

REQUEST FOR PROPOSALS For
OUTPATIENT BEHAVIORAL HEALTH SERVICES IN NORTH PHILADELPHIA

Issued by

COMMUNITY BEHAVIORAL HEALTH

Date of Issue
May 2, 2016

Proposals must be received no later than 5:00 P.M., Philadelphia,
PA, local time, on June 10, 2016

All prospective Applicants are encouraged to submit an e-mail Letter of Intent by May 9,
2016 to Mark.ODwyer@phila.gov.

Questions related to this RFP should be submitted via e-mail to:
Mark.ODwyer@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

This Request for Proposal (RFP) is the first phase of an overall initiative to increase access and improve the quality of outpatient behavioral health services in Philadelphia. As such, service standards outlined in this document are more rigorous than current mental health outpatient standards. There will be an enhanced program monitoring approach and a payment structure reflecting these higher standards of care.

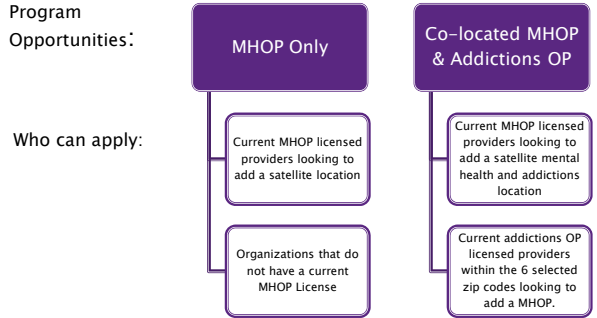
This RFP is being issued to increase the number of outpatient mental health and substance use services in the North Philadelphia area. Providers currently delivering services in this community may apply, including those who may be seeking to expand current licensed capacity. Community Behavioral Health (CBH) is seeking to identify providers to offer outpatient mental health and/or substance use services in North Philadelphia in the following zip codes: **19120, 19122, 19124, 19133, 19134 and 19140.**

Consistent with our commitment to providing integrated, co-occurring strategies to meet the needs of our population, it is expected that CBH will fund new outpatient mental health and/or addiction services. The number of sites to be funded will be based on the quality of responses, need to provide both mental health and addiction services, and the geographical distribution of sites received in response to this RFP.

CBH is looking to fund behavioral health care providers who are culturally sensitive, linguistically appropriate and reflect the needs and cultural preferences with the various cultural groups in North Philadelphia. Special consideration will be given to providers who have already established relationships in the identified communities.

New providers may submit a proposal to offer outpatient mental health services in the identified zip codes. A new provider will be expected to file an application for an outpatient mental health license from the Pennsylvania Department of Human Services (DHS). Providers who are currently retaining a mental health outpatient license at another location may also apply and will be expected to apply for a satellite license for the newly proposed site.

Applicant Pathways Chart



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.

During the past decade DBHIDS has transformed Philadelphia's behavioral health system. 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. As DBHIDS looks to the future, by implementing a population health approach, it will increase its focus on strategies such as prevention, early intervention and building better community capacity.

C. Background

Outpatient services have the potential to improve the lives of individuals, families and communities. CBH is requesting proposals for outpatient mental health services and outpatient substance use services in the six zip codes listed. These services are expected to be accessible, high quality and culturally appropriate to the individuals who use these services. Following the issuance of this RFP, similar RFPs will be issued to improve the quality of outpatient behavioral health services in other neighborhoods of the city.

The targeted zip codes have a 68% Medicaid penetration rate compared to the city average of 38%. The targeted zip codes are densely populated areas with high poverty rates and significant utilization of mental health services. The population living in these zip codes totals 302,216 individuals of whom 206,982 are Medicaid eligible. The Medicaid eligible individuals eligible have the following ethnic and age distributions:

Age Distribution of MA Eligible Individuals in Target Zip Codes in 2015

Child (under 18)	43.1%
Adult	58.3%

The utilization of outpatient mental health services in the targeted areas is higher than the city average of 13%. The utilization rates by ethnic origins divided between children and adults are as follows:

Utilization of Outpatient Mental Health Services in 2015 in Targeted Zip Codes

	MA Eligible	Unique Paid Clients	Utilization Rates
Child	89,108	11,945	13%
ASIAN	2,773	61	2%
BLACK OR AFRICAN AMERICAN	37,272	3,573	10%
HISPANIC	38,858	7,219	19%
N.AMERICAN INDIAN/ALASKAN NATIVE	36	1	3%
OTHER	3,870	304	8%
WHITE	6,299	787	12%
Adult	120,664	24,850	21%
ASIAN	4,445	280	6%
BLACK OR AFRICAN AMERICAN	49,302	6,886	14%
HISPANIC	49,530	14,588	29%
N.AMERICAN INDIAN/ALASKAN NATIVE	88	8	9%
OTHER	3,440	438	13%
WHITE	13,859	2,650	19%
Grand Total	206,982	36,552	18%

In the targeted areas, 36,552 individuals or 18% of those eligible received outpatient mental health services funded by CBH. Due to the high penetration and utilization of outpatient mental health services in the target area, it is critical to have sufficient capacity to ensure outpatient services are accessible to CBH members. This RFP is being issued to both replace capacity lost by recent contract terminations and to improve the quality of outpatient mental health and substance use services offered in the designated area.

In the designated areas, 6,243 individuals or 2.83% of those eligible received outpatient substance use services funded by CBH. Utilization of substance use services by CBH members living in the targeted areas is as follows:

Utilization of Substance Use of Outpatient Services in CY 2015 in Target Zip Codes

	MA Eligible	Unique Clients Paid	Utilization Rates for Targeted Zip Codes	Citywide Utilization Rates
Child	89,108	204	0.23%	0.27%
ASIAN	2,773	2	0.07%	0.03%
BLACK OR AFRICAN AMERICAN	37,272	106	0.28%	0.31%
HISPANIC	38,858	82	0.21%	0.26%
N.AMERICAN INDIAN/ALASKAN NATIVE	36		0.00%	0.00%
OTHER	3,870	1	0.03%	0.05%
WHITE	6,299	13	0.21%	0.34%
Adult	120,664	6,039	5.00%	4.61%
ASIAN	4,445	14	0.31%	0.28%
BLACK OR AFRICAN AMERICAN	49,302	2,276	4.62%	4.19%
HISPANIC	49,530	1,848	3.73%	3.89%
N.AMERICANCINDIAN/ALASKAN NATIVE	88	2	2.27%	2.24%
OTHER	3,440	106	3.08%	2.36%
WHITE	13,859	1,793	12.94%	8.57%
Grand Total	206,982	6,231	3.01%	2.83%

The services procured through this RFP must be multilingual and multicultural to reflect the needs and cultural practices and preferences of the members residing in these areas. Given the high numbers of African American and Hispanic adults, families and children living in the identified communities, cultural competencies with the African American and Latino community are required. Applicants are expected to develop strategies to assure that their services demonstrate cultural awareness, competence and sensitivity to guarantee accessibility to all CBH members residing in the targeted zip codes.

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.

E. Submission Requirements

Our objective is to ensure the needs of the population are addressed through integrated, co-occurring competencies. Applicant may respond only to the section of this RFP which describes the requirements for developing a mental health outpatient clinic or the applicant may choose to respond to both sections of this RFP by proposing to develop both a mental health outpatient clinic and an addictions (drug and alcohol licensed) outpatient facility.

- Providers with a current full Pennsylvania mental health outpatient license may apply for a satellite site license in one of the identified six zip codes and have the option to apply for an addictions (drug and alcohol) outpatient license at the same location to provide co-occurring mental health and addictions treatment.
- Providers with a current Pennsylvania addictions (drug and alcohol) outpatient license in one of the identified six zip codes may apply for a co-located mental health outpatient license at their current addictions outpatient site.
- Providers that do not have a current Pennsylvania mental health outpatient license or a Pennsylvania addictions (drug and alcohol) outpatient license within the six zip codes may apply for Pennsylvania mental health outpatient license only.

The required cover sheet (Appendix A) has space to indicate whether the attached application is for an outpatient mental health site for adults, adolescents, families and children or for children only and for those applying for both a mental health outpatient and addictions outpatient site.

The sections are relevant to the outpatient mental health and outpatient addiction services as follows:

- Sections I, II, III, IV, and V are to be used by all applicants
- Section VI and VII is to be used only by those Applicants applying for both a mental health outpatient clinic and addictions outpatient facility.
- Section VIII is to be used by all Applicants
- Appendices are to be used by all Applicants.

F. DBHIDS System Transformation

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. Like 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.

