

**REQUEST FOR PROPOSALS**

**for**

**INTENSIVE BEHAVIORAL HEALTH CARE SERVICES IN  
PHILADELPHIA**

**issued by**

**COMMUNITY BEHAVIORAL HEALTH**

**Date of Issue**

**January 13, 2016**

**Proposals must be received no later than 5:00 P.M., Philadelphia,  
PA, local time, on February 23, 2016**

**Questions related to this RFP should be submitted via E-mail to:  
Ruby.DeJesus@phila.gov**

**EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER – MINORITY, WOMEN  
AND DISABLED ORGANIZATIONS ARE ENCOURAGED TO RESPOND**

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## **I. Project Overview**

### **A. Introduction; Statement of Purpose**

Community Behavioral Health (CBH) is seeking to fund a single provider to offer the intensive behavioral health services listed below.

- (1) acute inpatient services for children, adolescents, adults and seniors, including a sub-unit for children and adolescents with autism spectrum disorders (ASD),
- (2) partial hospitalization services for adults with mental health challenges,
- (3) partial hospitalization services for adolescents and adults with eating disorders,
- (4) outpatient mental health services for children, adolescents and adults, including geriatric services,
- (5) outpatient and intensive outpatient substance abuse services for adults.

### **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 Medicaid recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. Services are funded on a capitated basis through this contractual agreement. The City of Philadelphia, through the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), contracts with Community Behavioral Health to administer the HealthChoices program.

CBH was established as a non-profit organization by the City in 1997 to administer behavioral health care services for the City's approximately 550,000 Medicaid recipients. As a result, CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services. CBH employs more than 390 people and has an annual budget of approximately \$800 million.

DBHIDS has been actively transforming Philadelphia's behavioral health system for the last ten years. This system transformation is rooted in approaches that promote recovery, resilience and self-determination and build on the strengths and resilience of individuals, family members and other allies in communities that take responsibility for their sustained health, wellness, and recovery from behavioral health challenges. System transformation takes place in an environment of self-determination and is individualized, comprehensive, flexible, person-first (culturally responsive), and designed to support health and wellness across the lifespan. In administering behavioral health services for Philadelphia's Medicaid recipients, CBH has been actively involved in the support and implementation of this system transformation.

### **C. Request for Proposals (RFP)**

The services listed below are critical to the CBH network. Applicants responding to this RFP must be able to provide all of the services at the listed capacity for each, including the physical facility(ies) and staff to provide these services.

- (1) 22 beds - children's inpatient psychiatric services,
- (2) 52 beds – adolescent inpatient psychiatric services,
- (3) 100 beds - adult inpatient psychiatric services,

- (4) 120 slots - partial hospitalization services for adults with severe mental health challenges, and adolescents and adults with eating disorders,
- (5) Adult and children's outpatient mental health services,
- (6) 140 slots - adult drug and alcohol intensive outpatient services,
- (7) outpatient drug and alcohol services,
- (8) 7 beds – crisis residence for adolescents.

Applicants are expected to develop a single proposal for all services listed above.

The services may be located in more than one facility. Each of the proposed services must have the appropriate license from the State Department of Human Services for mental health services or the State Department of Drug and Alcohol Programs for substance use services. Because the services listed above are expected to be fully operational within a limited period of time, the Applicant must have licenses for these services at the time of submission of the response to this RFP.

In addition to meeting state licensing regulations, these programs must be developed to be aligned with the Philadelphia System Transformation and its Practice Guidelines. Preference will be given to programs that show a holistic approach to behavioral health care services. Applicants should describe planned linkages between mental health and substance use services and demonstrate capacity to provide services to individuals with dual challenges.

Applicants will also be expected to provide information on the development of a seven bed crisis residence for adolescents.

The schedule for the services listed above is as follows. All services must be operational within 3 months of contract award with the following exceptions. An extended period will be allowed to develop three elements: an inpatient sub-unit for children and adolescents with Autism Spectrum Disorder (ASD), the capability to work with individuals with medical challenges within the inpatient psychiatric service, and the crisis residence for adolescents. The Applicant may choose to have either the unit for individuals with ASD or the capability to provide services for persons with medical challenges on the inpatient unit available within 6 months of contract award and the other service available within one year of contract award. The crisis residence must be operational within 6 months of contract award.

The selected provider will be required to accept all individuals to the service that CBH deems appropriate. There must be a "no rejection" policy for all services for CBH members.

#### **D. 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 respondent, 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. Objective/Purpose**

The purpose of this RFP process is to identify a provider to offer several intensive behavioral health care services. The services must be delivered in a manner that is consistent with the DBHIDS system transformation. The proposed services should be flexible, make available a wide variety of recovery-focused clinical interventions and recovery supports and be individualized to the needs of each person.

CBH plans to select one provider through this RFP process. The process is designed to identify a provider that is responsive to this RFP by demonstrating the capability to offer high quality behavioral health care services. The merits of each submission will be evaluated based upon its quality and responsiveness to this RFP.

### **2. Location**

The Applicant must provide documentation of ownership or an existing lease for *all* proposed sites. Ownership documents or leases may be submitted with the proposal as an addendum.

### **3. Transportation**

Although the services may be located anywhere in Philadelphia, preference will be given to Applicants whose proposed programs that are easily accessible by public transportation. Applicants must demonstrate familiarity with the area(s) and outline proximity to public transportation for the selected site(s).

### **4. Evidence Based Practices**

DBHIDS has a strong focus on the use of evidence based practices (EBP) for all levels of services throughout its provider network. The services to be procured through this RFP must include EPBs for each service. For each EBP, the Applicant is expected to provide the following information, in addition to responding to the issues in the bullets following each service description.

- Training and implementation requirements for delivering the EBP,
- Consultation and supervision in the use of the EBP,
- Integration into program operations,
- Quality assurance strategies to assure fidelity to EBP and competence in program delivery,
- Sustainability planning to maintain the EBP after initial training and implementation.

### **5. Continuous Quality Improvement (CQI) and Program Monitoring**

As part of the DBHIDS initiative to assure delivery of high quality services with positive measurable outcomes, Applicants will be expected to describe a plan for continuous quality improvement (CQI) that includes planned, systematic, formal and ongoing processes for assessing and improving the outcomes of each proposed service.

Applicants are also expected to describe their planned processes to track, evaluate and report outcomes at the individual and program levels. An essential component of service monitoring is gathering information that includes post-discharge monitoring of individuals who have received services. The post-discharge monitoring function should be included as part of the Applicant's quality assurance plan to assess and strengthen ongoing collaborative services and to follow up on the progress of individuals who received treatment.

## **B. Services to be Provided/Required Tasks**

The following services, which are described below, must be operational within 3 months of the award of this contract.

- (1) Inpatient psychiatric services for children, adolescents, adults and older adults. In addition, the inpatient adult unit should have the ability/capacity to provide services to individuals with eating disorders,
- (2) Partial hospitalization services for adults with serious mental health challenges and for adolescents and adults with eating disorders,
- (3) Outpatient mental health services for children and adolescents and adults, including geriatric individuals,
- (4) Outpatient and intensive outpatient services for adults with substance use challenges.

