

REQUEST FOR APPLICATIONS

for

**PERINATAL DEPRESSION TRAINING
PARTICIPANTS**

issued by

COMMUNITY BEHAVIORAL HEALTH

Date of Issue

October 16, 2015

**Applications must be received no later than
5:00 P.M. on November 13, 2015**

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

**Angela Davis-Stokes at Angela.Davis-
Stokes@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 in a six-month training to build clinical capacity in Philadelphia County to provide specialized services for pregnant and postpartum women who experience depression. The Perinatal Depression Training is a partnership among CBH, the Philadelphia Department of Public Health's Division of Maternal, Child and Family Health (MCFH), and Drexel University College of Medicine's Behavioral Healthcare Education (BHE).

B. Organizational Overview

This RFA is being issued by CBH in collaboration with MCFH. 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 Community Behavioral Health (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.

C. Project Background

The Perinatal Depression Training Initiative began in 2009 to provide additional knowledge and support to CBH clinicians in order to provide informed and effective treatment to pregnant and postpartum women with depression.

Six years ago, the Philadelphia Department of Public Health, Division of Maternal, Child and Family Health (MCFH), through its contact by home visiting programs and other services, observed that many pregnant and post-partum women were experiencing various levels of depression. MCFH staff and contracted agencies screen pregnant and post-partum women using the Edinburgh Depression Screening Tool, validated cross-culturally to detect significant risk for depression. MCFH, in attempts to make referrals for follow-up treatment, found that there were still not enough clinicians working in the Philadelphia public behavioral health system who had knowledge and experience in working with this specific population. Since pregnant women and new mothers are populations especially targeted by a number of federal and state initiatives, aimed at both tertiary and primary prevention, this significant need became a focus of local concern. Perinatal depression has been associated with adverse maternal, infant, and family outcomes, including preterm labor, low birth weight, impairment in the infant's cognitive, physical, and emotional development, child protective services involvement, and problematic parenting (Benet et al., 2010).

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. Perinatal Depression Training

A. Training Need and Opportunity

CBH and MCFH are offering a training opportunity to respond to the unmet need for therapists with specialized capability to provide services to pregnant and postpartum women with depression. During the previous six years, approximately 230 clinicians received training on perinatal depression. However, given the number of women in Philadelphia, particularly among low income and minority groups, who are vulnerable to depression during the perinatal period, it is vital to increase the number of therapists who can offer this service.

MCFH and CBH have collaborated with the Drexel University College of Medicine's Department of Behavioral Healthcare Education (BHE) to offer training to up to 30 clinicians of at least a Master's level. The training will be on the specific issues affecting low income women with perinatal depression, focusing on the delivery of safe, competent and culturally sensitive interventions.

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

B. Overview of Training Curriculum

The first two (2) days of the training will cover a clinical overview of perinatal depression followed by six (6) half-day seminars which will require self-study and preparation to practice and apply concepts presented. The half-day sessions will include case presentations and group feedback, role-playing, discussion of written assignments, shared ideas for program improvement and development.

Training Date	Time	Location
Wednesday, January 13, 2016	9:00 a.m. – 4:00p.m.	Community Behavioral Health 801 Market Street, 7th Floor Philadelphia, PA 19107
Thursday, January 14, 2016	9:00 a.m. – 4:00 p.m.	Community Behavioral Health 801 Market Street, 7th Floor Philadelphia, PA 19107
Wednesday, February 10, 2016	9:00 a.m. – 12:00 p.m.	Community Behavioral Health 801 Market Street, 7th Floor Philadelphia, PA 19107
Wednesday, March 9, 2016	9:00 a.m. – 12:00 p.m.	Community Behavioral Health 801 Market Street, 7th Floor Philadelphia, PA 19107

Wednesday, April 13, 2016	9:00 a.m. – 12:00 p.m.	Community Behavioral Health 801 Market Street, 7 th Floor Philadelphia, PA 19107
Wednesday, May 11, 2016	9:00 a.m. – 12:00 p.m.	Community Behavioral Health 801 Market Street, 7 th Floor Philadelphia, PA 19107
Wednesday, June 1, 2016	9:00 a.m. – 12:00 p.m.	Community Behavioral Health 801 Market Street, 7 th Floor Philadelphia, PA 19107
Wednesday, June 15, 2016	9:00 a.m. – 12:00 p.m.	Community Behavioral Health 801 Market Street, 7 th Floor Philadelphia, PA 19107
*Wednesday, June 22, 2016 (make-up session, if needed)	9:00 a.m. – 12:00 p.m.	Community Behavioral Health 801 Market Street, 7 th Floor Philadelphia, PA 19107

C. Continuing Education Credits

A certificate of Continuing Education will be granted for each session attended, but only those persons who attend **ALL** sessions will receive a Certificate of Completion. Drexel University College of Medicine’s Behavioral Healthcare Education (BHE) will offer Continuing Education Units (CEU) for Nursing (PSNA), Psychology (APA), Social Work (PA SBSWE), Counselors (NBCC), Addiction Counselors (PCACB or NAADAC) PA Educations (Act 48) as well as IACET continuing education credits for any others.

