

REQUEST FOR PROPOSALS (RFP)

for

**PSYCHIATRIC RESIDENTIAL TREATMENT
FACILITIES (PRTF)**

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 November 29, 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

Community Behavioral Health (CBH) is seeking proposals for Psychiatric Residential Treatment Facilities (PRTF) for youth ages 14 until their 18th birthday¹. The goal of this RFP is to secure PRTF capacity in Philadelphia for youth with complex, higher-risk needs who have historically faced barriers to appropriate PRTF care locally. The PRTFs must demonstrate high competency in the ability to treat intense emotional and behavioral challenges, including aggression; histories of trauma, multiple placements, and elopement; and co-occurring addiction needs. Appropriate length of stays (four to six months) and successful returns to home and community for youth will be emphasized through this RFP.

Qualified applicants will propose PRTF programming that reflects state-of-the-art trauma-informed practices, aimed at successfully returning youth to their homes and communities. Family and youth voice will guide all aspects of treatment and planning for youth from pre-admission to return home, with family time constituting a major part of the PRTF curriculum, and family and youth peers filling PRTF staff roles. As many youth receiving PRTF have histories of trauma, PRTFs must provide trauma-informed care in a nurturing, safe, comfortable, and supportive clinical environment. Programming and staff training will be geared toward interpersonal rather than institutional treatment and the prevention of violence and aggression, restrictive procedures (notably restraints), and other untoward events (e.g. police calls, elopements, hospitalizations, precipitous discharges). As such, this RFP seeks one or two providers to develop two specialty community-based PRTFs, one to treat nine (9) adolescent males and one to treat nine (9) adolescent females. Respondents to this procurement also must describe methods to support transgender youth.

Applicants must develop PRTFs in a manner that reflects the Philadelphia system transformation as described in the DBHIDS Practice Guidelines for Recovery and Resilience Oriented Treatment², the Child and Adolescent Service System Program (CASSP) principles³, the DBHIDS System of Care (see below), the Building Bridges Initiative⁴, and the work of the Blue Ribbon Commission⁵. The proposed PRTF services must be responsive to the needs and preferences of young people and their families. Applicants are required to include young adults/ youth graduates of residential programs and family members of young people with behavioral/emotional challenges in the development of their response to this RFP.

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

¹ . While the PRTFs will primarily service youth until their 18th birthday, some allowances will be made for youth with certain diagnoses until age 21 on a case-by-case basis.

² Department of Behavioral Health and Intellectual Disability Services (DBHIDS), *Philadelphia Behavioral Health Practice Guidelines*, 2013, <http://dbhids.org/wp-content/uploads/2015/07/practice-guidelines-1-1.pdf>

³ Child and Adolescent Service System Program (CASSP). (n.d.).

<http://www.dhs.pa.gov/publications/alertsnewslettersandpublicnotices/childandadolescentservicesystemprogram/>

⁴ Building Bridges Initiative. (n.d.). <http://www.buildingbridges4youth.org/>

⁵ The Mayor's Blue Ribbon Commission on Children's Behavioral Health, *Final Report*, January 2007, <http://dbhids.org/wp-content/uploads/2015/01/BlueRibbonCommission1.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 CBH 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.

The DBHIDS mission 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.

DBHIDS has been embedding Philadelphia's System of Care core values and principles in the planning and delivery of children's behavioral health services. The core values of System of Care emphasize services and practices that are: community-based; family-driven; youth-guided; culturally and linguistically competent; and trauma-informed. The principles of System of Care include: individualized and strengths-based planning with youth and families; evidence-informed or evidence-based approaches; least-restrictive settings and approaches; and a broad array of home- and community-based services; and data-driven, continuous quality improvement.

C. Project Background and Objective

The PRTFs being sought through this RFP must target youth with complex, challenging, high-risk needs, including aggression, elopement histories, and trauma; these youth have historically encountered treatment barriers due to being turned away, ejected, or unsuccessfully returned home from residential treatment (leading to cycling in and out of residential care for years). As described below and throughout this RFP, this will call for the PRTFs to operationalize state-of-the art best practices through all components of programming and with all levels of staff; it is expected that selected providers will serve as leaders in Philadelphia in advanced approaches to PRTF.

This RFP also serves to address reduced PRTF capacity in Philadelphia due to recent closures, which have required providers and caregivers to explore out-of-state placements or interim options as adolescents wait for a treatment opportunity to open. CBH remains committed to providing PRTF care within the city limits so that adolescents can receive appropriate treatment not only in close proximity to home and family but also within their homes/communities. Nationally, successful models have placed a strong emphasis on engaging and involving families from the outset; this has been part of a major paradigm shift in the field of psychiatric residential treatment as the

understanding has grown that sole focus on what happens inside the PRTF boundaries does not lead to successful community tenure. Models with the strongest outcomes of improved child and family functioning, stability in home and school and increased community tenure (marked in part by decreased recidivism to inpatient and PRTF) have focused on continuing services and supports in the community both during placement and after discharge; thus the option for youth to receive PRTF treatment close to their homes and communities is critical to successful community reintegration and therefore a significant goal of this RFP.

The length of stay for Philadelphia youth in PRTFs in 2016 ranged from 42 days to one year and longer. Some youth with particularly complex needs have remained in PRTFs for even longer periods of time or have cycled in and out of residential care for a number of years before entering the adult treatment system, or even the legal system, with untreated issues from childhood. Little data exists to support residential treatment, particularly lengthy residential treatment, as effective for achieving positive outcomes and sustained gains for youth. As our system experience has demonstrated, in fact, prolonged stays can reverse the course of any gains made while in care. As such, CBH seeks to procure specialty community-based PRTFs to address these needs with appropriate staff complements and competencies, trauma-informed practices, and family and community engagement strategies, all with a strong emphasis on successful returns to homes/ communities for youth as soon as clinically appropriate.

