

REQUEST FOR APPLICATIONS

For

**PARTICIPANTS IN THE ECOSYSTEMIC STRUCTURAL
FAMILY THERAPY (ESFT) TRAINING**

Issued by

COMMUNITY BEHAVIORAL HEALTH

Date of Issue

July 7, 2017

Applications must be received no later than 2:00PM on August 4, 2017.

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

Amber Lee Venti at amber.venti@phila.gov

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

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I. Overview

A. Introduction/Statement of Purpose

Community Behavioral Health (CBH) is soliciting participants for a training program to build clinical capacity in Philadelphia to provide Ecosystemic Structural Family Therapy (ESFT). The ESFT initiative is part of an ongoing effort to increase availability of high-quality, evidence-based and evidence-supported treatments for CBH members. ESFT is a trauma-informed, strengths-based, systemic treatment for children and families experiencing behavioral or relational challenges. The ESFT training will be provided by Dr. Marion Lindblad Goldberg and colleagues at the Philadelphia Child and Family Therapy Training Center. The goal of the training is to build a family systems continuum across levels of care. Priority will be given to applications from CBH in-network providers who are already trained in ESFT or programs with in depth family systems training (e.g. Family Based Services [FBS] or trained in CBH-funded ESFT in outpatient or BHRS) and wish to expand family systems therapy into other community-based levels of care (e.g. outpatient, Behavioral Health Rehabilitative Services [BHRS], children's crisis services). While priority will be given to agencies with prior family systems training, applications from community-based levels of care without in-depth family systems training can also apply. There will be no cost to providers for this training but a significant organizational commitment will be required to participate in the three-year training and successfully implement and sustain this evidence-based program. CBH expects to support training for up to four providers and a total of 24-30 clinical staff members (approximately four-six clinicians and two supervisors per provider).

B. Organizational Overview

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Human Services (PA-DHS) 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 600,000 Medicaid recipients. As a result, CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services. CBH employs more than 400 people and has an annual budget of approximately \$800 million.

C. DBHIDS System Transformation

Because of the successful DBHIDS transformation initiative over the last decade (2005-2015), people with behavioral health conditions and intellectual disabilities now not only live in communities but are *a part of* their communities. As the natural continuation of the transformation of Philadelphia's behavioral health and intellectual disability service system, DBHIDS has adopted a population health approach.

Population health refers to the health of an entire community. Traditional approaches to health care center around individuals who are already experiencing a health-related condition. Population health approaches take a much broader view, seeking to improve the health status of everyone in a community, not just those who are

sick. By providing excellent clinical care as well as community-level interventions and services, **population health approaches help to create communities in which every member—not just those who seek out health services—can thrive.** It is essential that providers who apply for this RFA follow population health approaches as they apply.

As DBHIDS worked in communities to help them better support people in its system, it became clear that many communities are themselves distressed, grappling with violence, poverty, inadequate housing, and other threats to health, well-being, and self-determination. It also has become clear that many people in need of support are not being reached or being reached too late. As a result, DBHIDS has initiated a population health approach to increase capacity within the community to deliver highly effective clinical care supports and services so that over time, communities experience less illness and its associated consequences.

The current national attention to population health confirms that Philadelphia's population health approach is appropriate. The U.S. healthcare environment is already moving in this direction in an effort to contain costs and achieve better outcomes. Acknowledgement is growing locally, nationally, and internationally that promoting optimum health among a whole population can't be achieved within a narrow paradigm built primarily to manage diagnosed conditions. To break the cycle of escalating costs, health systems are increasingly focusing resources on prevention and early intervention. Because of DBHIDS' longstanding commitment to promoting recovery, resilience, and self-determination, Philadelphia is well positioned to be a leader in the nation's next health transformation. The thrust of Philadelphia's behavioral health initiatives are shifting from addressing illness and disability one person at a time to promoting optimum health, wellness, and self-determination throughout the population.

