

REQUEST FOR APPLICATIONS

for

**TRAINING ON RECOGNITION, ASSESSMENT AND
TREATMENT OF TRAUMA AND TRAUMA RELATED
ILLNESS**

issued by

COMMUNITY BEHAVIORAL HEALTH

Date of Issue

AUGUST 13, 2015

**Proposals must be received no later than 5:00 P.M.,
Philadelphia, PA, local time, on AUGUST 27, 2015**

**Questions related to this RFA should be submitted via E-
mail to: Andrea.Stout@phila.gov**

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

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I. Project Overview

A. Introduction/ Statement of Purpose

Community Behavioral Health (CBH) is soliciting applications from agencies who will select clinicians to participate in Prolonged Exposure (PE) training. PE training is an evidence-based clinical methodology which has been shown to be effective in helping adults decrease their trauma related distress. PE is to be used with adults with Post Traumatic Stress Disorder (PTSD) or sub-threshold PTSD. The PE training will be provided by the Center for the Treatment and Study of Anxiety (CTSA) which is part of the Department of Psychiatry of the University of Pennsylvania. The selected clinicians must be employed by mental health or substance use outpatient or intensive outpatient providers which are currently part of the CBH network.

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 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 is committed to developing a system of care that is grounded in evidence-based practices. In 2012, DBHIDS created the 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

DBHIDS seeks to increase the availability of Prolonged Exposure (PE) treatment as a response to the need for trauma related services in Philadelphia. PE is a cognitive model for use with adults. Exposure therapy is a type of therapy that helps decrease distress related to

trauma. This therapy works by helping individuals approach trauma-related thoughts, feelings, and situations that have been avoided due to the distress they cause. Repeated exposure to these thoughts, feelings, and situations helps reduce the power they have to cause distress.

The core components of PE therapy are as follows:

- Prolonged, imagined exposure to the trauma memory (revisiting, recounting, and processing).
- Repeated exposure to safe situations that are avoided because of trauma-related fear.
- Psycho education: Education about common reactions to trauma.

DBHIDS has selected Prolonged Exposure as a therapeutic methodology to be used for members needing trauma related services in part because it is an Evidence Based Practice (EBP). EBPs are treatments for which there is demonstrated effectiveness and have been studied in large-scale clinical trials. There is strong evidence that EBPs are effective in symptom reduction for extended periods following treatment. The DBHIDS Trauma Initiative is supporting the use of PE to improve the quality of treatment for adults who have been exposed to trauma. This RFA is designed to increase the number of agencies and clinicians who are qualified to provide PE to individuals who can benefit from this service.

There is substantial need for PE therapy in Philadelphia. Individuals often experience trauma and re-traumatization through sexual abuse, neglect, physical abuse, domestic violence, war, gang and drug-related violence, community violence, homelessness and poverty. Trauma is extremely common among individuals who use behavioral health services. It has been estimated that half to two-thirds of people in the general population have had some kind of trauma exposure (Spitzer, et. al., 2009; Anda & Felitti, 1998).

As a result, it is critical for behavioral health services providers to be able to identify and provide services and supports related to current or past exposure to trauma. Unfortunately, trauma is often not addressed with individuals who are receiving services for other behavioral health challenges.

The need for trauma sensitive services in Philadelphia is particularly acute because of the city's high rates of violence. Tragically, there is a great deal of community violence locally which is a trigger for trauma among persons who are involved in, witness, or have relationships with persons who are involved with violence. In 2012, Business Insider ranked Philadelphia as the 12th most dangerous city in America based on data provided by the FBI's 2012 unified crime report. The same report also ranked Philadelphia as having the 4th highest homicide rate among the 50 largest US cities.

Violence related to domestic and intimate partner violence and Lesbian, Gay, Bi-sexual, Transgender and Questioning (LGBTQ) related violence are also prevalent issues throughout Philadelphia. Domestic violence in particular is a major problem. The Philadelphia Police

Department offers a 24 hour hotline for domestic violence victims and Women Against Abuse, a local domestic violence agency, reported that over 2,000 visits to Philadelphia emergency rooms were made last year by women who were assaulted by a spouse, ex-spouse, boyfriend, or ex-boyfriend. The same report indicated that over 5,000 arrests were made in Philadelphia in 2012 for domestic violence related issues. There are no available statistics for LGBTQ related violence in Philadelphia, but it is a problem that needs to be addressed both locally and nationally.

This RFA is being issued to enhance the local system of care by increasing therapeutic capacity to recognize and treat trauma related illnesses. It is essential to develop a cadre of clinicians who are capable of providing trauma related services in behavioral health settings in Philadelphia.

