

REQUEST FOR PROPOSALS

for

**COMMUNITY AND SCHOOL SUPPORT TEAM
SERVICES**

issued by

COMMUNITY BEHAVIORAL HEALTH

**Date of Issue
March 20, 2015**

**Proposals must be received no later than 5:00 P.M.,
Philadelphia, PA, local time, on April 24, 2015**

**Questions related to this RFP should be submitted via E-
mail to: 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. Project Overview

A. Introduction/Statement of Purpose

Community Behavioral Health (CBH) is seeking providers to implement a new model of school-based behavioral health services in a limited number of Philadelphia public elementary or elementary/middle schools during the 2105-16 school year. The Community and School Support Team (CASST) will provide comprehensive support to children with significant behavioral health needs across settings. As a comprehensive service, CASST will offer services to children in their schools, homes and communities. During the first year of service, which begins in September, 2015, a limited number of providers will be selected to work in not more than 5 schools, which are identified below in Section I.D of this RFP.

CASST has been developed based on Child and Adolescent Service System Principles (CASSP) and objectives, as well as on the principles of resiliency and recovery outlined in the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) Practice Guidelines. Additionally, CASST is driven by the following principles:

- Treatment should be youth centered, family driven, resilience and recovery oriented, trauma informed, evidence informed, developmentally appropriate, and culturally and linguistically competent.
- Family engagement and inclusion in care are essential to cultivate active participation in treatment, and to catalyze change at an individual and family systems level.
- Consultation and collaboration using behavior management principles with school and community supports are critical to helping children master new skills in all life domains.
- Treatment must be driven by rigorous, ongoing, comprehensive assessment and clinical formulation, which considers the entire continuum of services and community supports available.

Ongoing monitoring of progress, family satisfaction, and clinical outcomes must be continuously integrated into the treatment process.

B. Organizational Overview

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Human Services for the provision of behavioral health services to Philadelphia's Medical Assistance (MA) 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 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 services for the City's approximately 470,000 Medical Assistance 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 \$900 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 Medical Assistance recipients, CBH has been actively involved in the support and implementation of this system transformation.

C. Project Background

CBH has a long history of providing Behavioral Health Rehabilitation Services (BHRS) to children in schools through a variety of programs which offer behavioral health treatment and supportive services to promote social and emotional development and family engagement. Current school-based services include School Therapeutic Services (STS), Therapeutic Emotional Support Classrooms (TESC) and School Therapeutic Staff Support (TSS).

CBH, with input from the Philadelphia School District, DBHIDS and a multi-disciplinary advisory board, has developed the CASST service as an option to enhance services for children and their families. The CASST service design was based on a review of the population supported by behavioral health services in schools, focus groups with families whose children are receiving school-based services, meetings with school staff and school-based behavioral health providers, a review of the literature around best practice in school based mental health services and an exploration of alternative models.

D. Request for Proposals

CBH is seeking responses to this RFP from providers to implement CASST in no more than 5 of Philadelphia public elementary or elementary/middle schools during the 2015-16 school year. CBH, in concert with the Philadelphia School District, has determined the schools which will have CASST services. CASST is a comprehensive, child-focused, family-driven service for children with severe behavioral and emotional difficulties who otherwise may receive either traditional BHRS during school hours, typically a TSS worker in the classroom, or who are enrolled in a school-based therapeutic program, including STS or TESC.

In the first year of service, a limited number of providers will be selected to work in the following schools: General George G. Meade School, Penrose School, Roosevelt Elementary School, Jay Cooke Elementary School and John Welsh School. Based on the results of the evaluation of the first year of the service, the CASST service may be expanded to other Philadelphia schools.

To be eligible to respond to this RFP, Applicants must be currently enrolled in the MA program, enrolled in the CBH network for at least one year and have a mental health license to provide outpatient, partial hospitalization or family-based mental health services.

E. General Disclaimer

This RFP does not commit CBH to award a contract. This RFP 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 RFP shall become the property of CBH and may be subject to public disclosure by CBH.

II. Scope of Work

A. Project Details

1. Goals and Objectives

CBH has identified the following goals and objectives for the CASST service:

GOAL 1: Children receiving CASST and their families will improve functioning in the home, school and community.

Objectives:

- 1) Improved clinical symptoms as measured by the Child Outcomes Survey (COS) and Behavioral Intervention Monitoring Assessment Systems (BIMAS)
- 2) Improved child and family functioning as measured by the COS and BIMAS
- 3) Enhanced parent/caregiver sense of competence as measured by the Parenting Stress Index- Short Form (PSI-SF).
- 4) Improved school functioning in the following areas: attendance, advancement to the next grade level, and improved academic performance.

GOAL 2: CASST will meet the comprehensive behavioral health needs of children and their families in the home, school, and community.

Objective:

- 1) Children will remain stabilized in their community, resulting in fewer visits to the crisis response center (CRC), fewer acute inpatient (AIP) admissions, and fewer residential treatment facility (RTF) admissions.

2. Measurement Tools

Success in meeting the goals and objectives of the service will be measured using the following standardized tools:

- I. Adverse Childhood Experiences International Questionnaire (ACE-IQ) as a screening tool to determine child and caregiver exposure to trauma at intake
- II. COS and the PSI-SF at intake, on a monthly basis during treatment and at discharge. BIMAS completed by parents, clinicians and teachers on admission, every four months during treatment and at discharge.

3. Target Population

CASST is designed to serve MA recipients who are enrolled in kindergarten through 8th grade at the selected Philadelphia School District public elementary and middle schools. National data show that 3-5% of school-aged children are in need of behavioral health services.

CASST is designed for children with serious emotional disturbance (SED), which includes severe behavioral and emotional disorders. Children eligible for CASST will have a DSM-5 diagnosis made by a licensed psychiatrist or psychologist and typically present with persistent severe difficulty meeting behavioral, social and/or performance expectations for children in their age group. The severe difficulties, which may be related to psychological, biological, psychosocial, and/or environmental factors, affect daily functioning. Disruption to daily functioning may include inability to effectively engage in age-appropriate activities such as inability to engage in age-appropriate friendships, inability to respond in a developmentally expected manner to authority, and/or inability to benefit from community-based opportunities. Children may be eligible to receive CASST whether or not they have special education support or a 504 plan.

B. Scope of Services

1. Family Engagement

Family and caregiver involvement is essential to the successful implementation of CASST. Successful treatment with children who demonstrate severe behavioral and/or emotional problems in school cannot only focus on them as individuals or as students, but must take the family system into account. CASST providers have the responsibility and opportunity to engage families as active participants in their child's care. The team's role includes initially engaging families to help them understand the scope of service provided through CASST. Further, the team is expected to work with families to gather information needed for the evaluation, re-evaluation and treatment planning process and in family therapy. Family engagement is an active and ongoing process; it is understood that building the rapport and trust necessary for family therapy to occur is an incremental process.