The population health approach challenges us to continue to enhance efforts to improve the health of all Philadelphians. This approach challenges us to expand our efforts beyond pilot projects and special initiatives and embed these principles into the culture of our entire system. It challenges us to consistently broaden our scope to include *all* people in a population, not just those seeking our services. It challenges us to prevent behavioral health conditions and developmental delays from developing or progressing, to equip individuals with the skills and opportunities to make their own choices and build meaningful lives in their communities, and to move even more out of program settings and deeper into the community to address the social and environmental circumstances that have shaped people's lives. We must learn from the innovative work the city has already started and be even bolder, shifting the *intention* of our work from addressing illness and disability one person at a time to promoting optimum health, wellness, and self-determination throughout the whole population.

Health providers and payers use a variety approaches to improve the health of a population. Some approaches, known as population health management, prioritize identifying and providing services to members of a population who have complex, chronic, or very costly conditions. A key goal of population health management efforts is to control costs, often through existing managed care strategies such as reducing avoidable emergency department visits. Other population health approaches are more akin to public health interventions in that they include broad-based interventions (such as flu shots) that benefit *all* members of a defined population, not just those seeking health services. These two major population health frameworks both use data-driven decision making and focus on health outcomes. DBHIDS's approach to population health builds on many years of focus on community health; thus, our approach is consistent with a public health framework.

The essence of the DBHIDS population health approach is as follows:

1. **Attend to the needs of the whole population, not just those seeking services.** Population health approaches emphasize community-level outcomes, not just outcomes for individuals with particular

diagnoses. A key benefit of a population health approach is its focus on keeping people well so that, over time, communities experience less illness and its associated consequences.

2. **Promote health, wellness and self-determination.** Health is much more than the absence of illness or management of symptoms. There is a fundamental difference between providing targeted interventions to address illness versus promoting wellness and quality of life.
3. **Provide early intervention and prevention.** There will always be a need for access to high –quality clinical care, supports, and services. A population health approach provides such care and also works to screen for and prevent the onset or progression of conditions which improves outcomes and better utilizes resources.
4. **Address the social determinants of health.** Poor health and health disparities don't result from medical conditions alone. Chronic stress, toxic environments, limited access to nutritious foods, inadequate housing, social isolation, and numerous other nonmedical factors contribute to poor outcomes. A population health approach seeks to address these factors to reduce health disparities and safeguard everyone's right to optimum health and self-determination.
5. **Empower individuals and communities to keep themselves healthy.** Healthcare providers can't shoulder the entire responsibility for healthy communities. A population health approach not only educates but also empowers and motivates people to take responsibility for promoting their own health and wellness.

D. General Disclaimer

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

E. Project Background

Ecosystemic Structural Family Therapy (ESFT), developed by Dr. Marion Lindblad-Goldberg and colleagues at the Philadelphia Child and Family Therapy Training Center, is an empirically supported adaptation of Dr. Salvador Minuchin's structural family therapy model. It is a trauma-informed, strengths-based, systemic treatment for children and families experiencing behavioral or relational challenges. ESFT is an effective treatment for children with moderate to severe behavioral challenges and/ or families with high levels of conflict, including families with children who are at risk for out-of-home placements.

Based on the understanding that an individual's functioning is linked to relational patterns at home and in the community, ESFT addresses interactions among family members and between the family and community. Caregivers are supported via skill building, psychoeducation, and self-care interventions to manage their own emotional or developmental challenges and to enhance problem-solving and other parenting competencies. Family sessions enact growth-promoting interpersonal experiences and facilitate skills practice. ESFT therapists coach family members to practice new skills within the community, and they connect families to community supports to sustain the gains made in therapy. ESFT aims to improve child behaviors, enhance affective regulation among family members, and increase stability in the home environment. The standard of family treatment in many settings and levels of care, ESFT aligns with DBHIDS priorities for family engagement in treatment.