D. Request for Applications

CBH is seeking responses to this RFA from outpatient or intensive outpatient behavioral health services providers who will nominate staff clinicians to participate in PE training. Agencies which have participated in previous PE training and agencies who wish to participate for the first time are eligible to apply. CBH expects to be able to offer PE training to three or four agencies. Within the selected agencies, no more than four clinicians may apply and all clinicians within an agency may not be selected for this PE training module.

E. General Disclaimer

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

II. Prolonged Exposure Training

A. Training Need and Opportunity

CBH is offering this opportunity to respond to the unmet need for trauma related services in Philadelphia. This RFA provides an opportunity to increase the pool of clinicians who have the capacity to provide this service at behavioral health care agencies. DBHIDS has increased its capacity to respond to trauma for children and adults over the past five years. However, the available services are not adequate to meet the need.

B. Priority Populations

Although additional capacity to provide PE is needed on a citywide basis, given current resources, the priority areas and target populations listed below are being targeted for this RFA. Agencies which are located in the target areas and/or serve members of priority populations will be given preference in the selection for PE training.

The priority locations include the following zip codes, all of which have populations which can benefit from this service. The zip codes are: 19133, 19139, 19142, 19143, 19145, 19148, 19151 and 19152.

In addition, priority will be given to providers who serve the following populations: Latino and other ethnic minorities (particularly agencies with bi-lingual clinicians), LGBTQ individuals, women with substance use issues, veterans and individuals with co-occurring mental health and substance use issues.

C. Overview of Training

All training will take place at BHTEN, 520 North Columbus Boulevard, 7th floor, Philadelphia PA 19123.

The steps in the training process are as follows:

1. Pre-training Orientation

Pre-training orientation will be provided to offer specific guidance on the implementation of PE. Agencies will be required to establish an implementation team which includes the clinicians, administrative, data reporting and management staff who will be involved in the PE Initiative. All implementation team staff will be expected to participate in the pre-training orientation.

The orientation will include a description of the role of management and the specific responsibilities of clinicians, including expectations about screening, assessment and data reporting.

The required orientation will provide an overview of:

- Prolonged Exposure initiative;
- clinical implementation process;
- screening and assessment;
- data reporting.

2. Training Sessions

The following dates are tentative.

a. September 29 – October 2, 2015: 4-day PE Workshop

CTSA will conduct a basic 4 day workshop on the foundation of PTSD, empirical study concerning the application of PE in treating PTSD and provision of PE by clinicians. The workshop includes didactic sessions, review of learning and discussion.

b. October 23 and November 16, 2015: All selected clinicians and the agencies' designated data reporting staff must attend ONE of the PTSD screening and assessment session offered on these dates

All selected clinics will participate in a screening workshop to learn how to identify individuals with PTSD, refer to appropriate treatment and develop a uniform intake and referral process for treatment. The session will include didactic information, a recorded PE session for review and discussion and role plays of clinical techniques.

c. November 9, 2015: Agency Implementation Meeting

CTSA will meet with all selected providers to discuss implementation challenges, data outcomes, screenings, intake and the referral process.

3. Post Training Consultation

All participating clinicians will be required to begin providing PE treatment immediately at the conclusion of the training. Clinicians will be required to provide PE treatment for two individuals to obtain certification. For the first individual, the clinician will receive 1:1 supervision for 10 to 12 sessions with a CTSA consultant. For treatment for the second individual, there will be group supervision with a CTSA consultant and all PE clinicians at the clinician's agency for 12 to 15 sessions. Both individuals must have treatment completed within the time designated by the CTSA consultant.

4 . Technical Assistance

There will also be follow up with each of the selected agencies. Within two months, all staff in the participating agencies, including agency executive management, data management staff and clinicians who have received training will be required to participate in onsite technical assistance to support implementation. Agencies will also participate in network meetings to address implementation strategies and barriers. There will be two on-site meetings and two meetings at CBH.