2. Referral, admission and discharge process

CASST must be recommended through a Comprehensive Biopsychosocial Evaluation (CBE) or Re-evaluation (CBR) from a qualified licensed psychiatrist or psychologist. In addition to the elements in the CBE and CBR, outlined in the CBH Utilization Management Guide, a prescription for CASST should include the child's response to early intervening support processes offered by the school. It is expected that not all children referred for assessment through the CASST will receive a prescription for CASST. The CBE/CBR is expected to consider the child and family's comprehensive needs, and after a thorough assessment, it may be determined that some children will be better served by other services in CBH's continuum of care or by community and natural supports. For children whose assessment results in alternative recommendations, it is expected that the CASST provider will make referrals to link the child and family to the appropriate services.

An Interagency Service Planning Team (ISPT) meeting must be held and include all stakeholders. The family and caretaker, school service provider and the child, if appropriate, must be included in the ISPT meeting. In addition, based on services the child and/or family is receiving, representatives of the following staff should be present: educational staff, provider

clinicians, Behavioral Health Case Manager, CBH care manager and child welfare, juvenile justice and primary care providers.

The recommendation for CASST must be reviewed by CBH and authorized as a medically necessary service. As with all BHRS requests, submission of service requests to CBH must include the following documentation: a CBE or CBR, documentation of the interagency planning team meeting (ISPT), a plan of care (POC) summary, and a treatment plan. For children whose assessment results in alternative recommendations, it is expected that the CASST provider will make referrals to link the child and family to the appropriate services. The provider is expected to hold a discharge planning meeting to discuss progress to date and to develop a comprehensive discharge plan, which includes community and natural supports that would be beneficial to the child. If a child needs a higher level of care, the provider should make every effort to convene an ISPT, as clinically appropriate, to discuss the recommendation.

3. Service Authorizations/Length of Stay

CASST is a voluntary service available to children 12 months a year. During summer months when school is not in session, CASST includes the full range of services to be provided in the home and community settings. Services will be authorized as medically necessary up to 180 days at a time. It is anticipated that the average length of stay will be 9 months. Although the anticipated average length of stay is 9 months, requests for CASST will be reviewed based on the individualized needs of each child.

4. Clinical Components

Successful applicants will be required to develop and implement a CASST service that includes the elements outlined below.

- a. *Individual Therapy* is to be provided by the Lead Clinician (LC) in the school, home or community, the location of which is determined by the child and family's needs. Interventions can support children to process their feelings and experiences, understand the factors contributing to their feelings, learn healthy coping skills and behavior management strategies to address presenting issues. Providers are expected to use appropriate evidence-based and/or evidence-informed therapeutic models when working with individuals.
- b. *Family Therapy* is to be provided by the LC at least once per week in the school, home, or community, the location of which is determined by the needs of the child and family. All families with a willingness to engage on behalf of their child's well-being are considered appropriate for CASST. Providers are expected to develop family goals for the treatment plan by following the lead from families regarding priorities, integrating family voice with the team's formulation of the family relationships and dynamics and how they affect the child. The expectation is that family therapy will focus on behavioral or emotional problems that occur in the home. In the absence of problems in the home, family therapy can focus on ways the family can support improvement in the child's functioning across settings. It is understood that building the rapport and trust necessary for successful family therapy to occur is an incremental process. Family therapy in CASST should work with the family system to establish healthy relationship patterns in terms of appropriate

hierarchy, boundaries, communication, and emotional expression so that the child will be better prepared and supported to meet the demands across settings. The therapy can be with the child and entire family or with other members of the family without the child present, as long as it is specified in the treatment plan and relates to the treatment goals of the child. Providers are expected to implement appropriate evidence-based and/or evidence-informed therapeutic models when working with families.

- c. *Group Therapy* is to be offered to children receiving CASST on a short-term basis using an evidence-based curriculum. These groups can target a specific diagnosis or set of symptoms, or can focus on assisting children in developing skills related to problem solving, coping strategies, and conflict management. Group therapy is to be conducted by LCs.
- d. *Behavior Therapy*: The CASST team is expected to use consistent behavioral interventions across settings, which may require the development of a behavior plan to supplement the main treatment plan. The behavior plan guides their work with teachers, caregivers, and supports in the school, home and community setting. Under the supervision of the LC, the BHW will support teachers and other school staff to implement the behavior plan. The LC and the BHW support the family in implementation of the behavior plan in the home.

When factors directly contributing to behaviors (antecedents and contingencies) are unclear, and/or behaviors are persistent following a reasonable treatment trial or are complex, the LC may complete a cross-setting Functional Behavior Assessment (FBA). It is not expected that all children enrolled in CASST will require an FBA.

- e. *Child Centered Classroom and School Consultation*: CASST will offer consultation to school personnel to support them in assisting the child to meet treatment goals. The CASST psychologist is to be integrated with the school's early intervening and progress monitoring teams and is expected to participate in meetings regarding the child. CASST staff, primarily the psychologist, will develop and supervise a service wide positive behavior reinforcement system within each school building for children receiving CASST. Consultation can also take place with other supports in the child's life, for example afterschool program or community camp.
- f. *Crisis Management and Safety Planning*: The provider must develop a crisis and de-escalation plan for each child that includes the family. Safety and crisis plans should be individualized and linked to skills targeted in the treatment plan. It must include 24/7 on-call rotation by the LCs to provide consultation and clinical intervention as needed to stabilize and support children in their homes and communities. It is expected that the on-call service include face-to-face interventions with the CASST team as needed. Should an assessment be needed for a higher level of care, the CASST team can be made available to accompany the family to the CRC. Although the CASST staff is not responsible for providing crisis intervention to the family, it is expected the provider follow its established protocol for crises.

- g. *Care Coordination* is a critical component of the service. The BHW is expected to serve as care coordinator and provide linkage to community resources and strengthen connections to other natural supports. CASST providers will become familiar with resources in school, the family's community and in the city. The team is responsible for coordinating with healthcare providers and other child serving systems, such as child welfare and juvenile justice. Family members requiring evaluation for behavioral health services are to be referred and linked to needed care. Referral may include linking the child receiving services to psychiatric evaluation and medication management when clinically appropriate.
- h. *Family Peer Support*: A Family Specialist, who is an adult with lived experience as a family member of a child with behavioral health challenges, can be helpful to families in supporting initial and continuing engagement with CASST. Many families may have had previous experiences with behavioral health treatment or with other child serving systems that may make initial and continuing engagement in treatment challenging. The Family Specialist is to provide support to families around CASST from the perspective of a peer. This may include empowering the family to understand their role as a member of the treatment team, providing support and coaching during meetings and working with families to develop natural supports.

