

# **REQUEST FOR APPLICATIONS**

**For**

**PARTICIPANTS IN THE BECK COMMUNITY INITIATIVE  
COGNITIVE BEHAVIORAL THERAPY TRAINING FOR  
MENTAL HEALTH OR DRUG AND ALCOHOL INTENSIVE  
OUTPATIENT PROGRAMS**

**Issued by**

**COMMUNITY BEHAVIORAL HEALTH**

**Date of Issue**

**October 3, 2019**

**Applications must be received no later than 2:00 p.m. on October 25, 2019**

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

**Amberlee Venti at [Amber.Venti@phila.gov](mailto:Amber.Venti@phila.gov)**

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

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## 1. Overview

### 1.1. Introduction/Statement of Purpose

Community Behavioral Health (CBH) is soliciting participants for a training and implementation program to build clinical capacity in Philadelphia to provide Cognitive Behavioral Therapy (CBT). The University of Pennsylvania's Beck Community Initiative (Penn BCI) is a public-academic partnership among a research group at the University of Pennsylvania (led by Torrey A. Creed, PhD), the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), and community mental and behavioral health care providers. Since 2007, this innovative, team-oriented approach has been used to advance the quality of care provided to individuals in the DBHIDS system by placing tangible, empirically-based tools in the hands of the clinicians who serve them. There will be no cost to providers for this training, though a significant organizational commitment will be required to successfully implement and sustain this Evidence-Based Practice (EBP). CBH expects to support training for two outpatient program (OP) providers, including mental health and/or drug and alcohol related treatment, through this RFA.

### 1.2. Organizational Overview

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

CBH was established as a non-profit organization by the City in 1997 to administer behavioral health care services for the City's approximately 600,000 Medicaid recipients. As a result, CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services. CBH employs more than 400 people and has an annual budget of approximately \$800 million.

### 1.3. DBHIDS System Transformation

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

Population health refers to the health of an entire community. Traditional approaches to health care center around individuals who are already experiencing a health-related condition. Population health approaches take a much broader view, seeking to improve the health status of everyone in a community, not just those who are sick. By providing excellent clinical care as well as community-level interventions and services, **population health approaches help to create communities in which every member—not just those who seek out health services—can thrive.** It is essential that providers who apply for this RFA follow population health approaches as they apply.

As DBHIDS worked in communities to help them better support people in its system, it became clear that many communities are themselves distressed, grappling with violence, poverty, inadequate housing, and other threats to health, well-being, and self-determination. It also has become clear that many people in need of support are not being reached or are 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 on 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's 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.

Healthcare providers and payers use a variety of 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:

- **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.
- **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.
- **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.

- **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.
- **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.

#### 1.4. General Disclaimer

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

#### 1.5. Project Background

The University of Pennsylvania's Beck Community Initiative (Penn BCI) partners with community behavioral health providers to implement cognitive behavioral therapy (CBT), an evidence-based practice with demonstrated positive treatment outcomes for many people with complex and challenging behavioral health needs. For example, CBT has been successfully used to help people with anxiety, depression, problematic alcohol and other drug use, anger and externalizing disorders, trauma histories, interpersonal conflicts, and other challenges build new skills and achieve their own unique goals.

CBT is based on the cognitive model that describes the connection between an individual's thoughts, emotions, and behaviors. Each person's unique history and past experiences lead them to develop core beliefs about themselves, others, and the world. Those beliefs, in turn, become the lens through which new experiences are seen and understood. When we see a new situation through the lens of these past experiences, we have immediate, almost reflexive reactions (thoughts, emotions) that influence our behavior in those situations. Some of our thoughts and beliefs (cognitions) may be less accurate or helpful than they may at first seem to us, leading to distress and problematic behavior. CBT helps people to identify the cognitions (based on past experiences) that are connected to the distress and unhelpful behavior in their lives, evaluate how accurate or helpful those cognitions may be, and shift to more accurate or helpful cognitions. Those changes in thinking, in turn, lead to less distress, more desirable behavior, and progress toward meaningful life goals. CBT also fits well within the recovery movement, helping individuals to identify their own goals and then resolve the obstacles that may be in their path, such as addiction, depression, trauma, chronic stress, and more. CBT can be delivered individually or in groups, and is supported by substantial research evidence, including almost 300 meta-analyses.

