

REQUEST FOR APPLICATIONS

For

PARTICIPANTS IN THE BECK INITIATIVE WEB BASED COGNITIVE THERAPY TRAINING FOR ADULT MENTAL HEALTH AND SUBSTANCE USE OUTPATIENTPROGRAMS

Issued by

COMMUNITY BEHAVIORAL HEALTH

**Date of Issue
September 1, 2015**

**Applications must be received no later than
4:00 P.M., on September 22, 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**

Table of Contents

I. Overview	
A. Introduction/Statement of Purpose	3
B. Organizational Overview	3
C. Project Background	4
D. DBHIDS System Transformation	4
E. General Disclaimer	4
II. Cognitive Therapy (CT) Training and Implementation	
A. Training and Implementation Opportunity	5
B. Overview of Training and Implementation Program	5
C. Monitoring and Reporting Requirements	7
D. Technology Capabilities	7
E. Continuing Education Credits	7
III. Application and Selection Process	
A. Eligibility Requirements and Expectations	8
B. Application Process	11
C. Questions about the RFA	12
D. Notification	12
E. Certification	12
F. Cost and Reimbursement Information	12
IV. General Rules Governing RFAs/Applications; Reservation of Rights; Confidentiality and Public Disclosure	
A. Revisions to RFA	12
B. Reservation of Rights	12
C. Confidentiality and Public Disclosure	13
D. Incurring Costs	14
E. Disclosure of Application Contents	14
F. Selection/Rejection Procedures	14
G. Non-Discrimination	14
Appendix A - Cover Sheet	15
Appendix B - Application Form	17
Appendix C - Initial Sustainability Planning Form	18
Appendix D - Online Survey – https://redcap.med.upenn.edu/surveys/?s=KLYJ3DRNHX	19
Appendix E - DBHIDS Policy Alert: Funding for Training and Education Services	20

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 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 four adult mental health or substance use outpatient programs 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 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 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 Beck Initiative training.

C. Project Background

The Beck 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. 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, schizophrenia, trauma, chronic stress, and more. Currently, CT is the major evidence-based form of psychotherapy supported by substantial research, including almost 300 meta-analyses.

Programs that partner with the Beck 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 program. To date, The Beck 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 included psychologists, psychiatrists, therapists and support staff in classrooms, ACT teams, and inpatient care staff.

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. 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 and a recovery oriented framework in their adult outpatient services. The training program is scheduled to begin in October 2015 and will include an active training phase through June 30, 2016.

Since the inception of the Beck Initiative in 2007, its mission has been to partner with providers in the DBHIDS network to implement Cognitive Behavioral Therapy in diverse settings and levels of care. Training is infused with recovery and resilience principles and uses methodologies to partner with individuals receiving services and their families. This partnership makes it possible to frame meaningful and personalized goals, identify and strengthen skills for meeting those goals, and frame behavioral health issues as challenges to be overcome in service for reaching their goals.

With this mission in mind, the selected providers will partner with the University of Pennsylvania and DBHIDS to implement cognitive therapy into their adult outpatient services. Clinicians will participate in a state of the art web-based training program 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. Integration of CT into the outpatient services is then expected to be sustained and grown over the long-term.

B. Overview of Training and Implementation Program

1. Training Program Goals

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

Training will be offered to clinicians (Masters or Doctoral level therapists) and supervisors in a program that is broken down into four phases: 1) web-based training (WBT), 2) six-month consultation, 3) transition to internal CT supervision and 4) sustained practice of CT. The intensive portion of the training program for clinicians (Phases 1 and 2) takes approximately seven months to complete. By the end of the intensive training, clinicians will have the opportunity to demonstrate competency in cognitive therapy with a recovery-oriented focus. After the intensive training portion ends, the outpatient program will be expected to support the ongoing practice of cognitive therapy (Phases 3 and 4). Certified clinicians 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 clinicians will be expected to complete the WBT and join the internal consultation group.

2. Training Model

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

Phase I: Web-Based Training (Approximately 6 weeks)

The WBT in cognitive therapy proceeds at each individual's pace, typically taking between 14 and 18 hours to complete. Core participants, alternate participants, and supervisors will be expected to complete the WBT over the course of 6 weeks, preferably during time set aside during the person's regular workday. Beginning from core concepts, clinicians and supervisors will learn to use a cognitive case conceptualization to tailor CT interventions for an individual's strengths and needs, working toward meaningful goals set by that individual. The information is delivered through didactics, activities, audio and video examples, practices and more. In

addition to the core and alternate participants, administrators, and others are encouraged to complete the WBT to be best able to support the integration of CT into the outpatient program.