5. Staffing

- The Applicant must have a clinical and financial structure capable of providing stability for team members. For example, this requirement could be met by the following:
 - a. Staff members are employed on a full or part-time basis.
 - b. Staff members have benefits commensurate with full or part-time status.
- CASST staff are required to have rotating schedules that enable them to serve children and their families during days, evenings, and weekends in school, home and community settings as needed.
- The CASST team size will be based on the needs of children in the designated school. The CASST team includes:
 - Psychologist - .5-.75 FTE (minimum of 0.5 for up to 25 children, max of 0.75 per team)
 - Lead Clinicians – 3-5 FTE (1 FTE per 10 children, max of 5 FTEs per team)
 - One Lead Clinician may serve as Team Leader with additional duties and a reduced caseload of 5 children and their families.
 - Behavioral Health Worker – 3-5 FTE (1 FTE per 10 children, max of 5)
 - Family Specialist - .5-1 FTE (0.5 FTE per 25 children, max of 1.0)
 - Program Director - .1 FTE per team
- The CASST Psychologist assumes lead clinical responsibility and provides clinical oversight and consultation support to the CASST treatment team. The Psychologist will provide one hour per week of individual clinical consultation to the Master's Level Clinicians, conduct weekly case conference discussions and oversee daily case rounds. The Psychologist is on-call to consult with program clinicians regarding crisis interventions. The psychologist consultant will evaluate individual outcome data and integrate results into treatment interventions during

team meetings and clinician consultation. It is expected that the services of one psychologist will be used to fill this position.

The position is staffed by Psychologists with M.A., Ph.D., Psy.D, or Ed.D. and a Pennsylvania License with two years of experience serving children and families. The Psychologist must also have experience serving in a supervisory capacity and have training in the provision of school consultation, behavioral therapy, child and family psychotherapy, evaluation, and clinical supervision.

- Lead Clinician – The Lead Clinician (LC) assists in the development of CBEs and CBRs, develops and implements the treatment plan for each child. The LC will provide individual, group, and family therapy across settings and serve as the main point of contact for the family, school staff, and other service providers. The LC completes FBAs, as needed, to support the development of behavior plans and works with the BHWs to implement these plans across settings. The LC provides crisis management and intervention, including a 24/7 on call crisis rotation. LCs provide one hour of clinical supervision weekly to BHWs.

The LC must be licensed as a LMFT, LCSW, LPC, or Licensed Psychologist and have at least one year verified paid post-master's experience providing psychotherapy to children. The clinicians who complete family formulations and therapy in CASST must be trained and have supervised experience in family therapy as a specialty treatment area. The clinicians who complete FBAs must have specific training in conducting FBAs and demonstrate competence in this area. This training and experience may be acquired through specific coursework and clinical practica, internships in a graduate program or through separate certificate programs post-graduate school.

One LC may function as a Team Leader with a modified caseload of five children. The team leader takes on additional duties to ensure service is delivered flexibly to meet the needs of the children. This includes ensuring that despite flexible scheduling, the team maintains coverage in the school building during school hours, developing and circulating the on call crisis response schedules, and deploying staff throughout the school and community to meet the targeted needs of children receiving CASST. The Team Leader is also the point person working with school administration on logistical issues.

- Behavioral Health Workers (BHW) will implement specific school and community-based behavioral plans, including short-term, targeted one-to-one support when indicated. BHWs will also assist in the implementation of crisis planning across settings when needed. BHWs may track measurable objectives, communicate progress through reports and attend clinical team meetings as directed by the LC. They will also provide care coordination. BHWs must possess a Bachelor's Degree and two or more years of experience in clinical settings.
- Family Specialists offer support to families around engagement in the treatment process and provide peer support as needed throughout the child's treatment. The Family Specialist is expected to have had personal experience as a caregiver to a

child involved with behavioral health services, the juvenile justice system, child welfare, or special education. The Family Specialist's life experiences allow him/her to form helpful working relationships with the parents or other caregivers, the child and all team members. The Family Specialist is knowledgeable about local child and family resources and services. The Family Specialist position requires a High School Diploma or GED, and 12 months full or part-time paid or volunteer experience in the last 3 years.

- Program Director - The CASST Program Director oversees all CASST Teams within the agency. This position also provides oversight to assure clinical integrity and operational support for the program at an agency level. The Program Director is responsible for outcomes and fidelity monitoring and management of CASST. The Program Director is responsible for the development of and adherence to internal clinical and administrative policies regarding the provision of CASST. The Program Director also provides administrative oversight and supervision to the CASST team to ensure services are authorized, documented and billed in accordance with CBH guidelines. CASST Program Directors must have a master's degree in a behavioral health discipline and two years of administrative experience.

6. Professional Development

Ongoing unified professional development is an essential component of CASST. It must include orientation and ongoing professional development events emphasizing technical assistance and the teaching of evidence-based practices geared to support children receiving CASST and their families. Applicants will be required to submit a plan for ongoing professional development for all CASST staff.

In addition to the internal professional development to be offered by each agency, CBH will provide intensive professional development to CASST staff to support program implementation. The professional development is to provide grounding on CASST's foundational principles, trauma-informed and resilience-oriented care, family engagement, consultation and collaboration, assessment and referral, behavior management principles, and outcomes monitoring. Applicants must also demonstrate an understanding of these identified principles and approach to care and be prepared to commit to using them throughout service delivery. It will be mandatory for all CASST personnel to complete this professional development in order to be fully credentialed by CBH to provide the CASST service. Applicants must commit to making their CASST personnel available for up to ten days of professional development annually specific to CASST, hosted or otherwise identified by CBH.

C. Monitoring

CBH will monitor compliance and budget issues of selected Applicant(s). CBH will also monitor the success of the Applicant in meeting the goals and objectives stated in this RFP and the extent to which the prescribed measurement tools were used and analyzed and the results incorporated into improving CASST services.

D. Reporting Requirements

By accepting the award under this RFP, the Applicant(s) agrees to comply with the evaluation and reporting requirements of CBH. The Awardee(s) agrees to supply all the required data

necessary for evaluation purposes and to participate in required assessments. The successful Applicant(s) will also be required to meet all data reporting requirements established by CBH. At a minimum, all presently available encounter data gathered from CBH claim forms will be collected. To fulfill the data reporting requirements, the successful Applicant(s) must work with CBH and, where applicable, the CBH Claims, Program Evaluation, Analytics and Research (PEAR) and Information Services Departments to ensure the quality and completeness of data. Each Awardee agrees to provide periodic reports as required. Reporting requirements may be modified prior to or during the grant award period.