III. Request for Applications

A. Eligibility Requirements

To be eligible to participate in the Perinatal Depression Training, each participant must meet the following requirements:

- Possess a Master’s degree or higher in a behavioral health discipline, including counseling psychology, clinical psychology, social work, family therapy, and psychiatry.
- Be a clinician in a CBH contracted provider. Clinicians must have support from the Executive Director and Supervisor to participate in all of the training sessions listed above (participation in all training sessions is required).

- Be committed to developing and implementing behavioral health system service changes to pregnant and postpartum women with depression.
- Have the ability to establish linkages with organizations serving women of childbearing age.
- Staff from Providers delivering integrated services (physical/behavioral health) and Community Umbrella Agencies (CUA) are highly desirable.

In the event that there are more applicants than available spaces, priority will be given to clinicians who work for Providers that meet the following criteria:

- Providers servicing mothers and expectant mothers across various sections of the city of Philadelphia.
- Providers servicing shelters, therapeutic nurseries and teenage mothers.
- Providers serving Asian, West African, and Russian populations.
- Bilingual clinicians.
- Integrated healthcare providers.

B. Application Process

The application consists of two documents which are attached as Appendices A and B.

Appendix A is the cover sheet of the application, and it provides the format for each agency's application. The top portion of the cover sheet is to be completed by the agency at which each applicant offers clinical services. An official who is authorized to approve each clinician's participation in training and bind the agency to all provisions must sign this form. Appendix A also includes items 1 – 6, which must be completed by each agency that is proposing to send one or more clinicians to the training. These 6 items must be presented in print size of 12, using a Times New Roman font. Applicants must complete their responses in a maximum of five (5) single-spaced pages on 8.5" by 11" sheets of paper with minimum margins of 1". The Applicant shall organize the proposal in the same order as presented in the RFA cover sheet (from 1 – 6) and clearly label each section with the heading as it appears on the cover sheet of the RFA.

Participants are requested to submit information about their credentials, current role at their agency and contact information for networking purposes for all members of training cohort.

Appendix B is a form from Drexel University College of Medicine. It must be completed by each clinician applying to participate in perinatal depression training.

Both Appendix A and Appendix B must be completed and sent together as an application package to:

**Angela Davis-Stokes, MA
Network Development Specialist
Community Behavioral Health
801 Market St., 7th floor
Philadelphia, PA. 19107**

The application must be submitted by no later than **5:00 PM on November 13, 2015** for the application to be considered. Responses submitted after the deadline will be returned unopened.

Applicants must submit an electronic version of the application prepared as a PDF document placed on a compact disc or flash drive, along with one clearly marked signed original proposal and four (4) copies of the application.

Responses should be marked **“Perinatal Depression Training.”** Responses submitted by means other than mail, courier, or hand delivery will not be accepted.

C. Questions

All questions regarding the RFA must be sent via email and directed to Angela Davis-Stokes at Angela.Davis-Stokes@phila.gov. No phone calls will be accepted. The deadline for submission of questions is **5:00 PM on October 23, 2015**. Answers to all questions will be posted on the CBH section of the DBHIDS website (www.dbhids.org) by **October 30, 2015**.

D. Notification

Applicants will be notified via e-mail by **December 7, 2015** whether or not they have been accepted for the training. Applicants who have been accepted will be given detailed information about the requirements for the sessions.

E. Cost Information

There will be no cost to providers for this training but a significant organizational commitment will be required.

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

F. Definition of Agency in Good Standing

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 a good standing may include, but are not limited to:

1. Level II CBH Quality Improvement Plan (QIP);
2. DBHIDS Consecutive Network Improvement and Accountability Collaborative (NIAC) credentialing statuses of 1 year of less; or
3. A Provisional State licensure.