The EFST training is provided by the Philadelphia Child and Family Therapy Training Center, which was established in 1999 as an outgrowth of Dr. Salvador Minuchin's Family Therapy Training Center. The Center's mission is to promote the delivery of strengths-based, context-sensitive, developmentally-informed mental health services through training and research. Most of the Center's senior faculty worked with Dr. Minuchin at

the former Philadelphia Child Guidance Clinic as the concepts of his model, Structural Family Therapy, were being defined and promulgated during the 1970s. The Center has trained thousands of mental health and other human service professionals in the practice of family therapy. The Center embraces cultural diversity, as evidenced by the diverse cultural characteristics of faculty, trainees, and individuals served.

CBH has provided ESFT training for providers through the Philadelphia Child and Family Therapy Training Center for the past six years. Feedback from participating staff has been uniformly positive. Staff have enjoyed the teaching style and supportive relationship provided by the Philadelphia Child and Family Therapy Training Center, noting that they felt able to ask questions, try new approaches, and openly explore their strengths and challenges as clinicians; some even reported feeling sad when the three-year program was over. Clinicians have consistently described not only an improved ability to deliver family therapy, but a fundamental shift toward “systems thinking” in their approach to treatment. Similarly, participating programs have undergone a paradigm shift from individual to family/systems-focused philosophies. Participating supervisors noted an increase in active engagement around issues that previously felt intractable, with use of role play and video to explore family dynamics, issues of counter-transference, and unnoticed areas of success/growth and development for the therapist and family, and an increased ability to address counter-transference during supervision sessions.

CBH recognizes the need to provide high-quality, evidence-based treatment to its population of children and adolescents with behavioral challenges. As such, CBH is committed to increasing capacity for the provision of ESFT within its network and working with the broader Department of Behavioral Health & Intellectual disAbility Services (DBHIDS) network as requested. As CBH is also aware of the challenges faced by agencies in implementing and sustaining evidence-based clinical programs, this initiative includes both ESFT training and supports to develop sustainable ESFT programs.

II. Ecosystemic Structural Family Therapy (ESFT) Training and Implementation

A. Training and Implementation Opportunity

The ESFT training provided by the Philadelphia Child and Family Therapy Training Center includes 17 days of training (six hours each) delivered annually for three years. Of the 17 days, (7) seven will be for supervisors only, and 10 will be for both supervisors and clinicians. The training will target four in-network providers of community-based levels of care (e.g. outpatient, BHRS, children’s crisis services, FBS) focused on building a family systems continuum across levels of care. Preference will be given to providers with in-depth family systems training (i.e. Family Based Services or previously trained in ESFT in outpatient or BHRS) who wish to expand family therapy into other levels of care. Two supervisors from each of the four agencies will comprise the eight person supervisory training group. Four to six clinicians per agency will constitute the staff member training group. The identified supervisors and clinicians are expected to attend all designated training days throughout the three (3) year training. Agencies are expected to replace supervisors or clinicians who leave the training program.

B. Overview of Training and Implementation Program

1. Training Program Goals

- Develop knowledge and competence in the practice and supervision of ESFT
- Promote the sustained implementation of ESFT
- Increase engagement with families

2. Training Model: Overview of Training and Implementation

- **“Kick Off” Meeting and Quarterly Meetings of leadership/ key personnel**
 - Collaborative meetings with CBH to discuss ESFT program, implementation/ training progress, supports/ modifications needed
- **Seven Supervisor Trainings yearly** (six hours each)
 - Lecture; videotaped examples of supervision; group discussion; one-way mirror observation of senior supervisors with outpatient clinicians; supervision role play; supervisor presentations of supervisees
- **Ten Clinical Skills Trainings yearly for both staff and supervisors** (six hours each)
 - Videotaped examples of family interviewing and ESFT assessment and intervention; group discussion; one-way mirror observation of clinicians treating families; role play practice of family interviewing at different stages of therapy: forming therapeutic alliances, obtaining assessment information, collaborative treatment planning, creating growth-promoting experiences within the family (interventions); case presentations by trainees

C. Continuing Education Credits

Continuing Education credit will be given for each training day. The Philadelphia Child and Family Therapy Training Center is approved by the American Psychological Association, National Board for Certified Counselors, and the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors.