E. Performance Standards

The selected Applicant(s) will be required to meet the performance standards established by CBH during the term of the contract.

F. Compensation/Reimbursement

The successful applicants will be reimbursed by CBH. Applicants must provide their proposed rate for the CASST Program and sufficient information to justify their rate. Budget forms are provided on the DBHIDS website. CBH will develop a comprehensive rate based on negotiation with successful applicants.

G. Organization and Personnel Requirements

CBH is seeking providers that are currently providing behavioral health care services to children with mental health needs. To be eligible to apply, Applicants must be currently enrolled in the MA program, enrolled in the CBH network for at least one year, and have a mental health license to provide outpatient, partial hospitalization or family-based mental health services.

H. Technology Capabilities

Applicants must have the technology capabilities required to perform the activities in this RFP, including the capability for electronic claims submission.

I. System Transformation

DBHIDS and CBH are committed to assuring that all programs and services are delivered in a fashion which is consistent with its System Transformation. More information on the Transformation Initiative can be found on the DBHIDS website (www.dbhids.org). A central goal of the transformation initiative is to assure that all activities, programs and services encourage recovery and resilience. DBHIDS's definition of recovery and resilience is provided below.

Recovery and Resilience Definitions
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Recovery Definition:

Recovery is the process of pursuing a fulfilling and contributing life regardless of the difficulties one has faced. It involves not only the restoration but continued enhancement of a positive identity and personally meaningful connections and roles in one's community. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices, and opportunities that promote people reaching their full potential as individuals and community members.

Resilience Definition:

Resilience is a protective process which enables us to reach positive outcomes when we are faced with significant adversities. It is a dynamic process that can change across time, developmental stage, and life domain. All children, youth, adults, families and communities have the capacity to demonstrate resilience. There are many factors that enhance a child's resilience pathway including:

- *positive relationships with caregivers, peers, or a caring adult;*
- *internal strengths such as problem-solving skills, determination and hope; and*
- *environmental factors like effective schools and communities.*

In other words, resilience is the ability to bounce back despite the presence of challenging or threatening circumstances. The concept of resilience has important implications not only for working with children, youth, and their families, but also for promoting wellness in adults and communities.

III. Application Format, Content and Submission Requirements; Selection Process

A. Required Application Format

1. Format Structure

1.a. Proposal Cover Sheet

The cover sheet (see Appendix A) must be completed with the applicant's information and included as the first page of the proposal.

1.b. Table of Contents

A table of contents must be included as the second page of the proposal with each section of the proposal included and with a page number for the first page of each section.

1.c. Format Requirements

Proposals must be prepared simply and economically, providing a straightforward, concise description of the applicant's ability to meet the requirements of the RFP. Each proposal must provide all the information detailed in this RFP using the format described below. The narrative portion of the proposal must be presented in print size of 12, using a Times New Roman font, single spaced on 8.5" by 11" sheets of paper with minimum margins of 1". For each section where it is required, the applicant must fully answer all of the listed questions in the outline form in which they are presented in the RFP. Answers to each question must be numbered/lettered and correspond to the numbered/lettered questions in this RFP. Failure to number and letter the questions or to respond to all questions may result in the proposal's being considered non-responsive. Each attachment, appendix or addendum must reference the corresponding section or subsection number.

Applicants are required to limit their narrative responses to 20 single-spaced pages. This page limit includes sections 2.a. – 2.f. below. There are no limitations for the budget and operational documentation and requirements sections, section 2.g and 2.h. If you have responded to a requirement in another part of your proposal, make reference to that section and do not repeat your response. Applicants whose narrative exceeds 20 single-spaced pages may have their proposals considered non-responsive and be disqualified.

2. Proposal Content

2.a. Introduction.

Prepare a brief introduction including a general demonstration of understanding of the scope and complexity of the work.

2.b. Experience/Capability

Describe the length of time your organization has been in existence and the continuum of services offered by your organization. Provide information on how the operation or addition of CASST fits into this continuum and into your organization's mission and vision. Provide a description of your experience working with children and their families with similar challenges to those who are expected to participate in CASST.

Describe your experience working with children in school, home and community settings. Further, Applicants should provide information on their ongoing collaboration with other children's service systems, including Philadelphia DHS and Family Court. Describe your strategies to integrate care across systems. In particular, the description of linkages and partnerships must include a discussion of relationships with the Philadelphia School District, including specific schools. Applicants should describe experience working with children with special needs, including children with physical health challenges and children whose families do not use English as their primary language.

Provide information on your agency's experience working with Peer or Family Specialists.

Provide examples of your organization's experience implementing new programs, adhering to fidelity measures and tracking outcomes.

Provide information on licenses you currently hold. Note that Applicants must have a mental health license to provide outpatient, partial hospitalization or family-based mental health services to respond to this RFP. Indicate your capacity to provide psychiatric evaluation when clinically appropriate. If you do not currently have the capacity within your agency, please describe how CASST services will be coordinated with psychiatric services when clinically appropriate.

2.c. Service Philosophy

This section provides the opportunity to describe the vision, values and beliefs which will be evident in the design and implementation of CASST. Explain how the values of the Philadelphia System Transformation and The Practice Guidelines, including being strengths-based, recovery and resilience focused, along with the use of CASSP principles, are evident in your organization and in your proposal. This section should also include a description of how culturally competent practices will be evident in working with diverse populations. Describe how trauma-informed practices and approaches are incorporated into your organization and into the proposed service.

2.d. Goals, Objectives and Measurement Tools

Applicants must demonstrate capability to administer the following assessments and provide information on which staff will administer each assessment:

- ACE-IQ as a screening tool to determine child and caregiver exposure to trauma at intake.
- COS at intake, on a monthly basis during treatment and at discharge from services
- PSI-SF at intake, on a monthly basis during treatment and at discharge from services

- BIMAS at intake, every 4 months during treatment and at discharge from services.

Applicants may also suggest additional structured tools they plan to use for assessment, progress monitoring and program evaluation.

Applicants must explain their planned strategies to meet goals and objectives listed in Section II. A.1.

Applicants must explain their approach to outcomes monitoring, including how outcomes will be tracked and measured at an individual and program level and incorporated into treatment planning.