Services which must be operational within six months to one year after the award of this contract include the following:

- (1) sub-unit within the children's and adolescent's units for children and adolescents with Autism Spectrum Disorder (ASD),
- (2) capacity to provide inpatient services for children and adolescents with medically co-occurring issues not requiring inpatient pediatric hospitalization,
- (3) seven bed crisis residence for adolescents.

### **1. Inpatient Psychiatric Services**

Acute inpatient services are used to provide intensive 24/7 services to individuals with acute mental health challenges. Individuals using this service may be involuntarily committed for evaluation and treatment or may be admitted on a voluntary basis when a structured continuously monitored inpatient setting is necessary. The Applicant is required to provide separate units for children, adolescents, and adults. The Applicant's proposal must also include provision of 5 23-hour holding beds and electroconvulsive therapy capability.

In addition to the inpatient units listed above, the Applicant must describe a specialized inpatient sub-unit for children and adolescents with Autism Spectrum Disorder (ASD). This sub-unit must have the capability to provide intensive treatment for children and adolescents with ASD who are experiencing psychiatric crises. Children and adolescents with ASD, including those with intellectual disability, have unique treatment needs. They may require inpatient treatment for aggressive and/or self-injurious behaviors, as well as for the treatment of other co-occurring psychiatric diagnoses such as affective, anxiety or psychotic disorders. Applicants should describe potential modifications of the physical environment of the inpatient unit to accommodate the sensory sensitivities of these children and adolescents including lighting, ambient noise levels, calming spaces, etc. Outreach to, and inclusion of, families in the acute treatment setting and beyond will be essential and is necessary to understand communication strategies, routines, educational levels, and personal needs and preferences of the child or adolescent with ASD. In addition, linkages with other less restrictive treatment settings with expertise with this population are vital for continuity of care and successful community tenure. Applicants must describe these linkages.

The successful applicant must also describe how the children's and adolescents' units will provide for the needs of children with medically complex issues who do not require inpatient admission to a pediatric unit yet who have medical needs which require ongoing monitoring and treatment.

The following elements must be part of all inpatient services.

**a. Assessment**

Inpatient psychiatric services must include a comprehensive integrated assessment that contains the elements described within Comprehensive Biopsychosocial Evaluation (CBE). For children and adolescents who use the ASD sub-unit, the diagnosis of ASD should be verified by the inpatient team using appropriate standardized instruments or review of collateral assessments.

**b. Collaboration**

Applicants must describe collaboration protocols which are designed to assure that information about the individual's history is obtained at entry into the acute inpatient unit and to assure "warm handoffs" as the individual leaves the inpatient unit. The Applicant should describe relationships with referral providers, including Memoranda of Understanding, concerning referral procedures. Applicants must offer evidence of a fully developed referral network for a range of behavioral health and community based services. Further, there should be evidence of ongoing collaboration across systems, including with the criminal justice system, the juvenile justice system, case management providers, primary care, the Philadelphia Department of Human Services, the Philadelphia School District, other behavioral health providers as needed and other social service systems. Inpatient providers are expected to communicate with individual's outpatient mental health and primary care providers early in treatment to obtain collateral information crucial to treatment planning. In addition, collaboration with outpatient providers upon discharge, including changes or updates to the treatment plan and review of hospital course, is necessary to ensure appropriate continuity of care.

**c. Education**

The Applicant is to provide education on a daily basis for children and adolescents on inpatient units. The education is to be tailored around the young person's Individual Education Plan (IEP). It may be necessary to have a specialized educational program to meet the needs of children and adolescents with ASD. IEPs for children with ASD may require ABA or other specialized educational strategies.

**d. Treatment**

Evidence-based practices in the biological, psychological and social realms are required, with the inclusion of trauma-focused interventions when clinically appropriate. The following areas are integral to the treatment process:

**(1) Psychiatry and Psychology:** All individuals on the inpatient units must be evaluated by an attending psychiatrist on a daily basis to assess progress and revise the clinical formulation based on the most recent information. Further, this service must include appropriate prescribing practices which meet the practice guidelines of nationally recognized organizations. The psychiatrist is expected to contribute to comprehensive treatment planning in addition to providing medication management. Additionally, preference will be given to providers who have a psychologist available to consult and/or complete clinically indicated testing as part of a holistic treatment team.

**(2) Treatment Modalities:** The Applicant must describe the treatment modalities to be used on the children's, adolescent, adult and geriatric inpatient units, including the use of evidence-based and evidence-informed modalities. Applicants must offer trauma informed

treatment on all inpatient psychiatric units. Applicants should also describe complimentary modalities, including but not limited to creative arts therapies, which are strongly encouraged and essential for persons with communication challenges, ASD and/or intellectual disability. The treatment provided on the inpatient units should include individual, group and family treatment modalities.

**(3) Treatment Modalities on the ASD Sub-unit:** Applicants are required to describe the treatment modalities to be used. It is expected that the sub-unit will use a combination of intervention approaches, including psychopharmacology, applied behavioral analysis, individualized behavior plans and therapies. Treatment modalities must include use of several communication strategies for these children and adolescents. It is also expected that speech and language therapists will provide assistance in facilitating communication with young people with ASD.

**(4) Milieu Treatment:** It is expected that the successful applicant will describe a clinically informed treatment milieu which can provide for the needs of a diverse patient population. All staff should be familiar with and trained on the expectations of the milieu.

#### **e. Children and Adolescents with Medical Challenges**

The Applicant must be able to accept children and adolescents with medical challenges on the inpatient units. The inpatient services should be staffed to allow productive treatment of young people who can benefit from the group setting of the inpatient unit, but have medical issues, including but not limited to as poorly controlled diabetes, renal failure, and sickle cell disease, which will require ongoing pediatric medical services to be available.

#### **f. Family Engagement**

In addition to a family assessment at the initial phase of treatment, the family should be involved in planning, psychoeducation, and in at least two in-person family sessions (intake can be counted as one) for every fourteen days of treatment if the individual has support from family or significant others. Preference will be given to providers who can assist with transportation challenges that some families may encounter and/or demonstrate creativity with regard to communicating with the family (e.g., the use of technology).

Family engagement is critical for children and adolescents with ASD. The family is needed to provide information on the individual's preferred communication methods, specialized educational programs, behavioral triggers and essential daily routines.

#### **g. Staffing and Staff Development**

Care is to be provided through a multidisciplinary team that includes psychiatrists, residents, registered nurses, medical staff, social workers, rehabilitation therapists and teachers. On the child and adolescent units, including the ASD sub-unit, medical care is to be provided by those with specialization and expertise with children and adolescents. In addition, there should be nutritional and chaplaincy services available on all units to further individualize care.

Initial and ongoing staff training is required for the inpatient services. It must include training on all aspects of the Philadelphia System Transformation as detailed in the Practice Guidelines (See Section II.J) as well as specific training to improve skill sets. Ongoing staff development should also include information on working with expected diverse populations in terms of

culture and language. Peers and/or family members should be included as part of the staff of the inpatient units.

It is expected that all staff who will work on the specialized sub-unit for children and adolescents with ASD will receive intensive initial and ongoing ASD specific training. It must include information on the clinical strategies to be used as well as modalities for working with children and adolescents with ASD in a positive and therapeutic manner. The training should cover all functional areas including sleep disorders, communication strategies, schedules, coping with repetitive behaviors, and self-injurious and aggressive behaviors.