II. Outpatient Mental Health Clinic Proposals

A. Request for Proposals (RFP) for Outpatient Mental Health Services

DBHIDS is seeking to fund mental health outpatient and addictions outpatient sites located in the following zip codes: **19120, 19122, 19124, 19133, 19134 and 19140**. Each new site may serve up to 1,500 individuals. Providers that are currently offering mental health outpatient or addictions outpatient services in the identified areas **do not** need to respond to this RFP **unless** the provider plans to expand service (locations) within the designated zip codes. The service delivery must also be aligned with the Philadelphia system transformation and the Practice Guidelines.

The proposed mental health outpatient clinics will preferably have the capability to serve adults, adolescents, families and children. However, Applicants that have the capability to serve children only or adults only can apply. However, Applicants who currently do not possess a mental health outpatient or an addictions (drug and alcohol) outpatient license may apply only to develop a mental health outpatient clinic. Current mental health

outpatient providers may use a satellite license process to expand their delivery of mental health outpatient services in one of the identified six zip codes. Current addictions facilities located in one of the six identified zip codes may apply for a mental health outpatient license to be co-located at the providers' current addictions outpatient facility site.

Preference will be given to Applicants that demonstrate a holistic approach to behavioral health care services. Applicants should describe planned linkages between mental health and substance use services and/or demonstrate the ability to provide dynamic interventions and/or a referral process to address members with both mental health and substance use challenges.

III. Scope of Work for Mental Health Outpatient Services

A. Project Details

1. Objective/Purpose

The purpose of this RFP is to identify providers to develop mental health outpatient service sites in the identified zip codes in North Philadelphia. The mental health outpatient clinics must offer high quality, accessible and person-first (culturally appropriate) services to the diverse populations living in this area. Services must align with the DBHIDS Practice Guidelines. The result will be outpatient services that have adopted a person-first perspective within a recovery orientation, ultimately leading to improved outcomes for the individuals in outpatient services.

Outpatient 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 participating in this service. Research and clinical experience indicate that individuals with a wide range of bio-psychosocial problems can be effectively treated in an outpatient setting, particularly when recovery-focused treatment is accompanied by appropriate psychiatric, medical, case management, housing resources and supports.

The selection process for this RFP will be designed to identify providers that are responsive to this RFP by demonstrating that they have the capability to offer high quality outpatient mental health services. The merits of each provider's submission will be evaluated based upon its quality and responsiveness to this RFP.

Applicants who do not have a mental health outpatient license must be prepared to complete the application process to obtain a license from or PA DHS if awarded a contract through this RFP. Applicants who are currently providing mental health outpatient services who are awarded a contract will need to apply for a satellite mental health outpatient license through the same process as previously stated.

2. Location

The proposed outpatient mental health clinics must be located within one of the following zip codes: **19120, 19122, 19124, 19133, 19134 and 19140.**

If the proposed mental health outpatient site(s) is not currently being used by the Applicant, it will be necessary to provide documentation of site control, either through ownership documents or through the submission of a lease for the proposed site. CBH recognizes challenges with site control prior to the receipt of an award might exist. However, prospective providers need to be able to furnish some assurance that a proposed site can become operational in a timely way. Thus, Applicants are asked to submit whatever documentation they have in order to demonstrate site control. Ownership documents, leases or proposed leases may be submitted with the proposal as an addendum. In addition, it is also important to demonstrate community support through letters from immediate neighbors as well as from organized community and civic associations and elected officials representing the area. Failure to secure site control within an appropriate timeframe as determined by CBH will be grounds for revocation of the award of this RFP

3. Evidence Based Practices

DBHIDS places a strong focus on the use of evidence based practices (EBP) for all levels of services throughout its provider network. The outpatient services to be procured through this RFP must include EPBs. Applicants are expected to select at least one EBP for service delivery to adults and at least one EBP for service delivery to children, adolescents and families. It is expected that the Applicant will describe the rationale for the selected EBP(s) and also describe its appropriateness for the identified populations. The Applicant should describe each selected EBP, considering its appropriateness for the specific populations for which it will be used and the expected outcome(s) associated with the EBP. It is expected that the Applicant will develop and describe processes to assure that the selected EBPs become integrated throughout the clinic rather than being an add-on to usual services. DBHIDS is especially interested in providers implementing trauma-specific EBPs, which will be given special consideration when reviewing these proposals. It is expected that any EBP chosen will be delivered with fidelity to the model and any adaptations based on the populations being served must have a strong rationale. Applicants are expected to either currently have the capacity to deliver an EBP or be able to describe their plan to achieve capacity.

4. Continuous Quality Improvement (CQI) and Service Monitoring

As part of the DBHIDS initiative to assure delivery of high quality services with measurable outcomes, Applicants will be expected to describe their implementation plan for continuous quality improvement (CQI). The plan should include systematic, formal and ongoing processes for assessing and improving the outcomes of each proposed service.

The use of an Electronic Health Record (EHR) will be essential to the implementation of a successful CQI and service monitoring strategy. Describe your current use of an EHR or the plan to adopt an EHR system.

Applicants are also expected to describe their processes to track, evaluate and report outcomes at the individual and service levels. An essential component of service monitoring is gathering information to ensure targeted outcomes of current participants. CBH will be mandating use of particular outcome tools which will need to be integrated into individual treatment planning and overall agency quality improvement planning and system wide performance monitoring.

B. Services to be Provided/Required Tasks

Applicants should provide information on their previous experience providing behavioral health care services to similar populations, including, but not limited to experience in providing mental health outpatient services. Applicant will also need to address the following issues in their proposals:

1. Outreach and Engagement

Applicants should develop strategies to encourage utilization of the services by individuals and families in the identified areas. These strategies should include outreach activities and methods to engage people in treatment. Outreach should include contacts with community groups such as Faith-Based organizations and neighborhood associations. It is expected that outreach and engagement strategies will be tailored to the cultural groups in the designated areas. Applicants who have a history of engaging with the community in the identified areas should describe those activities.

2. Language and Culture

Applicants must demonstrate an in depth understanding of the members of the community in the identified areas and assure that the proposed sites are welcoming to people from diverse cultures and have the resources to work with individuals and families who speak languages other than English. The Applicant's description of plans for working with persons from diverse cultures should include information on mental health outpatient service strategies and resources to respond to the cultural needs and preferences of persons who live in the identified zip codes. In addition to linguistic competence, Applicants must consider how outpatient services will ensure cultural awareness and sensitivity to the populations in designated areas.

3. Project Requirements

Successful applicants will be required to develop and implement mental health outpatient services that include the elements outlined below, which are based on the DBHIDS System Transformation and the resulting Practice Guidelines. Go to the following link for additional information:

<http://dbhids.org/contact/resources/practice-guidelines/>

The mental health outpatient clinic must offer individual, group and family therapy and psychiatric evaluation and medication management. Each site will be limited to serving 1,500 individuals at any time. All requests for expansion will be considered by and granted at the discretion of CBH.

- a. Program Days and Hours:** Outpatient sites are expected to operate at a minimum of five full days a week. Preference will be given to applicants whose sites are open additional hours to address the needs of members. The Outpatient sites are expected to have crises intervention capacity including at a minimum 24/7 off hour telephonic availability of a clinician who is able to perform remote crisis intervention, information sharing and coordination of care.
- b. Screening and Assessment:** Screening and assessment is the first opportunity to engage a person in services and develop a therapeutic relationship. Additionally, screening offers the opportunity to note early signs of behavioral health challenges that possibly require more specific service intervention. It is recommended that the assessment include a Comprehensive Bio-psychosocial Evaluation (CBE). A bio-psychosocial formulation is to be a dynamic process which will be updated during the course of service provision. For children, the family/caretakers must be included in assessment and service planning. For adults, family members and significant others, with the consent of the individual participating in services, should be included in the assessment process. If the individual is transitioning from another service, it is expected that the outpatient provider will work to obtain information from the previous provider. This information should include assessments and diagnoses, strategies, medications, family participation, and identified strengths and challenges to services.

The mental health outpatient clinic should have a triage assessment system with an aim at categorizing the urgency of the person's behavioral health needs. Using priority levels routine, urgent, and emergent, behavioral health needs can be assessed based on who requires immediate intervention, those who may have significant needs but may be postponed until the next day, and those who have behavioral health needs that can be addressed within the next three business days of initial contact. The mental health outpatient clinic is expected to have at least eight hours per week of open access time when individuals can walk-in for an initial assessment.