The PRTF requirements in this RFP have been guided by best practices that emphasize individualized, trauma-informed services with a focus on skill building; youth/ family voice in treatment and program decisions; family engagement and involvement to support sustained, successful outcomes for youth in the home and community following PRTF treatment; and elimination of restrictive procedures within the PRTF. Based on a selected best practice, the PRTFs will develop as a foundation an organizational culture that emphasizes a trauma-informed approach to care, vision-driven and involved leadership, youth and family voice, and strong workforce support at all levels of staff. The PRTF objective to provide a nonviolent/ nonrestrictive environment will be visible in the collaborative and egalitarian working relationships between PRTF staff members, between staff and leadership, and between staff and youth/ family. This means youth and family must be involved in all aspects the PRTF, both in informing treatment and in program development. Per literature and best practices, family engagement will also be a major component of PRTF treatment, with youth spending as much time as possible with family (however “family” is defined by youth); family therapy will support family time and ensure the opportunity for skill practice/ transfer to caregivers as well as time for relationship building in preparation for successful return home. Like youth, family members should also be viewed as key stakeholders in the PRTF, with their feedback being sought and incorporated into ongoing program development. PRTFs will hire family and youth peers to help integrate family and youth into treatment and programming.

Of the best practices guiding the development of the PRTFs, the **Building Bridges Initiative (BBI)** provides key principles and resources to improve youth and family functioning and reduce the time children and youth spend in out-of-home programs. The mission of BBI is to:

identify and promote practice and policy initiatives that will create strong and closely coordinated partnerships and collaborations between families, youth, community- and residentially-based treatment and service providers, advocates and policymakers to ensure that comprehensive services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent

with the research on sustained positive outcomes⁶.

The provider (s) selected through this RFP will be expected to align PRTF programming with the essential values of BBI, notably focusing on long-term outcomes in the community rather than the primary focus being to target negative behaviors in the PRTF. Applicants must be willing and able to participate in BBI activities (such as enrolling in the BBI network or learning collaborative to network with other child welfare and treatment providers) pending details to be determined during contract negotiation.

D. Applicant Eligibility Requirements

To be eligible to respond to this RFP, applicants must have prior PRTF experience and/or be in-network CBH providers interested in expanding current service continuum to include PRTF. Applicants must be currently licensed by PA DHS under the 3800 regulations, or able to obtain licensure within a short timeframe, approved by OMHSAS as an accredited Mental Health (MH) RTF and enrolled in the PA Medicaid program for MH RTF services. DHS also requires that PRTFs providing Medicaid-funded services are accredited through Council on Accreditation (COA), the Commission on Accreditation of Residential Facilities (CARF), or the Joint Commission (formerly the Joint Commission of Accreditation of Healthcare Organizations [JCAHO]). Each applicant must have current control of a site(s) located within Philadelphia, which includes authority to use the site(s) as PRTF(s). In addition, 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 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.

F. Location/ Site

- 1. Location:** The PRTFs must be located within Philadelphia in two separate locations; this applies even if a single organization develops both programs.
- 2. Site Control:** The applicant may own or lease the property directly and is required to provide current information on the property's zoning and licensing status.
- 3. Building and Setting:** The site must be community-based. The applicants must describe how it can be configured as an PRTF; the site must be able to provide comfortable living space for nine youth, including single or double occupancy bedrooms (no more than two adolescents per bedroom and at least 50% of the bedrooms must be single occupancy); access to outdoor space; room for youth and families to spend time together; and space to accommodate milieu activities, therapy sessions, meetings, and staff offices. The site should include adequate parking options for staff and visitors.

⁶ Building Bridges Initiative. (n.d.). <http://www.buildingbridges4youth.org/>

4. **Therapeutic Environment:** Details such as décor and layout should be thoughtfully planned to ensure the environment is therapeutic. This includes selection of soothing vs. activating colors and including youth in décor decisions (allowing them to choose paint colors, bedding, curtains, other domestic provisions as possible to increase a sense of choice and self-expression). Additionally, the PRTF should include a room that is configured as a **Multi-Sensory Environment**, with sensory and tactile activities to promote creative stimulation and relaxation and to support youth in learning to self-regulate.
5. **Policies:** A tobacco-free policy must be maintained throughout the premises. A naloxone policy must be included to ensure on-site access to, staff training in the administering of, and proper disposal of naloxone. The site and household procedures (including nutrition and healthcare provision) must adhere to all relevant licensing and accreditation requirements. The aim of the PRTF programs is to be restraint-free; within this, a restraint policy that adheres to state regulations, follows procedures from Six Core Strategies (see below), and includes contacting families within 24 hours of a restraint must be included.
6. **Safety:** Cameras must be installed in all public areas at a minimum. The rooms and items within should align with state regulations and other safety considerations (e.g. shatterproof windows, destructive-proof furniture, etc.). Applicants should propose a layout that allows line-of-sight supervision in the common areas.
7. **Family Provisions:** The PRTF should include a family room that can comfortably accommodate multiple people, including siblings of all ages, during the time family members spend at the program. Technical capabilities should be on site for video conferencing and phone calls when in-person visits are not possible. Applicants should present a plan to assist families, who live a significant distance from the PRTF, to have frequent access to the youth in care at the family’s convenience. This includes needs for transportation for families to the PRTF, family overnight stays and transportation for youth to spend time with family members at home.
8. **Staff Pictures:** There should be pictures of staff, along with their names, easily visible in the PRTF so that all youth and family who enter the building are able to identify staff.
9. **Family Access:** There should be an open-access policy so that family can visit youth at any time, aside from extenuating circumstances when this is clinically contraindicated. The PRTF, therefore, will not have “visiting hours,” since visits can occur as desired by the family.