2.e Service Design

- i. Describe the assessment process, including the CBE/CBR, for determining whether CASST will serve the needs of the child. Include instruments to be used and strategies to obtain information from other services with which the child and his/her family have been involved. Include the referral process for children who are assessed as needing behavioral health services other than CASST.
- ii. Describe the strategies to engage and retain families as active participants in CASST.
- iii. Describe your approach to care that you intend to apply in each of the following domains. Describe the evidence-informed and evidence-based practices you will use to address each domain (as appropriate). Include your agency's experience delivering these models and your approach to staff training and development:
 - Individual therapy
 - Family therapy
 - Group therapy
 - Application of behavior management principles across settings
 - Consultation with school and community personnel
 - Crisis support, including on-call procedures
 - Care coordination
- iv. Provide a redacted CBE, sample treatment plan and a supplemental positive behavior plan based on the results of a FBA.
- v. Describe your agency's referral network for services for children and adults. Include both resources within your agency and collaborative relationships with other behavioral health and social service agencies and natural supports and other community resources.
- vi. Specify the school(s) with which your agency intends to partner and provide a detailed rationale as to how your agency can serve the specific needs of that school community.
- vii. Outline your recruitment strategies for Family Specialists and describe how the Family Specialists will be used in CASST.

- viii. Describe which unit or program of your organization will have responsibility for implementing, operating and supervising CASST.
- ix. Describe how clinical supervision will be provided in the program for each level of staff.
- x. Provide a description of the types of challenges likely to be encountered with children receiving CASST and their families.

2.f. Personnel

- i. Provide a list of all staff with percentages of time. Provide job descriptions and resumes for key personnel as an Attachment to your proposal.
- ii. Identify those individuals who will serve as contact persons for the management of the contract.
- iii. Provide estimates of behavioral health staff who will be Philadelphia residents and/or parents or caregivers of children with behavioral health needs. Verification of employee residency is to be included as part of the provider's personnel file.
- iv. Describe the plan for recruitment, retention and support of staff for this program, given the unique and specialized attributes and skills required to assemble and operate CASST in an effective manner. Describe how staff composition will reflect children and their families from the variety of cultures that are represented in Philadelphia.

2.g. Implementation Plan

To achieve quality implementation which will lead to the desired outcomes, there must be a plan to monitor the implementation of all components of the service to assure that all needed steps are completed. Applicants must submit an Implementation Plan that includes all steps needed to provide CASST.

Include an overview of the plan for implementation including:

- 1. Development of an Implementation Plan that describes how each component of CASST will be fully implemented by the start of the 2015-2016 academic school year. The Plan must outline in chart form all of the key activities needed for full implementation [e.g., establishing relationships with school(s), preparation of facilities, licensure, staff recruitment and training, implementation of evidence-based practices, identifying community resources, receiving referrals, completing evaluations, delivering service components, etc.], who is responsible for each activity and the timeline for completion of each activity.
- 2. The Plan also includes a narrative description of the composition of the team responsible for initial implementation of the partial hospitalization service and any other details of the activities that will be completed in order to implement the proposed program fully. The narrative description is to be included in this section of the proposal response.

2.h. Budget

Provide a proposed budget and justification for the costs needed to provide the CASST service. See the budget forms provided on the DBHIDS website. The operating budget must be provided

for a one year period, assuming that the service is fully operational. All anticipated expenditures must be included in the service budget. The three (3) budget forms posted with this RFP on the DBHIDS website must be completed and attached to the proposal as an Attachment. The budget narrative must describe any line items that require elaboration. The budget narrative should also include service projections in order to provide an understanding of how staff will be utilized and what you project service levels will be for the fully operational one-year period.

The proposed budget and budget narrative must be sufficiently detailed so that it is clear that the operating expenses, and in particular the staffing levels, are adequate to support the levels of service being proposed. Budget forms and instructions for completing the budget forms are posted on the DBHIDS website along with this RFP.

2.i. Operational Documentation and Requirements

Applicants must demonstrate the financial capability and fiscal solvency to do the work described in this RFP, and as described in their proposal. At a minimum, Applicants must meet the financial threshold requirements described below for their proposal to be considered for further review. The following documentation is required at the time of proposal submission and should be submitted as an Attachment to the proposal:

- Tax Identification Number
- An overview of your agency's financial status, which will include submission of a certified corporate audit report (with management letter where applicable). If this is not available, please explain, and submit a review report by a CPA firm. If neither a certified corporate audit report nor review report is available, please explain and submit a compilation report by a CPA firm. Any of these submissions must be for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year. Please note, the most recent report must be submitted prior to any potential contract negotiations.
- Federal Income Tax returns for for-profit agencies, or IRS Form 990, Return of Organization Exempt from Income Tax for non-profit agencies. Either of these submissions must be for the most recently ended corporate fiscal year. If the tax return is not yet available, submit the return for the prior corporate fiscal year. Please note, the most recent tax return must be submitted prior to any potential contract negotiations.
- Proof of payment of all required federal, state and local taxes (including payroll taxes) for the past twelve (12) months.
- Proof of an adequate Line of Credit demonstrating funds available to meet operating needs. If not available, please explain.
- Disclosure of any Bankruptcy Filings or Liens placed on your agency over the past five years. Please include an explanation of either. If there were no Bankruptcy Filings or Liens placed on your agency over the past five years, please include an attestation indicating that this is the case, signed by either your Chief Executive Officer or Chief Financial Officer.
- Certificates of insurance. Certificates of insurance with the named insured entity being the same name and address as the provider contracting with CBH. The insurance company providing coverage must be certified to do business in Pennsylvania or be otherwise acceptable to CBH. The insurances certificate must include the following coverage: General Liability with a minimum of \$2,000,000 aggregate and a minimum of \$2,000,000 per occurrence. Professional Liability with a minimum of \$1,000,000

aggregate and a minimum of \$3,000,000 per occurrence. Professional liability policy may be per occurrence or claims made, if claims made, a two-year tail is required. Automobile Liability with a minimum combined single limit of \$1,000,000. Workers Compensation/Employer Liability with a \$100,000 per Accident; \$100,000 Disease-per Employee; \$500,000 Disease Policy Limit. CBH, City of Philadelphia and Commonwealth of Pennsylvania Department of Public Welfare must be named as an additional insured with respect to your General Liability Policy. The certificate holder must be Community Behavioral Health.

Further, for Applicants that have passed all threshold review items and are recommended by the Review Committee to be considered for contract negotiations for this RFP, each Applicant will be required to provide a statement from an independent CPA attesting to the financial solvency of the Applicant agency.

3. Terms of Contract

The contract entered into by CBH as a result of this RFP will be designated as a Provider Agreement. Negotiations will be undertaken only with the successful applicants whose applications, including all appropriate documentation (e.g., audits, letters of credit, past performance evaluations, etc.) shows them to be qualified, responsible and capable of performing the work required in the RFP.

The selected Applicants shall maintain full responsibility for maintenance of such insurances as may be required by law of employers, including but not limited to Worker's Compensation, General Liability, Unemployment Compensation and Employer's Liability Insurance, and Professional Liability and Automobile Insurance.