#### **h. Culture and Language**

CBH members who use inpatient services are from diverse linguistic and cultural groups. The Applicant should describe the methodologies that will be used with individuals and their families from the city's diverse population. It is expected that staff who speak several languages will be available to patients in the inpatient facilities and their families.

#### **i. Recovery Plans**

Because each patient is to be treated as a unique individual with specific recovery needs and cultural differences, treatment plans are to be individualized. The plan is to be agreed to by the individual being served, family members or other support persons of his/her choosing and the professionals to be involved in the individual's care. Recovery plans should be written with the goal of helping the individual to return to his/her community and home as quickly as possible. The initial plan is to be written within 72 hours of the individual's arrival on the inpatient services and is to be reviewed at least every 14 days.

#### **j. Length of Stay and Continuing Care**

There should be documentation of expected length of stay. Planning for continuing support should begin at admission, be collaborative, and address many areas, including but not limited to living situation upon discharge, employment/education plans, medication list, follow-up appointments, and a crisis and continuing care plan. There should be documentation that individuals/families are informed about community resources that promote recovery and whenever possible are linked to those services and supports, including natural community supports.

Continuing care planning beyond discharge is an essential component and should include collaborative contact with the next provider prior to discharge, assuring a complete and accurate transfer of information. In addition, timely reporting to CBH of a discharge is essential in assuring the availability of information to other providers.

### **Applicant Response for Inpatient Psychiatric Services**

The Applicant must address each bullet separately for the proposed inpatient services. The responses in this section should be specific to the populations to be served.

- Describe the proposed inpatient psychiatric services for children, adolescents, adults and older adults. Include number of beds for each unit, admission criteria, and availability of features including 23-hour holding beds, and capability to provide electroconvulsive

therapy. Separately describe the proposed inpatient sub-unit for children and adolescents with ASD. Explain how this unit will be organized and function to meet individual needs.

- Describe capability to serve children and adolescents with medical needs in the inpatient units.
- Describe collaboration with other systems with which the individual and/or family may be involved, including educational systems. Collaboration needs should be described separately for individuals using the ASD sub-unit.
- Describe the assessment process for each service, including specialized assessment procedures and tools to be used on the ASD sub-unit.
- For children and adolescents, describe process by which education will be provided. Include the number of hours/day and days/week. Include the education strategies to be used on the ASD sub-unit.
- Describe treatment including evidence-based modalities. Discuss medication management strategies and include alternative therapies to be provided. Separately describe the treatment modalities which will be used for children and adolescents with ASD.
- Describe the family engagement and inclusion process for each service. Include description of the family engagement and inclusion process for the ASD sub-unit.
- Outline the staffing pattern for each unit. Include psychiatrists (with board certification/eligibility information), psychologists, and other clinical staff. Include staffing plans to offer services to medically fragile children and adolescents and for the ASD sub-unit.
- Describe the planned strategies for initial and ongoing staff training. Provide a list of topics on which staff will receive training. Topics should be specific to each unit.
- Describe plans to assure that all services are provided in a culturally responsive manner and outline the capability to offer services in languages other than English.
- Describe the process of developing a recovery plan for each individual and provide information on the process of updating it as needed. Recovery planning should include individuals on all units including children and adolescents with ASD.
- Describe process for continuing care planning. Include planning for children and adolescents with ASD.
- Describe the proposed collaboration protocols to obtain histories of individuals admitted to inpatient services
- Describe the referral network and protocols to assure “warm handoffs” for individuals leaving inpatient services.

## **2. Partial Hospitalization Program for Adults with Mental Health Challenges**

The Applicant must describe a partial hospitalization program for adults with substantial mental health challenges. It must be able to function as a step down from inpatient care or provide a proactive clinical opportunity to prevent the need for inpatient treatment. The program is to assist participants in developing the tools and practices to address their mental illness. It is expected that individuals will attend this program 3 to 5 days per week, as determined by their self-assessed wants/needs and the clinical evaluation of their needs.

The individuals who receive this service are likely to have diagnoses of schizophrenia, schizoaffective, or other psychotic, mood and personality disorders. In addition, many of these individuals are likely to have secondary diagnoses of depressive and anxiety disorders, and others may have substance use and learning disorders. Their biopsychosocial histories often include

multiple inpatient psychiatric hospitalizations, previous difficulties engaging in consistent treatment, aggression, self-injurious and suicidal behaviors.

**a. Assessment**

The provider is expected to complete a Comprehensive Bio-psychosocial Evaluation (CBE) for each person entering this program. If a CBE has been completed within the last six months, a Comprehensive Bio-psychosocial Re-evaluation (CBR) should be completed. A comprehensive list of strengths and challenges should be developed during the assessment process. Identified strengths are to be utilized to support the individual. Family members and significant others, with consent of the individual participating in services, should be included in the assessment process.

**b. Collaboration**

Applicants must describe collaboration protocols which are designed to assure that information about the individual's history is obtained at entry into partial hospitalization services and to assure "warm handoffs" as the individual leaves partial hospitalization. The Applicant should describe relationships with referral providers, including Memoranda of Understanding, concerning referral procedures. Applicants must offer evidence of a fully developed referral network for a range of behavioral health and community based services. There should be evidence of ongoing collaboration across systems, including other behavioral health providers, the criminal justice system, case management, and the individual's physical health care providers.

**c. Treatment**

Evidence-based practices are required, including trauma-focused interventions when clinically appropriate. Appropriate use of medication, when indicated, and responsible medication management and monitoring are essential. The following areas are integral to the treatment process:

**(1) Psychiatry and Psychology:** Programs are required to have a sufficient ratio of psychiatrists (strongly preferred to be board-certified) to persons participating in services. Individuals must be seen by a psychiatrist weekly, with additional sessions as needed. The psychiatrist must assure that appropriate prescribing practices are followed which meet the practice guidelines of nationally recognized organizations. Preference will be given to providers with psychologists available to consult and/or perform clinically-indicated testing.

**(2) Treatment Components:** Therapeutic interventions should include combinations of the following methodologies: individual and group psychotherapy, movement therapy, family meetings, medication education and monitoring, stress management, and other relevant and individualized therapies. Trauma informed services are to be provided in the program.

**(3) Crisis Management:** Identified on-call clinical staff should be made available for the family and individual. These staff will have responsibility for managing crises without the use of a Crisis Response Center (CRC), 9-1-1, and emergency room visits. The on-call staff should be available 24 hours a day.

**d. Staffing and Staff Development**

The program is to be supervised by a psychiatrist. In addition, clinicians providing individual and family therapy should be at least master's level. There should be clinicians on staff who are trained in specialty areas, such as creative arts therapy and licensed marriage and family therapy. Fluency in multiple languages is encouraged. Staff training should include on trauma treatment information and ongoing education about evidence-based approaches to working with people with a range of mental health challenges.

#### **e. Family Engagement**

In addition to a family assessment at the initial phase of treatment, the family should be involved in planning, psycho-education, and in at least two in-person family sessions (intake can be counted as one) for every fourteen (14) days. If the individual has no identified family members, efforts should be made to incorporate the individual's chosen support system in sessions. It is expected that there will be ongoing participation of the individual and family in the service and the continuing support planning process. Preference will be given to providers who can assist with transportation challenges that families may encounter, and/or demonstrate creativity with regard to communicating with the family (e.g. the use of technology).