II. Scope of Work

A. 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 PRTFs procured through this RFP must establish evidence-based and evidence-supported approaches to treatment. Training, supervision, and quality assurance strategies to monitor practice fidelity and track outcomes should be described to ensure the EBP is being implemented and sustained, and its effectiveness regularly measured.

B. Organizational Culture / Elimination of Restrictive Procedures

PRTFs must develop an organizational culture that emphasizes trauma-informed care, vision-driven and involved leadership, workforce support, and youth and family voice. The PRTF should adopt

change approaches that are relational and collaborative, not coercive and punitive; this approach should be applied in a parallel manner between PRTF staff members, between staff and leadership, and between staff and youth/ family. Youth advisory councils should guide development and decisions in multiple aspects of PRTF service delivery. Aligning with BBI, feedback from youth, families, and other stakeholders should be sought and incorporated into decision-making through surveys, focus groups, and committee/ project participation. Major objectives of the organizational model must be to promote trauma-informed practices, eliminate restrictive procedures, and improve outcomes related to community tenure and academic attainment (i.e. high school diploma) for youth. As such, applicants *must* be able to ensure training in the following model for the purpose of eliminating restrictive procedures:

Six Core Strategies for Reducing Seclusion and Restraint Use© are strategies that were developed through extensive literature reviews and dialogues with experts who have successfully reduced the use of seclusion/ restraint (S/R) (noting that seclusion is prohibited in PA, but the strategies are still applicable in eliminating restraint) in a variety of mental health settings for children and adults across the United States and internationally. The Six Core Strategies have been endorsed by SAMHSA on the National Registry of Evidence-based Programs and Practices (NREBPP). The strategies are 1) Leadership Toward Organizational Change, 2) Use of Data To Inform Practice, 3) Workforce Development, 4) Use of S/R Prevention Tools, 5) Consumer Roles in Inpatient Settings, and 6) Debriefing Techniques. Tools and procedures are provided in the footnote below.⁷

Applicants will be expected to describe a cohesive, trauma-informed, evidence-supported, whole-program approach to administrative and clinical processes. This must include Six Core Strategies and can include additional approaches to organizational culture, such as the Sanctuary Model⁸. It is essential that applicants describe a thoughtful plan for training all staff in Six Core Strategies and any additional chosen organizational approaches, and training for relevant staff in selected clinical approaches (as described below), and that these approaches are woven meaningfully together.

C. Youth and Families Served by the PRTFs

PRTFs will serve youth ages 14 until they turn 18; some allowances will be made for youth with certain diagnoses until age 21 on a case-by-case basis. One PRTF will serve nine (9) males and the other will serve nine (9) females. Consideration should be given to how programming can accommodate the potential for a four-year age gap for youth at the PRTF. PRTFs must be able to accept and accommodate the needs of LGBTQIA youth, including ensuring thoughtful placement and affirming treatment that respects and accounts for gender and sexual identity, ensures medical needs are met for youth who are transgender, and ensures use of selected names and pronouns when applicable. PRTFs must maintain a “no rejection, no ejection” policy, accepting and maintaining placements for all adolescents despite difficult or challenging behaviors.

All adolescents receiving PRTF treatment have a primary mental health diagnosis and may have additional diagnoses of substance use disorder and/ or intellectual disability. Adolescents referred to PRTF care are experiencing and exhibiting challenging symptoms and behaviors including emotional dysregulation and/or disruptive behaviors, suicidal/ homicidal ideation, trauma

⁷ Six Core Strategies. (n.d.).

<https://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf>

⁸ The Sanctuary Model. (n.d.). <http://sanctuaryweb.com/>

symptoms, aggression/ assaultive behaviors, self injurious behaviors, impulsivity, affective impairment (i.e. withdrawn, reclusive, labile, reactive), and/ or bulimia/ anorexia nervosa. Many youth have histories of multiple placements and elopements. CBH historic data indicates that the primary diagnoses for youth ages 13-18 who were placed in a PRTF in 2016 included: autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), posttraumatic stress disorder (PTSD), bipolar disorder, and depression. An approval for PRTF level of care indicates that an adolescent's symptoms and behaviors are severe enough to have ruled out or exceeded the threshold of a less intensive treatment environment. CBH service utilization data indicates that more than 50% of adolescents who received PRTF treatment in 2016 had Philadelphia Department of Human Services (DHS) involvement. Many adolescents have histories of chronic and complex trauma, including sexual abuse, physical abuse, neglect, multiple caregivers/ placements, loss, and exposure to domestic/ intimate partner/ community violence.

Length of stay should be individualized, though it is expected that the average length of PRTF stay will be four to six months. Successful and timely reintegration into the community is essential.

D. Pre-admission/ Admission

PRTF staff should provide a warm welcome and orientation process for youth and families. This should include pre-admission outreach to the youth and family to provide reassurance, support, and information as well as to begin the process of youth and family engagement in care. The PRTF should connect the youth and family to peer and family mentors/ alumni who are willing to provide guidance; provide a handbook/ written materials about the PRTF guidelines and approach to treatment, local community resources, direction/ parking. Youth and families should be given a site tour with introductions to staff and other residents and should be accompanied to visit the prospective school (this stipulation should be included in the partnership and working agreement between the PRTF provider and local school as described below). Psychoeducation must be provided with an emphasis on the goals of PRTF service and the adolescent's essential role in their own treatment process. These provisions should be available to youth and family who are in the process of selecting a PRTF.