The mental health outpatient clinic must provide information on proposed screening and assessment processes including any specific screening tools and assessment instruments that they plan to use with children and/or adults. It is also expected that all participants in the mental health outpatient clinic will be screened for substance use challenges, which includes tobacco. CBH will also require that providers use specific structured screening and outcome tools for

adults and a separate tool for children and will require that the results of these structured tools be provided to CBH on an ongoing basis at an interval and frequency to be determined by CBH.

c. Recovery and Resilience-Focused Planning: The planning process for each person receiving services should be strengths-based and collaborative, and involve the person participating in services, family/significant others and other members of the interdisciplinary team. Recovery plans and resilience-focused plans should be consistent with the assessment results and include behavioral plan with measurable goals and objectives.

d. Treatment: 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 and after care planning. Evidence-based practices are expected, including trauma-focused interventions when clinically appropriate. It is critical to offer people choice in services, to better support resilience and recovery. Individuals receiving outpatient services should be offered opportunities to change mental health professionals with no penalty or loss of service.

Appropriate use of medication, when indicated, and responsible medication management and monitoring are also essential. A necessary component of high quality treatment is the inclusion of a psychiatrist in clinic wide supervision and consultation activities, as well as in the provision of direct treatment services.

Applicants are expected to describe how measures will be utilized to evaluate progress and outcomes of outpatient treatment. This includes how progress and outcomes will be utilized to guide the discussion regarding any necessary modifications needed to advance the service delivery of outpatient services

e. 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 and sustain recovery and ongoing resilience. The mental health outpatient clinics are expected to assist members in learning about community resources. The waiting area is expected to have resource information for at least five relevant community organizations. In addition to the material in the waiting area, the Applicant will be required to provide documentation of collaboration with natural community organizations and resources. Applicants will also need to provide information on the ways in which the peer staff will take leadership roles in helping individuals and families connect with natural community resources.

f. Continuing Support Planning: Planning for continuing support should begin at admission, be collaborative, and address areas such as, but not limited

to the following: living situation upon discharge, employment/education plans, medication list, follow-up appointments, and a crisis and continuing support plans. Additionally, there should be documentation that people were informed of the appropriate resources that promote resilience and recovery and whenever possible were linked to those services and/or supports.

g. Trauma: There is a high incidence and prevalence of trauma among children and adults who utilize mental health outpatient services. Therefore, it is essential that all staff receive trauma related training. Services must include trauma screening for all individuals and trauma-related services as needed.

4. Collaboration/Integration with Physical Health Care Services

Applicants should describe their plan to foster integration with physical health care services. The integration should begin during the intake process, which includes basic physical health care screenings, gathering information on the individual's physical health care providers, including the name and contact information for the individual's Primary Care Provider (PCP). The clinic staff will be expected to make contact and coordinate care with the PCP within 30 days. If the individual does not have an identified PCP, the clinic staff should assist the individual in contacting the individual's HMO to identify a PCP. It is expected that such coordination will be tracked and monitored as part of the agency's ongoing CQI processes.

5. Collaboration with Addiction Services

The Applicant must provide documentation of a strong relationship with a substance use service provider(s) whether or not the Applicant provides these services. It is essential that no one is turned away from mental health services because of substance use challenges. Every effort should be extended to coordinate mental health and substance use services. The details of arrangements with substance use service providers must be described in the response to this RFP. The Applicant must, at a minimum, provide a Memorandum of Understanding (MOU) or other documentation that provides detailed information about the coordination between these mental health and substance use services. It is expected that each individual will be able to obtain mental health and substance use services that are coordinated and share treatment goals and objectives.

C. Staffing Requirements

1. Staffing Pattern

Proposals must meet the minimum requirements in the Pennsylvania State Code, chapter 5200, outpatient mental health clinic as well as the staffing standards listed below.

- A board-certified psychiatrist must function as the Medical Director. This individual must be a salaried employee of the clinic and must provide at least four dedicated hours per week for administrative tasks. The Medical Director for the clinic shall be responsible for overseeing the implementation of the clinic's prescribing policy, lead the development of

protocols and policies, function as the clinic's clinical leader, and be responsible for monitoring the medical staff in regards to the quality of the clinical care. (If more than 10% of individuals using the clinic are children or adolescents, the program must include a child psychiatrist who is either board certified or board eligible. In addition, children should receive therapeutic treatment from master's level professionals with documented training and experience in working with children and families.

- The program must have at least one licensed clinical psychologist available who has the capacity to provide the following services: psychological assessments, and psychological testing, guide the implementation of evidence based treatment approaches and facilitate program evaluation activities to oversee the development, implementation and sustainability of the selected EBPs.
- Mental health professionals must meet at least the standard of a master's degree from an accredited university in a clinical mental health discipline, such as psychology, counseling, clinical social work, psychiatric nursing or marriage and family counseling. These professionals must have at least two years verified paid experience providing mental health services. At least 50% of these staff must be full time salaried employees. The expectation is to have at least 25% full time mental health professionals year one and 50% by the end of year two. Each mental health professional may not provide more than 40 hours of clinical service per week.
- The clinic must employ care coordinators to provide resource coordination, including coordination with CRCs and inpatient units and maintain a ratio of at least 1:10 FTE mental health professionals. Care coordinators must meet the minimum qualification of a bachelor's degree in sociology, social work, psychology, gerontology, anthropology, political science, history, criminal justice, theology, counseling or education plus one year of experience in a human service field.
- The clinic must employ a minimum of two certified peer or recovery specialists and should maintain a staff ratio of 1:15 FTE mental health professionals. At least 50% of the certified peer specialists/recovery specialists must be full time salaried employees. A certified peer/recovery specialist shall have at least one year of experience in the mental health treatment field.

2. Supervision

The requirements for supervision are as follows:

- Staff who provide clinical supervision shall have a graduate degree and at least 3 years of experience providing services in the behavioral health field. Clinical supervisors may supervise no more than ten mental health professionals at a time. At least 50% of those providing clinical supervision are to have a clinical license (LCSW, LPC, LMFT, etc). During the first year of operation, the program is to have at least one clinically licensed supervisor

and is expected to reach the 50% threshold of clinically licensed supervisors to FTE mental health professionals by the end of the second year of operation.

- Mental health professionals working twenty (20) hours to thirty (30) hours per week must receive at least one (1) hour of individual clinical supervision per week. Those mental health professionals working more than thirty (30) clinical hours per week must receive at least two (2) hours of individual clinical supervision per week. Those mental health professionals working less than twenty (20) hours per week require at least one (1) hour of individual clinical supervision bi-weekly.

3. Training

The Applicant must develop training that is appropriate for each level of staff on the utilization of EBPs. The training program must include both initial and ongoing training modules and must describe strategies to integrate the EBPs throughout the operation of the clinic. Applicants must develop and describe training on program procedures.

D. Timetable

It is expected that the implementation of the mental health outpatient clinics will begin on August 15, 2016. All services requested through this RFP will be fully operational by end of the first quarter of 2017.

E. Monitoring

CBH will put into action a monitoring program that will occur at least on a quarterly basis. The following Healthcare Effectiveness Data and Information Set (HEDIS) measures will be used as one of the monitoring activities. HEDIS is a widely used set of performance measures that are developed and maintained by the National Council for Quality Assurance (NCQA). The final list will include some of the following:

- Anti-depressant Medication Management
- Follow-up Care for Children prescribed ADHD medications
- Diabetes Mellitus (DM) Screening for people with schizophrenia or bipolar disorder who are using anti-psychotic meds
- DM monitoring for people with diabetes and schizophrenia
- Cardiovascular monitoring for people with cardiovascular disease and schizophrenia
- Adherence to anti-psychotic meds for individuals with schizophrenia
- Metabolic monitoring for children and adolescents on anti-psychotic meds
- Use of multiple concurrent anti-psychotic meds in children and adolescents
- Use of first line psycho-social care for children and adolescents on anti-psychotics
- Initiation and engagement of Alcohol and Other Drug (AOD) dependence treatment

- Identification of AOD services
- Annual monitoring for patients on persistent medications

Successful Applicants will be required to complete an outcomes tool that will be selected by CBH. All mental health outpatient clinics will be required to enter data on CBH members who receive services from the clinic at intervals determined by CBH. Providers may be required to submit crisis and/ or treatment plans at intervals determined by CBH.

F. Performance Standards

Selected Applicants will be required to meet CBH credentialing and performance standards. The performance standards will include at a minimum the HEDIS standards outlined in Section III.E., as well as, CBH's Pay for Performance standards. Also, CBH expects that staff rosters will be complete, maintained and align with the enhanced standards. Performance on measures including HEDIS, completion of screening and outcomes tools, monitoring of member access and other quality improvement initiatives will be reviewed with providers at regular intervals. Failure to comply with or to achieve acceptable standards may result in termination of the contract.

