, or direct observation – to be determined in collaboration with the agency). Also, complete training program evaluation measures at the completion of the workshop
  5. Attend and participate in at least 85% of the 6 months of weekly consultation group meetings.
  6. Follow through with consultation group assignments on most consultation group weeks.



7. Practice CT during regular clinical practice throughout the 6-month consultation phase
  8. Assessment of skills at month 3 and month 6 of the consultation period (may be through role play, submitted audio, or direct observation – to be determined in collaboration with the agency)
  9. Complete training related assessments and questionnaires designed to improve the training and implementation of CT
  10. Complete clinical assessments measures designed to improve and guide care, and report responses on those measures to the Penn team in consultation to guide consultation
  11. Continue to meet with the training cohort indefinitely as an internal CT supervision group on at least a bi-weekly basis beyond the close of the 7-month intensive training period
  12. Continue to consult with peers to increase skills and prevent drift during the internal CT supervision groups which begin at the close of the 7-month intensive training period
- **At least one** supervisor, who supervises the counselors providing group or individual therapy, will participate in the counselor and supervisor training as outlined in Section II. If the supervisor(s) would like to be eligible for certification, they will complete the same requirements as a core trainee, which will include the requirement to consistently practice CT in group (or individual) sessions. Even if the supervisor(s) would not like to be eligible for the certification in Section II, supervisor(s) will be required to:
    1. Attend a Beck Community Initiative Orientation Meeting (2 hours)
    2. Complete background and training program evaluation measures prior to the start of the workshop
    3. Attend and participate in all 22-hours of intensive workshop
    4. Submit post-program evaluation measures at the completion of the workshop
    5. View the online Cognitive Therapy Supervisor Webinar (6 hours)
    6. Attend and participate in the consultation group meeting at least once monthly during the 6 months of weekly consultation group meetings.
    7. Complete training related assessments and questionnaires designed to improve the training and implementation of CT
    8. Continue to meet with the training cohort indefinitely as an internal CT supervision group on at least a bi-weekly basis beyond the close of the 7-month intensive training period
  - Agency leadership, including Executive Directors, must be willing to participate actively in the effort to successfully establish and sustain CT as a treatment option within their organizations. The following commitments will be required of organizational/agency leaders:

1. Assurance that the agency's staff members selected to participate in the Beck Community Initiative are informed and aware that their participation in the training program is voluntary and these clinicians were not the subject of coercion by any level of leadership within the organization.
  2. 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 on an ongoing basis. Meetings will occur approximately every six weeks throughout the 7-month active training period.
  3. Identification of the supervisors whose supervisees will be involved in CT and their involvement in the Beck Community Initiative. Supervisors are required to participate in the 22 hours training, all key personnel meetings, monthly group consultation meetings, a supervisor webinar, and Annual Meetings.
  4. Identification and oversight of an Evaluation Team to inform the implementation of clinical assessment measures that guide treatment and program development.
  5. 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.
  6. Executive Directors and Clinical Directors will be required to sign an agreement confirming that they will continue to fully support and accommodate post-training program sustainability and implementation of CT within their agency.
  7. Provide operational and administrative support on a continuing basis to the cohort of CT graduates at the close of the intensive training program as they meet as an internal group on a bi-weekly basis indefinitely to support adherence to the CT model.
  8. Provide oversight to ensure that the group continues to meet on a regular basis, address any operational challenges the group experiences and help to support the growth of the CT model across the agency through ongoing use of the Beck Community Initiative's Web-based Training (Web-Based Training) program.
  9. Submit a proposal delineating how the organization plans to sustain the CT practice at the time of application. During the intensive seven-month training cycle, a detailed plan will be developed, including how the agency is prepared to continue to sustain the CT model beyond the close of the training program. Agency leaders will be specified to ensure the implementation of this plan.
  10. Ensure that assessment and tracking measures are being completed by the clinicians, submitted on a regular basis, and used to guide treatment planning and delivery.
- Agency leadership and participating counselors are expected to complete a variety of assessment instruments administered by Penn and CBH before, during and after the intensive seven-month training cycle. These instruments will be used to explore such things as relations between reported readiness to adopt EBPs and the subsequent ability to effectively institute these practices, and to help identify what, if any, impact CT training has on counselor, client, provider variables and the behavioral health system as a whole.

## **B. Application Process**

The application consists of three (3) documents which are attached as Appendices A, B, and C, as well as a set of measures to be completed online (found at <https://redcap.med.upenn.edu/surveys/?s=KLYJ3DRNHX>). These appendices and measures must be completed and submitted by the agency applying for CT training.