A "Welcome Box" with small gifts and personal care items should be given to each youth upon admission. This gesture will help to ease the transition for arriving youth by making them feel as "at home" as possible.

Support people, family members, and caregiving resources must be identified prior to the youth's admission. Youth who are referred with no permanent/ life-long connection will receive Family Search and Engage, Family Finding, or another organized approach to identifying kin or others considered family to establish permanency for the youth. High fidelity wraparound teams and host homes should also be utilized as resources to ensure all youth have a permanency plan⁹.

The PRTF must establish working relationships with crisis response centers (CRC), acute inpatient hospitals, providers of community-based services, Department of Human Services (DHS) (for child welfare or juvenile justice-involved youth) and CBH Utilization Management team to ensure smooth

⁹ Catholic Community Services of Western Washington and EMQ Children & Family Services, *Family Search & Engagement A Comprehensive Practice Guide*, 2008. http://ccsww.org/wp-content/uploads/2017/04/Family_Search_and_Engagement_Guide_CCS-EMQ.pdf

referral and admissions processes.

E. Treatment

PRTFs must provide a nurturing, safe, comfortable, and supportive clinical environment; programming and staff training must be geared toward interpersonal rather than institutional treatment. This includes compassionately and effectively addressing the etiology of conflict, rather than focusing only on containment of behaviors. In concert with Six Core Strategies and any organizational model, treatment should include strategies to increase youth capacity for self-control and self-regulation; improve interpersonal relationship skills; prevent and eliminate restraint and other untoward events (e.g., police calls, hospitalizations, elopements); promote developmentally appropriate autonomy to support a sustained ability to live and thrive as members of families and communities; and to support caregivers' goals in caring for, supporting, and living with their youth. Treatment should be culturally competent, youth-guided, and family-driven, with interventions reflecting their specific needs and preferences. Family involvement is one of the most critical components of PRTF treatment that cannot be overstated; any barriers or reluctance of youth or family members to participate in treatment should be consistently and patiently addressed, with staff creatively employing new engagement strategies as needed. Moreover, if a youth is admitted to the PRTF without clear permanency/family involvement and engagement, cultivating family connections (however "family" is defined by youth) must be established as the most important goal in the youth's treatment plan.

Applicants must select evidence-based / evidence-supported treatments that are appropriate to the PRTF adolescent population to be applied in each modality of treatment. Treatment must be individualized, strengths-based, trauma-informed, culturally and linguistically competent, and address the aims of the PRTF as described. Applicants should propose methods to sustain treatment practices, including ensuring staff training and continual education. Additionally, applicants should develop and describe strong and sophisticated approaches to supervision that ensure fidelity to selected interventions; strategies for supporting staff, addressing vicarious trauma, preventing attrition, and monitoring outcomes should also be described. Applicants should also propose how these treatment methods will be implemented with families to ensure they are provided with a skill set to effectively support their child in the home post-PRTF treatment. Methods to be considered, selected, and implemented in some combination include:

- Dialectical Behavior Therapy (DBT)
- Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
- Cognitive Behavioral Therapy (CBT)
- Ecosystemic Family Therapy (ESFT)
- Motivational Interviewing
- Trauma Systems Therapy
- Attachment, Regulation, and Competency (ARC)
- Risking Connections
- Collaborative Problem Solving

Applicants should propose an integrated plan to ensure trauma-informed EBP/ evidence-supported interventions are applied through all modalities of family, group, milieu, substance use, and individual therapy. This proposal can include training of all or some staff in one or multiple EBP/ evidence-supported treatments, using train-the-trainer models as applicable to assist with managing

costs of infusing the EBP across staff. Applicants should indicate whether they have experience implementing the selected interventions in other settings, why they believe the selected interventions are a strong clinical fit for the PRTF population, and any adaptations they anticipate will be needed to implement the interventions in PRTF treatment. If alternative EBPs are being proposed, applicants should include a clear rationale as to clinical fit and sustainability in the PRTF setting. As noted above, the plan for clinical treatment must work in concert with Six Core Strategies and any other approach to organizational culture.

Staffing patterns must ensure delivery of active treatment seven days per week, which includes providing nontraditional clinical hours during evenings and weekends and planning treatment times around family's preference and schedule.

- 1. Family therapy:** Family therapy includes therapeutic sessions with identified support people and/ or caregiving resources and is a critical PRTF treatment component. Family members/ support people must be actively engaged before admission and throughout PRTF care. Family perspective must be sought to identify the factors that contributed to PRTF placement and the family goals for PRTF treatment. Siblings and other importance family members should be included in sessions. Treatment and support should foster enhanced relationships and communication to promote improved functioning in the family system and improved functioning following PRTF service. Family psychoeducation regarding the youth's behaviors in the context of their mental health needs, and strategies for managing behaviors from this perspective, must be provided. Family therapy should occur weekly at a minimum; sessions should provide opportunities to discuss recent family contact, with goals for the time continuously revised to address strengths and challenges and to incorporate skill practice specific to supporting a successful return home.

Providers should have the capacity to allow for family sessions and contact to occur via video when needed and in the home/community as a preferred setting vs. in the PRTF (which may require some thoughtful strategizing with staff schedules). There should be a plan as well to transport families to and from the facility for these sessions as needed.