B. Health Insurance Portability and Accountability Act (HIPAA)

The work to be provided under any contract issued pursuant to this RFP is subject to the federal Health Insurance Portability and Accountability Act (HIPAA), as amended, and/or other state or federal laws or regulations governing the confidentiality and security of health information. The selected Applicant(s) will be required to comply with CBH confidentiality standards identified in any contractual agreement between the selected applicant and CBH.

C. Minority/Women/People with Disabilities Owned Business Enterprises

CBH is a city-related agency and as such its contracted providers must cooperate with the intent of the local municipality regarding minority/women/disabled-owned business enterprises. It is the expectation of CBH that the selected Applicants will employ a "Best and Good Faith Efforts" approach to include certified minority, women and disabled businesses (M/W/DSBE) in the services provided through this RFP where applicable and meet the intent of M/W/DSBE legislation.

The purpose of M/W/DSBE state legislation is to provide equal opportunity for all businesses and to assure that CBH funds are not used, directly or indirectly, to promote, reinforce or perpetuate discriminatory practices. CBH is committed to fostering an environment in which all businesses are free to participate in business opportunities without the impediments of discrimination and participate in all CBH contracts on an equitable basis.

- For-profit Applicants should indicate if their organization is a Minority (MBE), Woman

(WBE), and/or Disabled (DSBE) Owned Business Enterprise and certified as such by an approved certifying agency and/or identified in the City of Philadelphia Office of Economic Opportunity (OEO) Certification Registry. If the Applicant is M/W/DSBE certified by an approved certifying agency, a copy of certifications should be included with the proposal. Any certifications should be submitted as hard copy attachments to the original application and copies that are submitted to CBH.

- Not-for-profit Applicants cannot be formally M/W/DSBE certified. CBH does utilize adapted state definitions to determine the M/W/DSBE status. Criteria are applied to not-for-profit entities to determine M/W/DSBE status in the CBH provider network, as follows (all criteria must be satisfied):
 - At least 51% of the board of directors must be qualified minority individuals and/or women and/or people with disabilities.
 - A woman or minority individual or person with a disability must hold the highest position in the company.
 - Minority groups eligible for certification include African Americans, Hispanic Americans, Native Americans, and Asian Americans.
 - Citizenship and legitimate minority group membership must be established through birth certificates, military records, passports, or tribal cards.
- Not-for-profit organizations may have sub-contracting relationships with certified M/W/DSBE for-profit organizations. Not-for-profits should include a listing of their M/W/DSBE certified sub-contractors, along with their certification information.
- For additional information regarding the Commonwealth of Pennsylvania's M/W/DSBE certification process, go to the following website:
www.dgs.state.pa.us/portal/server.pt/community/bureau_of_minority_and_women_business_opportunities/1358

D. City of Philadelphia Tax and Regulatory Status and Clearance Statement

As CBH is a quasi-governmental, city-related agency, prospective Applicants must meet certain City of Philadelphia requirements. It is the policy of the City of Philadelphia to ensure that each contractor and subcontractor has all required licenses and permits and is current with respect to the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation of other regulatory provisions contained in The Philadelphia Code. To assist the City, through its Department of Revenue and Department of Licenses and Inspections, in determining this status, each Applicant is required to complete and return with its proposal, a City of Philadelphia Tax and Regulatory Status and Clearance Statement Form (see Appendix B).

If the Applicant is not in compliance with the City's tax and regulatory codes, an opportunity will be provided to enter into satisfactory arrangements with the City. If satisfactory arrangements cannot be made within a week of being notified of their non-compliance, Applicants will not be eligible for award of the contract contemplated by this RFP.

All selected Applicants will also be required to assist the City in obtaining the above information from its proposed subcontractors (if any). If a proposed subcontractor is not in compliance with City Codes and fails to enter into satisfactory arrangements with the City, the non-compliant subcontractor will be ineligible to participate in the contract contemplated by this RFP and the selected Applicant may find it necessary to replace the non-compliant subcontractor with a

compliant subcontractor. Applicants are advised to take these City policies into consideration when entering into their contractual relationships with proposed subcontractors.

Applicants need not have a City of Philadelphia Business Privilege Tax Account Number and Business Privilege License Number to respond to this RFP, but will, in most circumstances, be required to obtain one or both if selected for award of the contract contemplated by the RFP. Proposals for a Business Privilege Tax Account Number or a Business Privilege License may be made on line by visiting the City of Philadelphia Business Service site-<http://business.phila.gov/Pages/Home.aspx> and clicking on “Register Your Business.” If you have specific questions, call the Department of Revenue at 215-686-6600 for questions related to City of Philadelphia Business Privilege Tax Account Number or the Department of Licenses and Inspections at 215-686-2490 for questions related to the Business Privilege License.

E. Compliance with Philadelphia 21st Century Minimum Wage and Benefits Ordinance

Applicants are advised that any contract awarded pursuant to this RFP is a “Service Contract,” and the successful Applicant under such contract is a “Service Contractor,” as those terms are defined in Chapter 17-1300 of the Philadelphia Code (“Philadelphia 21st Century Minimum Wage and Benefits Standard Ordinance”). Any Subcontractor and any sub-subcontractor at any tier proposed to perform services sought by this RFP, is also a “Service Contractor” for purposes of Chapter 17-1300. If any such Service Contractor (i.e. Applicant and subcontractors at any tier) is also an “Employer,” as that term is defined in Section 17-1302 (more than five employees), and is among the Employers listed in Section 17-1303 of the Code, then during the term of any resulting contract, it is subject to the minimum wage and benefits provisions set forth in Chapter 17-1300 unless it is granted a waiver or partial waiver under Section 17-1304. Absent a waiver, these minimum wage and benefits provisions, which include a minimum hourly wage that is adjusted annually based on the CPI, health care and sick leave benefits, are mandatory and must be provided to Applicant’s employees or the employees of any subcontractor at any tier who perform services related to the City contract resulting from this RFP. Applicants and any subcontractors at any tier proposed by Applicants are strongly encouraged to consult Chapter 17-1300 of the Philadelphia Code,¹ the General Provisions, and the About/Minimum Wage and Equal Benefits Ordinances Impacting Some City Contractors links on the eContract Philly home page for further details concerning the applicability of this Chapter to, and obligations it imposes on certain City contractors and subcontractors at any tier. In addition to the enforcement provisions contained in Chapter 17-1300, the successful Applicant’s failure or the failure of any subcontractor at any tier to comply (absent an approved waiver) with the provisions of Chapter 17-1300, or any discrimination or retaliation by the successful Applicant or Applicant’s subcontractors at any tier against any of their employees on account of having claimed a violation of Chapter 17-1300, shall be a material breach of any Service Contract resulting from this RFP. By submitting a proposal in response to this RFP, Applicants acknowledge that they understand, and will comply with the requirements of Chapter 17-1300, and will require the compliance of their subcontractors at any tier if awarded a contract pursuant to this RFP. Applicants further acknowledge that they will notify any subcontractors at any tier proposed to perform services related to this RFP of the requirements of Chapter 17-1300.

