REQUEST FOR PROPOSALS (RFP)

for

ADDICTION SERVICE CONTINUUM FOR SPECIAL POPULATIONS

issued by

COMMUNITY BEHAVIORAL HEALTH

Date of Issue:
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Proposals must be received no later than 2:00 P.M., Philadelphia, PA, local time, on September 12, 2017

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

To address to the need to expand access to high-quality addiction services in Philadelphia, as prescribed in the Mayor's Task Force *Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia*[1], Community Behavioral Health (CBH) is seeking providers to develop a the following services:

- **Halfway house program (2B/ American Society of Addiction Medicine [ASAM] level 3.1)** with capacity to treat a maximum of 16 women and/or men and other genders 18 years and older.

- **Journey of Hope (JOH) female halfway house program (2B/ ASAM level 3.1)** with capacity to treat a minimum of 5 and a maximum of 16 women.

- **Latino halfway house program (2B/ ASAM level 3.1)** with capacity to treat a maximum of 16 individuals of varying genders at a time. Applicants can propose 16 single-bed programs to flex as Latino 2B/3B to meet individual need and minimize disruption during transition between levels of care. Preference will be given to applicants who can flex these programs.

- **Latino medically monitored maintenance residential treatment programs (3B/ ASAM level 3.5-3.3)** with capacity to treat a maximum of 16 individuals at a time. Applicants can propose 16 single-bed programs to flex as Latino/a 2B/3B to meet individual need and minimize disruption during transition between levels of care. Preference will be given to applicants who can flex these programs.

- **Mother/child halfway house programs (2B/ ASAM level 3.1)** with capacity to treat a maximum of 16 families at a time.

- **Youth/ young adults halfway house program (2B/ ASAM level 3.1)** targeting transition age youth/young adults, 18-25 years of age, with capacity to treat a maximum of 16 individuals. These programs are expected to be able to address high frequencies of synthetic cannaboid use in addition to other drugs.

These services must be located within Philadelphia, and priority will be given to applicants with programs located in the Health Enterprise Zone[2]: 19120, 19121, 19122, 19123, 19124, 19125, 19126, 19130, 19132, 19133, 19134, 19138, 19140, 19141, 19144. Additional consideration will be given to providers in zip codes with high volume of emergencies related to opioid use, including 19104, 19148, and 19102. Providers can apply for one or multiple programs. Applicants who are interested in applying for the Latino can propose single 16-bed programs to flex as both 2B and 3B levels of care depending on individual need, and preference will be given to applicants who are able to combine programs. Programs must be trauma-informed and culturally competent, with staff

[1] City of Philadelphia Mayor's Task Force, *Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia*, May 17, 2017,http://dbhids.org/wp-content/uploads/2017/05/OTF_Report.pdf

[2] Health Enterprise Zone is a section of North Philadelphia identified by Pennsylvania Department of Human Services as high priority for treatment availability given health disparities and the high concentration of Medicaid recipients living in the identified zip codes. http://www.dhs.pa.gov/citizens/hez/index.htm

trained in evidence-based practices appropriate for the populations served and services provided. Programs must be able to treat individuals with challenges stemming from substance use disorders, severe mental illness (SMI), justice involvement, homelessness, unemployment and lack of education/ training, and intellectual disabilities. It is critical that all programs accept individuals receiving medication-assisted treatment (MAT) and that staff are trained on the uses and effectiveness of MAT for treating substance use disorders.[3] It is expected that all services requested through this RFP will be fully operational as soon as possible, and applicants should include timetable for projected start date with target dates for phases of start-up (hiring, training, etc.).

As an additional response to the Mayor's Task Force Report and the need to expand and enhance addiction services, particularly regarding access to MAT, CBH will initiate an application process to designate in-network practitioners as MAT providers. The aim of this initiative is to expand availability of MAT providers throughout the city. Providers of the addiction services being procured here will be expected to partner with new MAT providers to ensure continuity of MAT access.

Applicants must develop addiction services in a manner that reflects the Philadelphia system emphasis on recovery transformation and population health as discussed in section II.I. In particular, treatment should promote wellness as well as symptom-management, address the social determinants of health and mental health, and empower individuals to maintain recovery and achieve successful community tenure. The addiction services should partner with community organizations to promote wellness in the community and to support reintegration of individuals discharged from these services. The Philadelphia system's population health approach assumes that services are provided in a manner which is also consistent with the system transformation of behavioral health services implemented over the last decade. The DBHIDS Practice Guidelines for Recovery and Resilience Oriented Treatment (http://www.dbhids.org/practice-guidelines/) provide a framework for the system transformation.

Applicants will be required to develop and maintain a continuous quality improvement plan for the services implemented. This will include tracking process and outcome measures related to the impact and effectiveness of the services delivered, as well as setting goals and engaging in improvement activities related to the goals. Measures to be tracked by all programs must include:

- Reductions in Addiction Severity Index
- Percentage of individuals with opioid use disorder, tobacco use disorder, and/or alcohol use disorder provided a FDA approved medication as part of treatment in the program
- Amount of program services delivered (individual, group, and family therapy, psychiatric consultation, etc)
- 30 and 90 day recidivism to all bed-based levels of care
- 7 and 30 day follow-up rates to outpatient services

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

[3] Community Behavioral Health, *Bulletin 17-04 Halfway House (2B) Providers Required to Accept Individuals on All Forms of Medication Assisted Treatment (MAT)* (April 7, 2017) Retrievable at http://www.dbhids.org/wp-content/uploads/2017/04/MAT-and-Halfway-House-Bulletin-2017-04-10.pdf

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.

DBHIDS has been actively transforming Philadelphia's behavioral health system for the last twelve years. The department's 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 ownership for their sustained health, wellness, and recovery from behavioral health challenges. As a next wave of its transformative efforts, DBHIDS is putting emphasis on quality community-level health outcomes using a population health approach. A population health approach seeks to promote health and wellness in all, not just to diagnose and address challenges for some. DBHIDS's population health approach builds upon many years of focus on community health; thus, the approach is consistent with a public health framework. The essence of the DBHIDS population health approach is based on the following principles: attend to the whole population, not just to those seeking services; promote health, wellness and self-determination; provide early intervention and prevention; address the social determinants of health; and empower individuals and communities to keep themselves healthy.

C. Background

In May 2017, the Mayor's Task Force released its *Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia*[4]. Outlining the growing scope of the opioid crisis, the Report indicates that 907 individuals in Philadelphia died due to drug overdose in 2016, an increase from 702 in 2015. In 2015, Philadelphia's rate of 46.8 drug overdose deaths per 100, 000 residents far outpaced other large cities such as Chicago (15.4) and New York City (11.2). Approximately 80 percent of drug overdose deaths in Philadelphia involve opioids, including prescription opioids, heroin, and fentanyl. According to the Report, the Drug Enforcement Agency and National Survey on Drug Use and Health estimated that between 122,000 and 150,000 Philadelphians are in need of substance use disorder treatment.

To address the epidemic, the Task Force provided recommendations for treatment providers and community partners to expand treatment access and capacity across multiple levels of care. Specifically, the Report calls for an increase in the number of sites in Philadelphia offering addiction treatment services, expanding the hours of operation of facilities, improving assessments incorporating American Society of Addiction Medication (ASAM) Criteria, embedding withdrawal management into multiple levels of care, and increasing the use of medication assisted treatment. Medication-assisted treatments (MAT) are empirically supported as effective interventions to treat

[4] City of Philadelphia Mayor's Task Force, *Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia*, May 17, 2017,http://dbhids.org/wp-content/uploads/2017/05/OTF_Report.pdf

opioid addiction; nonetheless, MATs are significantly underutilized in part due to stigmatization and a lack of knowledge about them among treatment professionals and the community. The Report also calls for enhanced workforce for addiction services and increased engagement of special populations. As such, this RFP reflects an increase in standards for staff training and credentials and services provided, increased support of and access to MAT, and increased capacity to engage Latino populations, women and mothers, and transition age youth.[5]

An additional impetus for expanding and enhancing addiction services in Philadelphia is the impending transition from PCPC to the ASAM Criteria as the PA Department of Drug and Alcohol Programs (DDAP) standard for providing addiction services. The ASAM service descriptions and criteria reflect an increasing emphasis on "unbundling" treatment modality and intensity from the treatment setting, thus any type of clinical service (such as psychiatric consultation, withdrawal management, etc.) can be provided in any setting (residential, outpatient, supportive living environment, etc.). The practice of unbundling allows for treatment to be based on the individual's needs and not imposed or limited by the treatment setting,[6]As such, this RFP seeks programs that can flex treatment capacity to provide multiple levels of addiction treatment, thus minimizing treatment interruption when individuals transition between programs. Applicants should consult the PCPC to develop programs, cross-walking expectations with the ASAM Criteria in anticipation of this transition to occur July 2018. Additionally, providers should have staff trained in ASAM assessment and placement criteria, and adopt standardized assessments aligned with the ASAM and PCPC.

The growing epidemic of addiction and overdose deaths in Philadelphia has created the need for increased and enhanced substance use treatment capacity in the CBH network, in particular regarding the need for safe, regulated support environments as stepdowns along the continuum of addiction services, when individuals need additional structured support to help promote their engagement in substance use treatment. CBH is committed to expand and enhance capacity across the addiction service continuum, in line with PCPC and ASAM criteria and recommendations from the Mayor's Task Force.