#### **f. Length of Stay and Continuing Support**

There should be documentation of expected length of stay. Continuing support planning should begin at admission, be collaborative, and address many areas, including, but not limited to, living situation upon discharge, employment/education plans, medication list, follow-up appointments, a crisis and continuing care plan, including a recovery plan which should inform the next level of care the individual will receive. There should be documentation that individuals/families are informed about community resources that promote resilience/recovery, and whenever possible they should be linked to those services and supports, including natural community and faith-based supports.

#### **g. Continuing Care Planning**

Continuing care planning beyond discharge is an essential component of the program and should include collaborative contact with the next provider prior to discharge, assuring a complete and accurate transfer of information. It is expected that all recovery plans will include participation in a comprehensive outpatient plan including individual and/or family therapy, psychiatry visits, and medical follow up visits with their primary care provider.

#### **h. Recovery Plans**

Because each participant is to be treated as a unique individual with specific illnesses and cultural backgrounds, treatment plans are to be designed specifically for each individual. Each individual's recovery plan is to be based on the results of a thorough assessment. It is to be agreed to by the individual being served, family members or other support persons of his/her choosing and the professionals to be involved in the individual's care. Recovery plans should be written with the goal of helping the individual to return to his/her usual daily activities as quickly as possible. The initial plan is to be completed within 5 days and it must be updated at least once for every 20 days of service.

### **Applicant Response for Adult Partial Hospitalization Program**

Applicants are expected to respond to the issues listed below. The response should reflect the specific needs and strengths of the population that the proposed partial hospitalization service will serve.

- Describe the assessment process for admission to this service.
- Describe the collaborative relationships that will be needed for this service.
- Outline proposed staff complement including psychiatrists (with board-certified, board eligible status) and other staff. Provide information on initial and ongoing training to be provided. Provide anticipated psychiatrist to patient ratios.
- Describe treatment modalities with information about the evidence-based modalities and trauma focused services. Include information on alternative treatment such as creative arts and relationship therapies.
- Describe plan for crisis management that does not rely on external resources such as the Crisis Response Center or 9-1-1.
- Describe plans to assure that services are culturally responsive and have methods to provide services in languages other than English.
- Describe the process of developing a recovery plan for each individual and provide information on the process of updating it as needed.
- Describe process for continuing care planning.

### **3. Partial Hospitalization Program for Individuals with Eating Disorders**

Applicants should describe their proposed partial hospitalization program for individuals with eating disorders. This service intended to provide intensive treatment during the day for individuals who are stable within the community but require a high level of service and clinical attention. It will be used as a step-down from hospital or residential treatment facilities or as a diversion from these services. The program is to be available to adolescents and adults who are struggling with anorexia nervosa, bulimia and compulsive overeating. Individuals who participate in this program must have a primary DSM-V diagnosis of an eating disorder (this includes anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorder unspecified). The individual must be medically and psychiatrically stable as determined by the absence of homicidal ideation and suicidal ideation.

#### **a. Assessment**

The Applicant is expected to describe an assessment process that includes a Comprehensive Bio-psychosocial Evaluation (CBE) for each person who enters this service. If a CBE has been completed within the last six months, a Comprehensive Bio-psychosocial Re-evaluation (CBR) should be completed. Through the assessment process, providers are to obtain information about services and develop a comprehensive list of strengths and challenges. There should be evidence use of the identified strengths in developing a clinical formulation. Family members and significant others, with consent of the individual participating in services, should be included in the assessment process.

#### **b. Collaboration**

Applicants must describe collaboration protocols which are designed to assure that information about the individual's history is obtained at entry into partial hospitalization services and to assure "warm handoffs" as the individual leaves partial hospitalization. The Applicant should describe relationships with referral providers, including Memoranda of Understanding, concerning referral procedures. Applicants must offer evidence of a fully developed referral network for a range of behavioral health and community based services.

It is expected that there will be ongoing collaboration across systems, including but not limited to, other behavioral health providers, the individual's medical providers, educational systems, the Philadelphia Department of Human Services and Family Court and other case management systems.

### **c. Education**

Adolescents in the eating disorder partial hospitalization program are to be provided with age and level appropriate education. If the adolescent has an IEP, it is to be used to plan educational interventions. The Applicant will be expected to describe experience working with education providers including the Philadelphia School District and charter schools to ensure that there will be continuity in terms of education during the young person's stay in the eating disorders partial hospitalization program.

### **d. Treatment**

Evidence based and evidence informed practices are required, with inclusion of trauma-focused interventions when clinically appropriate. Appropriate use of medication, when indicated, and responsible medication management and monitoring are essential. The following areas are integral to treatment.

**(1) Psychiatry and Psychology:** Programs are required to have a sufficient ratio of psychiatrists (strongly preferred to be board-certified) to participants. Individuals must be seen at least weekly by a psychiatrist. Psychiatry must assure that appropriate prescribing processes which meet the practice guidelines of national organizations are followed. Preference will be given to Applicants with psychologists available to consult and/or perform clinically indicated testing.

**(2) Recovery Skills:** The partial hospitalization program for individuals with eating disorders is to be designed to teach and practice new skills for recovery in a structured treatment program. The program structure should include weekly treatment team meetings to discuss treatment planning, aftercare psychiatric consultation and nutrition counseling. The treatment team is to offer daily meal and menu planning support groups, supervised meals, and a full range of therapeutic and psychoeducational groups. On a weekly basis, program participants are also expected to receive individual therapy, family therapy, psychiatric consultation and nutritional counseling.

Because of the program focus on eating disorders, it is expected that each individual will meet at least weekly with the dietitian to review and create recommended ways to track individual nutritional goals, and establish food exchanges necessary to maintain the patient's nutritional needs and healthy weight. The program should include methodologies for active learning, including having participants prepare meals and snacks.

**(3) Treatment Modalities:** The use of multiple treatment modalities, including creative arts therapies, are encouraged. These methodologies are essential for working with people with communication challenges and/or intellectual disability.

**(4) Crisis Management:** Identified on-call clinical staff should be made available for every family and individual needing crisis services. These staff will have responsibility for managing crises to assure options for de-escalation without the use of a Crisis Response

Center (CRC), 9-1-1, and emergency room visits. The on-call staff should be available 24 hours a day.

#### **e. Family Engagement**

In addition to a family assessment at the initial phase of treatment, the family should be involved in planning and psycho-education throughout the individual's stay in the partial hospital program. It is expected that family meetings will be held at least weekly to gain family support and understanding of the issues. If the individual has no identified family members, efforts should be made to incorporate the individual's chosen support system in sessions. It is expected that there is ongoing participation of the individual and family in the service and continuing support planning process. Preference will be given to a provider who can assist with transportation challenges that families may encounter, and/or demonstrate creativity with regard to communicating with the family (e.g. the use of technology).

#### **f. Staffing and Staff Development**

Care is to be provided by a multi-disciplinary treatment team. The treatment team should include medical and social service staff, program coordinator, psychotherapist, occupational therapist, and a dietitian. Clinicians providing individual and family therapy should be at least masters level. Fluency in multiple languages is encouraged. It is expected that each participant will meet with a psychiatrist within 72 hours of entry and at least weekly thereafter.