Programs that partner with the Penn BCI will receive in-depth training followed by consultation for applying their new CBT skills individually or in groups with people receiving services in the OP program. The program will collaboratively retool their services to successfully implement and sustain CBT throughout their OP services. To date, the Penn BCI has partnered with more than 55 programs to integrate CBT into their ongoing services. These trainings have involved a wide range of disciplines, including drug and alcohol counselors, therapists, social workers, psychologists, psychiatrists, and peer specialists.

## **2. Cognitive Behavioral Therapy Training and Implementation**

### **2.1. Training and Implementation Opportunity**

CBH is sponsoring an innovative training and implementation program—provided by the University of Pennsylvania via the Penn BCI—for applicants interested in implementing CBT in a recovery-oriented framework in their outpatient programs, including both mental healthcare and services for drug and alcohol use. This RFA will result in the selection of two providers for the CBT training opportunity. The opportunity is scheduled to begin in late 2019 and will include an implementation readiness phase and an active training phase that will be tailored to each organization and may last until June 2021. Integration of CBT into the OP services is then expected to be expanded and sustained over time by the provider.

In Phase 1 of implementation, organization and program leadership will participate in work to prepare and support the program in successful implementation of CBT (“implementation readiness”). Clinicians will then participate in an intensive workshop process to build their knowledge of the principles and strategies of cognitive therapy and then practice the application of those skills during six months of group consultation meetings with cognitive therapy experts. Clinicians may receive training in individual and group interventions, as indicated by the program’s needs. Organization and program leadership, with support from the Penn BCI, will then be responsible for ensuring that CBT is sustained over time.

### **2.2. Overview of Training and Implementation Program**

#### **2.2.1. Training Program Goals**

The goal of the BCI Training and Implementation program is to successfully prepare, integrate, and sustain CBT as an evidence-based practice to support individuals with mental and behavioral health challenges and strengthen their recovery in their families, work, home, and community.

Implementation readiness and CBT training will occur in five (5) phases:

- I) Implementation Readiness
- II) Intensive Workshops
- III) Six-month Consultation
- IV) Transition to Internal CBT Supervision
- V) Sustained Practice of CBT

Implementation readiness (Phase I) will be tailored to each organization based on their initial readiness at the beginning of the partnership. This phase will take no less than 4 months and no more than 12 months. Immediately following that, the intensive portion of the training program (Phases II and III) will take approximately seven months to complete. By the end of the intensive training, clinicians will have the opportunity to demonstrate competency in CBT. After the intensive training portion ends, the program will be expected to support and sustain the ongoing practice of CBT with individuals (and groups, if that modality is a part of the regular practice there—see phases III and IV). Certified clinicians will be expected to be recertified after two years, the internal supervision group will be expected to continue to meet on an ongoing weekly or bi-weekly basis, and additional clinicians and supervisors will be expected to complete a web-based training and join the internal consultation group to spread CBT throughout the organization.

## 2.2.2. Training Model: Overview of Training and Implementation

The typical Penn BCI Training and Implementation consists of the following four (4) phases:

### **Phase I: Implementation Readiness (May be from 4 to 12 months, tailored to the needs of the program)**

In collaboration with the Penn BCI, the program will select members of a CBT implementation committee. Guidelines and traits for selection of committee members include:

- Openness towards EBPs
- Decision-making abilities within the organization (members of leadership)
- Knowledge of current policies and procedures
- Values clinical training and growth
- Time availability
- Influence among colleagues

Among these, the committee will identify one individual to be the point-person for the organization. This person should be in a role where they can reinforce accountability among other team members. Monthly implementation committee meetings will be held through the implementation readiness phase. The goal of the meetings is to assess progress since last meeting and set monthly goals to be reviewed in the next meeting to prepare the organization for successful uptake of CBT. Actual work is done between meetings, rather than in the meetings. Areas of focus will include integration of clinical measures into regular practice, adaptation of clinical documentation to support implementation of CBT, review of the intake process and case assignment to develop a client flow for CBT, strategies to integrate CBT into supervision, CBT training preparation, and establishment of a sustained implementation plan. This phase will end when readiness is established in each domain or after 12 months, whichever occurs first.