- 2. Time with family:** Spending time with family (therapeutic leave) is a right, not a privilege, and is a primary treatment/support intervention for the youth; contact in-person or via phone between the youth and extended family members and support people (including approved friends of the youth) must occur daily unless contraindicated or disallowed by a court of competent jurisdiction. When a specific family member is not allowed (i.e. legally) to have contact with the youth or only limited and supervised contact, then the primary goal of the PRTF will be to find and engage other family. Staff of all disciplines should have skills for working with families in their homes and communities to teach the youth and family how to navigate everyday living together, and how to build the necessary support and treatment networks in the community to ensure successful and sustained living together at home. Spending time at home with family is not to be denied based solely upon any behavioral infraction or breaking of rules by the youth (punitively denied). Moreover, if a youth is admitted to the PRTF without clear permanency/family involvement and engagement, this must be the primary treatment focus at the outset and should be identified as the most important goal of the youth's treatment plan.
- 3. Groups:** Groups constitute another treatment component of PRTF and provide a social opportunity for youth to improve interpersonal relationship skills, practice self-expression,

increase self-awareness, and take personal responsibility. It also helps to teach conflict resolution and emphasizes phases of mastery and healing as the youth learn skills and model new roles through therapeutic interaction with peers. Groups should cover health and nutrition, trauma, adaptive coping, self-regulation, self-management, ADLs, and independence-oriented life skills, including resume-building, employment preparation/coaching and money management. PRTFs should develop a curriculum that offers several group opportunities per week, with all youth participating in a minimum of one weekly therapeutic group.

- 4. Individual therapy:** Person-centered interventions in individual therapy should be provided with an emphasis on evidence-based approaches to self-management, coping skills, negotiation, mediation, and conflict resolution. Trauma-specific treatment approaches should also be employed. Treatment should continuously address barriers to successful self-regulation, interpersonal functioning, and family/community-based living. Individual therapy must be available to youth weekly and should occur more as dictated by individual need, particularly in the months after admission; the frequency of individual therapy should be based on the youth's progress in PRTF treatment and the timeframe for return home, with a plan for titrating the frequency over the course of PRTF stay.
- 5. Substance use treatment:** PRTFs should provide substance use treatment on site for adolescents with co-occurring disorders. Substance use treatment should be provided via the above modalities as needed and should utilize EBPs, such as Motivational Interviewing. For adolescents whose substance use needs require a level of care or specialization provided off-site, options for receiving substance use treatment in the PRTF (i.e. via a mobile/ co-located provider) should be explored with the substance use provider and CBH.
- 6. Recreational activities/ allied therapy:** Walks, exercises, games, creative arts and crafts, and leisure activities should complement traditional therapeutic modalities and increase an adolescent's ability to identify personal interests and engage in healthy outlets. Recreational activities should promote learning and occur off-site, in the community unless clinically contraindicated; in these cases, treatment goals must include specific interventions aimed at readying the youth for community activities. Youth should be enrolled in structured extra-curricular activities, such as music lessons or sports/ fitness classes. The PRTF program should do whatever it takes to support each youth in capitalizing on their strengths, talents, and interests with activities in the community (including their communities of origin if possible) with pro-social peers.
- 7. Case management:** In-house case management team should provide resource mapping and support for community integration.
- 8. Peer support:** PRTFs will hire one youth advocate and one family support person. These peer specialists will empower and support youth and their family members as they navigate the PRTF and involved systems (e.g. school, child welfare), ensuring their needs and preferences are guiding both treatment and programs decisions, and that any barriers to their active involvement are addressed (e.g. transportation, confusion about reason for placement, reluctance to ask questions, or treatment fatigue). Peers will play active roles in all phases of treatment from pre-admission (e.g. may assist with orientation or school visit) to return home (may meet with youth and family in community during transition). Both the youth advocate and family support will complete peer certification trainings as identified during

contract negotiations and will be active and embedded members of the PRTF staff.

- 9. Milieu management/ environmental safety:** Milieu management comprises many of the activities that provide structure and predictability in order to promote stability during each PRTF stay, both within and outside of the PRTF. Milieu management includes the environment of care, environmental rounds to continually ensure safe and secure operations, and factors that contribute to the organizational culture, such as a commitment to non-violence through the elimination of restraint, a daily schedule that promotes family/community connection and engagement, and flexible rules designed to meet the youth/family's needs (and not for organizational convenience), including holding therapeutic sessions and activities off-site. Each adolescent must be engaged in the PRTF service and encouraged in their role to promote the overall safety of other residents, staff, and visitors. The organizational model, as referenced above, should provide a supportive therapeutic milieu.
- 10. Psychiatric care:** Psychiatric care in RTFs is comprehensive and includes a psychiatrist guiding care through provision of psychiatric evaluations including input from family members, youth, RTF clinicians and staff and corroborative sources; guiding formulation and treatment plan; participating in regular clinical team meetings; providing medication management; and monitoring overall care. Staffing of psychiatrists should be sufficient to allow for weekly appointments for youth as needed.
- 11. Education:** The PRTF must demonstrate that they have an existing relationship with the Philadelphia School Districts and local schools, a proven track record of enrolling students and participating in Individual Education Plan (IEP) meetings, and the ability to pick youth up from school when needed or transport to school if needed initially. PRTFs should establish roles for mental health workers during the day, including being available to come on-site to the school if needed (and ideally with youth consent). Applicants should also describe how they plan to re-enroll youth in former schools or follow process for alternative placement. If the applicant does not have any experience connecting with local schools there should be a clear plan to do so.
- 12. Clinical rounds/treatment team meetings/ shift change:** The PRTF staff, including the psychiatrist and mental health workers, should participate in treatment team meetings for each youth at a minimum of every 30 days and more often based on individual need. Youth, when appropriate, should participate in these rounds to ensure they are aware of the reasons for their placement at the PRFT, their treatment goals, their medications, if any. The PRTF management should ensure that there is time built-in during shift changes to allow for mental health workers and other staff to share pertinent clinical and behavioral updates in real time.
- 13. Elopement:** PRTFs must follow Office of Mental Health and Substance Abuse Services (OMHSAS) and CBH regulations to address elopements. Preventing elopement must be a key goal of milieu management, with youth engaging in strategies to prevent elopements and support one another in utilizing learned skills and established relationships to voice concerns.