- Appendix A is a cover sheet to be completed by an official at the agency requesting participation in CT 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.
- Appendix C is an Agency Sustainability Planning Form which must be completed by the agency executive director.
- Appendix D is the web link for the Organizational Readiness for Change measure that should be completed by at least one administrator, one supervisor, and two counselors in order to provide multiple perspectives about the agency's areas of strength, as well as areas in which the Beck Community Initiative could offer additional supports. In order to complete the ORC, please go to <https://redcap.med.upenn.edu/surveys/?s=KLYJ3DRNHX>. There, each individual will answer a set of brief background questions which will then direct the user to the appropriate version of the form to be completed. Each individual should plan to spend 30-45 minutes to complete the measure.

Completed application documents must be submitted to Carrie Comeau by **4 pm on June 7, 2016**. 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 contract with Community Behavioral Health (CBH) for the level of care noted in section III. A. Submissions are to be addressed as follows:

**Community Behavioral Health  
801 Market Street  
7<sup>th</sup> Floor  
Philadelphia, PA 19107**

**ATTN: Carrie Comeau**

Submissions should be marked "Beck Community 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 (minus the online survey) prepared as a PDF document placed onto a compact disc or flash drive (Appendices A, B and C).
- The survey completed (Appendix D) online by at least 1 administrator, 1 supervisor, and 2 clinicians (at <https://redcap.med.upenn.edu/surveys/?s=KLYJ3DRNHX>)
- One (1) clearly marked, signed original hardcopy application.
- Eight (8) additional hardcopies of the complete application (Appendices A, B and C).

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 regarding the RFA must be sent via email and directed to Carrie Comeau at [Carrie.Comeau@phila.gov](mailto:Carrie.Comeau@phila.gov). No phone calls will be accepted. The deadline for submission of questions is May 17, 2016. Answers to all questions will be posted on the CBH section of the DBHIDS website ([www.dbhids.org](http://www.dbhids.org)) by May 24, 2016.

### **D. Notification**

Applicants will be notified via email by July 1, 2016 about their acceptance for training. Applicants who have been accepted will be given additional information about the training and expectations via an orientation session.

## **E. Certification**

In collaboration with the University of Pennsylvania, certification is available to eligible clinician participants.

## **F. 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 IOP program.

## **G. 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.

## **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:

- to reject any and all applications and to reissue this RFA at any time;
- to issue a new RFA with terms and conditions substantially different from those set forth in this or a previous RFA;
- 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;
- 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;
- 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;
- 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;  
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**

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.

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 COMMUNITY INITIATIVE COGNITIVE THERAPY TRAINING PROGRAM Request for Applications (RFA)

Agency: \_\_\_\_\_

Organizational Type:     \_\_\_ For Profit     \_\_\_ Not For Profit

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 into your agency's services. It is important for providers to engage in a thoughtful process for planning and supporting the long-term sustainability of CT from the onset of engaging in the CT 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.
2. Population Served: Describe the geographic area and population served at your agency, including the number of individuals served and any unique characteristics of the population (for example, primarily Spanish speaking, etc).
3. Staffing: Complete the following table to describe the counseling staffing in your agency. Please include all counseling staff, regardless of their projected participation in the training.

Name	Degree	Primary Role (Supervisor / Counselor / Case Manager / Other – Specify)	Length of Employment	Salaried / Independent Contractor / Other (specify)	Average # of individual sessions per week	Average # of groups run per week	Interested in participating? (not required of all staff)

4. Treatment Program: Describe the programming in your Intensive Outpatient Program and current treatments offered in your agency. Please be certain to include information about each of the following:
  - Type and frequency of individual, group, and family therapy (as well as other modalities, if applicable) in your program
  - Primary theoretical model(s) of treatment currently offered
  - Role of families/social supports in the treatment process
  - Process for monitoring symptom change and treatment progress, including the use of standardized measures in intake, treatment planning or program evaluation
  - Factors valued in determining readiness for discharge
  
5. Proposal to Integrate CT into Services: Describe your familiarity with CT or CBT and provide a general outline of how your agency proposes to integrate CT into your existing array of services.
  
6. Evidence-Based Practice: Please describe any additional Evidence-based Practice Initiatives or Research Activities your organization has been involved in or is currently enrolled in (both DBHIDS sponsored and independent enrollments), if not fully described in Item 4. (For example, Evidence-Based Practices may be used in your agency, outside of the IOP.) Describe some of the specific successes and challenges with these approaches. 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.
  
7. Evaluation team: Please identify proposed members of the training program’s Evaluation Team, to partner with the Beck Community Initiative instructors to support the use of measures that are clinically useful throughout the intake, treatment, and discharge processes. The clinical data from the assessment at intake and discharge, as well as clinical data collected during treatment, will inform both individual treatment planning and, in aggregate, the development of the program. Team members should be nominated based on their willingness and familiarity with the current services provided.



The following signature is required to confirm your agency's interest in applying for CT training slated to begin in August 2016.

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 into your agency's treatment services?