F. Certification of Compliance with Equal Benefits Ordinance

¹ A link to the Philadelphia Code is available on the City’s official web site, www.phila.gov. Click on “City Code and Charter,” located to the bottom right of the Welcome page under the box “Transparency.”

If this RFP is a solicitation for a “Service Contract” as that term is defined in Philadelphia Code Section 17-1901(4) (“A contract for the furnishing of services to or for the City, except where services are incidental to the delivery of goods. The term does not include any contract with a governmental agency.”), and will result in a Service Contract in an amount in excess of \$250,000, pursuant to Chapter 17-1900 of the Philadelphia Code (*see* footnote 1 for online access to the Philadelphia Code), the successful Applicant shall, for any of its employees who reside in the City, or any of its employees who are non-residents subject to City wage tax under Philadelphia Code Section 19-1502(1)(b), be required to extend the same employment benefits the successful Applicant extends to spouses of its employees to life partners of such employees, absent a waiver by the City under Section 17-1904. By submission of their Proposals in response to this RFP, all Applicants so acknowledge and certify that, if awarded a Service Contract pursuant to this RFP, they will comply with the provisions of Chapter 17-1900 of the Philadelphia Code and will notify their employees of the employment benefits available to life partners pursuant to Chapter 17-1900. Following the award of a Service Contract subject to Chapter 17-1900 and prior to execution of the Service Contract by the City, the successful Applicant shall certify that its employees have received the required notification of the employment benefits available to life partners and that such employment benefits will actually be available, or that the successful Applicant does not provide employment benefits to the spouses of married employees. The successful Applicant’s failure to comply with the provisions of Chapter 17-1900 or any discrimination or retaliation by the successful Applicant against any employee on account of having claimed a violation of Chapter 17-1900 shall be a material breach of the any Service Contract resulting from this RFP. Further information concerning the applicability of the Equal Benefits Ordinance, and the obligations it imposes on certain City contractors is contained in the About/Minimum Wage and Equal Benefits Ordinances Impacting Some City Contractors links on the eContract Philly home page.

G. City of Philadelphia Disclosure Forms

Applicants and subcontractors are required to complete the City of Philadelphia Disclosure Forms (see Appendix C and separate website Attachment) to report campaign contributions to local and state political candidates and incumbents; any consultants used in responding to the RFP and contributions those consultants have made; prospective subcontractors; and whether Applicant or any representative of Applicant has received any requests for money or other items of value or advice on particular firms to satisfy minority-, woman- or disabled-owned business participation goals. These forms must be completed and returned with the proposal. The forms are attached as a separate PDF on the website posting.

H. CBH Disclosure of Litigation Form

The Applicant shall describe any pending, threatened, or contemplated administrative or judicial proceedings that are material to the Applicant’s business or finances including, but not limited to, any litigation, consent orders or agreements between any local, state, or federal regulatory agency and the Applicant or any subcontractor the Applicant intends to use to perform any of the services described in this RFP. Failure to disclose any of the proceedings described above may be grounds for disqualification of the Applicant’s submission. Complete and submit with your proposal the CBH Disclosure of Litigation Form (see Appendix D).

I. Selection Process

An application review committee will review all responses to this RFP. Based on the criteria detailed below, the committee will make recommendations concerning the submissions that are

best able to meet the goals of the RFP.

Submissions will be reviewed based upon the merits of the written response to the RFP.

J .Threshold Requirements

Threshold requirements provide a baseline for all proposals, which means they provide basic information that all Applicants must meet. Failure to meet all of these requirements may disqualify an Applicant from consideration through this RFP. Threshold requirements include timely submission of a complete proposal with responses to all sections and questions outlined in Section II.B., Project Details. In addition, all required Attachments must be submitted. Threshold requirements include having the requisite experience and licenses to implement the program and being 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: 1. Level II Quality Improvement Plan (QIP) (CBH); 2. Consecutive Network Improvement and Accountability Collaborative (NIAC) credentialing statuses of 1 year or less (DBHIDS); 3. 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 RFP.

Threshold requirements also include consideration of the Applicant's financial status. Financial status includes those considerations and requirements that were outlined in III.A.2.i of this RFP and submitted by Applicants as an Attachment to the proposal.

Applicants that do not meet all of the threshold requirements may have their proposals disqualified. Applicants that do meet all of the threshold requirements will have their proposals reviewed by the proposal review committee.

IV. Application Administration

A. Procurement Schedule

The anticipated procurement schedule is as follows:

RFP Event	Deadline Date
RFP Issued	March 20, 2015
Deadline to Submit Questions	March 31, 2015
Answers to Questions on Website	April 7, 2015
Application Submission Deadline	April 24, 2015
Applicants Identified for Contract Negotiations	May 29, 2015
Project Start Date	July 15, 2015

CBH reserves the right to modify the schedule as circumstances warrant.

This RFP is issued on **March 20, 2015**. In order to be considered for selection, all applications must be delivered to the address below no later than **5:00 PM on April 24, 2015**.

Community Behavioral Health
801 Market Street
7th Floor
Philadelphia, PA 19107

ATTN: Angela Davis-Stokes

- Application packages should be marked “CASST.” Applications submitted by any means other than mailing, courier, or hand delivery will not be accepted.
- Applicants must submit an electronic version of the application prepared as a PDF document placed onto a compact disc or flash drive with one clearly marked signed original application and seven (7) copies of the application.
- Applications submitted after the deadline date and time will be returned unopened.
- The individual applicant or an official of the submitting agency, authorized to bind the agency to all provisions noted in the application, must sign the cover sheet of the application.

B. Questions Relating to the RFP

All questions concerning this RFP must be submitted in writing via email to Angela Davis-Stokes at angela.davis-stokes@phila.gov by **March 31, 2015**. CBH will respond to questions it considers appropriate to the RFP and of interest to all Applicants, but reserves the right, in its discretion, not to respond to any question. Responses will be posted on the DBHIDS website. Responses posted on this website become part of the RFP upon posting. CBH reserves the right, in its discretion, to revise responses to questions after posting, by posting the modified response. No oral response to any Applicant question by any CBH employee or agent shall be binding on CBH or in any way considered to be a commitment by CBH. Contact with other CBH staff, or other related staff, regarding this RFP is not permitted and failure to comply with this restriction could result in disqualification.