D. Continuing Education Credits

A certificate of Continuing Education will be granted for each training workshop session attended, but only those persons who attend ALL sessions will receive a Certificate of Completion. The DBHIDS Behavioral Health Training Network (BHTEN) will offer Continuing Education Units as follows:

- PCB credits awarded through the Pennsylvania Certification Board
- SW credit hours awarded through Bryn Mawr College Graduate School of Social Work and Social Research
- Psychologist credit hours through the American Psychological Association
- CPRP CEUs—through the Psychiatric Rehabilitation Association
- General CEUs are awarded (.1 CEUs = 1 TRAINING HOUR) through IACET

III. Request for Applications

A. Agency Eligibility Requirements

To be eligible to participate in Prolonged Exposure Training, each agency must meet the following requirements:

- Agency executive leadership must commit to supporting clinician participation in Prolonged Exposure training;
- Executives will be required to identify a point person to coordinate all aspects of the initiative and to function as the agency point of contact with CBH and DBHIDS;
- Agency must provide at least one of the following services: mental health or substance use outpatient services or substance use intensive outpatient services;
- Agency must provide all necessary equipment for training and treatment in a timely manner;

- Agency must have been part of the CBH network for at least one year and be a provider in Good Standing (See definition of “Good Standing” in Section IV.H).

B. Clinician Eligibility Requirements

Clinicians must be selected by agency leadership as appropriate for participation in PE training and capable of providing the service at the conclusion of training. The requirements include:

- Has been working at the applicant agency for a minimum of two years in a full time capacity;
- Agency leadership asserts that the quality of the clinician’s work indicates competence, clinician is already providing services to a significant number of adults and has the maturity and motivation to work with individuals with trauma exposure;
- Possesses a Master’s degree or higher in a behavioral health discipline, including counseling psychology, clinical psychology, social work, and family therapy;
- Has support from the agency Executive Director, Clinical Director and Clinical Supervisor to participate in all required training and consultation sessions, routine implementation meetings, and on-site and DBHIDS network meetings;
- Committed to implementing Prolonged Exposure treatment as presented in the training program by providing PE to individuals needing this treatment.

C. Sustainability Planning

Agencies will be required to develop plans to implement the following items to sustain the PE model:

1. Creation of a system for screening and referrals and development of a referral list;
2. Assurance of weekly supervision meetings to review PE treatment and implementation and sustainability issues;
3. Identification of a point person to oversee a uniform process for data management and collection;
4. Periodic follow-up on overall outcomes for individuals receiving PE treatment at Agency
5. Ongoing participation in network implementation meetings.

D. Data Reporting

Agencies will be required to work with CTSA and DBH to develop specific protocols to collect treatment data on a monthly basis. Agencies must identify a point person for managing all requested data. The pre-treatment orientation will include discussion of the data requirements, including screening tools, and required frequency of data submission.

IV. Application Process

A. Completion of the Application

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

Appendix A serves as the cover sheet which is to be completed and signed by agency management. Appendix B serves as the agency's application. Appendix C provides details on potential participating staff.

- Appendix A is the cover sheet which is to be completed by the applicant agency.
- Appendix B requires the following information:
 1. Executive Summary – includes a summary of the justification for your agency's selection for participation in PE training;
 2. Description of the geographic area in which the service will be located and the population who will receive PE services;
 3. Experience – Description of agency's experience providing services to individuals who have been exposed to trauma and/or have co-occurring mental and substance use issues. Describe agency methodology for providing PTSD screening and assessment. If relevant, outline the agency's previous participation in this PE training initiative, including number of clinicians trained, number trained clinicians currently with agency and outcome data on treatment utilizing the PE intervention;
 5. Proposal to Deliver Services - Provide a general outline of how the applicant agency proposes to integrate PE into its array of services;
 6. Names of Proposed Prolonged Exposure Team Members –Provide name, title and contact information, including address, telephone number and email address for each clinician being proposed for this training, the executive and Clinical Management and Data Support for the proposed clinicians.
- Appendix C is to be completed by the applicant agency to provide information on potential participants and agency capability to meet clinical requirements.

B. Application Details

The items in the Appendices must be presented in print size of 12, using a Times New Roman font. For Appendix B, 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". For Appendix B, the Applicant shall organize the proposal in the same order as presented in the Appendix with each section clearly labeled.

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

Andrea Stout
Department of Behavioral Health and Intellectual Disability Services
1101 Market Street, 7th Floor
Philadelphia, PA. 19107

The application must be submitted by no later than 5:00 PM August 27, 2015 for it 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 "Prolonged Exposure 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 Andrea Stout at Andrea.Stout@phila.gov. No phone calls will be accepted. The deadline for submission of questions is 5:00 pm on August 19, 2015. Answers to all questions will be posted on the DBHIDS website by August 21, 2015.

D. Notification

Applicants will be notified via email by September 8, 2015 about their acceptance for PE training. Applicants who have been accepted will be given detailed information about the program.

E. Cost Information

There will be no cost to participants and agencies. However, a significant organizational commitment is required for participation in PE training.