D. Applicant Eligibility Requirements

To be eligible to respond to this RFP, applicants must appropriately licensed and credentialed as of the start date for implementation. Capacity to expedite a start date will be prioritized in RFP selection. Applicants must not be on any of the three Federal and Commonwealth exclusion lists or on a Corporate Integrity Agreement (see III. K. for complete threshold requirements).

E. General Location/ Site Requirements

Each applicant must have current control of a site located in Philadelphia, with priority given to applicants who can develop programs in the Health Enterprise Zone: 19120, 19121, 19122, 19123, 19124, 19125, 19126, 19130, 19132, 19133, 19134, 19138, 19140, 19141, 19144. Additional consideration will be given to providers in zip codes with high volume of emergencies related to opioid use, including 19104, 19148, and 19102. The applicant may own or lease the property directly. For the proposed facility, the applicant is required to provide information on the property's

[5] City of Philadelphia Mayor's Task Force, *Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia*, May 17, 2017. Available at http://dbhids.org/wp-content/uploads/2017/05/OTF_Report.pdf

[6] David Mee-Lee, Gerald D. Shulman, Marc J. Fishman, David R. Gastfriend, Michael M. Miller, Scott M. Provence, *The American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed.* (Carson City, NV: The Change Companies, 2013).

zoning and licensing status as well as describe how it can be configured as the proposed program. Applicants can propose converting an existing program site to the proposed program to expedite a start date. The site should be able to provide comfortable living space for the proposed number of individuals, including both shared and private rooms, access to outdoor space, and treatment space to accommodate milieu activities, appointments/ sessions, and staff offices. A tobacco-free policy must be maintained throughout the premises.[7] All sites must have all Americans with Disabilities Act (ADA) provisions; no ADA exceptions will be permitted.

F. 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.

G. Evidence Based Practices

DBHIDS has a strong focus on the use of evidence-based practices (EBPs) for all levels of services throughout its provider network. The programs procured through this RFP must establish evidence-based approaches to treatment. Applicants should consider EBPs appropriate to the population and level of care, including cognitive behavior therapy (CBT) and motivational interviewing (MI). For each EBP, the Applicant is expected to provide the following information, in addition to responding to the issues in the bullets following each service description.

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

II. Scope of Work

A. HALFWAY HOUSE PROGRAMS

This section is for applicants who would like to develop one or more of the requested halfway house programs, which include:

- **STANDARD HALFWAY HOUSE PROGRAM** (2B/ ASAM level 3.1) program with capacity to treat a maximum of 16 women and/or men and other genders at a time.

- **JOURNEY OF (JOH) FEMALE HALFWAY HOUSE PROGRAM** (2B/ ASAM level 3.1) with capacity to treat a minimum of 5 and a maximum of 16 women.

- **LATINO HALFWAY HOUSE PROGRAM** (2B/ ASAM level 3.1): with capacity to treat a maximum of 16 individuals of varying genders at a time. Applicants can propose single-bed

[7] The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), "Tobacco Recovery Wellness Initiative (TRWI)," http://dbhids.org/tobacco-free

programs to flex as Latino 2B/3B to meet individual need and minimize disruption during transition between levels of care. (see requirements in B.).

- **MOTHER/ CHILD HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)** with capacity to treat a maximum of 16 families at a time.

- **YOUTH/ YOUNG ADULT HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)** targeting transition age youth/young adults, 18-25 years of age, with capacity to treat a maximum of 16 individuals. These programs can be developed by one or more providers. These programs are expected to be able to address high frequencies of synthetic cannaboid use in addition to other drugs.

The descriptions below marked ALL apply to all halfway house programs, and the additions in some sections apply to the specialty halfway house indicated.

1. **Objective/ Purpose**

ALL: This RFP is seeking providers to develop standard and specialty halfway house (2B) programs as listed above. Additional halfway house capacity will provide step-down options for individuals transitioning from short and long-term rehabilitation. Halfway houses are state-licensed, community-based residential and rehabilitation treatment facilities that focus on developing self-sufficiency for individuals with addiction challenges. Halfway houses should be able to address complex and chronic medical conditions, mental health needs, and MAT regimen either on site on through partnerships/ MOUs and with minimal disruption to daily routine. Though length of stay is individualized, successful and timely reintegration into the community is prioritized. The target length of halfway house stay is less than six months, though some individuals require longer stays.

Applicants should consult the Pennsylvania Client Placement Criteria (PCPC) to develop halfway house programs, cross-walking expectations with the American Society of Addiction Medicine (ASAM) Criteria in anticipation of DDAP adopting this as the standard for addictions programs beginning July 2018. Applicants will be asked to discuss methods to be used and resources needed to update programs to ASAM standards.[8]

- **JOURNEY OF HOPE (JOH) FEMALE HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1):** JOH halfway house programs provide treatment to individuals who have experienced chronic homelessness according to the criteria of Department of Housing and Urban Development (HUD).[9] In addition to traditional halfway house programming, JOH halfway houses provide case management and other supports to target chronic homelessness. Recipients of JOH services receive priority status for housing and status is protected even in cases of extended stays. Currently, only male JOH halfway houses exist in the CBH network, and this procurement seeks to expand this service to women.

[8] DDAP http://www.ddap.pa.gov/treatment/Pages/ASAM_FAQ.aspx

[9] HUD defines chronic homelessness as follows:

- Has been continuously homeless for a year or more(HUD defines "homeless" as "a person sleeping in a place not meant for human habitation (e.g. living on the streets for example) OR living in a homeless emergency shelter.)
- Has had four (4) episodes of homelessness in the last three (3) years. Details available at: https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/

- **LATINO HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)**: This RFP also seeks to add a Latino halfway house program to the addiction continuum of services to address the high need for treatment capacity for the Philadelphia Latino population (in 2015, five-year estimates of overdose deaths in Philadelphia indicated that Hispanic individuals represented approximately one-third of deaths).[10] Services must be culturally competent and provided by bilingual staff.

- **MOTHER/CHILD HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)**: A significant barrier to treatment faced by many women is the need to plan for children and the fear of losing physical custody of children during stays in treatment facilities. Currently, no mother/ child halfway house programs exist in the CBH network, and this RFP seeks fill this gap.

- **YOUTH/ YOUNG ADULT HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)** targeting transition age youth/young adults, 18-25 years of age, with capacity to treat a maximum of 16 individuals. These programs can be developed by one or more providers. Thes**e** programs are expected to be able to address high frequencies of synthetic cannaboid use in addition to other drugs.

2. Target Population

ALL: Halfway house programs must be able to treat individuals with substance use disorders and psychosocial challenges including homelessness, incarceration/ justice involvement, and unemployment. Individuals often have co-occurring intellectual disabilities and mental health diagnoses, challenges with impulse control, irritability, mood swings, obsessive thoughts of substance use, anxiety, and challenges with life skills and self care. Individuals may manifest stress behaviors related to trauma histories and recent or threatened losses in the work, family, or social arena. Referrals to halfway houses come from short and long-term rehabilitation programs as well as the community, and individuals will have reached a level of abstinence and withdrawal management per the PCPC admission criteria; some will receive MAT through the duration of their stay.

It is important to emphasize the cultural competency of staff and programming to be able to sensitively and proficiently meet the needs of a diverse population, including lesbian, gay, bisexual, transgender, questioning, queer, intersex, and asexual (LGBTQIA) individuals, including using inclusive language and addressing medical needs of individuals who are transgender; individuals who are multilingual/ multicultural, including the ability to provide/procure interpretative services, for both deaf and non-English speaking individuals; and individuals of varying racial and socioeconomic backgrounds, with many having experienced living in circumstances of poverty/ low income. Applicants should describe plans (hiring, training, programming, etc.) to support these populations.

- **JOURNEY OF HOPE (JOH) FEMALE HALFWAY HOUSE PROGRAMS(2B/ ASAM level 3.1) :** As noted, individuals referred to JOH programs must be experiencing chronic homelessness according to the criteria of Department of Housing and Urban

[10] City of Philadelphia Mayor's Task Force, *Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia*, May 17, 2017,http://dbhids.org/wp-content/uploads/2017/05/OTF_Report.pdf

Development (HUD).[11] Individuals will be age 18 and older, of varying genders.

- **LATINO HALFWAY HOUSE PROGRAMS(2B/ ASAM level 3.1)** : Individuals referred to Latino halfway houses will be primarily Spanish-speaking and/ or bicultural. Individuals will be age 18 and older, of varying genders.

- **MOTHER/CHILD HALFWAY HOUSE PROGRAMS(2B/ ASAM level 3.1)** : Women referred to mother/ child halfway house programs must be pregnant and/ or with children.

- **YOUTH/ YOUNG ADULT HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)** targeting transition age youth/young adults, 18-25 years of age, of varying genders, with capacity to treat a maximum of 16 individuals. These programs are expected to be able to address high frequencies of synthetic cannaboid use in addition to other drugs.