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; Reservation of Rights; Confidentiality; and Public Disclosure

A. Revisions to RFA

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

B. Reservation of Rights

By submitting a response to this notice of RFA 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 contract 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 which is not generally available to the public as confidential and/or proprietary to CBH. 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, are legally obligated to disclose to the public documents, including applications, to the extent required thereunder. 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 bidders. 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 and Agency Application Format

Organization Name: _____

Name of Official Authorized to Permit Applicant’s Participation in Training:

Title: _____

Address: _____

Telephone: _____ **E-mail Address:** _____

Signature of Authorizing Official _____

1. Executive Summary

Provide a summary of the reasons why your agency should be selected to participate in the training and to provide services for perinatal depression.

2. Population Served

Describe the geographic area served and the agency’s familiarity with the intended population to use this service.

3. Experience

Describe any work your agency has done previously with women who are pregnant or postpartum. Also, please specify previous participation in this training initiative.

4. Partnerships and Linkages

Describe the linkages your agency has with organizations serving women and children.

5. Proposal to Deliver Services

Provide a general outline of how your agency proposes to integrate this service into your existing array of services.

6. Names of Proposed Perinatal Training Participants

Provide the names and contact information, including address, telephone number and email address for each applicant proposed for this training.

APPENDIX B

**Drexel University College of Medicine, Behavioral Healthcare Education Questionnaire
PDPH Maternal, Child & Family Health – Perinatal Depression Contract**

This questionnaire is to be completed by each potential participant.

In preparation for the continuing series of seminars for staff regarding providing treatment and support services for pregnant and newly-delivered women, we are requesting that you provide us information about your level of knowledge and interest in a number of topic areas related to maternal health. Your input is very important to using constructing learning experiences that address your specific needs and requests. Thank you!

Instructions: Please rate your *knowledge* level using a five-point index where the numbers indicate the following: 5 = extremely knowledgeable/could teach; 4 = very knowledgeable; 3 = generally knowledgeable; 2 = somewhat/a bit knowledgeable; 1 = not really knowledgeable. Then, please rate your *interest* level in the topic, using a three-letter code, representing: A = much interest; B = moderate interest; C = no interest. Please answer the initial questions before responding to the questions about knowledge and interest. Also, please give us your additional thinking, using the blank spaces provided. **PLEASE PRINT LEGIBLY.**

Your full name: _____

Your title: _____

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

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

License(s) held in PA: _____

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

Your agency name: _____

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

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

_____ **Do you also have a private practice?** Y N

What treatment models do you generally use in the treatment of depression (check or list all that apply): CBT _____ Psychoeducation _____ Family supports _____

Psychodynamic _____ Medication-managed _____ Motivational Interviewing _____
Other (describe): _____

What questions do you have regarding treating depression in pregnant women and new mothers?

**Drexel University College of Medicine, Behavioral Healthcare Education - Questionnaire
PDPH Maternal, Child & Family Health – Perinatal & Postnatal Maternal Depression Contract**

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

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

Graduate School (course(s) and # of hours): _____

Continuing Education: TREM _____

DBT _____

Seeking Safety _____

Other (please list): _____

Please identify anything you may need more information/training about that is trauma-related, e.g., medical issues, abuse and trauma during pregnancy, etc. _____

Do you have contact with/treat persons from differing cultural and ethnic groups in your agency setting? Y N In your individual practice? Y N If yes, which groups? _____

Do you have ongoing contact with other providers, including healthcare providers, such as Healthy Start, etc., regarding those you currently treat? Y N If so, whom? _____

Please indicate your level of knowledge and interest, using the rating scales on the first page of this questionnaire, regarding the issues listed below:

Women who are pregnant, in general: Knowledge _____ Interest _____

Women with children, in general: Knowledge _____ Interest _____

For both pregnant women and new mothers:

Attachment theory/issues Knowledge _____ Interest _____

Grieving and loss issues Knowledge _____ Interest _____

Medical issues/disabilities Knowledge _____ Interest _____

Medication issues Knowledge _____ Interest _____

Parenting Issues Knowledge _____ Interest _____

Relational Issues Knowledge _____ Interest _____

Self-injury and suicide Knowledge _____ Interest _____

Substance use/abuse/dependence Knowledge _____ Interest _____

Support Issues

Knowledge ____ Interest ____

Trauma, violence and abuse

Knowledge ____ Interest ____

List specific areas of your knowledge/interest in these areas: _____

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

Would you be interested in a post-completion learning collaborative with other graduates of the Perinatal Depression Training series? Yes _____ No _____

Please list your personal learning goal(s). _____

APPENDIX C

DBHIDS Policy Alert

Funding for Training and Education Services

The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) has committed significant resources in the past 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:

- 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;
- 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 CBH 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 RFA 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;
 - 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.
-