III. Application and Selection Process

A. Eligibility Requirements and Expectations

Applicants must meet the following eligibility requirements.

1. **Licensure and Good Standing:** Eligible applicants must be a current outpatient or residential treatment services provider located in Philadelphia County under contract with Community Behavioral Health. These services must also have current licenses from the Pennsylvania Department of Human Services and be a service provider in good standing with the City and CBH. 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 Department of Human Services (state division). Examples of findings from these oversight functions that could disqualify a provider from being in good standing may include but are not limited to: a. Level II Quality Improvement Plan (QIP) (CBH); b. Consecutive Network Improvement and Accountability Collaborative (NIAC) credentialing statuses of 1 year or less (DBHIDS); c. Provisional licensure (State). In addition, CBH will evaluate other commitments between the provider and CBH that may render a provider unable to dedicate the necessary time and resources to this project. Finally, neither the vendor nor its staff, subcontractors, or vendors may be on any of the three Excluded Individuals and Entities lists:
 - List of Excluded Individuals and Entities (LEIE) <http://oig.hhs.gov/fraud/exclusions.asp>;
 - System for Award Management (SAM) (*formerly Excluded Parties List System (EPLS)*) <https://www.sam.gov>;
 - Department of Human Services’ Medichex List <http://www.dhs.state.pa.us/publications/medichexsearch/>

In each case, CBH will review the findings and make a final determination of standing for the purpose of the provider's eligibility to apply for the RFA.

2. **Program Requirements:** As ESFT programs are established, programmatic census levels will be determined and maintained, with thoughtful approach to caseloads. Teams will be expected to work collaboratively with CBH to be available to receive members identified by CBH. In order to be eligible for the ESFT Training, programs must demonstrate that an adequate number of CBH members will benefit from implementation of a ESFT program at the proposed location. Programs should have established screening and referrals processes to appropriately referred children or families that would benefit from ESFT and match members to clinicians.
3. **Sustained Practice:** Following the completion of the full training and implementation program (see II.B.), agencies will be expected to independently sustain ESFT, including facilitating ongoing referrals and engagement, delivering ESFT to an adequate volume of children and families, maintain proper documentation and use of measures, and developing strategies to support staff through supervision and to address staff attrition.

DBHIDS is currently developing an EBP Program Designation to identify providers that are sustaining high quality EBP Programs. The criteria for EBP Program Designation include:

1. Training and consultation
 - a. intensive training by qualified treatment expert
 - b. case-specific consultation to translate knowledge to practice
2. EBP service delivery
 - a. strategies for receiving referrals, assessment, and connecting individual with EBP-trained therapist
 - b. maintaining EBP service volume to meet referral needs and maintain proficiency with the practice
3. EBP quality assurance
 - a. documentation of use of EBP in treatment plans and notes
 - b. supervision of the EBP, including use of EBP specific tools or checklists
 - c. collection of clinical outcome measures appropriate for the EBP
 - i. including measures of improved function or quality of life improvement
 - ii. developing systems for ongoing collection and reporting

Providers who participate in this initiative are expected to develop these capacities and procedures during the course of the initiative and to pass the EBP Program Designation at the end of the ESFT Initiative via an EBP Program Designation application. Providers are expected to demonstrate sustained capacity for the ESFT program via annual resubmission of the EBP Program Designation Application. Achieving and maintaining EBP Program Designation status will be required for inclusion in DBHIDS rosters in EBP providers and for any financial incentives that may become available to EBP providers.