3. Location/ Site

ALL: In addition to the requirements in section I.D., the halfway houses should be free-standing, non-institutional, and located in the community, with normal housekeeping and food preparation completed on the premises by residents. The environment will support the promotion of clean air and living spaces and noise control. Access to outdoor space is a requirement of the halfway house environment. On-site maintenance of Naloxone must be included in halfway house protocols.[12]

4. Services to be Provided/Required Tasks

ALL: Halfway houses must provide comprehensive assessment, treatment, and discharge planning for individuals. Halfway houses should emphasize protective and supportive elements of family living and opportunities for independent growth and responsible community living. Mutual self-help, assistance in economic and social adjustment, and life skills coaching should be built into daily life. Individuals must be assisted in developing a recovery program, and substance use treatment should be provided on-site. Staff must be able to address a myriad of presenting challenges stemming from substance use, mental health needs, intellectual disabilities, medical complexities, psychosocial barriers, legal involvement, or a combination. Applicants should describe how they will ensure access to medical care and mental health treatment for individuals. Well-established referral pathways and connection to community supports should be mobilized to ensure successful discharges. Services should be culturally competent, trauma-informed, and able to meet the special needs of individuals, including staff should have expertise in working with LGBTQ populations. Given the social stigma this population faces, it is critical for each halfway house to cultivate a nonjudgmental and supportive treatment environment, one which respects the dignity and value of each person who receives treatment.

- **JOURNEY OF HOPE (JOH) FEMALE HALFWAY HOUSE PROGRAMS (2B/ ASAM level 3.1):** JOH halfway house programs must also provide case management and

12 HUD defines chronic homelessness as follows:

- Has been continuously homeless for a year or more(HUD defines "homeless" as "a person sleeping in a place not meant for human habitation (e.g. living on the streets for example) OR living in a homeless emergency shelter.)
- Has had four (4) episodes of homelessness in the last three (3) years. Details available at: https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/

[12] Community Behavioral Health (CBH), "Bulletin 16-04: On-site Maintenance, Prescription, and Administration of Naloxone," http://dbhids.org/wp-content/uploads/1970/01/Bulletin-16-04-Naloxone.pdf

other supports to target chronic homelessness.

- **LATINO HALFWAY HOUSE PROGRAMS (2B/ ASAM level 3.1)**: Services and all documentation / consents must be provided in Spanish as needed/ requested.

- **MOTHER/CHILD HALFWAY HOUSE PROGRAMS (2B/ ASAM level 3.1)**: Mother/ child halfway house programs must include medical treatment/ access to medical treatment through MOUs/ partnerships for pregnant women and children. Treatment should include parent/child sessions and parenting skills training and coaching.

- **YOUTH/ YOUNG ADULT HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)** These programs are expected to be able to address high frequencies of synthetic cannaboid use in addition to other drugs, as well as life skills to target educational and vocational planning.

a) Admission

ALL: Halfway house staff should conduct a welcoming orientation process for newly placed individuals, which should include a site tour, staff introductions, and explanation of halfway house guidelines and expectations for individuals receiving services. Psychoeducation should be provided with an emphasis on the goals of treatment and the individual's role as a contributing member of the household. The halfway houses must establish working relationships with medically managed and monitored short and long-term rehabilitation programs to ensure smooth referral and admissions processes. All individuals should have a plan for employment or educational/ training activities during the day. A qualified staff person must be available for intake/admission 24/7.

- **JOURNEY OF HOPE (JOH) FEMALE HALFWAY HOUSE PROGRAMS (2B/ ASAM level 3.1):** Individuals referred to JOH halfway houses must be experiencing chronic homelessness according to the HUD definition.

- **LATINO HALFWAY HOUSE PROGRAMS (2B/ ASAM level 3.1)** : Services and all documentation / consents must be provided in Spanish as needed/ requested.

- **MOTHER/CHILD HALFWAY HOUSE PROGRAMS (2B/ ASAM level 3.1)**: Admissions staff should verify that mothers have full custody of children.

- **YOUTH/ YOUNG ADULT HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)** Admissions staff should verify any DHS affiliation.

b) Assessment

ALL: Halfway house teams should complete an inter-disciplinary assessment to determine all substance use, psychiatric, mental health, and medical interventions to be provided during the individual's course of stay. The state mandated substance use assessment tool (currently the Pennsylvania Client Placement Criteria) should be used to determine substance use treatment needs. The assessment process should be trauma-informed, strengths-based, and culturally competent. Family members and other support people should be engaged in their roles to promote the individual's recovery. Structured tools should be administered to aid diagnosis and determine baseline measures for tracking progress and outcomes (specific tools, frequencies, and related processes to be determined during contract negotiation). Psychological and neuropsychological

testing should be arranged as appropriate. Coordination with prior treatment teams, including short and long-term rehabilitation, hospitals, residential settings, Assertive Community Treatment (ACT) programs, probation officers, as well as system partners (ID case managers, residential case managers) must occur and be documented. All relevant prior records should be obtained, reviewed, and such review documented. Informed consent regarding evidence-based treatment options (whether offered by halfway house staff or through coordination with outside providers) must be included in the assessment. Assessment should occur initially and ongoing to determine appropriateness of continued stay and/ or any need for transition to other level of care to address relapse, risk behaviors, or other symptoms that exceed the threshold of halfway house capabilities.

c) Physical Health and Wellness

ALL: Halfway houses should utilize partnerships/ MOUs with outside providers to treat chronic and complex medical needs. Test for HIV and TB and other laboratory work should be completed as needed. Staff should provide health and wellness education, addressing symptom management, engagement in treatment, medication consistency, exercise, nutrition, weight management, and drug, alcohol, and/ or tobacco use as applicable. Physical examination by a physician within 24 hours following admission, or a physical examination which was conducted within 7 days prior to admission, and was evaluated by the facility physician within 24 hours following admission, is required. Specific assessments should be performed on an individualized basis, with consideration of risk guiding the evaluation (because population frequently suffers from communicable, infectious, or transmittable diseases). Individuals who are transgender and receiving hormone replacement therapy (HRT) must be continue to receive all related medical intervention on site or via partnership with outside provider. Furthermore, the facility must have appropriate policies and procedures for identification, treatment, and referral of individuals found to have such illnesses, so as to protect other individuals and staff from acquiring these diseases. Medication storage policies must be developed and maintained as per DDAP requirements.

- **MOTHER/CHILD HALFWAY HOUSE PROGRAMS (2B/ ASAM level 3.1)**: Mother/child halfway house programs should maintain linkages with prenatal care providers to ensure consistent medical care for women who are pregnant. Education regarding the impact on families of substance use, including the risk of neonatal abstinence syndrome (NAS) and the correlation between parent substance use and Adverse Childhood Experiences (ACEs)/ related challenges, should be provided. Individuals should also be informed and encouraged about the positive impact of parent recovery and the capacity of children and families to heal from addiction. Children at the site should have an assessment of needs for early intervention and other behavioral health services.

d) Substance Use Treatment

ALL: Substance use treatment should be provided on site and should use evidence-based interventions delivered by culturally competent and trauma-informed staff. Interventions should address barriers to sustained recovery and community tenure and should assist the individual in moving through stages of change with intention and self-awareness. Increasing an individual's understanding of personal risks for substance use and the ability to use adaptive coping skills should be the focus of treatment, with staff supporting opportunities for skill practice in daily life. Emphasis should be placed on promoting wellness as well as managing triggers and symptoms. Family engagement as a key predictor of sustained recovery should be emphasized; family members, significant others, or other support people indentified by the individual should be included in treatment; programs should provide on-site or referrals to family support groups. Incorporating current PCPC, treatment should occur as follows:

- Group therapy once per week for at least 1.5 hours per session
- Individual therapy at least twice a month for at least one hour per session
- Peer group meetings four times/week for at least 45 minutes/session, to focus on daily living
- Family therapy, if indicated by the individual's treatment plan
- Educational or instructional groups, once per month
- Family support groups (on or off-site)
- Coordination and facilitation of mental health treatment through MOUs
- Coordination with MAT providers

- **MOTHER/CHILD HALFWAY HOUSE PROGRAMS (2B/ ASAM level 3.1)**: Mother/child halfway house programs should also provide psychoeducation / assessment/ treatment as needed for perinatal depression.

- **YOUTH/ YOUNG ADULT HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)** These programs are expected to be able to address high frequencies of synthetic cannaboid use in addition to other drugs.

Programs must be able to provide a curriculum of treatment throughout the day that is appropriately comprehensive and intensive as dictated by individual needs. Applicants should propose schedules of treatment, to include frequency and duration of the above services each day for each level of care, with the option to flex the combination or amount of any modality depending on individual treatment needs. It is critical that providers have weekend staffing to enable programming seven days per week; this requirement aligns with best practices and the recommendation from the Mayor's Task Force Report to expand weekend and evening operations for facilities at multiple levels of care.

e) Milieu Therapy/ Skill Building

Milieu management comprises many of the activities that provide structure and an opportunity for stability during halfway house stays, including but not limited to the management and layout of the environment, efforts to maintain safety and security, promote cooperative living among residents, and the daily schedule. All individuals receiving halfway house treatment prepare for independent living by working or attending school/ training during the day. All housekeeping tasks, including cooking and cleaning, are completed by residents. Mutual self-help, assistance in economic and social adjustment, skills coaching, and other opportunities for independent growth and responsible community living should be built into daily life. Recreational activities, including walks, exercises, games, creative arts and crafts, and leisure activities should complement traditional therapeutic modalities and increase an individual's ability to identify personal interests and engage in healthy outlets. Recreational activities should promote learning and occur off-site, in the community for identified individuals. Programming can include on-site support groups from outside providers.