There must be staff development opportunities for new and continuing staff. The staff development must include information on the Practice Guidelines (See Section II.J) and specific educational modules on the evidence based and evidence informed treatment models to be used with individuals with eating disorders who are receiving partial hospitalization services.

#### **g. Culture and Language**

CBH members in the program may be from diverse linguistic and cultural groups. The Applicant is to describe the methodologies that will be used to work successfully with individuals and their families from the city's diverse population. It is expected that staff who speak several languages will be available to the program and that that arrangements will be made to work with individuals who speak a language other than those available through staff.

#### **h. Recovery Plans**

Each participant is to be treated as a unique individual with specific strengths, challenges and cultural differences with recovery plans that reflect the individual. It is to be agreed to by the individual being served, family members or other support persons of his/her choosing and the professionals to be involved in the individual's care. Recovery plans should be written with the goal of helping the individual to return to his/her daily activities as quickly as possible. The initial plan is to be developed within 5 days of service and must be updated at least at every 20 days of service.

#### **i. Length of Stay and Continuing Support**

Planning for continuing support should take place in an individual/family-driven manner. Continuing support planning should begin at admission, be collaborative, and address many areas, including but not limited to employment/education plans, medication list, follow-up appointments, and a crisis and continuing care plan. There should be documentation that individuals/families are informed about community resources that promote recovery and whenever possible are linked to those services and supports, including natural community supports.

Continuing care planning beyond discharge is an essential program component and should include collaborative contact with the next provider prior to discharge, assuring a complete and accurate transfer of information. Because the partial hospitalization program is a short-term approach to stabilization, it is expected that all recovery plans will include participation in a comprehensive outpatient plan including individual and/or family therapy, nutritional counseling, psychiatry visits, and medical follow up visits with each individual's primary care provider.

### **Applicant Response for Eating Disorders Program**

Applicants are expected to respond to each of the bullets listed below. The response should reflect the specific needs and strengths of the populations that the proposed partial hospitalization service anticipates serving. There should be separate responses for the adolescent and adult eating disorders partial hospitalization programs.

- Describe the assessment process for admission to this service.
- Describe the collaborative relationships that will be needed for this service. Include collaborative relationships for adolescents and for adults.
- For the adolescent eating disorders program, describe experience in collaboration with other children's service systems including the Philadelphia Department of Human Services, Family Court, and case management systems.
- Describe the linkages to physical health care.
- Outline the education to be provided to adolescents with number of hours/day and days/week.
- Provide information on experience working with Philadelphia education providers including the School District of Philadelphia and charter schools.
- Outline proposed staff complement including psychiatrists (with board-certified, board eligible status) and other staff. Provide information on initial and ongoing training to be provided.
- Describe proposed methodologies for development and monitoring of recovery skills related to nutrition for persons with eating disorders.
- Describe planned treatment with information about the evidence-based modalities, and alternative treatments such as creative arts and relationship therapies. Include information on the identification and treatment of trauma.
- Describe plan for crisis management within the program.
- Describe plans to assure that services are culturally responsive and can provide services in languages other than English.
- Describe the process of developing a recovery plan for each individual and provide information on the process of updating it as needed.
- Describe process for continuing care planning.

#### **4. Outpatient Mental Health Services for Children, Adolescents and Adults**

Applicants are expected to develop outpatient mental health services for children, adolescents and adults, and seniors. These services are to be provided to individuals who have mental health challenges that can be managed and ameliorated with treatment on an outpatient basis. Outpatient

services are an essential component of the service continuum offered by CBH that may obviate the need for more intensive services. Individual, group and family counseling are all offered in these settings. The outpatient services must also include the capability to offer electroconvulsive therapy.

#### **a. Screening and Assessment**

The screening and assessment process should be person-first, strengths-based, and collaborative. The assessment should include the Comprehensive Bio-psychosocial Evaluation (CBE). If other tools are used, they must be evidence-based and structured instruments. A comprehensive list of challenges and strengths should be developed during the assessment process. Family members and significant others, with the consent of the individual participating in services should be included in the assessment process. A bio-psychosocial formulation and DSM-V diagnosis should be developed to inform and guide services. Collateral information is essential to provide a holistic perspective of challenges and strengths for children and youth.

#### **b. Collaboration**

The planning process should be strengths-based and collaborative, and involve the person participating in services, family/significant others and representatives of other systems with which the individual is involved. This may include the Philadelphia Department of Human Services, juvenile or criminal justice systems, education, case management, residential providers, physical health care providers, other behavioral health providers and natural community supports such as self-help groups and recovery centers.

#### **c. Treatment**

Evidence-based and evidence-informed practices are required in the provision of outpatient services. The choice of therapeutic options should be tailored to meet the individual's needs, including treatment that is appropriate to the individual's age and developmental stage. Trauma related treatment should be available.

There should be documentation that the domains, goals, and values of the Practice Guidelines have been implemented into services, including, but not limited to individual and group therapy, family sessions, psychiatric evaluations, medication management, service and continuing care planning. Persons using outpatient services must be offered a menu of services from which they can choose to support resilience and recovery. Individuals receiving outpatient services should be offered opportunities to change therapists with no penalty or loss of service.

**(1) Treatment modalities:** Treatment modalities may include psychotherapy, cognitive behavioral therapy, couples therapy, dialectical behavior therapy, and family/group/individual therapy. It is critical to offer persons a menu of services from which they can choose as a means to support recovery. It is essential to assure appropriate prescribing practices are followed which meet the practice guidelines of national organizations and responsible medication management and monitoring are also essential.

#### **d. Community Coordination and Integration**

Outpatient services are expected to connect people with their communities and to assist people in utilizing existing community resources to support long-term, sustained recovery. There should be documentation of collaboration with other behavioral health providers and natural community supports.

#### **e. Continuing Support Planning**

Planning for continuing support should begin at admission, be collaborative, and address many areas, including but not limited to the following: living situation upon discharge, employment/education plans, medication list, follow-up appointments, and a crisis and continuing support plan. Additionally, there should be documentation that people are informed about resources that promote recovery and, whenever possible, are linked to those services and supports, including natural supports in the community such as self-help groups, recovery centers and faith-based organizations. Upon discharge, if an individual continues to require community supports and medication management, the provider should assist with planning for those services.

#### **f. Quality Assurance Plan**

The Applicant is expected to develop a quality assurance plan for this service.

### **Applicant Responses for Outpatient Mental Health Services for Children, Adolescents and Adults**

For each of the bullets below, describe how the services will be organized for children, adolescents, and adults including geriatric patients.

- Outline the capacity to provide outpatient mental health services to each population.
- Describe the assessment process including the development of the initial diagnosis and how the assessment will be reviewed and amended during the course of treatment
- Describe the treatment modalities to be used with children, adolescents, adults and seniors with explication of all evidence-based and/or evidence-informed models to be used.
- Describe procedures concerning the administration of ECT.
- Describe the process to develop a recovery plan for each individual. Include information concerning potential collaboration partners. Outline the time periods at which the recovery plan will be reviewed and updated.
- Outline the plan to connect individuals with community based services, including natural supports, physical health care and other local resources.
- Describe the plan to connect individuals with other providers as needed and assure ongoing medication management.