G. Compensation/Reimbursement

Applicants must attach an itemized budget that supports every aspect of the proposed mental health outpatient clinic. CBH will develop rates for the outpatient clinics that provide realistic compensation to account for the enhanced standards. The rates will be discussed in full during the contract negotiation phase of this project.

H. Organization and Personnel Requirements

Applicants who propose to develop mental health outpatient clinic must meet the PA Department of Human Services staffing requirements for outpatient mental health clinics, as well as the CBH enhanced standards. The mental health outpatient clinic can be developed using a new or satellite license. The configuration of clinical staff, administrative/support staff and consultative staff should be reflective of the size of the clinic, the program setting and the array of services being delivered at the clinic.

I. Technology Capabilities

Applicants must have the technology capabilities required to perform the proposed activities in this RFP. At a minimum, the Applicant must be able to use an EHR for all individuals who receive services through the mental health outpatient clinic and have the capability for electronic claims submission.

IV. Proposal Format, Content and Submission Requirements; Selection Process for Mental Health Outpatient Clinic

A. Required Proposal Format

1. Format Structure

1a. 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.

1b. 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.

1c. 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 may propose to provide mental health outpatient services for adults, adolescents, families and children or for children only or for adults only. In any of the three scenarios, Applicants must submit one integrated response to this RFP.

Applicants are required to limit their narrative responses to 15 single spaced pages. This page limit includes sections 2.a. – 2.h. below. There are no limitations for the operational documentation and requirements section, section 2.i. 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.

2. Proposal Content

2a. Introduction

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

2b. Experience/Capability

Describe the length of time your organization has been in existence and the continuum of services offered by your organization. Explain how the addition of a mental health outpatient clinic in one of the six identified zip codes fits into your service continuum and into your organization's mission and vision. If your organization does not currently provide mental health outpatient services you will need to describe your experience providing other services to the identified population. Also, describe your organizational structure to demonstrate your capability to implement the mental health outpatient clinic for which you are applying. Lastly, identify the organizational unit or program responsible for implementing and operating the proposed mental health outpatient clinic.

2c. Target Population

Describe the target population in the targeted zip codes **19120, 19122, 19124, 19133, 19134 and 19140**. Illustrate your experience providing mental health outpatient services to similar populations. Declare whether you plan to serve adults, adolescents, families and children or children only or adults only. Discuss your plans to assure outreach and engagement of people from the diverse cultures and language groups living in the designated areas. Explain linkages with natural community resources which can assist in both outreach and engagement strategies.

2d. Site Location and Control

Provide the address of the proposed mental health outpatient clinic site. Also provide information on the current use of the site and your organization's relationship to the site, whether you own the site or currently lease or plan to lease it. Provide documentation of site control, either through ownership documents or through the submission of a lease or proposed lease for the site as an attachment to your proposal. For organizations proposing to develop a mental health outpatient clinic at a new site, provide evidence of community support for the use of this site through letters from immediate neighbors as well as from organized community and civic associations and elected officials representing the area. Letters of support should be included as attachments to your proposal.

Applicants must outline proximity to public transportation for their selected site. Include in this section information on public transportation access and distance from public transportation routes.

2e. 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 mental health outpatient clinic. 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's organization. This section should include a description of how person-first (culturally competent) and trauma-informed practices and approaches are incorporated into the Applicant's organization and into the proposed mental health outpatient clinic.

2f. Program Design

i. State the capacity of the proposed mental health outpatient clinic. Provide the days and hours of operation. Confirm whether the clinic will serve adults, adolescents, families and children, children only, or adults only.

ii. Describe the outreach and engagement process for the proposed program, including information on strategies that are appropriate for different cultural groups. Provide information on natural community resources that will be included in the outreach and engagement process and describe their roles.

iii. Describe the assessment and evaluation process, including instruments to be used and strategies to obtain information from other service providers in which the individual and/or his/her family have been involved. Describe the process to identify and build on the individual's and/or family's strengths.

iv. 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. Describe who will be responsible for oversight of this function.

v. Provide information on the ways resilience and recovery-based planning will be included in the proposed mental health outpatient clinic. Outline a potential recovery/resilience plan with measurable goals and objectives.

vi. Describe the treatment services to be offered at the proposed mental health outpatient clinic. State which evidence-based practice (EBP) will be used and provide a rationale for each evidence-based practice to be used in the clinic. Describe the processes to assure that the evidence-based practices are integrated into clinic operations. Include the following information for each selected evidence-based practice:

- Justification for selection of each EBP,
- Training and implementation requirements for delivering the EBP,
- Consultation and supervision in the use of the EBP,

- Integration into clinic 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.

viii. Describe how outpatient treatment modalities will be adapted to be appropriate for persons from diverse cultures. The Applicant must discuss at a minimum, the relevance of selected treatment modalities to persons with diverse cultural needs.

ix. Explain how the values, domains and goals of the Practice Guidelines will be incorporated into treatment.

x. Discuss how substance use issues will be addressed for individuals and families served in your proposed mental health outpatient clinic. Outline the referral linkages to substance use service providers. All individuals must receive a substance use screening as well as a mental health assessment upon entry into the clinic.

In addition to providing initial substance use screening, the Applicant must develop a detailed protocol to assure appropriate services for those individuals that screening suggests the need for further substance use evaluation and possible treatment. A detailed Memorandum of Understanding (MOU) is needed between the mental health outpatient clinic and substance use agency to which the individual will be referred. The MOU must specify the timeframe within which the individual will be provided a substance use assessment, the levels of care provided by the substance use agency, and how communication and coordination with the individual's mental health treatment will be implemented.

xi. Outline plans for meeting primary health care needs and developing integration with physical health care services. State which staff will be responsible for coordination with the individual's physical health care providers including contact with the individual's PCP if known, or helping the individual identify a PCP.

xii. Outline plans for collaboration with natural community resources and the strategies to be used to link individuals receiving services with these resources.

xiii. Describe the process for continuing support for individuals who use outpatient services. Planning for continuing support should begin at the start of services and include

employment/education plans, medication list, follow-up services and a crisis and continuing services plan.

xiv. Describe how appropriate supervision and clinical experience will be provided in the clinic, including the participation of the psychiatrist(s) in supervision and consultation. Define who will provide supervision for personnel from each level of clinical and support staff with percentage of time providing supervision for each staff person.

xv. Describe the training plan to assure that the EBP(s) are integrated into the agency.

xvi. Describe the plan for coordination with CRCs and inpatient units, including a specific mechanism for availability for consultation during business hours and coordination for admits after business hours (within 24 hours).

2g. Personnel

i. Provide a list of all staff who will work in the program with percentages of time as an attachment to your proposal. Distinguish between salaried and contract staff in the staff roster. Provide job descriptions and resumes for key personnel as an attachment to your proposal. Include an explanation to assure that psychiatrist(s) percentage of time includes adequate time to provide supervision and consultation activities in addition to clinical service provision.

ii. Identify those individuals who will serve as contact persons for the management of the contract.

iii. Provide estimates of behavioral health staff who will be Philadelphia residents. Verification of employee residency is to be included as part of the provider's personnel file.

iv. Provide an outline of initial and ongoing staff training and professional development opportunities. This outline should highlight staff training on the evidence-based practices to be implemented in the mental health outpatient clinic.

v. Describe the plan for recruitment, retention and staff supervision for the outpatient services. Describe how the proposed staff will reflect the diversity of the area, both culturally and linguistically, and have the ability to work with individuals from the diverse cultures represented in designated zip codes.

2h. Implementation Plan

Provide an implementation plan that outlines the expected time for full operation. Include all elements needed to implement the program, including, but not limited to, site identification; site preparation; acquisition of furnishings, equipment and supplies; staff recruitment and training; and the initial phase of outreach and engagement.

2i. Operational Documentation and Requirements

In this section, please include the following information, either in the section itself or by reference to an attachment to your proposal:

- Tax Identification Number
- Submission of (in order of preference) a certified corporate audit report (with management letter where applicable), a review report by a CPA firm, or compilation report by a CPA firm. The time frame for the report submitted is for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year end. However, the most recent report must be submitted prior to any potential contract negotiations.
- Federal Income Tax (or IRS 990) returns for the most recently ended corporate fiscal year. If the return is not yet available, submit the return for the prior corporate fiscal year end. However, the most recent 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
- Submission of the names, gender, race and business addresses of all members of the Board of Directors including which, if any, are people in recovery or family members.
- Proof of Line of Credit which at a minimum makes available 10% of the total program budget.
- In the case of for-profit organizations, group or individual practices, disclosure of any person or entity holding any shared ownership or controlling interest of 5% or more.
- M/W/DSBE Status – For-profit applicants
- Medical Assistance (PROMISE) Number of the site(s) where services will be provided
- National Provider Identifier (NPI) number
- 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.