- **JOURNEY OF HOPE (JOH) FEMALE HALFWAY HOUSE PROGRAMS (2B/ ASAM level 3.1):** Case management services to target chronic homelessness should be provided. Life skills groups and support specific to mothering women and pregnant women should also be provided.

- **LATINO HALFWAY HOUSE PROGRAMS (2B/ ASAM level 3.1)**: Services and all documentation / consents must be provided in Spanish as needed/ requested.

- **MOTHER/CHILD HALFWAY HOUSE PROGRAMS (2B/ ASAM level 3.1)**: Prenatal and perinatal psychoeducation and parenting skills coaching should be built in to program.

- **YOUTH/ YOUNG ADULT HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)** Case management and treatment should target life skills and vocational and educational planning.

f) Psychiatric Care and Mental Health Treatment
Halfway houses must have contracts or MOUs with psychiatrists and other mental health facilities to ensure efficient scheduling of evaluations and ongoing medication management, with on call access for medication concerns arising between appointments. The psychiatrist should be available at least once per week for evaluations and medication appointments, and should be available on-call 24 hours per day, 7 days per week.

As needed, halfway houses should maintain MOUs/ partnerships to ensure consistent access to mental health treatment for individuals. Mental health treatment (even if off-site) must be integrated into programming, and halfway house staff should be aware of mental health treatment goals for all individuals so that they may incorporate these into other aspects of halfway house treatment.

- **YOUTH/ YOUNG ADULT HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)** As many individuals in this population are of the common age of onset for severe mental illness, program staff should monitor for emerging symptoms of diagnoses, including bipolar disorder and schizophrenia. Information about family medical history should be known to staff to facilitate appropriate screening.

g) Medication Assisted Treatment (MAT)
Halfway houses must accept individuals on all forms of MAT, including methadone, buprenorphine and extended-release naltrexone, and must maintain MOU/ partnerships with MAT prescribers to ensure MAT continues without interruption through the individual's stay. As previously noted, MATs are empirically supported as effective interventions to treat opioid addiction; nonetheless, MATs are significantly underutilized in part due to stigmatization and a lack of knowledge about them among treatment professionals and the community. The programs procured through this RFP will need to accept all individuals on all forms of MAT, and staff must be educated on the uses, and effectiveness of MATs.

h) Naloxone/ Narcan
In accordance with CBH policy, naloxone kits must be maintained on-site at all times, and all staff must be trained to administer it. Programs must establish emergency protocols to ensure immediate emergency medical attention following administration. Individuals and family members/ significant others should be educated and trained on the availability and use of naloxone. Protocols should also address the acquisition, storage, monitoring, administration and safe disposal of used and expired naloxone[13].

i) Coordination/ Discharge
In addition to the linkages required to address medical, mental health, psychiatric, and MAT needs, halfway houses should develop collaborative relationships with community-based levels of care to

[13] Community Behavioral Health (CBH), "Bulletin 16-04: On-site Maintenance, Prescription, and Administration of Naloxone," http://dbhids.org/wp-content/uploads/1970/01/Bulletin-16-04-Naloxone.pdf

provide opportunities for independent growth and skill building during halfway house stays, including vocational assessment, job training, job placement, GED preparation, and other educational opportunities. Such partnerships ensure successful reintegration into the community upon discharge, ensuring individuals are steadily employed and/ or participating in job training/ education when they leave the halfway house. Linkages with housing organizations and resources will be essential to ensure individuals have a safe and stable place to live following discharge. Halfway houses should have the capability to conduct utilization reviews with CBH. Coordination with past, current, and prospective providers is critical and required. The halfway houses must establish working relationships with outpatient and other community-based programs and CBH to ensure smooth referral processes. Interagency meetings including CBH will occur at intervals to be determined by CBH based on clinical need. Successful transition into the community is of paramount importance. A discharge plan should be developed and signed by the individual and all involved agencies..Agencies will be responsible for outcomes related to 7 and 30 day treatment follow-up as well as recidivism, therefore ensuring participants' engagement in treatment post-discharge is paramount. Applicants should develop intervention designed to promote continuity of care. As noted, staff must be trained in the administration of naloxone, must educate participants and their families about its use and offer it via prescription to vulnerable individuals upon discharge.

- **YOUTH/ YOUNG ADULT HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1) and MOTHER/ CHILD HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)**
  Coordination with DHS is key for this population.

- **JOURNEY OF HOPE (2B/ ASAM level 3.1)**
  Coordination with HUD is key for this population.

5. Personnel Requirements

ALL: Applicants must include proposed staffing pattern. In addition to following DDAP requirements**,** staffing pattern for the halfway house programs, with credentials in line with the CBH Manual for Review of Provider Personnel Files (MRPPF), [14] :

- Facility Director
- Staff that represent the population served
- Substance Use Counselors
- Supervisors
- Peer Support (Certified Peer Specialist or Certified Recovery Specialist)
- Case Manager
- Must have at least one staff on premises at all times that is able to accept and complete new admissions

- **LATINO HALFWAY HOUSE PROGRAMS** (2B/ ASAM level 3.1)**:**
  - Spanish-speaking/ bicultural staff

- **MOTHER/CHILD HALFWAY HOUSE PROGRAMS** (2B/ ASAM level 3.1)**:**

14Community Behavioral Health, *Manual for Review of Provider Personnel Files (MRPPF),* http://dbhids.org//wp-content/uploads/2015/10/Manual-for-Review-of-Provider-Personnel-Files-v.1.1-August-2014.pdf

- Staff must have federal requirements to work with children (FBI fingerprint and child abuse background completed)
- Partnership with childcare facility

6. Training

ALL: Halfway house staff must have education and training that complies with standards in the Manual for Review of Provider Personnel Files (MRPPF).

- All non-clinical staff must be trained in Mental Health First Aid.
- All staff must be trained to administer naloxone.
- All staff must be trained in trauma-informed care.
- All staff must be trained ongoing in CBH-required safety trainings.
- All staff must have prior experience working with addictions.
- All staff must be trained in selected EBP(s).
- Clinical staff must be trained in structured tools and other quality measures as applicable.
- All staff must be culturally competent; applicants should describe hiring and training procedures to ensure culturally competent programming for populations as described in section 2. Target Population.

B. LATINO MEDICALLY MONITORED MAINTENANCE PROGRAMS (3B/ ASAM level 3.5-3.3) with capacity to treat a maximum of 16 individuals of varying genders at a time. Applicants who apply for this program can propose developing 16 beds that can be flexed as Latino halfway house/ 2B programs to address individual needs of residents (see requirements in A.).

1. Objective/ Purpose

This RFP is seeking providers to develop specialty medically monitored maintenance programs as listed above. Additional capacity will provide short-term medically monitored maintenance for Latino populations, where there is an ongoing need for increased treatment options (in 2015, five-year estimates of overdose deaths in Philadelphia indicated that Hispanic individuals represented approximately one-third of deaths).15 Services must be culturally competent and provided by bilingual staff.Medically monitored maintenance (3B) occurs in DDAP-licensed residential non-hospital facility located in a freestanding or healthcare-specific environment. These programs include 24-hour evaluation, care, and treatment for individuals with addiction in acute distress. Addressing acuity and restoring an individual's capacity to live in the community are the goals of 3B. Programs should be able to address medical conditions, mental health needs, and MAT regimen on site, with the understanding that some chronic/ complex medical needs with require off-site treatment through partnerships/ MOAs and with minimal disruption to daily routine. The target length of stay for stabilization and maintenance programs is 21 days, though emphasis is placed on individual treatment needs, with some individuals requiring shorter or longer stays. Individuals must be engaged in treatment along the continuum of care after completion of the program, to promote continuous as opposed to episodic treatment.

Applicants should consult the Pennsylvania Client Placement Criteria (PCPC) to develop halfway house programs, cross-walking expectations with the American Society of Addiction Medicine (ASAM) Criteria in anticipation of DDAP adopting this as the standard for addictions programs

[15] City of Philadelphia Mayor's Task Force, *Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia*, May 17, 2017,http://dbhids.org/wp-content/uploads/2017/05/OTF_Report.pdf

beginning July 2018. Applicants will be asked to discuss methods to be used and resources needed to update programs to ASAM standards.[16]

2. Target Population

Latino 3B must be able to treat individuals, ages 18 and older with substance use disorders who are in acute distress. Individuals referred to Latino halfway houses will be primarily Spanish-speaking and/ or bicultural.They are in danger of using alcohol or other drugs with attendant severe consequences and are in need of 24-hour short-term clinical intervention. Individuals admitted to 3B struggle with intensive SUD symptomatology, including persistent drug or alcohol craving. Related psychosocial challenges including homelessness, incarceration/ justice involvement, and unemployment. Co-occurring intellectual disabilities and mental health diagnoses are common. Mental health symptoms and/ or stress behaviors are moderate to severe in this setting, including moderate risk of harm to self or others, history of violent or disruptive behaviors during intoxication, current verbal aggression requiring consistent limit setting, depression, high levels of anxiety, and challenges with life skills and self care. Referrals to 3B come from withdrawal management programs, the community, and community-based treatment. Individuals will have reached a level of withdrawal management per the PCPC admission criteria; some will receive MAT through the duration of their stay.Individuals on MAT must be accepted, and the program must be able to maintain individuals on all forms of MAT.