F. Definition of Agency in Good Standing

The applicant is a vendor in good standing with the City and CBH, which shall be defined as the following: all programs for that provider must have had a minimum of a two year re-credentialing status for the previous three consecutive site visits. If a provider received a status of anything less than two years there is a strong likelihood that they would not meet the minimum threshold for their application to be considered for further review. In addition to the definition as stated above, sound judgment will play a role in making 'good standing' decisions and will inform Executive Management's decision about whether a provider should be precluded from the process. It should be noted that the provider may not be delinquent in City taxes with no arrangement, must meet minimum wage requirements for the City of Philadelphia, and must submit the status of whether or not the agency was previously contracted with CBH under the auspices of another entity, and any circumstances for leaving the network.

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

A. Revisions to RFA

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

B. Reservation of Rights

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

1. Notice of Request For Applications (RFA)

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

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

2. Proposal Selection and Contract Negotiation

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

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

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

extension of the date of provider agreement or consultant contract award and/or provider agreement or consultant contract execution, and extensions of deadlines for implementation of the proposed project; and

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

3. Miscellaneous

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

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

C. Confidentiality and Public Disclosure

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

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

D. Incurring Costs

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

E. Prime Contractor Responsibility

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

F. Disclosure of Proposal Contents

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

APPENDIX A

RESPONSE COVER SHEET

**COMMUNITY BEHAVIORAL HEALTH
PROLONGED EXPOSURE TRAINING**

APPLICANT ORGANIZATION _____

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

NAME: _____

TITLE: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____

E-MAIL ADDRESS _____ FAX # _____

SIGNATURE OF AUTHORIZING INDIVIDUAL

TITLE

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED _____

Appendix B

Agency Description

1. Executive Summary – Include the reasons your agency should be selected for PE training.

2. Description of the geographic service area and the population in the service area.

3. Experience – Description of agency’s experience serving adults who have been exposed to trauma.

4. State if agency has been involved in previous PE training initiatives with specifics of how many staff have been trained. If agency is using PE clinical methodology, provide information on outcomes for participating individuals.

5. Provide information on agency experience with other Evidence Based Practices.

6. Service Delivery - Description of how PE will be integrated into agency’s service array.

Appendix C

PROLONGED-EXPOSURE (PE) TRAINING AND SUPERVISION (ADULT SERVICES)

Staff and Time Commitment

1. Does your agency commit to sending the CEO, Program Director and Clinical Manager or equivalent to regular quarterly implementation meeting, All Agency Network meetings, and other periodic meetings?

Yes

No

2. Does your program(s) have up to 4 therapists interested and able to participate in the following mandatory activities over a 12 month period

- a. Attend a 4-day basic PE workshop
- b. Treat 2 individuals with PTSD using PE
- c. Participate in pre-supervision per individual receiving PE
- d. Participate in supervision per PE session provided
- e. Participate in ongoing group supervision after training

Yes

No

Please list the following information:

Program	Name of Clinicians to be Trained (must be full-time)	Degree and Years at agency

3. Please indicate the number of staff -in your program *currently* trained and/or certified in Prolonged Exposure.

Program	Number of Supervisors Currently Trained/certified in PE	Number of Clinicians Currently Trained and Certified in PE
	___ Trained ___ Certified ___ Both	___ Trained ___ Certified ___ Both

	___ Trained ___ Certified ___ Both	___ Trained ___ Certified ___ Both
	___ Trained ___ Certified ___ Both	___ Trained ___ Certified ___ Both

4. Does your program have the capability to video record treatment sessions?

Yes

No

5. Does your agency have the capability to support recipients in homework assignments for audio recording sessions?

Yes

No

6. Can each selected clinician participate in the entire 4 to 6 month consultation phase which requires the following:

- Pre-consultation prep time per treatment case;
- Consultation time per each PE session (1st treatment case) and
- Group consultation (2nd treatment case)

Yes

No

APPENDIX D

DBHIDS Policy Alert

Funding for Training and Education Services

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

This policy articulates the rights and responsibilities of both DBHIDS and the provider/agency related to training and education. These include specifically:

- receipt of training or other types of educational efforts for which DBHIDS has paid;
- 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 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;
- maintain a database of providers with specific skills to ensure that agencies with staff trained in specific evidence-based or evidence-informed practices are acknowledged for their work.
- Work collaboratively with providers(s) should unforeseen obstacles arise that preclude completion of training and/or follow-up activities determine that training and/or follow-up activities should be suspended.

Default of Responsibilities

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

- ineligibility (as an agency) to apply for any RFP, RFA or RFQ or other opportunity that would enhance or expand services for a period of eighteen months;
- ineligibility (as an agency) to receive any reimbursement for any costs (including payment for lost revenue) 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.