B. 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 proposals, 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 provider agencies 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.

C. 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.

D. 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

E. 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 21st Century Minimum Wage and Benefits Ordinance

Applicants are advised that any contract awarded pursuant to this RFP is a "Service Contract," and the successful Applicant under such contract is a "Service Contractor," as those terms are defined in Chapter 17-1300 of the Philadelphia Code ("Philadelphia 21st Century Minimum Wage and Benefits Standard Ordinance"). Any Subcontractor and any sub-subcontractor at any tier proposed to perform services sought by this RFP, is also a "Service Contractor" for purposes of Chapter 17-1300. If any such Service Contractor (i.e. Applicant and subcontractors at any tier) is also an "Employer," as that term is defined in Section 17-1302 (more than five employees), and is among the Employers listed in Section 17-1303 of the Code, then during the term of any resulting contract, it is subject to the minimum wage and benefits provisions set forth in Chapter 17-1300 unless it is granted a waiver or partial waiver under Section 17-1304. Absent a waiver, these minimum wage and benefits provisions, which include a minimum hourly wage that is adjusted annually based on the CPI, health care and sick leave benefits, are mandatory and must be provided to Applicant's employees or the employees of any subcontractor at any tier who perform services related to the City contract resulting from this RFP. Applicants and any subcontractors at any tier proposed by Applicants are strongly

encouraged to consult Chapter 17-1300 of the Philadelphia Code,¹ the General Provisions, and the About/Minimum Wage and Equal Benefits Ordinances Impacting Some City Contractors links on the eContract Philly home page for further details concerning the applicability of this Chapter to, and obligations it imposes on certain City contractors and subcontractors at any tier. In addition to the enforcement provisions contained in Chapter 17-1300, the successful Applicant's failure or the failure of any subcontractor at any tier to comply (absent an approved waiver) with the provisions of Chapter 17-1300, or any discrimination or retaliation by the successful Applicant or Applicant's subcontractors at any tier against any of their employees on account of having claimed a violation of Chapter 17-1300, shall be a material breach of any Service Contract resulting from this RFP. By submitting a proposal in response to this RFP, Applicants acknowledge that they understand, and will comply with the requirements of Chapter 17-1300, and will require the compliance of their subcontractors at any tier if awarded a contract pursuant to this RFP. Applicants further acknowledge that they will notify any subcontractors at any tier proposed to perform services related to this RFP of the requirements of Chapter 17-1300.

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

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

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; All required Attachments to the RFP; No delinquency in City taxes; Compliance with minimum wage requirements for the City of Philadelphia; and submission of 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.

All Applicants must also submit the following information to indicate proof of financial solvency as part of the minimum bidding requirements:

1. Tax Identification Number.
2. Submission of (in order of preference) (1) a certified corporate audit report (with management letter where applicable), (2) a review report by a CPA firm,

or (3) compilation report by a CPA firm. The time frame for the report submitted is for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year end. However, the most recent report must be submitted prior to any potential contract negotiations.

3. Federal Income Tax (or IRS 990) returns for the most recently ended corporate fiscal year. If the return is not yet available, submit the return for the prior corporate fiscal year end. However, the most recent return must be submitted prior to any potential contract negotiations.
4. Proof of payment of all required federal, state and local taxes (including payroll taxes) for the past twelve (12) months
5. Disclosure of any bankruptcy filings over the past five years.
6. Proof of Line of Credit which at a minimum makes available 10% of the total program budget.
7. Bond Rating (where applicable)
8. 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 Human Services must be named as an additional insured with respect to your General Liability Policy. The certificate holder must be Community Behavioral Health prior to contracting with CBH.

CBH reserves the right, for good cause, to waive minimum bidding requirements.

L. RFP Review Criteria

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 criteria raters will use to score RFP responses.

1. Provider Quality

- a. Re-credentialing status history
- b. Compliance error rate history
- c. Quality improvement plan status

- d. State licensure status

2. Experience/Capability

- a. Applicant describes the continuum of services offered by the organization.
- b. Applicant describes prior experience providing services/supports in the target area.
- c. Applicant describes how the addition of the proposed program fits into your service continuum and your organization's mission and vision.
- d. The unit or program of the Applicant organization responsible for implementing and operating the proposed program is clearly identified.
- e. Applicant demonstrates experience with and knowledge of the diversity of the identified population. Applicant provides information on how its experience with and understanding of the identified population will help to tailor services to meet the population's preferences and needs, including but not limited to, capability to communicate with individuals and families for whom English is not their preferred language.

3. Program Philosophy

- a. The extent to which system-wide goals, values and principles, as represented through the Philadelphia System Transformation and the Practice Guidelines, and as described throughout this document, are understood and incorporated into the proposal.
- b. Applicant demonstrates how System Transformation goals, values and principles are integrated into the operations of the applicant organization.
- c. Person-first and trauma-informed approaches are incorporated into the proposed program.

4. Site Location and Control

- a. Applicant provides location of the proposed program, evidence of site control through lease and/or ownership documents, and, if necessary, evidence of community support through letters from community leaders.
- b. Proposed location of program site is centrally located in the target area.
- c. Applicant provides information on public transportation access to the site.

5. Program Design

- a. Applicant states the proposed capacity of the outpatient mental health clinic. Applicant provides days and hours of operation of the proposed program that accommodate the varying needs of individuals accessing the program's services.

- b. Applicant describes the outreach and engagement process for the proposed program, including information on strategies that are appropriate for different cultural groups.
- c. Applicant adequately describes the assessment and evaluation process and includes how individuals will be engaged and supported throughout the process.
- d. Applicant describes process for developing resilience and recovery plans for each individual who receives service.
- e. Treatment modalities, including evidence-based practices, are appropriate and are discussed in sufficient detail. Includes information on standardized progress and outcome measures and how information from these measures will be included in treatment process.
- f. Applicant provides plan to assure that services are trauma-focused, including information on screening tools and trauma-related services to be provided.
- g. Describes plans for outpatient services and resources which will be responsive to needs and preferences of persons from diverse groups.
- h. Applicant explains how the values, domains and goals of the Practice Guidelines are incorporated into the proposed program.
- i. Applicant describes a holistic, integrated approach to behavioral health services with provision of or linkages to substance use services.
- j. A plan is included to meet primary health care needs and to develop an integrated approach to physical health care services.
- k. Applicant describes how agency will develop relationships with natural community resources and how individuals and families using outpatient mental health services will be connected to these resources.
- l. Applicant outlines methods to assure continuing care planning for persons who use outpatient services.
- m. Supervision and clinical oversight of the program is adequately described, including participation of psychiatrist in these activities.

6. Personnel

- a. A listing of all staff, including contact person(s) for management of the contract, along with resumes of key staff, has been provided.
- b. Provides estimate of staff who will be Philadelphia residents.
- c. Provides information on initial and ongoing staff training and development.
- d. Provides a plan for recruitment, retention and supervision of staff.
- e. Describes how staffing will be reflective of the area's diversity, both culturally and linguistically, and have the ability to work with individuals and families from the many cultures that are represented in the area.

7. Program Implementation

- a. Applicant provides a detailed timetable to show the steps required for full program implementation.

V. Application Administration

A. Procurement Schedule

The anticipated procurement schedule is as follows:

RFP Event	Deadline Date
RFP Issued	May 2, 2016
Deadline to Submit Questions	May 11, 2016
Answers to Questions on Website	May 18, 2016
Application Submission Deadline	June 10, 2016
Applicants Identified for Contract Negotiations	July 8, 2016
Project Start Date	August 15, 2016

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

This RFP is issued on May 2, 2016. In order to be considered for selection, all applications must be delivered to the address below no later than 5:00 PM on June 10, 2016.

Community Behavioral Health
801 Market Street
7th Floor
Philadelphia, PA 19107
ATTN: Mark O'Dwyer

Application packages should be marked "Outpatient Mental Health Clinic" 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 Mark O'Dwyer at Mark.ODwyer@phila.gov by May 11, 2016. 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.

VI. Scope of Work for Addictions Outpatient Services

A. Project Details

1. Objective/Purpose

The purpose of this RFP process is to identify providers to develop addictions outpatient service sites in the following targeted zip codes: **19120, 19122, 19124, 19133, 19134 and 19140**. The program should offer high quality, accessible services to the diverse populations living in these areas. Services must align and coordinate with the DBHIDS Practice Guidelines. The result will be addictions outpatient services that have adopted a person-first perspective within a recovery orientation, ultimately leading to improved outcomes for the individuals who participate in these services. Addictions outpatient 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 participating in this service.