F. Linkages

Linkages and coordination with community resources and other providers are essential to providing active PRTF treatment and planning successful transitions to the next level of service. PRTFs must conduct utilization reviews with CBH. PRTFs must establish working relationships with outside medical providers and specialists in order to address routine and complex medical needs of adolescents. Similarly, PRTFs must work in close collaboration with the school district and local schools to ensure uninterrupted and appropriate education during PRTF stays.

G. Post-Discharge Support/Return Home

The PRTFs must present plan for supporting youth post-stay. This should include a plan for clinicians to provide treatment or support to youth in the community/home during their transition. The PRTFs must also develop collaborative relationships with community-based services to ensure the youths' successful reintegration into the community upon discharge, including a warm hand-off to any community-based behavioral health provider. PRTFs should also partner with schools, community resources, and family members for post-PRTF opportunities and support. Identification of community supports must be youth and family-driven, with particular attention to their preference for location of supports, as youth and families will best know the neighborhood/ communities that present risk for them vs. ones that present opportunities for safety and success.

PRTFs must familiarize themselves with the Building Bridges Initiative (<http://www.buildingbridges4youth.org/>), and the associated Learning Collaborative, to enhance partnerships with community-based providers and resources, aimed at facilitating successful and sustained community re-integration for youth. Coordination with past, current, and prospective providers is critical and required. Linkages with DHS/ CUA will be essential to ensuring adolescents are connected to safe and supportive placements/ families following discharge. PRTFs should also collaborate with DHS/ CUA to conduct Family Finding if family is not identified at the outset of PRTF treatment. This may also include collaborating with high-fi wrap teams and host homes as noted. Special coordination will be required for transition-age youth who do not have options for family placement following PRTF stays; this includes partnerships with housing programs, Assertive Community Treatment (ACT), and case managers.

A CBH discharge planning meeting will occur for all youth served at intervals to be determined based on clinical need. A transition and discharge plan should be developed and signed by the individual, the identified family, CBH, and all involved agencies. These plans should also include a safety component.

Successful transition into the community, including integration or re-integration into a family/ home environment for many youth, is critical. As such, applicants must describe active transition and post-stay follow-up methods and procedures for a defined period.

H. Personnel and Required Training

It is critical that the PRTFs employ strategic hiring procedures to identify highly qualified candidates who can support the mission of the PRTF to provide compassionate, nonrestrictive care. Given the diversity in racial and socioeconomic background of youth who receive PRTF treatment, hiring strategies should aim to form a PRTF team whose diversity reflects that of the youth population. PRTF staffing must include the following positions. DHS Chapter 3800 regulations should be

referenced for additional credentialing requirements and staff ratios.

- Dedicated Board-Certified Child and Adolescent Psychiatrist - .5 FTE
- Board Certified Behavior Analyst (BCBA) - .5 FTE or Licensed Marriage and Family Therapist (LMFT)
 - Applicant may propose an alternative with sufficient justification with a plan to address functional behavior assessment, behavior planning and transfer of skills to the families/caregivers for adolescents with complex needs
- Licensed Clinical Staff – 2.0 FTE
- Licensed Practical Nurse (LPN) – 1.0 FTE
- Direct Care Supervisor - 1.0 FTE
- Mental Health Workers – 12.0 FTE
- Family Support Person - .5 FTE (at a minimum)
- Youth Advocate - .5 FTE (at a minimum)
- Case Manager – 1.0 FTE
- Cultural and linguistically competent staff

There should also be a clear plan for how the Medical Director (psychiatrist) will provide regular oversight of the program and be informed of critical incidents or pertinent clinical trends (i.e: increased lengths of stay, restraints, elopements, etc).

In addition to participating in all CBH mandatory training, all staff must be trained as follows:

- All staff must be trained Six Core Strategies and any additional organizational models.
- Select staff should be trained in identified EBPs/ evidence-supported practices.
- All staff must have previous experience with severe mental illness (SMI).
- All non-clinical staff must be trained in Youth Mental Health First Aid training.
- All staff must be trained in family engagement.
- Youth Advocate and Family Support Person must complete designated certified training.

I. Timetable

It is expected that all services requested through this RFP will be fully operational by **April 1, 2018**.

J. 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.

K. Reporting Requirements

By accepting an award under this RFP, applicants agree to comply with all data reporting requirements of CBH. To fulfill the data reporting requirements, successful applicants must work with CBH and, where applicable, the CBH Claims, Information Services, Quality Management, and PEAR Departments to ensure the quality and completeness of data. Reporting requirements may be modified prior to or during the contract award period.

For all in-network PRTFs, CBH tracks and reports to city/ state:

- Number of new admissions for the reporting month

- Number of youth treated by the PRTF
- Number of youth admitted during the reporting month who had a previous PRTF stay within the last 30 days
- Number of youth admitted during the reporting month who had a previous PRTF stay within the last 180 days
- Number of discharges in reporting month
- Number of service days for the entire length of stay for youth discharged during the reporting month

Clinical tools will be identified during contract negotiations and will align with selected EBPs/ evidence-supported interventions. Other performance indicators and program measures (in addition to the list above) will be confirmed during contract negotiations and can be proposed in responses to this RFP. These measures should capture program quality, member satisfaction, and community tenure. Applicants should propose quality improvement methods that will integrate results of measures into ongoing program enhancement.