Other strategies to support sustainability include engagement and support from agency leadership and integrating EBP in the organizational culture and operations. This includes but is not limited to:

- Recruiting staff to participate in learning and using the EBP
- Considering an applicant's knowledge of (or openness to) EBPs in hiring decisions and integrating information about ESFT and family systems care into new employee orientations
- Recognizing EBP clinicians formally in performance reviews and merit raises and informally in newsletters, websites etc.
- Planning to educate all relevant staff on the ESFT model and principles, including for example, outpatient psychiatrists, intake coordinators, and support/ administrative staff

- Selecting an individual who will take the lead on integration of ESFT skills throughout the program (or agency)
4. **Monitoring and Reporting Requirements:** The tracking of change is an integral part of ESFT, as well as essential to understanding what is working well within the training and implementation. The trainers and CBH will partner with the selected agencies to develop an outcomes monitoring plan. Support will be provided in the development of the operational procedures for collecting and regularly reporting data. Providers will be expected to regularly report/review data with CBH.

In addition, providers will be expected to maintain the necessary documentation for the EBP Program Designation including

- Roster of therapists / supervisors, documentation of their training in ESFT and tracking of caseload
- Documented processes for accepting referrals/ assessing appropriateness of EBP / scheduling with EBP therapists
- Documentation of delivery of EBP components
- Documented supervision to the model and / or peer supervision
- Documented use of EBP specific fidelity tools
- Integration of model into treatment plan and session documentation
- Documented use of clinical measures appropriate to EBP

These reporting requirements may be used to determine if programs are sustaining the ESFT model. If programs do not adequately sustain the model, they may no longer be included on DBHIDS rosters of ESFT providers.

5. **Technology Capabilities:** Applicants must have the technology capabilities required to perform the proposed activities in this RFA. Additionally, selected agencies will need to have the capacity to audio or video record sessions to support expert consultation. Details to consider include obtaining member consent, identifying appropriate technology, ensuring privacy protection in recording, storing, and transmitting electronic records (to expert trainers for e.g.). Details will be determined with trainers.

6. Participating Staff:

This section provides an overview of requirements and recommendations for agencies as they identify staff to participate in ESFT training and implementation. It is important to note that clinician participation in the ESFT training must be voluntary.

Staff	Degree/ Employment Status	Role in ESFT implementation	Trainings / Meetings to Attend
1 Executive Leader	Salaried / full-time equivalent Staff member in position of leadership with clinical and administrative decision making authority	Ensure the implementation and sustained delivery of ESFT; Identify specific roles and responsibilities among all staff to manage ESFT implementation.	“Kick Off” Meeting and Quarterly Meetings of leadership/ key personnel
1 ESFT Point Person (This person can either be executive leadership or one of the two supervisors to be trained)	Master’s or doctoral degree, with preference for licensed or licensed-eligible staff/ and Salaried full-time equivalent	Oversee the clinical team; Address implementation issues;Oversee ESFT delivery and sound clinical decision-making throughout training and implementation; Maintain access to agency leadership to coordinate ESFT implementation and address potential challenges; Champion ESFT and assist with integration within the agency; Oversee monitoring and reporting procedures.	“Kick Off” Meeting and Quarterly Meetings of Leadership/ Key Personnel
4-6 Clinicians	Master’s or doctoral degree (with preference for licensed or licensed-eligible staff) / preference for salaried, full time equivalent staff. Must have previous training in trauma. Agencies are encouraged to select clinicians with potential for longevity within the organization.	Identify families that will be appropriate for ESFT and implement the model. Participate in ESFT training and supervision, including use of audio / video recordings of sessions ESFT.	<ul style="list-style-type: none"> • Ten Clinical Skills Trainings yearly for both staff and supervisors (six hours each)
2 Supervisors	Master’s or doctoral degree (with preference for licensed or licensed-eligible staff) / preference for salaried, full time equivalent staff. Agencies are encouraged to select supervisors with potential for longevity within the organization.	Participate in ESFT training and provide supervision consistent with ESFT, including use of audio / video recordings of sessions. Support clinicians in delivery of ESFT and participation in training activities. Identify strategies to continue to spread that use of ESFT throughout the agency.	<ul style="list-style-type: none"> • Seven Supervisor Trainings yearly (six hours each) • Ten Clinical Skills Trainings yearly for both staff and supervisors (six hours each)

B. Application Process

The application consists of Appendices A and B. These Appendices must be completed and submitted by the agency applying for ESFT training.