Phase II: CT 6-Month Consultation

Immediately following the close of Phase I, the core 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, clinicians will meet for two hours weekly at Penn (3535 Market Street, Philadelphia PA, 19104) for group CT consultation. During the group sessions, the participants will develop and refine case conceptualizations, play audio of CT sessions, plan interventions for upcoming sessions, offer and receive feedback, and review the use of structured tools to assess response to treatment. 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 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 mastery of CT and CT supervision. At the close of the active training program, successful core participants will become eligible for two certificates: training program completion and skilled certification in CT. More information about certification can be found 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 future 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. 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 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. Penn will continue to provide support to partner agencies and monitor fidelity to the CT model. The internal group facilitator will be responsible for submitting group summary sheets and session recordings for ongoing support from Penn and CBH. Training program graduates and administrators from the partner agencies will attend Beck Initiative Quarterly 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 clinicians with assistance from Penn and the WBT, preferably during time set aside during the person's regular workday. After successfully completing the WBT program, the clinician will join the existing internal CT supervision group at the agency to receive continued support and learning. In addition to using the WBT program to increase capacity to provide CT, it will be used by each agency to adjust for staff turnover in the CT supervision group. All Beck Initiative participants will also be invited to Quarterly Meetings held at CBH, as well as additional training opportunities.

3. Certificates

All clinicians/supervisors who also attend at least 85% of the 6-month consultation meetings will receive an additional certificate of completion. Clinicians/supervisors who participate in the workshop, attend at least 85%

of the consultation meetings, submit at least 15 recorded CT sessions, and demonstrate competency in CT (as measured by the Cognitive Therapy Rating Scale) will receive a certificate of Competency in CT in a Community Mental Health Setting. These certificates stay current for 2 years, after which participants are strongly encouraged to apply for recertification. To be recertified, a clinician/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 a new audio recording demonstrating competency in CT.

C. Monitoring and Reporting Requirements

Programs that are selected through this RFA process will be subject to monitoring by CBH. The Beck 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.

Additionally, participating providers will be responsible for completing and submitting other measures for the University of Pennsylvania, some of which may include agency measures (completed by supervisors, administrators, and clinicians prior to the workshop), clinician information (prior to beginning the WBT, at the completion of the WBT, 3 months post-WBT, 6 months post-WBT, and bi-annually), measures related to client outcomes (given regularly during treatment), and others.

To this end, each participating agency will identify an Evaluation Team, staffed by agency staff and supported by the Beck 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 program. Team members should be nominated based on their willingness and familiarity with the current services provided. Key evaluation team participants may include clinical / 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, clinician applicants must have the capabilities for accessing the WBT, electronic data submission and required reporting. Participating clinician participants will be required to have regular access to a high-speed internet connection and a computer to allow them to complete the online training, as well as the ability to transfer audio-recorded therapy sessions to a secure, HIPAA compliant server for Penn's retrieval and review. Digital audio recorders will be lent to clinicians 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, clinicians will need access to an appropriate setting to deliver CT (a quiet, private space for individual therapy).

E. Continuing Education Credits

If they choose to do so, participants in the WBT can receive continuing education credits (CEs) from the American Psychological Association (APA). In order to receive CEs, the individual complete 100% of the web-based training, and then pay a \$20 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 mental health or substance use adult 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 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:

- **Six** core participants, who are masters/doctoral level clinicians providing individual therapy who will participate in the clinician and supervisor training as outlined in Section II, and who will:
 1. Attend a Beck Initiative Orientation Meeting (2 hours)
 2. Submit a baseline audio session and complete background and program evaluation measures prior to the start of the WBT
 3. Complete entire WBT in a designated 6-week period
 4. Submit a post-WBT audio session and complete program evaluation measures at the completion of the WBT
 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. Be willing and able to share audio-taped therapy sessions and complete structured assessment tools during the 6-month consultation phase
 8. Identify training cases among their caseloads to practice CT throughout the 6-month consultation phase
 9. Submit an audio therapy session to Penn for review and evaluation at month 3 and month 6 of the consultation period
 10. Record and upload at least 15 audio-recorded therapy sessions to Penn by the close of the consultation period

11. Complete training related assessments and questionnaires designed to improve the training and implementation of CT
 12. 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
 13. 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
 14. Continue to share session audio recordings with peers during the internal CT supervision groups which begin at the close of the 7-month intensive training period
- **Two** alternate participants, who are masters/doctoral level clinicians providing individual therapy who will participate in the clinician and supervisor training as outlined in Section II, and who will:
 1. Attend a Beck Initiative Orientation Meeting (2 hours)
 2. Submit a baseline audio session and complete background and program evaluation measures prior to the start of the WBT
 3. Complete entire WBT in a designated 6-week period
 4. Submit a post-WBT audio session and complete program evaluation measures at the completion of the WBT
 - *In the event that a core participant is unable to complete the 6 months of weekly consultation group meetings, an alternate participant will join immediately into the group in progress as follows below to become eligible for certification.*
 1. The alternate participant will join and participate in the remaining 6 months of weekly consultation group meetings, attending at least 85% of those remaining meetings
 2. Meet all other requirements of a core trainee, as outlined above.