- Quality measures may include:
 - Number of elopements in one month
 - Number of restraints
 - Number of planned discharges
 - School performance measures
- Youth and family satisfaction surveys should track
 - Satisfaction with treatment
 - Satisfaction with post-treatment outcomes
- Community tenure measures may include:
 - Attendance of first appointment in community-based treatment service following return home
 - Recidivism to hospital or PRTF in 30, 90, 180 days

Applicants are encouraged to reference BBI outcome indicators¹⁰ in proposing outcome measures and a quality improvement program.

L. 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.

M. Compensation/Reimbursement

Applicants will be required to submit an ongoing operations budget as the basis for negotiation with CBH. This budget must include all operating costs such as staff, administrative costs, ongoing supplies, ongoing building expenses including rent and maintenance, etc.

¹⁰ <http://www.buildingbridges4youth.org/sites/default/files/Building%20Bridges%20Matrix%20Final%20for%20web.pdf>

The applicant is to use the budget forms which are provided separately on the DBHIDS website to develop each budget. Be sure to label clearly the start-up and ongoing operations budgets. All tabs must be completed. The 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 should not be included on the personnel roster. These costs are part of administration. Do not alter the form in any way.

The 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 order to be considered for the right to negotiate.

N. 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.

O. 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

Proposals 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 six (6).
- Responses to questions one (1) through six (6) should not exceed **15 pages**.
- Treatment Curriculum (Appendix B)
- Responses / 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 (posted on website under RFP)
- Budget Forms (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. Each proposal must provide all the information detailed in this RFP using the format described below. The narrative portion of the proposal must be presented in print size of 12, using a Times New Roman font, single spaced on 8.5" by 11" sheets of paper with minimum margins of 1". For each section where it is required, the applicant must fully answer all of the listed questions in the outline form in which they are presented in the RFP. Answers to each question must be numbered/lettered and correspond to the numbered/lettered questions in this RFP. Failure to number and letter the questions or to respond to all questions may result in the proposal's being considered non-responsive. Each attachment, appendix or addendum must reference the corresponding section or subsection number.

Applicants are required to limit their General Narrative Description to 15 (fifteen) single spaced pages. As a general comment, if you have responded to a requirement in another part of your proposal, make reference to that section and do not repeat your response. Applicants whose narrative exceeds the page limits may have their proposals considered non-responsive and be disqualified.

B. Proposal Content

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 your intention to develop one or both PRTFs.

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.

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

Applicants should indicate licensure status, ability to obtain required credentialing/ license as applicable, and ability to meet start-up target date of April 1, 2018.

3. Corporate Status

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

4. Governance Structure

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

5. Program Philosophy

This section provides the opportunity to describe the vision, values and beliefs that will be evident in the design and implementation of the proposed services. The applicant should explain how the values of the DBHIDS Practice Guidelines, System of Care, and Building Bridges Initiative as described in this RFP 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.

6. Program Design

a. Describe the physical site(s) for the proposed PRTF(s), including how the space will align with regulations and best practices for ensuring a home-like, safe, and therapeutic environment. Applicant should address elements described in I.F.

b. Describe plans to ensure family time is provided without restriction. Applicants should reference I.F. and II.E.2.

c. Describe the plan for implementing an organizational model (must be Six Core Strategies

and can include additional model such as Sanctuary), including which model(s) and how staff will be trained initially and supported ongoing in implementing strategies. Applicants should address elements in II.B.

d. Describe engagement approaches to be used with both families and youth, including during admission and pre-admission, and plans to include family and youth in decisions related to treatment and programming. Many parts of the RFP pertain to this question, in particular II. B., D., and E.

e. Describe plans to integrate and make full use of the roles of youth advocate and family support person. Applicant should reference section II. E. 8.

f. Describe qualifications and readiness of your organization to provide PRTF to the youth in need of these services. Consider in particular the prevalence of trauma and the related externalizing behaviors that are often considered higher-risk and challenging to treat. Applicants should address elements in II.C.

g. Describe your plan to meet the needs of LGBTQIA youth. Describe specifically plan to meet the needs of transgender youth. Applicants should reference section II.C.

h. Describe integrated treatment model. This question will receive substantial weight in scoring. Applicants should reference in particular section II. B. and E. and address:

- the EBPs or evidence-supported interventions to be used
- which interventions will be provided in which modalities
 - family
 - individual
 - group
 - milieu
 - substance use
- rationale for selecting these interventions, including known effectiveness in this setting/ modality
- any modifications needed
- how selected interventions will complement one another
- how selected interventions will complement Six Core Strategies and any other organizational model

i. For practices identified above, describe training modalities, supervision, and quality assurance strategies to ensure continued fidelity, outcome monitoring, and ongoing application of the practices. Applicants should reference in particular section II. B. E., H., I.

j. Propose PRTF daily curriculum in narrative form and using the attached Appendix B. Applicants should reference in particular section II. E.

k. Describe clinical and program approaches that will contribute to goal of PRTF to successfully return youth to family and community (skill building, family engagement, etc.)

l. Describe plan for education, referencing section II. E. 11.

m. Describe MOUs obtained and methods to establish needed linkages for PRTF. Applicants

should address elements in section II. F.

n. Describe hiring strategies to ensure trauma competency and diversity of staff, including any plans to include youth/ family members in hiring process and decisions. Applicants should reference section II.G.in particular.

o. Describe proposed monitoring and reporting procedures, including staff and methods to ensure twice-yearly administering and analysis to address treatment progress at the individual and program level, as well as satisfaction and other identified trends. Applicants should reference in particular section II.K. Applicants are also encouraged to reference BBI materials on outcomes¹¹.

p. Propose a post-PRFT home model to support youth transitioning from their PRTF to community/ home settings, for upwards of six months, that would utilize the clinical team familiar with them from their PRTF stay.