It is important to emphasize the cultural competency of staff and programming to be able to sensitively and proficiently meet the needs of a diverse population, including lesbian, gay, bisexual, transgender, questioning, queer, intersex, and asexual (LGBTQIA) individuals, including using inclusive language and addressing medical needs of individuals who are transgender; individuals who are multilingual/ multicultural, including the ability to provide/procure interpretative services, for both deaf and non-English speaking individuals; and individuals of varying racial and socioeconomic backgrounds, with many having experienced living in circumstances of poverty/ low income. Applicants should describe plans (hiring, training, programming, etc.) to support these populations.

3. Location/ Site

In addition to the requirements in section I.D., the 3B programs should be free-standing, hospital-based, or located in a healthcare-specific setting. The environment will support the promotion of clean air and living spaces and noise control. Access to outdoor space is a required of the 3B environment. Sites must be smoke free campuses. On-site maintenance of naloxone must be included in program protocols.[17] In accordance with CBH policy, staff must be trained in the administration of naloxone, must educate participants and their families about its use and offer it via prescription to vulnerable individuals upon discharge.

4. Services to be Provided/Required Tasks

Latino 3B maintenance programs must provide comprehensive assessment, treatment, and discharge planning for individuals 18 years and older. Staff must be able to address a myriad of presenting challenges stemming from substance use, mental health needs, intellectual disabilities, medical complexities, psychosocial barriers, legal involvement, or a combination. Treatment for substance

[16] PA Department of Drug and Alcohol Programs, "Frequently Asked Questions Regarding the Transition to ASAM from PCPC," http://www.ddap.pa.gov/treatment/Pages/ASAM_FAQ.aspx

[17] Community Behavioral Health (CBH), "Bulletin 16-04: On-site Maintenance, Prescription, and Administration of Naloxone," http://dbhids.org/wp-content/uploads/1970/01/Bulletin-16-04-Naloxone.pdf

abuse and co-occurring mental health symptoms should be provided on-site. Applicants should describe how they will ensure access to medical care for individuals, including those with chronic and complex needs. Well-established referral pathways and connection to community supports should be mobilized to ensure successful discharges. Services should be culturally competent, trauma-informed, and able to meet the special needs of individuals. Given the social stigma this population faces, it is critical for each 3B maintenance program to cultivate a nonjudgmental and supportive treatment environment, one which respects the dignity and value of each person who receives treatment.

a) Admission

Latino 3B staff should conduct admissions 24 hours per day/ 7 days per week to ensure individuals do not wait for treatment in states of acuity/ intense need. The programs must establish working relationships with emergency departments (per the Mayor's Task Force, ensuring continuous treatment for individuals following overdose[18]) hospitals, crisis response centers, and other addiction and mental health services to ensure smooth referral and admissions processes. Staff should conduct a welcoming orientation process for newly placed individuals (following withdrawal management as applicable), which should include a site tour, staff introductions, and explanation of guidelines and expectations for individuals receiving services. Informed consents must be obtained to allow the program to coordinate care with CBH, the individual's physical health plan, and other stakeholders. Psychoeducation should be provided with an emphasis on the goals of treatment and the individual's role in recovery. Informed consent around MAT options, including risks and benefits of treatment, must be conducted. Individuals must be assessed for tobacco use upon admission and offered medications for withdrawal. Clinical protocols must be reviewed and approved by CBH prior to implementation. The programs must establish partnerships with crisis response centers, hospitals and other addiction and mental health services ensure smooth referral and admissions processes. Services and all documentation / consents must be provided in Spanish as needed/ requested.

b) Assessment

Latino 3B teams should complete an inter-disciplinary assessment to determine all substance use, psychiatric, mental health, and medical interventions to be provided during the individual's course of stay. The state mandated substance use assessment tool (currently the Pennsylvania Client Placement Criteria) should be used to determine substance use treatment needs. The assessment process should be trauma-informed, strengths-based, and culturally competent. Family members and other support people should be engaged in their roles to promote the individual's recovery. Structured tools should be administered to aid diagnosis and determine baseline measures for tracking progress and outcomes (specific tools, frequencies, and related processes to be determined during contract negotiation). Psychological and neuropsychological testing should be arranged as appropriate. Coordination with prior treatment teams, medically managed programs, hospitals, residential settings, Assertive Community Treatment (ACT) programs, probation officers, as well as system partners (ID case managers, residential case managers) must occur and be documented. All relevant prior records should be obtained, reviewed, and such review documented. Informed consent regarding evidence-based treatment options,(whether offered by 3B staff or through coordination with outside providers), including MAT must be included in the assessment. Assessment should occur initially and ongoing to determine appropriateness of continued stay and/ or any need for transition to other level of care to address relapse, risk behaviors, or other symptoms that exceed 3B threshold.

[18] City of Philadelphia Mayor's Task Force, *Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia*, May 17, 2017,http://dbhids.org/wp-content/uploads/2017/05/OTF_Report.pdf

c) Physical Health and Wellness
Latino 3B programs should provide initial physical health screening upon admission. Ongoing medical treatment as appropriate should utilize on site providers for basic medical care. MOUs can be used with outside providers to treat chronic and complex specialty medical conditions as needed. All MOUs should be with culturally appropriate facilities, and should offer services in preferred language. Staff should provide health and wellness education, addressing symptom management, engagement in treatment, medication consistency, exercise, nutrition, weight management, and drug, alcohol, and/ or tobacco use as applicable. Physical examination by a physician within 24 hours following admission, or a physical examination which was conducted within 7 days prior to admission, and was evaluated by the facility physician within 24 hours following admission, is required. Laboratory service capacity is expected and will be bundled in rate. Specific assessments should be performed on an individualized basis. Programs are expected to provide ongoing medication management for physical health issues as needed. Individuals who are transgender and receiving hormone replacement therapy (HRT) must be continue to receive all related medical intervention on site or via partnership with outside provider. Additionally, programs must be able to assess chronic pain needs and develop a comprehensive approach to pain management including appropriate choice of MAT for those with chronic pain and opioid use disorder.

d) Substance Use Treatment
Substance use treatment should include evidence-based interventions delivered by culturally competent and trauma-informed staff. Interventions should address barriers to sustained recovery and community tenure and should assist the individual in moving through stages of change with intention and self-awareness. Increasing an individual's understanding of personal risks for substance use and the ability to use adaptive coping skills should be the focus of treatment, with staff supporting opportunities for skill practice in daily life. Emphasis should be placed on promoting wellness as well as managing triggers and symptoms. Family engagement as a key predictor of sustained recovery should be emphasized; family members, significant others, or other support people indentified by the individual should be included in treatment. Treatment should include:

- Medication induction and management
- Nursing monitoring
- Group therapy
- Individual therapy
- Peer group meetings
- Individual peer support
- Family therapy
- Educational or instructional groups
- Other supports
- Discharge planning and case management

Programs must be able to provide a curriculum of treatment throughout the day that is appropriately comprehensive and intensive as dictated by individual needs. Applicants should propose schedules of treatment, to include frequency and duration of the above services each day for each level of care, with the option to flex the combination or amount of any modality depending on individual treatment needs. It is critical that providers have weekend staffing to enable clinical programming seven days per week; this requirement aligns with best practices and the recommendation from the Mayor's Task Force Report to expand weekend and evening operations for facilities at multiple levels of care.

e) Milieu Therapy/ Skill Building
Milieu management comprises many of the activities that provide structure and an opportunity for stabilization during 3B stays, including but not limited to the management and layout of the environment, efforts to maintain safety and security, promote cooperative living among residents, and a daily schedule. Skills coaching and other opportunities for independent growth and responsible community living should be built into daily life. Recreational activities, including walks, exercises, games, creative arts and crafts, and leisure activities should complement traditional therapeutic modalities and increase an individual's ability to identify personal interests and engage in healthy outlets. Programming can include on-site support groups from outside providers.

f) Psychiatric Care and Mental Health Treatment
3B programs must meet the psychiatric and mental health needs of individuals. Programs provide on-site psychiatric evaluations and medication management, with 24/7 on call access for medication concerns or other acute issues. The psychiatrist may also provide MAT if appropriately trained and licensed to do so. The psychiatric providers are expected to be integrated and leading members of the treatment team.