### **Phase II: Intensive Workshop (22 hours over three/four weeks)**

The 22-hour workshop will take place in three to four weekly meetings held over one month. Beginning with core concepts, clinicians and supervisors will learn to use a case-conceptualization-driven, cognitive-behavioral approach that targets skills training and acquisition related to 1) structuring an individual or group session, 2) motivational enhancement through a goal-directed framework, 3) case conceptualization, 4) identifying and shifting inaccurate or unhelpful thinking patterns, 5) behavioral interventions, 6) shifting behavior patterns to those that foster wellness, and 7) preventing relapse. The training will focus on the integration of the CBT strategies and principles into individual treatment, as well as group treatment if this is a common modality in the program.

This training program will enhance clinicians' "toolboxes"; they will learn to form cognitive case conceptualizations, tailor CBT interventions to an individual's strengths and needs, consider how those strengths and needs can be addressed through individual or group treatment, and pursue recovery and other meaningful goals set by that individual. CBT consultants will collaboratively support agencies to integrate CBT interventions into existing treatment processes.

The instructors teach through experiential learning, didactics, roleplays, audio examples, practices, and more. In addition to the core clinical participants (clinicians and supervisors), additional staff including administrators, supervisors, and others are strongly encouraged to attend the Phase I workshop to be best able to support the integration of CBT into the outpatient program. The workshop series is held at the Penn BCI 3535 Market Street location in Philadelphia.

### **Phase III: CBT 6-Month Consultation**

Immediately following the close of Phase II, the therapists and supervisors will begin to apply their new CBT knowledge and skills to treatment with individuals receiving services; these participants should be able to deliver CBT to at least three individuals. To receive support and extend their learning, clinicians and supervisors will meet for two hours weekly at Penn for group CBT consultation. During the CBT group consultation, the participants will develop and refine case conceptualizations, roleplay, plan interventions for upcoming sessions, offer and receive feedback, and review the use of structured tools to assess response to treatment. Between meetings, clinicians will practice integrating session structure and CBT skills into the services they typically deliver in the outpatient program.

Every eight weeks throughout the six-month consultation phase, key project personnel from Penn, CBH, and the agency will meet to discuss the progress of the training program, identify potential issues or challenges, and plan for sustainability (see Phase V). In addition, supervisors who are not participating in Phase III but supervise clinicians will be expected to come to consultation meetings at least monthly to increase their familiarity with CBT and CBT-informed supervision. At the close of the active training program, successful participants will become eligible for certificates to reflect their achievements (see below).

### **Phase IV: Transition to Internal CBT Supervision and Sustained Practice (first 2 years after Phase III ends)**

Toward the end of the six-month consultation phase, a group facilitator and a CBT liaison will be selected from the training group. One person may serve both roles, or the roles may be divided across two people. The group facilitator will be required to have met the certification requirements (see Certification below for details) and be willing to serve as a facilitator. They may be, but are not required to be, supervisors at the program. The CBT liaison is required to have participated in the training process but is not required to have met the certification criteria, nor do they have to be supervisors at the program. The group facilitator is a clinical role, and the identified individual will receive specialized training in CBT group facilitation and specific guidance about supporting the other CBT clinicians as the program is sustained over time. The CBT liaison will provide an administrative role and will play a key part in sustaining CBT in the outpatient program over time. The CBT liaison will receive specific guidance about on-boarding new staff into the Penn BCI through the web-based training, monitoring recertification requirements, uploading session recordings for additional support from Penn, and other responsibilities related to supporting the requirements for enrollment and certification in the Penn BCI.