The addictions outpatient services must demonstrate integrated care that is responsive both to the individual's substance use and mental health needs. It is expected that the services will offer integrated assessments, treatment planning and treatment strategies and objectives. The addictions facility is to be integrated into the community in which it is located and should incorporate local natural resources in the planning and implementation phases of the service.

CBH will select providers based on the quality of responses to this RFP and the geographical distribution of the programs. The process is designed to identify providers that are responsive to this RFP by demonstrating that they have the capability to offer high quality substance use services. The merits of each provider's submission will be evaluated based upon its quality and responsiveness to this RFP.

2. Location

The proposed addictions facility must be located within the following zip codes: **19120, 19122, 19124, 19133, 19134 and 19140.**

If the proposed addictions outpatient site(s) is not currently being used by the Applicant, it will be necessary to provide documentation of site control, either through ownership documents or through the submission of a lease for the proposed site. CBH recognizes challenges with site control prior to the receipt of an award might exist. However, prospective providers need to be able to furnish some assurance that a proposed site can become operational in a timely way. Thus, Applicants are asked to submit whatever documentation they have in order to demonstrate site control. Ownership documents, leases or proposed leases may be submitted with the proposal as an addendum. In addition, it is also important to demonstrate community support through letters from immediate neighbors as well as from organized community and civic associations and elected officials representing the area.

3. 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 addictions outpatient services to be procured through this RFP must include EBPs. Applicants are expected to select at least one EBP for service delivery to adults and at least one EBP which is adapted for service delivery to adolescents. It is expected that the Applicant will describe the rationale for EBP(s) selection and also describe its appropriateness for the target populations. The Applicant should describe each selected EBP, considering its appropriateness for the specific populations for which it will be used. It is expected that the Applicant will develop and describe

processes to assure that the selected EBPs become integrated throughout the facility rather than being an add-on to usual services. DBHIDS is especially interested in providers implementing trauma-specific EBPs, which will be given special consideration when reviewing these proposals. The additions outpatient services should include plans for developing, implementing, monitoring, and sustaining the EBP(s).

4. Eligible Applicants

To be eligible to apply, the Applicant must have a current mental health outpatient license and be prepared to apply for an addiction (drug and alcohol) outpatient license through Pennsylvania Department of Drug and Alcohol Program (DDAP).

To be eligible to respond to this RFP, current CBH providers must meet minimum standards of satisfying CBH “good standing” criteria. CBH will determine if a provider is in good standing by reviewing information gathered through various departments across the DBHIDS. A determination is based on, but not limited to, the following criteria: re-credentialing status history, compliance error rate history, quality improvement plan status, and financial solvency. When applicable, state licensure status will also be reviewed and taken into consideration and discussed with DDAP.

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.

The use of an Electronic Health Record (EHR) will be essential to the implementation of a successful CQI and service monitoring strategy. Describe your current use of an EHR or the plan to adopt an EHR system.

Applicants are also expected to describe their processes to track, evaluate and report outcomes at the individual and service levels. An essential component of service monitoring is gathering information to ensure targeted outcomes of current participants.

It will be essential to use Electronic Health Records (EHR) in the proposed site. EHR will be an essential tool for the program in monitoring and tracking the outcome of services.

B. Services to be Provided/Required Tasks

Applicants should provide information on their previous experience providing behavioral health care services to similar populations, including experience in providing substance use services. They will also need to address the following issues in their proposals:

a. Outreach and Engagement

Applicants should develop strategies to encourage utilization of the services by individuals and families in the targeted areas. These strategies should include outreach activities and methods to engage people in continuing treatment. Outreach should include contacts with community groups such as faith-based organizations and neighborhood associations. It is expected that outreach and engagement strategies will be tailored to the cultural groups in the designated areas.

b. Language and Culture

Applicants should develop plans to assure that the proposed sites are welcoming to people from diverse cultures and have the resources to work with individuals and families who speak languages other than English. The Applicant’s description of plans for working with persons from diverse cultures should include information on addictions outpatient service strategies and resources to respond to the cultural needs and preferences of persons who live in the identified zip codes. In addition to linguistic competence, Applicants must consider how outpatient services will ensure cultural awareness and sensitivity to the populations in designated areas.

c. Project Requirements

Successful applicants will be required to develop and implement addictions outpatient services that include the elements outlined below, which are based on the DBHIDS System Transformation and the resulting Practice Guidelines.

For more information on the Practice Guidelines, go to <http://dbhids.org/contact/resources/practice-guidelines/>. The addictions outpatient facility must offer individual, group and family therapy. Each site will be limited to serving 1,500 individuals at any time. All requests for expansion will be considered by and granted at the discretion of CBH.

1) Program Days and Hours: The addictions outpatient site is expected to operate at a minimum of five full days a week. Preference will be given to applicants who propose sites that are open additional hours to address the needs of members. Programs are expected to have 24/7 telephonic line where individual may be screened for appropriate levels of care and/or referral to other community resources.

2) Screening and Assessment: The addictions outpatient services must provide specific information on the screening tools and assessment instruments that will be used with adults and adolescents, which includes tobacco use. CBH will require that providers use a specific structured tool for adults and a separate tool for adolescents and report the results of these structured tools to CBH on an ongoing basis. CBH expects that the use

additional structured tools based on the specific presenting challenges of the individual.

3) Recovery and Resilience-Focused Planning: The planning process for each person receiving services should be strengths-based and collaborative, and involve the person participating in services, family/significant others and other members of the interdisciplinary team. Recovery plans and resilience-focused plans should be consistent with the assessment results and include recovery plan with measurable goals and objectives.

d. Treatment

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 and after care planning. Evidence-based practices are expected, including trauma-focused interventions when clinically appropriate. It is critical to offer people options of services, which they can choose to support resilience and recovery

Applicants are expected to describe the measures that will be utilized to evaluate progress and outcomes of addictions treatment. This includes how progress and outcomes will be utilized to guide the discussion regarding any necessary modifications needed to advance the service delivery of outpatient services

e. Community Coordination and Integration

Addictions services are expected to connect people with their communities and to assist people in utilizing existing community resources to support and sustain recovery and ongoing resilience. The addictions services are expected to assist members in learning about community resources. The waiting area is expected to have resource information for at least five relevant community organizations. In addition to the material in the waiting area, the Applicant will be required to provide documentation of collaboration with natural community organizations and resources. Applicants will also need to provide information on the ways in which the peer staff will take leadership roles in helping individuals and families connect with natural community resources.

f. Continuing Support Planning

Planning for continuing support should begin at admission, be collaborative, and address areas such as, but not limited to the following: living situation upon discharge, employment/education plans, medication list, follow-up appointments, and a crisis and continuing support plans. Additionally, there should be documentation that people were informed of

the appropriate resources that promote resilience and recovery and whenever possible were linked to those services and/or supports.

Coordinated care between substance use and mental health services is critical for obtaining positive treatment outcomes. Applicants should discuss plans for coordinating care with external mental health services individuals may be receiving concurrently.

Additionally, it is expected that co-located mental health and substance use services will collaborate to provide consistent treatment for individuals. Applicants seeking to deliver co-located mental health and substance use services should provide a detailed plan for coordinating and aligning services to best meet the needs of the individuals served. This should include an in depth explanation of how the two programs will utilize each other's strengths and resources, coordinate referrals, and provide coordinated care to individuals.

e. Trauma

There is a high incidence and prevalence of trauma among adults and adolescents who utilize addictions outpatient services. Therefore, it is essential that all staff receive trauma related training. Services must include trauma screening for all individuals and trauma-related services as needed.

7. Relationships with Other Levels of Substance Use Services

The addictions outpatient services must have defined relationships with other levels of substance use care. These relationships will be necessary for individuals whose Pennsylvania Client Placement Criteria (PCPC) or Adolescent ASAM determines that they will be best served at a different level of care. The relationships will also be critical for easy transitions for individuals who are found to need other levels of service following outpatient treatment. These services include:

- Substance Use Intensive Outpatient Services
- Residential Rehabilitation
- Detoxification Services
- Partial Hospitalization Services

8. Collaboration/Integration with Physical Health Care Services

Applicants should describe their plans to foster integration with physical health care services. The integration should include assuring that the intake process includes basic physical health care screenings, gathering information on the individual's physical health care providers, including the Primary Care Provider (PCP). If the individual has a PCP, clinic staff will be expected to make contact and coordinate care with the PCP within 30 days. If the individual does not have an identified PCP, the clinic will assist the individual with obtaining a PCP.