### **5. Outpatient Services and Intensive Outpatient Services for Substance Use**

Outpatient substance use services and Intensive Outpatient Services (IOP) are offered to adults with substance use challenges who can benefit from community-based treatment. These services may be the initial level of care for an individual or a “step down” from a more intensive level of care. The Applicant must develop both programs: an outpatient and an intensive outpatient program (IOP) for adults with substance use challenges. Both services must meet the requirements of the State Department of Health, Bureau of Drug and Alcohol Programs (DDAP). These services must have the capability to provide services for individuals with co-occurring substance use and mental health challenges. IOP is to be provided up to 5 hours per week. All outpatient services are geared towards creating or sustaining a productive and meaningful lifestyle without the burden that substance use disorders may cause. These programs are to be designed for adults (18 years and above, including older adults over 65) who are ready and able to establish and maintain stable

recovery with minimum disruption of work, school, home and other community responsibilities and activities.

#### **a. Screening and Assessment**

Screening is to be used to determine the severity of substance use and identify the appropriate level of treatment. The assessment is used to determine the appropriateness of the individual for outpatient or IOP level of service. Assessments should be collaborative, strengths-based, recovery-focused, and should include structured and informal interviews, standardized tests and instruments, physical examinations, laboratory drug tests, records and reports from referring sources, and when appropriate, interviews with significant others and/or family members. Screening and assessment must be conducted in accordance with the requirements of the Commonwealth of Pennsylvania Department of Drug and Alcohol Programs (DDAP), which includes the Pennsylvania Client Placement Criteria (PCPC) and/or American Society of Addiction Medicine (ASAM) Patient Placement Criteria and the Case Management Level of Care Determination form.

#### **b. Recovery-focused Treatment Plans**

It is expected that individualized recovery-focused treatment plans will represent a strengths-based collaborative process between people in recovery and clinical staff. Recovery plans must be consistent with the assessment. The initial recovery plan must be completed within 15 days of intake and must be updated within 60 days following the date of the initial treatment plan and at the end of every 60 day period during treatment. The plan is to be consistent with the Pennsylvania Client Placement Criteria (PCPC), comprehensive in nature and address the broad array of services that each individual may need. It is to identify coping skills, strengths and assets as well as individual recovery barriers and goals. The plans must be directed by the person in recovery throughout the process and are to be signed by the individual and/or by family members when applicable. The supervising physician of the outpatient service is to review and update the plan with the person receiving services.

#### **c. Treatment**

Evidence-based practices are required. To be effective, treatment must be holistic and address the person's substance use, as well as any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be strengths-based, collaborative, trauma-informed, recovery-focused, and appropriate to the person's age, gender, ethnicity, sexual orientation, and culture.

**(1) Treatment Services:** Outpatient services are required to be evidence-based or evidence-informed and should include occupational and vocational counseling, case management and social services. Potential treatment models include the Bio-Psychosocial Model, 12 Step Recovery Programs, the Family Systems Model, the Cognitive Behavioral Model, the Psychodynamic Model and the Motivational Enhancement Model.

**(2) Medical Consultation:** The outpatient and IOP are expected to have medical consultation and tests available for participants including physical examinations, HIV and TB testing and other laboratory work as needed.

**(3) Psychiatric Consultation:** The outpatient program and the IOP must have psychiatry available and accessible to participants, with emphasis on individuals who have both substance use and mental health challenges. The Applicant must assure that the prescribing

practices meet practice guidelines of nationally recognized organizations. The psychiatrist is expected to assure that the best prescribing practices are followed in the program.

**(4) Access to Emergency Services:** All IOP participants should have access to emergency contact and services twenty-four hours per day, seven days per week throughout the year.

**d. Community Coordination and Integration**

The focus of care should be on the integration of persons and families into the communities in which they reside because collaborative relationships with community-based supports increases individuals' engagement and access to local services and supports.

**e. Staff Development and Supervision**

Staffing patterns must meet DDAP requirements. Ongoing supervision and training are important components of program operations. There is to be initial and ongoing training on issues specific to substance use to enhance and expand the clinical knowledge and skills of program staff. Training is also to be provided on the Philadelphia Practice Guidelines. Further, all staff should receive clinical and administrative supervision, as well as ongoing training in recovery/resilience-oriented systems of care and training designed to enhance and expand existing clinical knowledge and skills.

**f. Continuity of Care Planning**

The outpatient program or IOP should develop, in collaboration with the person receiving services, transition steps to assess ongoing needs and integration/reintegration into the community. Transition planning will consist of developing plans for ongoing support for recovery that may include linkages to community resources, housing, vocational services and self-help group participation. Programs will ensure that the PCPC criteria for continued stay, as well as discharge and referral, are followed. This includes the development of a discharge plan or referral consistent with the continuum of care outlined in the PCPC.

**Applicant Responses for Outpatient and Intensive Outpatient Substance Use Services**

Provide separate answers to each bullet for the outpatient program and the IOP.

- Describe the screening and assessment procedures. Discuss sources of information and how this information will be integrated into the assessment process.
- Describe the development process for individualized recovery plans. Outline the process for review of the plan with specification of the interval between reviews. Describe the process to assure that the individual receiving services will direct the recovery plan development process.
- Outline the staff to be working in each of these programs.
- Describe the training and supervision for all staff of these programs.
- Describe planned treatment modalities with emphasis on evidence-based and evidence-informed modalities.
- Describe the emergency services that will be available to participants on a 24/7 basis.
- Describe the collaborative relationships to be developed with community based agencies and natural supports.
- Describe the process for planning for continuing care.

**Service to be developed within 6 months of contract award**

The successful Applicant will be expected to develop a seven bed crisis residence for adolescents within 6 months of contract award. Details concerning program expectations will be developed by CBH in consultation with the successful Applicant.

### **Crisis Residence and Transitional Unit for Children and Adolescents**

The crisis residence/Transitional Unit should be prepared to accept children from a variety of sources including but not limited to a Crisis Response Center (CRC), mobile crisis teams, DBH intensive case management services and the Department of Human Services with authorization from CBH. Average anticipated length of stays should range from 3-5 days. The goal of this level of care is to provide acute stabilization for adolescents and their family.

#### **a. Assessment**

The adolescent must be provided a comprehensive assessment, including mental health, substance use, and home/family challenges on arrival. It is expected that the crisis residence staff will contact the young person's school, social worker(s), other behavioral health providers and other systems with which the child is involved as part of the assessment process because the information from all systems should be included in the clinical formulation.

#### **b. Treatment**

Adolescents should be provided with clinically appropriate treatment including medication management and psychotherapy. Interventions for adolescents and their families should focus on crises management and acute stabilization and include individual and family based interventions as well as psychosocial interventions as indicated.

#### **c. Linkage**

Ongoing assessment will form the basis of recommendations for follow up services and for linkage with other levels of care. Immediately following the assessment, the staff should begin to make linkage arrangements. Close partnership with existing providers or linkage to new providers is expected. CBH is to be contacted for arrangements concerning the next level of care. In addition, crisis residence staff will work closely with other systems, including but not limited to the Philadelphia Department of Human Services, to link the young person to other residential, behavioral health and social services.

#### **d. Staffing**

The unit should be intensively staffed in preparation for adolescents who are in crisis. All members should receive an initial psychiatric assessment and follow up as needed. The unit should have access to a child psychiatrist on a 24/7 and be headed by a mental health professional at least at the master's level. Therapists with expertise in individual and family systems should be part of the treatment team. The unit should also have immediate access to medical personnel for illness and injury.