If an individual has been recommended to receive mental health treatment (therapy), treatment must be provided by a licensed or licensed-eligible (i.e. actively working toward licensure) mental health professional. Staff should be aware of mental health treatment goals for all individuals so that they may incorporate these into other aspects of treatment. Mental health treatment staff must be integrated into the treatment team.

g) Medication Assisted Treatment (MAT)
Latino 3B programs must accept individuals on all forms of MAT, including methadone, buprenorphine and extended-release naltrexone, and must maintain MAT through the individual's stay. Individual assessment for MAT for opioid use disorder, alcohol use disorder, and tobacco use disorder must be conducted, informed consent about pharmacologic options must occur and be documented in the medical record. As previously noted, MATs are empirically supported as effective interventions to treat opioid addiction; nonetheless, MATs are significantly underutilized in part due to stigmatization and a lack of knowledge about them among treatment professionals and the community. Staff must be educated on the uses and effectiveness of MATs. Program applicants must develop and articulate plans to educate individuals about MAT in group and individual settings. MAT may be prescribed by a psychiatrist, a supervised advanced nurse practitioner, and/or a physician with board certification in addiction medicine.

h) Coordination/ Discharge
In addition to the linkages required to address chronic and complex medical needs, programs must develop collaborative relationships with community services to promote successful reintegration into the community upon discharge, ensuring individuals are connected to appropriate supports and levels of care when they leave the program. Coordination with past, current, and prospective providers is critical and required. Programs must establish working relationships with halfway house programs and CBH to ensure smooth referral/ discharge processes. Interagency meetings including CBH will occur at intervals to be determined by CBH based on clinical need. Successful transition into the community is of paramount importance. A discharge plan should be developed and signed by the individual and all involved agencies. Agencies will be responsible for outcomes related to 7 and 30 day treatment follow-up as well as recidivism; therefore ensuring participants' engagement in treatment post-discharge is paramount. Applicants should develop intervention designed to promote continuity of care. In accordance with CBH policy, staff must be trained in the administration of

naloxone, must educate participants and their families about its use and offer it via prescription to vulnerable individuals upon discharge.

5. Personnel Requirements

Applicants must include proposed staffing pattern. The staffing pattern for the Latino 3B programs should be as follows:

- Physician with addictions training, available 24/7 on-site (this can be a psychiatrist described below). Physical health assessment must be provided by a board-certified physician or appropriately supervised advanced nurse practitioner.
- Psychiatrist with the capacity to treat co-occurring substance use and mental health disorders, with the ability to prescribe MAT and psychotropic medication when necessary
- Nursing staff available 24/7 on-site
- Substance Use Counselors
    - 50% master's level, clinically licensed or licensed-eligible (i.e. actively working toward license) with two years addiction treatment experience
    - 50% bachelor's level certified as Certified Alcohol and Drug Counselor (CADC)
- Facility Director
- Clinical Supervisor who is clinically licensed with at least two years addiction treatment experience
- Peer Support (Certified Peer Specialist or Certified Recovery Specialist)
- Case Manager
- Spanish-speaking/ bicultural staff

6. Training

Latino 3B staff must have education and training that complies with standards in the Manual for Review of Provider Personnel Files (MRPPF).

- All non-clinical staff must be trained in Mental Health First Aid.
- All staff must be trained to administer Naloxone.
- All staff must be trained in trauma-informed care.
- All staff must be trained ongoing in CBH-required safety trainings
- All staff must have prior experience working with addictions.
- All staff must be trained in selected EBP(s).
- Clinical staff must be trained in structured tools and other quality measures as applicable.
- All staff must be culturally competent; applicants should describe hiring and training procedures to ensure culturally competent programming for populations as described in section 2. Target Population.

C. Timetable

It is expected that all services requested through this RFP will be fully operational as soon as possible, and applicants should include timetable for projected start date with target dates for phases of start-up (hiring, training, etc.).

D. Monitoring

Programs selected will be subject to evaluation, program, compliance and budgetary monitoring by DBHIDS and CBH. On site reviews including participation in treatment teams may occur as deemed

necessary by CBH.

E. Reporting Requirements

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

Applicants will be required to develop and maintain a continuous quality improvement plan for the services implemented. This will include tracking process and outcome measures related to the impact and effectiveness of the services delivered, as well as setting goals and engaging in improvement activities related to the goals. Measures to be tracked by all programs (except for Ambulatory Stabilization) must include:

- Reductions in Addiction Severity Index
- Percentage of individuals with opioid use disorder, tobacco use disorder, and/or alcohol use disorder provided a FDA approved medication as part of treatment in the program
- Amount of program services delivered (individual, group, and family therapy, psychiatric consultation, etc)
- 30 and 90 day recidivism to all bed-based levels of care
- 7 and 30 day follow-up rates to outpatient services

To ensure immediate and accurate assessment of network capacity and in alignment with CBH policy and the Mayor's Task Force Report to maintain a database to identify treatment slots in real time, providers of all bed-based programs will be required to submit treatment openings on a daily basis via the Open Bed Registry.[19]

F. Performance Standards

The selected applicant will be required to meet CBH credentialing, compliance, and performance standards. All successful bidders will be expected to have a compliance plan along with all other required documents for initial credentialing.

G. Compensation/Reimbursement

For each program, you must submit a separate detailed budget in excel using the budget expenditure summary forms attached. All tabs must be completed. Your budget should incorporate all the requirements of the RFP.

Please use the miscellaneous item detail tab for any category not included on the form. Please provide information for all the categories in the miscellaneous item detail form. For the personnel roster, please provide actual staffing detail where available. Please note that the administrative staff

[19] Community Behavioral Health, "Bulletin 16-06 Daily Psychiatric and Substance Abuse Open Bed Registry," http://dbhids.org/wp-content/uploads/1970/01/Bulletin-16-06-Daily-Psychiatric-and-Substance-Abuse-Open-Bed-Registry.pdf

should not be included on the personnel roster. These costs are part of administration.

Do not alter the form in any way. Be sure to label clearly the start-up and ongoing operations budgets.

The following are the expected range of per diem rates for these services.

Programs	**Rate Range**		
Medically monitored residential rehabilitation (3B) specialty population: Latino/ Latina	$275	to	$400
Halfway housing (2B)	$115	to	$115
Halfway housing (2B) transitioning youth	$115	to	$115
Halfway housing (2B) JOH	$115	to	$115
Halfway housing (2B) mother/ child	$150	to	$170
Halfway housing (2B) specialty population: Latino/Latina	$115	to	$115

Your budget should incorporate all the requirements of this RFP. Any deviations from the requirements and expectations of this RFP must be clearly stated along with supporting justification. Appropriate budget data must be submitted in ordered to be considered for the right to negotiate.

The right to negotiate will also include discussions regarding length of stay and may result in a value-based funding model that includes a reduction in the rate after targeted length of service.

H. Technology Capabilities

Applicants must have the technology capabilities required to perform the proposed activities in this RFP. At a minimum, applicants must have electronic claims submission and an electronic health record (EHR) ready for use within the first year of implementation of the program.

I. Available Information

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 now 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.

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.

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

A. Required Proposal Format

1. Format Structure

Applicants must submit separate proposals for each program they would like to develop. Each proposal should include:

- Cover Sheet (Appendix A). Indicate which program is covered in the application.
- 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.
- Responses to questions one (1) through five (5). CBH understands that applicants submitting multiple proposals may include some repeated content in their responses to these questions.
- Response to the program in section six (6) for which they are applying.
- Reponses to questions one (1) through six (6) should not exceed **15 pages**.
- Treatment Curriculum (Appendix B)
- Budget Forms (Appendix F/ posted on website under RFP)

The following responses and attachments are also required; applicants can submit once even if submitting multiple applications:

- Reponses / documentation required in question seven (7).
- City of Philadelphia Tax and Regulatory Status and Clearance Statement for Applicants (Appendix C)

- CBH Disclosure of Litigation Form (Appendix D)
- City of Philadelphia Disclosure Forms (Appendix E/ posted on website under RFP)

Proposals must be prepared simply and economically, providing a straightforward, concise description of the applicant's ability to meet the requirements of the RFP. 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. 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 General Narrative Description (questions one (1) through six (6) to fifteen (15) single spaced pages. As a general comment, if you have responded to a requirement in another part of your narrative, make reference to that section and do not repeat your response. Applicants whose narrative exceeds the page limits may have their proposals considered non-responsive and be disqualified.

B. Proposal Content

1. Introduction/Executive Summary

Prepare a very brief introduction including a general description of your understanding of the scope and complexity of the proposed project. Indicate which programs you intend to develop, indicating proposed capacity for each and anticipated timeframe for startup projected start date with target dates for phases of start-up (hiring, training, etc.).

2. Statement of Qualifications/Relevant Experience

Provide information on the continuum of services offered by the applicant agency and the length of time the agency has been in existence. Describe previous work with similar target populations and experience providing services similar to those requested in this RFP. This should include experience working with adults with serious addiction challenges. Also describe experience working with adults with co-occurring mental health and substance use issues.

The applicant must also be able to provide documentation of the availability of an appropriate facility for the program(s).Documentation of availability of the facility must be through ownership or lease documents that are included in the response to this RFP.

3. Corporate Status

Please indicate your corporate status, including whether you are a for-profit or not-for-profit organization and provide legal documentation of that status as an attachment to your proposal (documentation can be provided once, even if submitting multiple applications).

4. Governance Structure

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

5. Program Philosophy

This section provides the opportunity to describe the vision, values and beliefs that will be evident in the design and implementation of the proposed services. The applicant should explain how the values of the Philadelphia System Transformation and the Practice Guidelines, including being strengths-based and recovery and resilience focused, are evident in the operations of the applicant organization, particularly as this pertains to program philosophy that focus on successful and sustained community reintegration. 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. The applicant should also outline their plan to ensure that the proposed program aligns with population health approach.