9. Collaboration with Mental Health Services

The Applicant must provide documentation of a collaborative relationship with other mental health services.

C. Staffing Requirements

The program must meet the requirements for a licensed addictions outpatient program. In addition to these requirements, the program must include the following:

Staffing Pattern

Proposals must meet the minimum requirements in the Pennsylvania State Code, 55 PA code; chapter 1223 outpatient addictions clinic services and 28 PA code; chapter 709 and 704 standards for licensure of freestanding treatment facilities, as well as the staffing standards listed below:

- A board certified or board eligible psychiatrist to provide at least eight hours per week of clinical treatment, to include medication assisted treatment for substance use challenges. The psychiatrist should be actively involved in the development of protocols and policies and function as the clinical leader.
- It is preferred that counselors have a full certification as an addictions counselor by a statewide certification body which is a member of a national certification body or certification by another state government's substance abuse counseling certification board and shall provide no more than 37.5 hours of clinical service per week. At least 50% of counselors shall be full time salaried employees of the organization by the end of the second year of operation.
- The program is to employ a care coordinator at a minimum ratio of 1:10 FTE counselors. The care coordinator will have the minimum qualification of a bachelors' degree in sociology, social work, psychology, gerontology, anthropology, political science, history, criminal justice, theology, counseling, or education and one year of experience in a human service field.
- The program is to employ a minimum of 2 FTE certified peer or recovery specialists, and maintain a minimum ratio of 1:10 FTE counselors. At least 50% certified peer/recovery specialists are required to be full time salaried employees by the end of the second year of operation. A certified peer specialist shall have at least one year of experience in the substance use treatment field. A certified recovery specialist shall have at least one year of experience in the mental health treatment field.

11. Supervision

The requirements for supervision are as follows:

- Staff who provide clinical supervision are required to have a graduate degree in medicine, chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in administration or the human services) or other related field, a full certification as an addictions counselor, at least 3 years' experience providing services in the addictions counseling field. Staff providing supervision can work with no more than 8 staff members at a time. At least 50% of those providing clinical

supervision are to have a clinical license (LCSW, LPC, LMFT, etc) or a clinical supervision certificate (CCS). During the first year of operation the program is to have at least 1 licensed or certified supervisor, and is expected to reach the 50% threshold of licensed/certified supervisors to FTE counselors by the end of the 2nd year of operation.

- Counselors working less than twenty (20) hours per week require at least one (1) hour of individual clinical supervision bi-weekly. Counselors working twenty (20) to thirty (30) clinical hours per week must receive at least one (1) hour of individual clinical supervision per week. Those working more than thirty (30) clinical hours per week must receive at least two (2) hours per week of individual clinical supervision per week.

12. Training

The Applicant must develop training that is appropriate for each level of staff. It is essential that all staff receive training both in mental health and substance use. Staff will be working with individuals with both issues and must be able understand the services offered by each discipline and be capable of providing basic assistance to an individual with emergent mental health or substance use issues. Further, trauma related issues will be common among individuals with substance use challenges. All staff need trauma training to recognize trauma and counselors and therapists must have the capability to offer trauma related treatment.

The training must include sufficient information on the planned EBPs that they can be fully integrated into the agency's operations. The training program must include both initial and ongoing modules and must be used to integrate the EBPs throughout the operation of the clinic. Further, Applicants must develop and describe training on program procedures.

D. Timetable

It is expected that the implementation of the addictions outpatient services health outpatient clinics will begin on August 15, 2016. All services requested through this RFP will be fully operational by end of the first quarter of 2017.

E. Monitoring

CBH will monitor programs at least quarterly. The provider will be expected to implement quality monitoring protocols to track the success of the program and make improvements as needed on an ongoing basis.

CBH will monitor programs to determine the extent to which procedures have been established for process and outcomes evaluation, sustainability planning and Continuous Quality Improvement (CQI).

Providers may be required to submit treatment and/ or crisis plans at intervals determined by CBH.

VII. Proposal Format, Content and Submission Requirements; Selection Process for Outpatient Substance Use Program

A. Required Proposal Format

1. Format Structure

1a. 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.

1b. 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.

1c. Format Requirements

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

Applicants are required to limit their narrative responses to 15 single spaced pages. This page limit includes sections B.1.a –B.1.h. below. There are no limitations for the operational documentation and requirements section, section.B.1.i. 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.

2. Proposal Content

1a. Prepare a Brief Introduction

This should include a general demonstration of understanding of the scope and complexity of the work

1b. Experience/Capability

Describe the length of time your organization has been in existence and the continuum of services offered by your organization. Explain how the addition of an outpatient substance use program in North Philadelphia fits into this continuum and into your organization's mission and vision. If your organization has not provided outpatient substance use services in the past, please describe your experience providing other services to the target population in North Philadelphia. Describe your structural capability to implement the program for which you are applying and identify the organizational unit or program responsible for implementing and operating the proposed program.

The successful Applicant(s) will be expected to apply for an addictions (drug and alcohol) outpatient license from DDAP and to assure that the program meets all license related expectations.

1c. Target Population

Describe the population in the targeted zip codes: **19120, 19122, 19124, 19133, 19134 and 19140**. Explain your experience providing outpatient services to similar groups of people as identified in the designated zip codes. Provide details regarding your plans to assure outreach and engagement of people from the diverse cultures and language groups living in the identified areas. Describe linkages with natural community resources that can assist in both outreach and engagement strategies.

1d. Site Location and Control

Provide the address of the proposed site for the program. Also provide information on the current use of the site and your agency's relationship to the site, whether you own the site or currently lease or plan to lease it. Provide documentation of site control, either through ownership documents or through the submission of a lease or proposed lease for the site as an attachment to your proposal. For organizations proposing to develop an outpatient program at a new site, provide evidence of community support for the use of this site through letters from immediate neighbors as well as from organized community and civic associations and elected officials representing the area. Letters of support should be included as an attachment to your proposal.

Applicants must outline proximity to public transportation for their selected site. Include in this section information on public transportation access and distance from public transportation routes.

1e. 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 outpatient substance use program. 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.

1f. Program Design

i. State the capacity of the proposed addictions outpatient site. Provide the days and hours of operation of the proposed program and the total proposed number of people to be served.

ii. Describe the outreach and engagement process for the proposed program, including information on strategies that are appropriate for different cultural groups. Provide information on which community resources will be included in the outreach process. Outline how outreach will be targeted to persons in recovery and to individuals who have not yet participated in either substance use or mental health treatment. Provide the agency policy on engagement of individuals following initial contacts. Describe the plan for peer/recovery specialists to provide information on substance use related topics in the community.

iii. Describe strategies to assure that the proposed program will be both culturally and linguistically appropriate to the populations to be served.

iv. Describe the assessment and evaluation process. The assessment process must include tools to assess for both substance use and mental health issues. The description of assessment is to include the instruments to be used and strategies to obtain information from other services with which the individual and/or his/her family have been involved. Describe the process to identify and build on the individual's and family's strengths.

v. 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

vi. Provide information on the ways resilience and recovery-based planning will be included in the proposed program. Outline a potential recovery/resilience plan with measurable goals and objectives.

vi. Describe the treatment services to be offered in the program. State which evidence-based practices (EBP) will be used and provide a rationale for each evidence-based practice to be used in the clinic. Describe the

processes to assure that the evidence-based practices are integrated into the program. Include the following information for each evidence-based practice to be used:

- Justification for selection of each EBP,
- 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.

vii. Describe the trauma-focused screenings and interventions that will be included in the program. Provide the justification for the selection of specific trauma-focused EBPs and explain how these interventions will be made integral to clinic operations. Include information on staff training concerning trauma.

viii. Describe the measures that will be used to assess the progress and outcomes of outpatient treatment. The discussion of outpatient treatment should include information on how progress and outcome measures will be used to guide outpatient service provision.

ix. Describe how outpatient treatment modalities will be adapted to be appropriate for persons from diverse cultures.

x. Explain how the values, domains and goals of the Practice Guidelines will be incorporated into treatment.

xi. Discuss how tobacco cessation will be incorporated into the outpatient program.

xii. Describe all linkage arrangements and include MOUs as an Appendix. This should include services such as mental health and all other levels of substance use care to assure smooth transitions for individuals who use the program. Outline plans for meeting primary health care needs and developing integration with physical health care services. Describe your plan for coordinating care between co-located substance use and mental health services.

xiii. Outline plans for collaboration with natural community resources and the strategies to be used to link individuals receiving services with these resources.

xiv. Describe the process for continuing support for individuals who use outpatient substance use services. Planning for continuing support should begin at the start of services and include employment/education plans, medication list, follow-up services and a crisis and continuing services plan.

xv. Describe how appropriate supervision and clinical experience will be provided in the program, Define who will provide supervision for personnel from each level of clinical and support staff with percentage of time providing supervision for each staff person.

xvi. Describe plans on to assure appropriate use of medications.

xvi. Describe the training plan to assure that the EBP(s) are integrated into the agency.

xvii. Describe how trauma related services will be integrated into the program.