- Appendix A is the main portion of the application, to be completed by an official at the agency requesting participation in ESFT training and signed by the Executive Director.
- Appendix B is the Trainee Information Form, to be completed by each potential participant.

Completed application documents must be submitted to Amberlee Venti by **2:00PM on August 4, 2017**. Responses submitted after the deadline will be returned unopened. Responses will also be returned unopened to agencies that are ineligible to apply because they do not have a current contract with Community Behavioral Health (CBH) for the level of care noted in section III. A. Submissions are to be addressed as follows:

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

ATTN: Amberlee Venti

Submissions should be marked “ESFT Training Application.” Applications submitted by any means other than mailing, courier, or hand delivery will not be accepted.

Applicants must submit the following:

- An electronic version of the entire application prepared as a PDF document placed onto a compact disc or flash drive (Appendices A and B).
- One (1) clearly marked, signed original hardcopy application.
- Eight (8) additional hardcopies of the complete application (Appendices A and B).

Proposals submitted after the deadline date and time will be returned unopened.

The agency Executive Director must sign Appendix A.

C. Questions about the RFA

All questions regarding the RFA must be sent via email and directed to Amberlee Venti at Amber.Venti@phila.gov. No phone calls will be accepted. The deadline for submission of questions is **July 20, 2017**. Answers to all questions will be posted on the CBH section of the DBHIDS website (www.dbhids.org) by July 26, 2017.

Information Session

CBH will hold a ESFT Information Session for all interested agencies. If you are interested in applying, your agency should plan to have a representative in attendance at the ESFT overview event on **July 18, 2017, 2:00-3:30PM** at CBH 801 Market Street, Philadelphia, PA, Conference Room 1154B.

D. 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.

E. Notification

Applicants will be notified via email by **September 8, 2017** about their acceptance for training. Applicants who have been accepted will be given additional information about the training and expectations via an orientation session.

F. Certification

ESFT certification is coordinated through the Philadelphia Child and Family Therapy Training Center. At the end of the 3-year training initiative, participants may be eligible to apply for ESFT certification. Certification details will be provided during the training.

G. Cost Information

There will be no cost to providers for this training.

IV. General Rules Governing RFAs/Applications; Reservation of Rights; Confidentiality and Public Disclosure

A. Revisions to RFA

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

B. Reservation of Rights

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

1. Notice of Request For Applications (RFA)

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

- to reject any and all applications and to reissue this RFA at any time;
- to issue a new RFA with terms and conditions substantially different from those set forth in this or a previous RFA;
- to issue a new RFA with terms and conditions that are the same or similar as those set forth in this or a previous RFA in order to obtain additional applications or for any other reason CBH determines to be in

CBH's best interest;

- to extend this RFA in order to allow for time to obtain additional applications prior to the RFA deadline or for any other reason CBH determines to be in the CBH's best interest;
- to supplement, amend, substitute or otherwise modify this RFA at any time prior to issuing a notice of intent to develop a provider agreement or consultant contract to one or more Applicants;
- to cancel this RFA at any time prior to the execution of a final provider agreement whether or not a notice of intent to develop a provider agreement has been issued, with or without issuing, in CBH's sole discretion, a new RFA for the same or similar services;
- to do any of the foregoing without notice to Applicants or others, except such notice as CBH, in its sole discretion, elects to post on the DBHIDS website.

2. Miscellaneous

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

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

C. Confidentiality and Public Disclosure

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

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

D. Incurring Costs

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

E. Disclosure of Application Contents

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

F. Selection/Rejection Procedures

Applicants will be notified in writing by CBH as to their selection. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with CBH. Applicants who are not selected will also be notified in writing by CBH.