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 training team and signoff on CT 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 Community Initiative:

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

License from DPW \_\_\_\_\_

License from DOH \_\_\_\_\_

## APPENDIX C

### INITIAL AGENCY PLANNING AND SUPPORT FOR SUSTAINED IMPLEMENTATION OF COGNITIVE THERAPY

Agency Name: \_\_\_\_\_

Purpose:

*The Sustained Implementation Plan (SIP) is a tool designed to help support the sustainment of evidence-based practices (EBPs) in community behavioral health settings, through a systematic, collaborative, proactive approach. The SIP may be most effective when it is incorporated from the beginning stages of the implementation process so that sustainability can be built in from the start, but SIPs may also be used to strengthen the sustainability of EBPs that have already been implemented. Agencies that are selected for participation in the Beck Community Initiative will receive support in creating a more extensive SIP, but the information below will give an initial sense of the capacity for sustaining EBP in your agency.*

*Directions: A number of different factors can facilitate or present challenges to the successful implementation of EBPs in community behavioral health settings, and with a proactive approach, we can build a tailored plan to increase the likelihood of success. Below, you will find a list with some of these factors. Please carefully consider each one and provide a summary of how your agency might build/support capacity in each domain, including specific persons who would be key players in sustaining this practice and measurable indicators of success.*

Domains:

1. **Leadership fully engaged:** Having an agency's leadership (e.g., CEO, supervisors, and other decision-makers) directly involved in the implementation of an EBP is key to its long-term success. Strategies of an engaged leadership might include being directly involved in 1) recruiting staff to participate in learning and using the EBP, 2) integrating the EBP into the culture of the agency, and 3) demonstrating commitment to the EBP through follow-through with the implementation plan. In the Beck Community Initiative (BCI), this might include leadership completing the training workshop or completing the BCI's web-based training, coming to key personnel or quarterly meetings, or visiting consultation groups.

***Specifically, who among your administration would be at the helm of the Beck Community Initiative implementation? How would the person / persons communicate to the staff that the Beck Community Initiative is a priority? What might be measurable, observable indicators of successful responsibility and ownership of the CT implementation?***

2. **Building capacity to address turnover or increase penetration:** Turnover can be a challenge to sustaining any EBP, so planning from the beginning to address turnover is key. The strategies that are used to train replacement staff can also be used to train additional staff and grow the size of the program, increasing the reach of the EBP beyond the original group. Larger groups may prove to be less fragile when turnover occurs, because they may be less impacted by the loss of a few members. Strategies for building capacity or increasing penetration include creating plans for: 1) identifying new staff members to be trained (among

the existing staff or during the hiring process), 2) staff acquiring the necessary initial knowledge about the EBP, 3) staff applying the new knowledge in their practice, and 4) assessing competency. In the BCI, these strategies might include recruiting additional staff for participation (from existing staff or at hiring), enrolling them in the BCI's web-based training or webinars, having them join ongoing consultation groups, and engaging them in the certification and recertification process.

***What are the current procedures in place to ensure that new staff delivers treatment according to your standards? Can those procedures incorporate CT to support new staff learning and delivering CT? Are there strategies to spread CT to staff members who may not be included in the first wave of training (like in-house training time, for example)? What are the barriers to building CT capacity and how might they be addressed?***

- 3. Integration of policies and practices:** Each agency should consider how their policies may support or conflict with EBP practice. Given policies vary across providers, the following are a few possible examples. Strategies to integrate procedural policies and practices include: 1) considering an applicant's knowledge of (or openness to) EBPs in hiring decisions, 2) setting participation in EBP supervision as a regular requirement, 3) monitoring certification and recertification as a marker of job performance, or 4) expecting new hires to complete EBP training as part of employment orientation. Strategies to integrate documentation policies and practices include: 1) monitoring the use and description of EBP through internal audits of documentation or 2) requesting support from the implementation team on ways to reflect the EBP in documentation. Strategies to integrate social practices include recognizing counselors for participation and achievements through a newsletter, announcements on a website or office bulletin board, or a personalized email from a supervisor recognizing EBP-related achievements.

***Which policies could be put in place to ensure that CT is integrated with fidelity in counseling services in the program? Are there policies that might conflict with the use of CT and how will those conflicts be addressed? How will the process of documenting CT be developed and how will documentation be monitored?***

## **APPENDIX D**

### **Organizational Readiness for Change Measure (ORC)**

The Organizational Readiness for Change measure should be completed by at least one administrator, one supervisor, and two counselors in order to provide multiple perspectives about the agency's areas of strength, as well as areas in which the Beck Community Initiative could offer additional supports.

To complete the ORC, please go to <https://redcap.med.upenn.edu/surveys/?s=KLYJ3DRNHX>. Each individual should plan to spend 30-45 minutes to complete the measure.

There, each individual will answer a set of brief background questions which will then direct the user to the appropriate version of the form to be completed.

# **APPENDIX E**

## **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. 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.

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