6. Program Design

Applicants should complete each portion of this section that correlates to the program(s) they are proposing, with detailed responses that reflect an understanding and an ability to address the requirements described in correlating sections in the RFP (sections are noted next to each component).

a. HALFWAY HOUSE PROGRAMS

Applicants who wish to develop one or more halfway house programs should address each component listed below, with detailed responses that reflect an understanding of and an ability to address the requirements described in correlating sections in the RFP (sections are noted next to each component).Applicants should be sure to attend to to the additional requirements under some components for special populations described in the RFP.

- **STANDARD HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)**

- **JOURNEY OF (JOH) FEMALE HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)**

- **LATINO HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)***If applicants intend to propose Latino 3B/2B flex program, one narrative section that combines Latino 3B/2B requirements can be submitted.

- **MOTHER/ CHILD HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)**

- **YOUTH/ YOUNG ADULT HALFWAY HOUSE PROGRAM (2B/ ASAM level 3.1)**

    1) Objective (see I.A. & II.A.1.)
    2) Target Population (II.A.2.)
    3) Location/ Site (I.E. & II.A.3.)
    4) Services to be Provided/ Required Tasks (II.A.4)
        a) Admission (II.A.4.a.)
        b) Assessment (II.A.4.b.)
        c) Physical Health and Wellness (II.A.4.c.)
        d) Substance Use and Treatment (II.A.4.d.) Applicants should address this section in narrative form here and via an attached proposal to show proposed curriculum/ frequency

e) Milieu Therapy/ Skill Building (II.A.4.e.)
f) Psychiatric Care/ Mental Health Treatment (II.A.4.f.)
g) Medication Assisted Treatment (II.A.4.g.)
h) Naloxone (II.A.4.h.)
i) Coordination/ Discharge (II.A.4.i.)

5) Personnel Requirements (II.A.5.) Proposed staffing patterns, with ratios to proposed treatment capacity, should be addressed in narrative form here and by completing the Budget Form.
6) Training (II.A.6. and address plan to provide EBPs per I.G.)
7) Reporting (II.H.)
8) Discuss methods to be used and resources needed to update programs to ASAM standards.

b. LATINO MEDICALLY MONITORED MAINTENANCE PROGRAMS (3B/ ASAM level 3.5-3.3)

Applicants who wish to develop Latino 3B should address each component listed below, with detailed responses that reflect an understanding of and an ability to address the requirements described in correlating sections in the RFP (sections are noted next to each component). Applicants should be sure to attend to to the additional requirements under some components for special populations described in the RFP.

1) Objective (see I.A. & II.B.1.)
2) Target Population (II.B.2.)
3) Location/ Site (I.E. & II.B.3.)
4) Services to be Provided/ Required Tasks (II.B.4)
    a) Admission (II.B.4.a.)
    b) Assessment (II.B.4.b.)
    c) Physical Health and Wellness (II.B.4.c.)
    d) Substance Use and Treatment (II.B.4.d.)
    e) Milieu Therapy/ Skill Building (II.B.4.e.)
    f) Psychiatric Care/ Mental Health Treatment (II.B.4.f.)
    g) Medication Assisted Treatment (II.B.4.g.)
    h) Coordination/ Discharge (II.B.4.h.)
5) Personnel Requirements (II.B.5.) Proposed staffing patterns, with ratios to proposed treatment capacity, should be addressed in narrative form here and by completing the Budget Form.
6) Training (II.B.6. and address plan to provide EBPs per I.G.)
7) Reporting (II.H.)
8) Discuss methods to be used and resources needed to update programs to ASAM standards.

7. Operational Documentation and Requirements

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

- Tax Identification Number
- National Provider Identifier (NPI)

- An overview of your agency's financial status, which will include submission of a certified corporate audit report (with management letter where applicable). If this is not available, please explain, and submit a review report by a CPA firm. If neither a certified corporate audit report nor review report is available, please explain and submit a compilation report by a CPA firm. Any of these submissions must be for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year. Please note, the most recent report must be submitted prior to any potential contract negotiations.
- Federal Income Tax returns for for-profit agencies, or IRS Form 990, Return of Organization Exempt from Income Tax for non-profit agencies. Either of these submissions must be for the most recently ended corporate fiscal year. If the tax return is not yet available, submit the return for the prior corporate fiscal year. Please note, the most recent tax return must be submitted prior to any potential contract negotiations.
- Proof of payment of all required federal, state and local taxes (including payroll taxes) for the past twelve (12) months.
- Proof of an adequate Line of Credit demonstrating funds available to meet operating needs. If not available, please explain.
- Disclosure of any Bankruptcy Filings or Liens placed on your agency over the past five years. Please include an explanation of either. If there were no Bankruptcy Filings or Liens placed on your agency over the past five years, please include an attestation indicating that this is the case, signed by either your Chief Executive Officer or Chief Financial Officer.
- Certificates of insurance. Certificates of insurance with the named insured entity being the same name and address as the provider contracting with CBH. The insurance company providing coverage must be certified to do business in Pennsylvania or be otherwise acceptable to CBH. The insurances certificate must include the following coverage: General Liability with a minimum of $2,000,000 aggregate and a minimum of $2,000,000 per occurrence. Professional Liability with a minimum of $1,000,000 aggregate and a minimum of $3,000,000 per occurrence. Professional liability policy may be per occurrence or claims made, if claims made, a two-year tail is required. Automobile Liability with a minimum combined single limit of $1,000,000. Workers Compensation/Employer Liability with a $100,000 per Accident; $100,000 Disease-per Employee; $500,000 Disease Policy Limit. CBH, City of Philadelphia and Commonwealth of Pennsylvania Department of Public Welfare must be named as an additional insured with respect to your General Liability Policy. The certificate holder must be Community Behavioral Health. Further, for applicants that have passed all threshold review items and are recommended by the Review Committee to be considered for contract negotiations for this RFP, each applicant will be required to provide a statement from an independent CPA attesting to the financial solvency of the applicant.

C. Terms of Contract

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

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

D. Health Insurance Portability and Accountability Act (HIPAA)

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

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

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

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

- For-profit applicants should indicate if their organization is a Minority (MBE), Woman (WBE), and/or Disabled (DSBE) Owned Business Enterprise and certified as such by an approved certifying agency and/or identified in the City of Philadelphia Office of Economic Opportunity (OEO) Certification Registry. If the applicant is M/W/DSBE certified by an approved certifying agency, a copy of certifications should be included with the proposal. Any certifications should be submitted as hard copy attachments to the original application and copies that are submitted to CBH.
- Not-for-profit applicants cannot be formally M/W/DSBE certified. CBH does utilize adapted state definitions to determine the M/W/DSBE status. Criteria are applied to not-for-profit entities to determine M/W/DSBE status in the CBH provider network, as follows (all criteria must be satisfied):
  - At least 51% of the board of directors must be qualified minority individuals and/or women and/or people with disabilities.
  - A woman or minority individual or person with a disability must hold the highest position in the company.
  - Minority groups eligible for certification include African Americans, Hispanic Americans, Native Americans, and Asian Americans.
  - Citizenship and legitimate minority group membership must be established through birth certificates, military records, passports, or tribal cards.
- Not-for-profit organizations may have sub-contracting relationships with certified M/W/DSBE for-profit organizations. Not-for-profits should include a listing of their M/W/DSBE certified sub-contractors, along with their certification information.

- For additional information regarding the Commonwealth of Pennsylvania's M/W/DSBE certification process, go to the following website: www.dgs.state.pa.us/portal/server.pt/community/bureau_of_minority and_women_business_opportunities/1358

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

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

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

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

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

F. Compliance with Philadelphia 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 (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."), the successful Applicant shall, for any of its employees who reside in the City, or any of its employees who are non-residents subject to City wage tax under Philadelphia Code Section 19-1502(1)(b), be required to extend the same employment benefits the successful applicant extends to spouses of its employees to life partners of such employees, absent a waiver by the City under Section 17-1904. By submission of their Proposals in response to this RFP, all applicants so acknowledge and certify that, if awarded a Service Contract pursuant to this RFP, they will comply with the provisions of Chapter 17-1900 of the Philadelphia Code and will notify their employees of the employment benefits available to life partners pursuant to Chapter 17-1900. Following the award of a Service Contract subject to Chapter 17-1900 and prior to execution of the Service Contract by the City, the successful applicant shall certify that its employees have received the required notification of the employment benefits available to life partners and that such employment benefits will actually be available, or that the successful applicant does not provide employment benefits to the spouses of married employees. The successful applicant's failure to comply with the provisions of Chapter 17-1900 or any discrimination or retaliation by the successful applicant against any employee on account of having claimed a violation of Chapter 17- 1900 shall be a material breach of the any Service Contract resulting from this RFP. Further information concerning the applicability of the Equal Benefits Ordinance, and the obligations it imposes on certain City contractors is contained in

the About/Minimum Wage and Equal Benefits Ordinances Impacting Some City Contractors links on the eContract Philly home page.