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:

- Tax Identification Number
- An overview of your agency's financial status, which will include submission of a certified corporate audit report (with management letter where applicable). If this is not available, please explain, and submit a review report by a CPA firm. If neither a certified corporate audit report nor review report is available, please explain and submit a compilation report by a CPA firm. Any of these submissions must be for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year. Please note, the most recent report must be submitted prior to any potential contract negotiations.
- Federal Income Tax returns for for-profit agencies, or IRS Form 990, Return of Organization Exempt from Income Tax for non-profit agencies. Either of these submissions must be for the most recently ended corporate fiscal year. If the tax return is not yet available, submit the return for the prior corporate fiscal year. Please note, the most recent tax return must be submitted prior to any potential contract negotiations.
- Proof of payment of all required federal, state and local taxes (including payroll taxes) for the past twelve (12) months.
- Proof of an adequate Line of Credit demonstrating funds available to meet operating needs. If not available, please explain.
- Disclosure of any Bankruptcy Filings or Liens placed on your agency over the past five years. Please include an explanation of either. If there were no Bankruptcy Filings or Liens placed on your agency over the past five years, please include an attestation indicating that this is the case, signed by either your Chief Executive Officer or Chief Financial Officer.

¹¹ Building Bridges Initiative. (n.d.). <http://www.buildingbridges4youth.org/>

- 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 insurance certificate must include the following coverage: General Liability with a minimum of \$2,000,000 aggregate and a minimum of \$2,000,000 per occurrence. Professional Liability with a minimum of \$1,000,000 aggregate and a minimum of \$3,000,000 per occurrence. Professional liability policy may be per occurrence or claims made, if claims made, a two-year tail is required. Automobile Liability with a minimum combined single limit of \$1,000,000. Workers Compensation/Employer Liability with a \$100,000 per Accident; \$100,000 Disease-per Employee; \$500,000 Disease Policy Limit. CBH, City of Philadelphia and Commonwealth of Pennsylvania Department of Public Welfare must be named as an additional insured with respect to your General Liability Policy. The certificate holder must be Community Behavioral Health. Further, for applicants that have passed all threshold review items and are recommended by the Review Committee to be considered for contract negotiations for this RFP, each applicant will be required to provide a statement from an independent CPA attesting to the financial solvency of the applicant agency.

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 (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 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' Mediceck List <http://www.dhs.state.pa.us/publications/medicecksearch/>

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	October 11, 2017
Deadline to Submit Questions	November 1, 2017
Answers to Questions on Website	November 8, 2017
Application Submission Deadline	November 29, 2017
Applicants Identified for Contract Negotiations	January 8, 2018
Project Start Date	April 1, 2018

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

This RFP is issued on **October 11, 2017**. In order to be considered for selection, all applications must be delivered to the address below no later than 2:00 PM on **November 29, 2017**. Questions related to this RFP should be submitted via E-mail by to: gerard.holmes@phila.gov.

Community Behavioral Health
801 Market Street
7th Floor
Philadelphia, PA 19107
ATTN: Gerard Holmes

- Application packages should be marked “Psychiatric Residential Treatment Facility.” 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.
- Applicants must submit eight (8) hard copies – 1 with original signatures and seven (7) photocopies 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

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

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

A. Revisions to RFP

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

B. City/CBH Employee Conflict Provision

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

C. Proposal Binding

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

D. Reservation of Rights

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

DBHIDS website in relation to this RFP.

1. Notice of Request For Proposals (RFP)

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

- (a) to reject any and all applications and to reissue this RFP at any time;
- (b) to issue a new RFP with terms and conditions substantially different from those set forth in this or a previous RFP;
- (c) to issue a new RFP with terms and conditions that are the same or similar as those set forth in this or a previous RFP in order to obtain additional applications or for any other reason CBH determines to be in their best interest;
- (d) to extend this RFP in order to allow for time to obtain additional applications prior to the RFP application deadline or for any other reason CBH determines to be in its best interest;
- (e) to supplement, amend, substitute or otherwise modify this RFP at any time prior to issuing a notice of intent to develop a provider agreement or consultant contract to one or more applicants;
- (f) to cancel this RFP at any time prior to the execution of a final provider agreement whether or not a notice of intent to develop a provider agreement has been issued, with or without issuing, in CBH's sole discretion, a new RFP for the same or similar services;
- (g) to do any of the foregoing without notice to applicants or others, except such notice as CBH, in its sole discretion, elects to post on the DBHIDS website.

2. Proposal Selection and Contract Negotiation

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

- (a) to reject any application if CBH, in its sole discretion, determine the application is incomplete, deviates from or is not responsive to the requirements of this RFP, does not comply with applicable law, is conditioned in any way, or contains ambiguities, alterations or items of work not called for by this RFP, or if CBH determines it is otherwise in their best interest to reject the application 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

CORPORATE NAME OF
APPLICANT ORGANIZATION _____

CORPORATE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PROGRAM SITE LOCATION _____

CITY _____ STATE _____ ZIP _____

Male PRTF _____

Female PRTF _____

MAIN CONTACT PERSON _____

TITLE _____ TELEPHONE # _____

E-MAIL ADDRESS _____ FAX # _____

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

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED _____

APPENDIX 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. 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