G. Non-Discrimination

The successful applicant, as a condition of accepting training from CBH through this RFA, agrees to comply with all relevant sections of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, hereby assuring that:

The provider does not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap or disability in providing services, programs or employment or in its relationship with other contractors.

APPENDIX A
ESFT Training
Request for Applications (RFA)

Agency: _____

Program and Site Proposed to Receive ESFT Training: _____

Organizational Type: ___ **For Profit** ___ **Not For Profit**

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Executive Leader Contact: _____

Title: _____

Telephone: _____

Email: _____

Fax: _____

ESFT Point Person Contact: _____

Indicate the Level of Care in which you plan to integrate ESFT:

List all personnel applying for ESFT training: master’s or doctoral level staff to include 4-6 Clinicians, 2 Supervisors, 1 ESFT Point Person (can be one of the two supervisors or executive leadership), 1 Executive Leadership (additional details of participating staff to be included in Appendix B). For

Name	Role (Clinician, Supervisor, Leadership, ESFT Point Person)	Credential / Licensed	Salaried or Contract

DBHIDS is looking to understand your agency's interest and motivation in integrating ESFT into your agency's services. It is important for providers to engage in a thoughtful process for planning and supporting the long-term sustainability of ESFT from the onset of engaging in the ESFT Initiative. Please respond to the following sections.

1. **Executive Summary:** Provide a summary of the reasons why your agency should be selected to participate in the training and to provide ESFT.
2. **Population Served:** Describe the population served at your agency. Include the number of individuals served. Indicate any unique characteristics of the population (e.g., primarily Spanish speaking, geographic location, etc.). On average what % of individuals served in your program are CBH members?

Describe the need in your community/ population for family-focused treatments and interventions for children and adolescents

3. **Treatment Program:** Describe the programming in your program and current treatments offered in your agency. Please be certain to include information about each of the following:
 - a) Primary theoretical model(s) of treatment currently offered
 - b) Prior training in family –systems (e.g. Family Based Services, prior ESFT training) within your agency and how you will use this training to expand a family systems paradigm as you build a continuum.
 - c) How families are engaged in the treatment process, strategies currently used or that will be deployed
 - d) Process for monitoring symptom change and treatment progress, including the use of standardized measures in intake, treatment planning or program evaluation
4. **Supervision:** Developing the skills of supervisors is a key element of the ESFT training. Describe current supervisory practices in the program and how supervisors will be supported in ESFT training and implementation.
5. **Evidence-Based Practice:** Please describe any additional EBP Initiatives or Research Activities your organization (not just the level of care being applied for in this RFA) has been involved in or is currently enrolled in (both DBHIDS sponsored and independent enrollments).

Describe some of the specific successes and challenges your agency has had with EBPs. Describe how you plan to support and integrate multiple EBPs. If you have not implemented specific EBPs before, please discuss some of the anticipated challenges associated with this kind of practice change and how you intend to address them.

6. **Referral Pathways /Identification of ESFT recipients:** Describe current sources of referrals for your program. Describe proposed strategies for creating and sustaining referral pathways for ESFT. Describe strategies to identify ESFT recipients and match with appropriate clinicians, including methods to provide education about the services and screening and intake processes.
7. **Requirements of participating staff:** Participating clinicians and supervisors will dedicate time to training and implementation of ESFT for 3 years as outline above. Describe proposed methods to support staff in managing these responsibilities and ensuring time to engage in key activities.

8. **Sustainability:** As noted, the capacity to sustain the implementation of ESFT in your setting will be strongly considered in the RFA selection. Sustainability requires the full engagement of leadership, policies that support the EBP practice, and efficient staff retention methods, among other strategies. Please describe your current staff retention rate (or turnover rate) and strategies used to support retention of staff. Please describe the plan to ensure that the implementation of ESFT can be sustained long term, addressing the commitment of executive director and other agency leaders, policies, staff retention strategies, and continued education/ training for all ancillary staff to maintain model.
9. **License:** Please indicate if your agency has a current license from the Department of Human Services (DHS) for outpatient or residential levels of care. Please submit copies of your most recent licensure certificates. Providers with provisional licenses may not be eligible for ESFT Training.