C. Interviews/Presentations

Applicants may be required to make an oral presentation concerning various aspects of their application to CBH. Such presentations provide an opportunity for applicants to clarify their application to insure a thorough and mutual understanding. CBH will schedule such presentations on an as needed basis.

D. Term of Contract

The initial contract resulting from this RFP will start within 90 days of receipt of the award letter and will cover the remaining period of the 2015-16 school year, as appropriate. CBH reserves the right to set the rates for this service, budgets and rates notwithstanding. Continuation of funding is contingent upon the availability of funds, quality of service being provided and contract compliance. CBH reserves the right to continue subsequent yearly contracts. All contracts become binding on the date of signature by the provider agency’s chief executive officer and Community Behavioral Health’s chief executive officer. CBH reserves the right to re-issue all or part of the RFP if it is not able to establish acceptable providers for any or all services. CBH also reserves the right to amend contracts throughout the contract period, and to renegotiate the contract length as needed.

V. General Rules Governing RFPs/Applications; Reservation of Rights; Confidentiality and Public Disclosure

A. Revisions to RFP

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

B. City/CBH Employee Conflict Provision

City of Philadelphia or CBH employees and officials are prohibited from submitting an application in response to this RFP. No application will be considered in which a City or CBH employee or official has a direct or indirect interest. Any application may be rejected that, in CBH's sole judgment, violates these conditions.

C. Proposal Binding

By signing and submitting its proposal, each Applicant agrees that the contents of its proposal are available for establishment of final contractual obligations for a minimum of 180 calendar days from the proposal deadline for this RFP. An Applicant's refusal to enter into a contract which reflects the terms and conditions of this RFP or the Applicant's proposal may, in the sole discretion of CBH, result in rejection of Applicant's proposal.

D. 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 RFP and include all information posted on the DBHIDS website in relation to this RFP.

1. Notice of Request For Proposals (RFP)

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 applications and to reissue this RFP at any time;
- (b) to issue a new RFP with terms and conditions substantially different from those set forth in this or a previous RFP;
- (c) to issue a new RFP with terms and conditions that are the same or similar as those set forth in this or a previous RFP in order to obtain additional applications or for any other reason CBH determines to be in their best interest;
- (d) to extend this RFP in order to allow for time to obtain additional applications prior to the RFP application deadline or for any other reason CBH determines to be in its best interest;
- (e) to supplement, amend, substitute or otherwise modify this RFP 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 RFP 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 RFP 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 application selection:

- (a) to reject any application if CBH, in its sole discretion, determine the application is incomplete, deviates from or is not responsive to the requirements of this RFP, does not comply with applicable law, is conditioned in any way, or contains ambiguities, alterations or items of work not called for by this RFP, or if CBH determines it is otherwise in their best interest to reject the application;
- (b) to reject any application 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 application, 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 application;
- (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 applications by some or all of the Applicants at any time following application 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 application, 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 applications, 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 RFP;
- (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 applications, without informing other Applicants of the changes or affording them the opportunity to revise their applications 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 contracted 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 RFP, 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 application and its ability to achieve the objectives of this RFP;
- (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 application, 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 RFP, 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 RFP, 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.

E. Confidentiality and Public Disclosure

The successful Applicant 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 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, 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 RFP, 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 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.

F. Incurring Costs

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

G. 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.

H. 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 RFP 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 RFP. Selection or rejection of an application does not affect this right.

I. Selection/Rejection Procedures

The Applicants whose submission is selected by CBH will be notified in writing as to the selection, and their selection will also be posted on the DBHIDS website. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with CBH. This letter should not be considered as a letter of award. A formal letter of award will be forthcoming at such time when mutual agreement has been reached by the parties on all issues pertaining to the application. Applicants whose submissions are not selected will also be notified in writing by CBH.

J. Non-Discrimination

The successful Applicant, as a condition of accepting and executing a contract with CBH through this RFP, 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 contractor 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.

K. Life of Proposals

CBH expects to select the successful Applicants as a result of this RFP within approximately 90 days of the submission deadline. However, proposals that are submitted may be considered for selection up to 180 days following the submission deadline of this RFP. By submission of a

proposal, respondents agree to hold the terms of their proposal open to CBH for up to 180 days following the submission deadline.

APPENDIX A

RFP RESPONSE COVER SHEET

COMMUNITY BEHAVIORAL HEALTH

COMMUNITY AND SCHOOL SUPPORT TEAM (CASST) BEHAVIORAL HEALTH SERVICES

CORPORATE NAME OF
APPLICANT ORGANIZATION _____

CORPORATE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PROGRAM SITE LOCATION _____

CITY _____ STATE _____ ZIP _____

MAIN CONTACT PERSON _____

TITLE _____ TELEPHONE # _____

E-MAIL ADDRESS _____ FAX # _____

SIGNATURE OF OFFICIAL AUTHORIZED TO BIND APPLICANT TO A PROVIDER AGREEMENT TITLE

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED _____

**CITY OF PHILADELPHIA TAX AND REGULATORY
STATUS AND CLEARANCE STATEMENT
FOR APPLICANTS**

THIS IS A CONFIDENTIAL TAX DOCUMENT NOT FOR PUBLIC DISCLOSURE

This form must be completed and returned with Applicant’s proposal in order for Applicant to be eligible for award of a contract with the City. Failure to return this form will disqualify Applicant’s proposal from further consideration by the contracting department. Please provide the information requested in the table, check the appropriate certification option and sign below:

Applicant Name	
Contact Name and Title	
Street Address	
City, State, Zip Code	
Phone Number	
Federal Employer Identification Number or Social Security Number:	
Philadelphia Business Income and Receipts Tax Account Number (f/k/a Business Privilege Tax) (if none, state “none”)*	
Commercial Activity License Number (f/k/a Business Privilege License) (if none, state “none”)*	

___ I certify that the Applicant named above has all required licenses and permits and is current, or has made satisfactory arrangements with the City to become current with respect to the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation, or has made satisfactory arrangements to cure any violation, or other regulatory provisions applicable to Applicant contained in The Philadelphia Code.

___ I certify that the Applicant named above does not currently do business, or otherwise have an economic presence in Philadelphia. If Applicant is awarded a contract with the City, it promptly will take all steps necessary to bring it into compliance with the City’s tax and other regulatory requirements.

Authorized Signature

Date

Print Name and Title

APPENDIX C

* You can apply for a City of Philadelphia Business Income and Receipts Tax Account Number or a Commercial Activity License on line after you have registered your business on the City’s Business Services website located at <http://business.phila.gov/Pages/Home.aspx>. Click on “Register” or “Register Now” to register your business.

CITY OF PHILADELPHIA DISCLOSURE FORMS

**The City of Philadelphia Disclosure Forms may be found on the DBHIDS Website
along with this posted RFP.**