Staff should receive training on crisis de-escalation for the young people and their families, working with young people with co-occurring mental health and substance use challenges, and cultural competence.

### **Applicant Response for Crisis Residence**

- Describe the Applicant's administrative capacity to develop and implement the crisis residence outlined above.
- Outline where the crisis residence would be placed in the Applicant's administrative structure.
- Provide information on either existing facilities which could be used for the planned crisis residence or how the Applicant would obtain the appropriate facilities.
- Describe Applicant's experience with provision of crisis services to adults, adolescents or children.
- Describe staff who are available to provide leadership to the development of the requested crisis residence.

### **C. Timetable**

It is expected that all services requested through this RFP will be fully operational by July 15, 2016.

### **D. Monitoring**

Programs which are funded through this RFP process will be subject to evaluation, program, compliance and budgetary monitoring by CBH.

### **E. Reporting Requirements**

By accepting an award under this RFP, Applicants agree to comply with all data reporting requirements of CBH. Awardees agree to supply all the required data necessary for outcome evaluation and CQI purposes and to participate in required assessments. To fulfill the data reporting requirements, successful Applicants must work with CBH and, where applicable, the CBH Claims, Information Services and CQI Departments to ensure the quality and completeness of data. Reporting requirements may be modified prior to or during the contract award period.

The successful Applicant will also be required to comply with all HealthChoices requirements pertaining to information sharing with physical health care organizations.

### **F. Performance Standards**

The selected Applicant will be required to meet CBH credentialing standards.

### **G. Compensation/Reimbursement**

The successful applicants will be reimbursed by CBH. Applicants must provide their proposed rate 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. The Applicant may propose alternative reimbursement methods to be considered during budget negotiations.

### **H. Organization and Personnel Requirements**

Applicants must meet the licensing requirements for each service that is contained in this RFP. The configuration of clinical staff, administrative/support staff and consultative staff and the need for multidisciplinary staff should be reflective of the types of programs, their size and the array of services offered.

## **I. Technology Capabilities**

Applicants must have the technology capabilities required to perform the proposed activities in this RFP. At a minimum, applicants must have capability for electronic claims submission.

## **J. Available Information**

In 2005, DBHIDS and CBH initiated a system transformation to change service delivery for people who live with behavioral health challenges. Transformation in Philadelphia moves beyond the field's historical focus on pathology and disease processes to a model directed by the person in recovery's needs, wants and desires and that emphasize the individuals' culture, resilience and unique recovery processes. A recovery/resilience-oriented system attends to the issues of symptom reduction but ultimately provides access to services, supports, environments and opportunities that help individuals restore a positive sense of self and rebuild a meaningful and fulfilling life in their community. Through the implementation of recovery/resilience-oriented innovative, evidence-based, evidence-informed and promising practices, the system transformation holds the potential to improve quality of care and the lives of service recipients and their families.

The core values of the transformation were drawn from the earlier work of the Recovery Advisory Committee and from the values identified in the report issued by the Mayor's Blue Ribbon Commission on Children's Behavioral Health and can be found in the Practice Guidelines for Recovery and Resilience Oriented Treatment that was issued by DBHIDS in 2011 (<http://www.dbhids.org/practice-guidelines/>).

### **Core Values**

**1. Strength-based Approaches that Promote Hope:** A strengths perspective is woven throughout system-transformation efforts. Services are focused on identifying and building strengths, assets, resources and protective factors within the individual, family, peer group and community, rather than focusing solely on identifying and addressing problems or challenges in the individual's or family's life. These strengths are mobilized to support the individual's and the family's journey to wellness. A focus on hope is equally essential—the message that people can and do show resilience in the face of adversity, and can and do recover from behavioral health conditions. Change is always possible, and the extent to which people's lives can change is often beyond what we can imagine. We learn hope by seeing others lead meaningful lives in their communities, listening to their stories and having opportunities to give to others. Hope-inducing environments can help people of all ages in their recovery processes.

**2. Community Inclusion, Partnership and Collaboration:** The focus of care is on integrating individuals and families into the larger life of their communities, connecting with the support and hospitality of the community, developing community resources that support recovery and resilience and encouraging service contributions to and from the larger community. Resilience, recovery and wellness can be tapped, initiated, catalyzed and promoted in care settings, but can be maintained only in the context of people's natural environments. Connecting services, individuals and families with the community is no longer considered optional, but is understood as an integral factor in sustaining wellness.

**3. Person and Family-Directed Approaches:** In recovery and resilience-oriented systems, service designs shift from an expert model to a partnership/consultation model, in which everyone's perspective, experience and expertise is welcomed and considered. Each person's and each family's values, needs and preferences are respected and considered central to any decision-making process. Services and supports are individualized, built with and around each person and family.

All parties in the system recognize that there are many pathways to recovery and that people have a right to choose their own paths. People have the opportunity to choose from a diverse menu of services and supports and to participate in all decisions that affect their lives and those of their children. Multidisciplinary teams that include participants and family members reduce fragmentation and ensure the delivery of comprehensive, effective services.

**4. Family Inclusion and Leadership:** Family members are actively engaged and involved at all levels of the service process. Families - and particularly parents of children and youth - are seen as an integral part of policy development, planning, service delivery and service evaluation. Assessment and service planning are family focused. The system and its providers recognize that families come in many varieties. Families of birth, foster and adoptive families and families of choice are respected, valued and involved in meaningful ways. When multiple family members are involved in care in different programs and agencies, providers take steps to ensure that services are integrated

**5. Peer Culture, Support and Leadership:** Service systems and providers recognize the power of peer support and affirm that recognition by: a) creating environments in which peers can support one another in formal and informal ways and providing opportunities for that support; b) hiring people to provide peer support to individuals and/or families; c) ensuring representation of youth and people in recovery at all levels of the system; d) developing respectful, collaborative relationships between behavioral health agencies and the service structures of local recovery mutual-aid societies and assertively linking people to peer-based support services (e.g., mutual/self-help groups, other recovery community support institutions and informal peer support); e) acknowledging the role that sharing stories of lived experience can play in helping others initiate and sustain the recovery process; and f) developing opportunities for people in recovery and youth to engage in active leadership roles at all levels of the system.

**6. Person-First (Culturally Competent) Approaches:** The title of this core value reflects the fact that services that are appropriate to and respectful of culture - often referred to as culturally competent - must also respect the individuality and centrality of each unique individual. In a person-first (culturally competent) service system, all staff and volunteers are able to work effectively with individuals and families from different cultures. They possess knowledge of the values, worldviews and practices of the major cultural groups they serve - and, equally important, the humility to know the limits of their knowledge. They address culture broadly, not forgetting the importance of ethnicity, nation of birth and primary language, but also acknowledging the implications of gender, age, sexual orientation, religion, socioeconomic factors and other key characteristics. Rather than merely developing a generic understanding of the people they serve, however, they are also skilled at using cultural knowledge to develop an accurate and individualized understanding of each person they serve, each family and each community. Providers also possess an understanding of their own cultural worldview, the ways in which it enriches their work and the ways in which it may constrain their work.