License from DHS _____

The following signature is required to confirm your agency's interest in applying for ESFT training slated to begin October, 2017.

EXECUTIVE DIRECTOR NAME (Print) _____

EXECUTIVE DIRECTOR SIGNATURE _____

DATE _____

APPENDIX B

ESFT TRAINEE INFORMATION FORM

Ecosystemic Structural Family Therapy (ESFT), developed by Dr. Marion -Lindblad Goldberg and colleagues at the Philadelphia Child and Family Therapy Training Center, is an empirically supported adaptation of Dr. Salvador Minuchin's structural family therapy model. It is a trauma-informed, strengths-based, systemic treatment for children and families experiencing behavioral or relational challenges. ESFT is an effective treatment for children with moderate to severe behavioral challenges and/ or families with high levels of conflict, including families with children who are at risk for out-of-home placements. Based on the understanding that an individual's functioning is linked to relational patterns at home and in the community, ESFT addresses interactions among family members and between the family and community. Caregivers are supported via skill building, psychoeducation, and self-care interventions to manage their own emotional or developmental challenges and to enhance problem-solving and other parenting competencies. Family sessions enact growth-promoting interpersonal experiences and facilitate skills practice. ESFT therapists coach family members to practice new skills within the community, and they connect families to community supports to sustain the gains made in therapy. ESFT aims to improve child behaviors, enhance affective regulation among family members, and increase stability in the home environment.

The ESFT training provided by the Philadelphia Child and Family Therapy Training Center includes 17 days of training (six hours each) delivered annually for three years. The training will target four agencies, ideally those who have a foundation in ESFT in at least one level of care (FBS, Outpatient, BHRS, etc). The aim is to support such agencies in expanding ESFT to other levels of care within their agency to deepen capacity for ESFT and serving children and families. Two supervisors from each of the four agencies will comprise the eight person supervisory training group. Four-six clinicians per agency will constitute the staff member training group. Clinician and supervisor participation in this training opportunity is voluntary. Responsibilities will include:

- **“Kick Off” Meeting and Quarterly Meetings of leadership/ key personnel**
 - Collaborative meetings with CBH to discuss ESFT program, implementation/ training progress, supports/ modifications needed
- **Seven Supervisor Trainings yearly** (six hours each)
 - Lecture; videotaped examples of supervision; group discussion; one-way mirror observation of senior supervisors with outpatient clinicians; supervision role play; supervisor presentations of supervisees
- **Ten Clinical Skills Trainings yearly for both staff and supervisors** (six hours each)
 - Videotaped examples of family interviewing and ESFT assessment and intervention; group discussion; one-way mirror observation of outpatient clinicians seeing families; role play practice of family interviewing at different stages of therapy: forming therapeutic alliances, obtaining assessment information, collaborative treatment planning, creating growth-promoting experiences within the family (interventions); case presentations by trainees

In order to be trained in ESFT, clinicians must have a master's degree or higher in a human services field (e.g., social work, psychology).

This questionnaire is to be completed by each potential participant. Please note your participation in the ESFT training is voluntary.

Your full name: _____

Your title: _____

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

Your professional discipline: _____

Licensed or Credentialed: Y N License(s) held in PA _____ Credential(s) held in PA _____

Your agency name: _____

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

Full Time Part-time Fee for Service

Do you primarily provide services to children? _____

Please note any languages spoken in addition to English _____

Please describe prior training in trauma and experience treating individuals with trauma histories _____

Please describe prior training and experience providing relationship/ family therapy _____

Please describe prior training in other evidence-based practices. _____

Please describe your interest in learning about ESFT: _____