In the event that all core participants are able to complete the 6 months of weekly consultation group meetings, the alternate participants will join the consultation group at the conclusion of the intensive training phase. The alternate participants will follow the same time line for core trainees, replacing the Penn consultation group with the peer consultation group. All other expectations remain.

- **At least one** supervisor, who supervises the masters/doctoral level clinicians providing individual therapy, will participate in the clinician 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 identify and record training case 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 Initiative Orientation Meeting (2 hours)
 2. Submit a baseline audio session (or role play) and complete background and program evaluation measures prior to the start of the WBT
 3. Complete entire WBT in a designated 6-week period

4. Submit a post-WBT audio session (or role play) and complete program evaluation measures at the completion of the WBT
 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 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 Initiative. Supervisors are required to participate in the 22 hours training (or web based training if their supervisory role begins after the workshop), all key personnel meetings, the group consultation meetings before or after key personnel meetings, a supervisor training at the end of Phase II, and Quarterly Meetings.
 4. Identification and oversight of an Evaluation Team to guide the implementation of clinical assessment measures to 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 Initiative's Web-based Training (WBT) 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 and build a CT milieu across the agency over time by accessing the WBT 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 clinicians 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: potential correlations 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 therapist, 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. Finally, Appendix D is the web link for the Organizational Readiness for Change measure should be completed by at least one administrator, two supervisors, and four clinicians in order to provide multiple perspectives about the agency's areas of strength, as well as areas in which the Beck 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 Mark O'Dwyer by **4 pm on September 22, 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 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
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 (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, 2 supervisors, and 4 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 concerning this RFA are to be directed to Mark O'Dwyer by September 8, 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 September 15, 2015. Questions must be clear and relevant to warrant replies.

D. Notification

Applicant agencies will be notified by **October 2, 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 and expectations via an orientation session that will be scheduled **during the 2nd week of October 2015**. The successful applicant to this RFA will be notified regarding the time and location of all training sessions.

E. Certification

In collaboration with the University of Pennsylvania, certification as "Skilled Cognitive Therapists in Community Behavioral Health Settings" 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 milieu.

Please see Appendix E 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 E 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 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 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, primarily a specific clinical presentation, etc).

Staffing: Complete the following table to describe the clinical staffing in your agency,

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

3. Treatment Program: Describe the programming, and current treatments offered in your agency. Please be certain to include information about each of the following:
 - Process for monitoring symptom change and treatment progress.
 - Use of standardized measures used and their role in treatment
 - Current use of evidence based practices in regular daily practices
 - Factors valued in determining readiness for discharge
 - Role of families/social supports in the treatment process

4. 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.

5. 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). 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.

6. Evaluation team: Please identify proposed members of the program's Evaluation Team, to partner with the Beck Initiative instructors to select and implement 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 October 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 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 Initiative:

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: An important part of the Beck Initiative is to provide agencies with the skills and capacity to maintain and grow their evidence-based services. To this end, it is important for to engage in a thoughtful process for planning and supporting the long-term sustainability of CT from the onset of engaging in the Beck Initiative.

Directions: The Beck Initiative has identified several domains that are key to the successful sustained implementation of Cognitive Therapy (CT). Below, you will find a list of these domains. Please carefully consider each one and provide a summary on 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. **Administration at the helm:** Perhaps the greatest hallmark of a provider who will successfully implement and sustain an evidence based practice is that the administration and key decision makers take ownership of the implementation process and view it as a priority. These administrators are active, valued partners with Penn, DBHIDS, and other CT providers in the network.

Specifically who among your administration would be at the helm of the Beck Initiative implementation? How would the person / persons communicate to the staff that the Beck Initiative was a priority? What might be measurable, observable indicators of success in having someone take responsibility and ownership of the CT implementation?

2. **CT informed culture:** Beyond the clinical staff who deliver CT therapy sessions, having a culture informed by CT contributes greatly to the success of sustained practice.

Does a cohesive culture already exist in the outpatient program? (For example, is there a comprehensive team approach or is there more of an eclectic approach with different staff members using different techniques?)

How would CT be infused into the culture of the program? How would new staff members be familiarized with the CT culture of the program as they join the program over time?

3. **Policies (procedural, documentation, financial) that support sustained CT practice:** A provider's policies should be consistent with CT in order for CT to successfully sustain the evidence-based practice.

Which policies could be put in place to ensure that CT is the unified approach used in clinical services in the program? Are there policies that might conflict with the use of CT? How will documentation reflect CT, and how will that be monitored?

APPENDIX D

Organizational Readiness for Change Measure (ORC)

The Organizational Readiness for Change measure should be completed by at least one administrator, two supervisors, and four clinicians in order to provide multiple perspectives about the agency's areas of strength, as well as areas in which the Beck 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.