Immediately following the close of the six-month consultation, the group of graduates will transition to ongoing, internally-led weekly or bi-weekly meetings to maintain ongoing skill development, prevent drift from the CBT model, and support the learning of subsequent clinicians who join the group through the web-based training. During this two-year Phase, the Penn BCI instructors will provide additional support approximately every 8 weeks by participating in the consultation group; and providing feedback to the Group Facilitator/CBT Liaison as needed. The Penn BCI instructors will also provide detailed feedback on the Cognitive Therapy Rating Scale (CTRS) of any additional clinicians pursuing certification through the web-based training during this phase. In addition, agency supervisors will receive additional instruction and support from available online Penn BCI training and webinars to foster growth and development of CBT among their supervisees. Training program graduates, supervisors, and administrators from the partner agencies will attend Beck Community Initiative Annual Meetings at CBH.

Over time, it is expected that the agency will increase capacity to deliver the CBT model by adding more trained clinicians through the available web-based training. New clinicians will join the existing internal CBT supervision group at the agency to receive continued support and learning. All Penn BCI participants will also be invited to Annual Meetings held at CBH, as well as additional training opportunities.

The sustainability plan from Phase I will be updated in collaboration with the provider's administration, CBH, and Penn, including identifying measurable goals and specific dates for meeting those goals. Goals are related to implementation readiness and will include having agency leadership fully engaged in the implementation and sustainability of CBT over time, supporting an EBP-infused culture, maintaining capacity among trained clinicians, building capacity to address turnover and increase penetration of CBT in the organization, navigating competing demands, integrating policies and practices with CBT, building stakeholder involvement, and evaluating outcomes. More detail on each of these domains will be provided in a Sustained Implementation Plan (SIP), with instruction for how to proceed and details on support from the Penn BCI team. The plan will be discussed in detail in the third key personnel meeting (approximately four months into the six-month consultation phase), finalized in the fourth key personnel meeting (near the end of the six-month consultation phase), and placed into action in Phase V (after the six-month consultation phase). Administrators will continue to provide support to the ongoing internal CBT groups within their agencies.

At the end of this phase, participants will be offered the opportunity to be recertified, earning a non-expiring certificate (see Certification below).

### **Phase V: Independent Practice of CBT (after the conclusion of Phase IV, beginning approximately 32 months after the start of the implementation process)**

In this final phase of participation, which lasts indefinitely, the internal consultation group will continue meeting weekly or bi-weekly to maintain ongoing skill development, prevent drift from the CBT model, and support the learning of subsequent clinicians who join the group through the web-based training. However, the Penn BCI instructors will no longer provide the additional bi-monthly support that was received in Phase III. The Penn BCI instructors will continue to provide CTRS scores for any additional clinicians pursuing certification through the web-based training during this phase, but no written feedback will be provided. Instead, detailed feedback should be provided by other group members after recording review in the supervision group. In addition, agency supervisors will receive additional instruction and support from available online Penn BCI training and webinars to foster growth and development of CBT among their supervisees. Training program graduates, supervisors, and administrators from the partner agencies will continue to attend Beck Community Initiative Annual Meetings at CBH.

There remains an ongoing expectation that the agency will continue to maintain or increase capacity to deliver the CBT model by adding more trained clinicians through the available web-based training. New clinicians will join the existing internal CBT supervision group at the agency to receive continued support and learning. If the group becomes too large for there to be time for adequate feedback from other groups members (more than approximately eight members), the groups will be encouraged to split into smaller independent groups. All Penn BCI participants will continue to be invited to Annual Meetings held at CBH, as well as additional training opportunities.