1g. Personnel

i. Provide a list of all staff who will work in the program with percentages of time as an attachment to your proposal. Distinguish between salaried and contract staff in the staff roster. Provide job descriptions and resumes for key personnel as an attachment to your proposal. Include an explanation to assure that psychiatrist(s) percentage of time includes adequate time to provide supervision and consultation activities in addition to clinical service provision.

ii. Identify those individuals who will serve as contact persons for the management of the contract.

iii. Provide estimates of staff who will be Philadelphia residents. Verification of employee residency is to be included as part of the provider's personnel file.

iv. Provide an outline of initial and ongoing staff training and professional development opportunities. This outline should highlight staff training on the evidence-based practices to be used in the program.

v. Describe the plan for recruitment, retention and staff supervision for the outpatient services. Describe also how the proposed staff will reflect the diversity of the area, both culturally and linguistically, and have the ability to work with individuals from the diverse cultures that are represented in North Philadelphia.

1h. Implementation Plan

Provide a plan for program implementation with expected time to full operation. Include all elements needed to implement the program, including, but not limited to, site identification; site preparation; acquisition of furnishings, equipment and supplies; staff recruitment and training; and the initial phase of outreach and engagement.

i. Operational Documentation and Requirements

In this section, please include the following information, either in the section itself or by reference to an attachment to your proposal:

- Tax Identification Number
- Submission of (in order of preference) a certified corporate audit report (with management letter where applicable), a review report by a CPA firm, or compilation report by a CPA firm. The time frame for the report submitted is for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year end. However, the most recent report must be submitted prior to any potential contract negotiations.
- Federal Income Tax (or IRS 990) returns for the most recently ended corporate fiscal year. If the return is not yet available, submit the return for the prior corporate fiscal year end. However, the most recent 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
- Submission of the names, gender, race and business addresses of all members of the Board of Directors including which, if any, are people in recovery or family members.
- Proof of Line of Credit which at a minimum makes available 10% of the total program budget.
- In the case of for-profit organizations, group or individual practices, disclosure of any person or entity holding any shared ownership or controlling interest of 5% or more.
- M/W/DSBE Status – For-profit applicants
- Medical Assistance (PROMISE) Number of the site(s) where services will be provided
- National Provider Identifier (NPI) number
- 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.

B. 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 proposals, 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 provider agencies 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.

VIII. General Rules Governing RFPs/Proposals; 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 a proposal in response to this RFP. No proposal will be considered in which a City or CBH employee or official has a direct or indirect interest. Any proposal 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 proposals and to reissue this RFP at any time;
 - a. to issue a new RFP with terms and conditions substantially different from those set forth in this or a previous RFP;
- (b) 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 proposals or for any other reason CBH determines to be in their best interest;
- (c) to extend this RFP in order to allow for time to obtain additional proposals prior to the RFP proposal deadline or for any other reason CBH determines to be in its best interest;
- (d) 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;
- (e) 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;
- (f) 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.

E.. Proposal Selection and Contract Negotiation

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

- (a) to reject any proposal if CBH, in its sole discretion, determine the proposal is incomplete, deviates from or is not responsive to the requirements of this 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 proposal;
- (b) to reject any proposal if, in CBH’s sole judgment, the Applicant has been delinquent or unfaithful in the performance of any contract with CBH or with others; is delinquent, and has not made arrangements satisfactory to CBH, with respect to the payment of City taxes or taxes collected by the City, or other indebtedness owed to the City; is not in compliance with regulatory codes applicable to Applicant; is financially or technically incapable; or is otherwise not a responsible Applicant;
- (c) to waive any defect or deficiency in any proposal, including, without limitation, those identified in subsections 1) and 2) preceding, if, in CBH's sole judgment, the defect or deficiency is not material to the proposal;

- (d) to require, permit or reject, in CBH's sole discretion, amendments (including, without limitation, information omitted), modifications, clarifying information, and/or corrections to their proposals by some or all of the Applicants at any time following proposal submission and before the execution of a final provider agreement or consultant contract;
- (e) to issue a notice of intent to develop a provider agreement or consultant contract and/or execute a provider agreement and/or consultant contract for any or all of the items in any proposal, in whole or in part, as CBH, in its sole discretion, determine to be in CBH's best interest;
- (f) to enter into negotiations with any one or more Applicants regarding price, scope of services, or any other term of their proposals, and such other agreement or contractual terms as CBH may require, at any time prior to execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to any Applicant and without reissuing this 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 proposals, without informing other Applicants of the changes or affording them the opportunity to revise their proposals in light thereof, unless CBH, in its sole discretion, determine that doing so is in and CBH's best interest;
- (h) to discontinue negotiations with any Applicant at any time prior to the execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to the Applicant, and to enter into negotiations with any other Applicant, if CBH, in its sole discretion, determine it is in the best interest of CBH to do so;
- (i) to rescind, at any time prior to the execution of a provider agreement or consultant contract, any notice of intent to develop a provider agreement or consultant contracted to an Applicant, and to issue or not issue a notice of intent to develop a provider agreement or consultant contract to the same or a different Applicant and enter into negotiations with that Applicant, if CBH, in its sole discretion, determine it is in the best interest of CBH to do so;
- (j) to elect not to enter into any provider agreement or consultant contract with any Applicant, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued and with or without the reissuing this RFP, if CBH determines that it is in CBH's best interest to do so;
- (k) to require any one or more Applicants to make one or more presentations to CBH at CBH's offices or other location as determined by CBH, at the Applicant's sole cost and expense, addressing the Applicant's proposal 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 proposal, with or without consent of or notice to the Applicant;

- (n) to conduct such investigations with respect to the financial, technical, and other qualifications of each Applicant as CBH, in its sole discretion, deem necessary or appropriate;
- (o) to permit, at CBH's sole discretion, adjustments to any of the timelines associated with this 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.

F. 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 proposals, to the extent required hereunder. Without limiting the foregoing sentence, CBH's legal obligations shall not be limited or expanded in any way by an Applicant's assertion of confidentiality and/or proprietary data.

G. Incurring Costs

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

H. Prime Contractor Responsibility

The selected contractors will be required to assume responsibility for all services described in their proposals whether or not they provide the services directly. CBH will

consider the selected contractor as sole point of contact with regard to contractual matters.

I. Disclosure of Proposal Contents

Information provided in proposals 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. Proposals 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 a proposal does not affect this right.

J. 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 proposal 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 proposal. Applicants whose submissions are not selected will also be notified in writing by CBH.

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.

L. 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.

**OUTPATIENT BEHAVIORAL HEALTH SERVICES IN NORTH
PHILADELPHIA**

Application includes:

Mental Health Outpatient Clinic _____

Mental Health Outpatient Clinic Children Only _____

Mental Health Outpatient Clinic Adult Only _____

Mental Health Outpatient and Addictions Clinic _____

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

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

City, it promptly will take all steps necessary to bring it into compliance with the City's tax and other regulatory requirements.

Authorized Signature

Date

Print Name and Title

APPENDIX C

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

Signature

Print Name

Date

Company or Agency Name

APPENDIX E

Philadelphia Transformation Glossary of Terms

Traditional Phrase	Replacement Phrase
Addict	In recovery from alcohol or other drug use
Clients/Members	Individual(s)/ People receiving services
Comorbidity	The need for integrated care
Culturally Competent	Person-First
Decompensating	Having a difficult time/is experiencing
Difficult	Challenging
Disabled	A person living with a disability
Discharge Plan	Continuing Support Plan
Drug and Alcohol	Substance use or Alcohol and other drugs
Graduation	Transition
High Functioning	Is really good at_____
Low Functioning	Challenges care for self
Non-Compliant	Choosing not to; making other choices
Overcome Adversity	Resilience
Problem	Challenge
Relapse	Intermittent success/Resumed use
Relapse Prevention	Recovery Management
Resistant to Treatment	Not ready to engage
Substance Abuse	Substance Use
Suffering From	Working to recover from
Treatment Plan (Adult)	Recovery Plan
Treatment Team	Recovery Support Team
Treatment Plan (child)	Goal Plan/Resilience Plan/Plan of Care
Unmotivated	Uninspired
User of the System	Resourceful/Self Advocate