**7. Trauma-Informed Approaches:** All components of the service system are designed with an understanding of the role that serious adverse events can play in the lives of individuals and families. Services are delivered in safe and trustworthy environments and through respectful, nurturing relationships to promote healing and avoid inadvertent re-traumatization. Individuals and families are always assessed for the extent to which the spectrum of traumatic experiences may have affected their lives and their ability to participate in care and establish recovery. They are

offered services and supports that will help them reduce the destructive effects of traumatic experiences and maximize the growth that can emerge from the healing process.

**8. Holistic Approaches toward Care:** Services and supports are designed to enhance the development of the whole person. Care transcends a narrow focus on symptom reduction and promotes wellness as a key component of all care. In attending to the whole person, there is an emphasis on exploring and addressing primary care needs in an integrated manner. Providers and peers also explore, mobilize and address spirituality, sexuality and other dimensions of wellness in service settings.

**9. Care for the Needs and Safety of Children and Adolescents:** Service systems and providers recognize the incredible resilience of children and adolescents, along with their unique vulnerabilities and the complexities that attend their need for services and support. As a result, providers employ a developmental approach in the delivery of services. Adults, children and their families are shown respect and given a partnership role in services and supports. Screening and assessment processes are informed by knowledge of the ways in which children and adolescents' strengths, symptoms, needs and progress tend to differ from those of adults and of the ways of honoring those differences. Providers also recognize that attention to the safety, needs and well-being of children and adolescents includes attention to the safety, needs and well-being of their families - and back up that recognition with concrete action.

**10. Partnership and Transparency:** This system transformation effort is built upon the values of partnership and transparency at all levels of the system. This applies to the ways in which system administrators strive to work with providers, as well as the ways in which providers aim to collaborate with the individuals and families receiving services.

### **III. Proposal Format, Content and Submission Requirements; Selection Process**

#### **A. Required Proposal 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 must propose to provide all services listed in this RFP. In the response, the Applicant must describe each service and label it clearly. There must be a single unified response to this RFP.

Applicants are required to limit their General Narrative Description to twenty (20) single spaced pages. The questions listed below should be answered in no more than 8 pages, leaving twelve (12) pages available to answer the questions listed after each service description in Section II.B. As a general comment, 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 the page limits may have their proposals considered non-responsive and be disqualified.

## **B. Proposal Content**

### **a. General Narrative Description (maximum of 8 pages) to respond to the nine questions below)**

#### **1. Introduction/Executive Summary**

Prepare a very brief introduction of the organization, group or individual applicant, including its mission statement and guiding principles. An organization chart may be used as an attachment to your proposal to support appropriate aspects of this narrative if appropriate.

#### **2. Statement of Qualifications/Relevant Experience**

Provide information on how long you have been in business; your history, including the scope and breadth of experience providing behavioral health services; target populations: and what services you currently provide.

#### **3. Corporate Status**

Please indicate your corporate status, including whether you are a for-profit or not-for-profit organization and provide legal documentation of that status as an attachment to your proposal.

#### **4. Governance Structure**

Describe the governing body of your organization. Each Applicant must provide a list of the names, gender, race, and business addresses of all members of its Board of Directors. Please indicate which, if any, board members are self-disclosed service recipients or are family members of people who have received services.

#### **5. Program Philosophy**

This section provides the opportunity to describe the vision, values and beliefs that will be evident in the design and implementation of the proposed services. The Applicant should explain how the values of the Philadelphia System Transformation and the Practice Guidelines, including being strengths-based and recovery and resilience focused, are evident in the operations of the applicant organization. This section should also include a description of how person-first (culturally competent) and trauma-informed practices and approaches are incorporated into the applicant organization and into the proposed program.

## **6. Program Location(s)**

Please list the address of your primary administrative site, along with the addresses all other program sites that will house services for which you are applying through this RFP. Please detail which specific programs are located at each site. Proof of ownership or lease documents may be included as an appendix to the Applicant's response.

## **7. Key Personnel**

Please provide the names and telephone numbers of the Chief Executive Officer, the Chief Financial Officer, the Chief Operating Officer, the Medical Director and the Clinical Director of your organization. Please also provide the name or names of the person(s) who will serve as the primary contact for this project.

## **8. Licensing**

Please indicate the type of licenses you currently have that are relevant to the requested services. Provide a copy of all relevant licenses as an attachment to your proposal.

## **9. Program Evaluation**

The use of evaluation and quality improvement processes is critical to program improvement. Describe your capability to evaluate programs and monitor quality improvement for the services you are proposing. Describe your program's ability to track and report outcomes. Please provide in this section an example of an evaluation or quality improvement measure that would be appropriate for each of the services that you are proposing in response to this RFP.

## **9. 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.

**b. Description of Each Requested Service**

There are numbered issues to be answered by the Applicant following the description of each service in Section II.B. Please label each service and provide the requested information. The Applicant may use a maximum of 12 pages to respond to all questions in Section II.B.

**C. 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.

**D. 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.

**E. 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](http://www.dgs.state.pa.us/portal/server.pt/community/bureau_of_minority_and_women_business_opportunities/1358)

**a. 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.

#### **F. Compliance with Philadelphia 21<sup>st</sup> 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 21<sup>st</sup> 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,<sup>1</sup> 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

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<sup>1</sup> A link to the Philadelphia Code is available on the City's official web site, [www.phila.gov](http://www.phila.gov). Click on "City Code and Charter," located to the bottom right of the Welcome page under the box "Transparency."

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.

#### **G. Certification of Compliance with Equal Benefits Ordinance**

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.

#### **H. 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.

#### **I. 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).

#### **J. 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.

#### **K. 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.

The applicant must be 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.

#### **L. RFP Responses**

A proposal 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. What follows are the points that raters will use to score RFP responses. The points for each topic listed below will be used to obtain an overall rating of the RFP response.

#### **General Narrative Description (25 points)**

This section is described in Section III.B.a. General Narrative Description.

**Description of the Requested Services (75 points)**

This section is composed of the points to be answered following each service description in this RFP. Answers to the questions concerning each section will receive equal weight in reviewing the Applicant responses.

**IV. Application Administration**

**A. Procurement Schedule**

The anticipated procurement schedule is as follows:

RFP Event	Deadline Date
RFP Issued	January 13, 2016
Deadline to Submit Questions	January 21, 2016
Answers to Questions on Website	January 29, 2016
Application Submission Deadline	February 23, 2016
Applicants Identified for Contract Negotiations	March 15, 2016
Project Start Date	May 9, 2016

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

This RFP is issued on January 13, 2016. In order to be considered for selection, all applications must be delivered to the address below no later than 5:00 PM on February 23, 2016.

Community Behavioral Health  
801 Market Street  
7<sup>th</sup> Floor  
Philadelphia, PA 19107  
ATTN: Ruby DeJesus

Application packages should be marked “Intensive Behavioral Health Services.”

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 Ruby DeJesus at

Ruby.DeJesus@phila.gov by January 19, 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. 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 contract issued 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**

**INTENSIVE BEHAVIORAL HEALTH SERVICES IN PHILADELPHIA**

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 \_\_\_\_\_

**APPENDIX B**

**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

\* 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.

**APPENDIX C**

**CITY OF PHILADELPHIA DISCLOSURE FORMS**

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

**APPENDIX D**

**CBH Disclosure of Litigation Form**

The Applicant shall describe in the space below 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.

Not Applicable

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Signature

Print Name

Date

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Company or Agency Name