H. City of Philadelphia Disclosure Forms

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

I. CBH Disclosure of Litigation Form

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

J. Selection Process

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

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

K. Threshold Requirements

Threshold requirements provide a baseline for all proposals, which means they provide basic information that all applicants must meet. Failure to meet all of these requirements may disqualify an applicant from consideration through this RFP. Threshold requirements include timely submission of a complete proposal with responses to all sections and questions outlined in Section II.A., Project Details. In addition, all required attachments must be submitted. Threshold requirements include having the requisite experience and licenses to implement the program and being a service provider in good standing with the City and CBH (as applicable).

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 PA Department of Human Services.

Neither the provider nor its staff, contractors, 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' Medicheck List http://www.dhs.state.pa.us/publications/medichecksearch/

For this RFP, the applicant must include an attached statement that the provider and its staff, subcontractors, or vendors have been screened for and are not on any of the three Excluded Individuals and Entities lists. Ongoing, the provider must conduct monthly screening of its own staff, contractors, subcontractors, and vendors for excluded individuals on the three Excluded Individuals and Entities lists.

L. RFP Responses

A 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.

IV. Application Administration

A. Procurement Schedule

The anticipated procurement schedule is as follows:

RFP Event	Deadline Date
RFP Issued	August 28, 2017, 2017
Deadline to Submit Questions	N/A
Answers to Questions on Website	N/A
Application Submission Deadline	September 12, 2017
Applicants Identified for Contract Negotiations by	October 13, 2017

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

This RFP is issued on August 28, 2017. In order to be considered for selection, all applications must be delivered to the address below no later than 2:00 PM on September 12, 2017.

Community Behavioral Health
801 Market Street
7th Floor
Philadelphia, PA 19107
ATTN: Laura York

- Application packages should be marked "Specialty Addictions Service." 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. 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.

C. Term of Contract

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

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

A. Revisions to RFP

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

B. City/CBH Employee Conflict Provision

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

C. Proposal Binding

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

D. Reservation of Rights

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

1. Notice of Request For Proposal (RFP)

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

(a) to reject any and all applications and to reissue this RFP at any time;

(b) to issue a new RFP with terms and conditions substantially different from those set forth in this or a previous RFP;

(c) to issue a new RFP with terms and conditions that are the same or similar as those set forth in this or a previous RFP in order to obtain additional applications or for any other reason CBH determines to be in their best interest;

(d) to extend this RFP in order to allow for time to obtain additional applications prior to the RFP application deadline or for any other reason CBH determines to be in its best interest;

(e) to supplement, amend, substitute or otherwise modify this RFP at any time prior to issuing a notice of intent to develop a provider agreement or consultant contract to one or more applicants;

(f) to cancel this RFP at any time prior to the execution of a final provider agreement whether or not a notice of intent to develop a provider agreement has been issued, with or without issuing, in CBH's sole discretion, a new RFP for the same or similar services;

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

2. Proposal Selection and Contract Negotiation

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

(a) to reject any application if CBH, in its sole discretion, determine the application is incomplete, deviates from or is not responsive to the requirements of this RFP, does not comply with applicable law, is conditioned in any way, or contains ambiguities, alterations or items of work not called for by this RFP, or if CBH determines it is otherwise in their best interest to reject the application to reject any application if, in CBH's sole judgment, the applicant has been delinquent or unfaithful in the performance of any contract with CBH or with others; is delinquent, and has not made arrangements satisfactory to CBH, with respect to the payment of City taxes or taxes collected by the City, or other indebtedness owed to the City; is not in compliance with regulatory codes applicable to applicant; is financially or technically incapable; or is otherwise not a responsible applicant;

(b) to waive any defect or deficiency in any application, including, without limitation, those identified in subsections 1) and 2) preceding, if, in CBH's sole judgment, the defect or deficiency is not material to the application;

(c) to require, permit or reject, in CBH's sole discretion, amendments (including, without limitation, information omitted), modifications, clarifying information, and/or corrections to their applications by some or all of the applicants at any time following application submission and before the execution of a final provider agreement or consultant contract;

(d) to issue a notice of intent to develop a provider agreement or consultant contract and/or

execute a provider agreement and/or consultant contract for any or all of the items in any application, in whole or in part, as CBH, in its sole discretion, determine to be in CBH's best interest;

(e) to enter into negotiations with any one or more applicants regarding price, scope of services, or any other term of their applications, and such other agreement or contractual terms as CBH may require, at any time prior to execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to any applicant and without reissuing this RFP;

(f) to enter into simultaneous, competitive negotiations with multiple applicants or to negotiate with individual applicants, either together or in sequence, and to permit or require, as a result of negotiations, the expansion or reduction of the scope of services or changes in any other terms of the submitted applications, without informing other applicants of the changes or affording them the opportunity to revise their applications in light thereof, unless CBH, in its sole discretion, determine that doing so is in and CBH's best interest;

(g) 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;

(h) 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;

(i) 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;

(j) to require any one or more applicants to make one or more presentations to CBH at CBH's offices or other location as determined by CBH, at the applicant's sole cost and expense, addressing the applicant's application and its ability to achieve the objectives of this RFP;

(k) to conduct on-site investigations of the facilities of any one or more applicants (or the facilities where the applicant performs its services);

(l) to inspect and otherwise investigate projects performed by the applicant, whether or not referenced in the application, with or without consent of or notice to the applicant;

(m) 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;

(n) 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

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

3. Miscellaneous

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

in any RFP, the terms of this Reservation of Rights shall govern.

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

E. Confidentiality and Public Disclosure

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

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

F. Incurring Costs

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

G. Prime Contractor Responsibility

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

H. Disclosure of Proposal Contents

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

I. Selection/Rejection Procedures

The applicants whose submission is selected by CBH will be notified in writing as to the selection, and their selection will also be posted on the DBHIDS website. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with CBH. This letter should not be considered as a letter of award. A formal letter of award will be

forthcoming at such time when mutual agreement has been reached by the parties on all issues pertaining to the application. Applicants whose submissions are not selected will also be notified in writing by CBH.

J. Non-Discrimination

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

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

K. Life of Proposals

CBH expects to select the successful applicants as a result of this RFP within approximately 90 days of the submission deadline. However, proposals that are submitted may be considered for selection up to 180 days following the submission deadline of this RFP. By submission of a proposal, respondents agree to hold the terms of their proposal open to CBH for up to 180 days following the submission deadline.

APPENDIX A

RFP RESPONSE COVER SHEET

COMMUNITY BEHAVIORAL HEALTH

SPECIALTY ADDICTIONS SERVICES

CORPORATE NAME OF
APPLICANT ORGANIZATION_____

CORPORATE ADDRESS_____

CITY_____STATE_____ZIP_____

PROGRAM SITE LOCATION _____

CITY_____STATE_____ZIP_____

CHECK THE PROGAM YOU ARE PROPOSING IN THIS APPLICATION. ONE COVER SHEET PER APPLICATION MUST BE SUBMITTED:

- ☐ **Halfway house program (2B/ American Society of Addiction Medicine [ASAM] level 3.1)**
- ☐ **Journey of Hope (JOH) female halfway house program (2B/ ASAM level 3.1)**
- ☐ **Latino halfway house program (2B/ ASAM level 3.1)**
- ☐ **Latino medically monitored maintenance program (3B/ ASAM level 3.5-3.3)**
- ☐ **Mother/child halfway house program (2B/ ASAM level 3.1)**
- ☐ **Youth/ young adults halfway house program (2B/ ASAM level 3.1)**

MAIN CONTACT PERSON_____

TITLE_____TELEPHONE # _____

E-MAIL ADDRESS_____FAX # _____

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

_____
TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED _____

APPENDIX B
TREATMENT CURRICULUM

Complete this table for each program being developed. Use the table to provide an *example* of a treatment curriculum for an individual from your program's target population, with the understanding that some modalities may be provided in smaller or larger amounts at times given individual need. This table should also be used by applicants when considering staff ratios and completing Budget Forms. Applicants can list N/A or 24/7 where appropriate.

TREATMENT MODALITY	**STAFF WHO WILL PROVIDE** (can identify more than one)	**MON** (list times of day or number of hours)	**TUES** (list times of day or number of hours)	**WED** (list times of day or number of hours)	**THURS** (list times of day or number of hours)	**FRI** (list times of day or number of hours)	**SAT** (list times of day or number of hours)	**SUN** (list times of day or number of hours)
Medication induction and management								
Nursing monitoring								
Group therapy								
Individual therapy								
Peer group meetings								
Individual peer support								
Family therapy								
Educational or instructional groups								
Other supports								
Discharge planning and case management								
Vocational and educational trainings (either in house or through MOUs with community agencies)								

APPENDIX C

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. This form needs to be submitted once, even if applying for multiple programs. Failure to return this form will disqualify Applicant's proposal from further consideration by the contracting department. Please provide the information requested in the table, check the appropriate certification option and sign below:

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

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

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

_____ _____

Authorized Signature Date

_____

Print Name and Title

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

APPENDIX 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

AP**PENDIX E**

CITY OF PHILADELPHIA DISCLOSURE FORMS

The City of Philadelphia Disclosure Forms may be found on the DBHIDS Website along with this posted RFP. Applicants need to complete just one set of disclosure forms even if submitting multiple applications.

AP**PENDIX F**

BUDGET FORM

The Budget Form and Instructions may be found on the DBHIDS Website along with this posted RFP. Applicants must complete one budget form for each program they are proposing.