### 2.3. Overview of Penn BCI Training and Implementation

Penn BCI Activity	Time/ Frequency	Content	Related Requirements	Participants
Implementation Readiness Phase (PHASE I)	Monthly for 4-12 months, tailored to the program's needs	Focus on 6 areas related to implementation readiness in preparation for success	Attend monthly meetings to provide updates and monthly goals, and execute the plans for the goal between meetings	Program leadership including key decision makers and clinical leadership
CBT Workshop (PHASE II)	22 hours over 3-4 weeks	Core CBT training; workshop will focus on the integration of the CBT strategies and principles into regular care	Attendance at all workshop meetings	<p>REQUIRED:</p> <ul style="list-style-type: none"> <li>• Core Clinical Participants</li> <li>• Supervisors</li> </ul> <p>ENCOURAGED:</p> <ul style="list-style-type: none"> <li>• Administrative Leadership</li> <li>• Data Liaison/ Evaluation Team</li> </ul>
Meetings of Key Personnel (PHASE II and III)	Approximately every 8 weeks until end of Penn-led CBT Group Consultation phase (below)	Training program progress will be discussed. Key personnel will identify potential issues or challenges, and plan for sustainability. Topics of discussion will include barriers to consistent delivery of CBT, data collection, participant progress, supervision, enrollment of new clinicians, or other components of sustainable implementation	Key personnel will follow up on areas of the initiative needing support as determined in meetings	<p>REQUIRED:</p> <ul style="list-style-type: none"> <li>• Administrative leadership, other agency leadership as determined</li> <li>• Supervisor(s) pursuing certification</li> <li>• Supervisor(s) not pursuing certification</li> <li>• CBT Liaison</li> <li>• Participant representative</li> </ul>
Penn-led CBT Group Consultation (PHASE III)	2 hours weekly for six months following CBT Workshop (consults will occur at Penn)	Clinicians and supervisors delivering CBT will receive support and coaching from Penn BCI trainers to develop and refine case conceptualizations, to roleplay, to plan interventions for upcoming sessions, to offer and receive feedback, and to review the use of structured tools to assess response to treatment. Teams will be prepared for transitioning to internal (without Penn BCI) CBT Supervision (below) to sustain CBT within their agencies independently	<ul style="list-style-type: none"> <li>• Deliver CBT to at least three individuals</li> <li>• Deliver CBT to group if groups are typically within participants' scope of work.</li> </ul>	<p>REQUIRED:</p> <ul style="list-style-type: none"> <li>• Core Clinical Participants</li> <li>• Supervisor(s) pursuing certification</li> <li>• Supervisor(s) not pursuing certification must attend consults at least monthly</li> </ul>

<p><b>Sustained Implementation Plan (SIP)</b> Operationalized (PHASE III and IV)</p>	<p>For 2 years following close of 6-month Group Consultation (Phase III)</p>	<p>The SIP is operationalized, which includes having agency leadership fully engaged in the implementation and sustainability of CBT over time, maintaining capacity among trained clinicians, building capacity to address turnover and increase penetration of CBT in the organization, integrating policies and practices with CBT, building stakeholder involvement, and evaluating outcomes</p>	<p>Regular review of the SIP and delivery of the goals (specified with due dates) to strengthen sustainability</p>	<p><b>REQUIRED:</b></p> <ul style="list-style-type: none"> <li>• Administrative Point Person, other agency leadership as determined</li> <li>• Supervisor(s) pursuing certification</li> <li>• Supervisor(s) not pursuing certification</li> <li>• Group Facilitator</li> <li>• CBT Liaison</li> <li>• Participant representative</li> </ul>
<p><b>Transition to Internal CBT Supervision and Sustained Practice</b> (PHASE IV)</p>	<p>Weekly or biweekly for 2 years following close of 6-month Group Consultation (Phase III)</p>	<p>Internal group supervision will continue to maintain ongoing skill development, prevent drift from the CBT model, and support the learning of subsequent clinicians who join the group through the web-based training. Penn BCI will provide bi-monthly support and detailed CTRS feedback for new participants. Participants will be recertified at the end of the two years (with a certificate that does not expire)</p>	<ul style="list-style-type: none"> <li>• Participation in at least of 85% of group consultation meetings over 2 years</li> <li>• Maintenance of at least 2 CBT cases</li> </ul>	<p><b>REQUIRED:</b></p> <ul style="list-style-type: none"> <li>• Core Clinical Participants</li> <li>• New participants trained through web-based training</li> <li>• Supervisor(s) pursuing certification</li> <li>• Group Facilitator</li> </ul>
<p>Independent Practice of CBT (PHASE V)</p>	<p>Ongoing</p>	<p>Internal group supervision will continue to meet to maintain ongoing skill development, prevent drift from the CBT model, and to support the learning of subsequent clinicians who join the group through the web-based training. Penn BCI will provide CTRS scores for new participants</p>	<p>Participation in at least 85% of group consultation meetings</p>	<p><b>REQUIRED:</b></p> <ul style="list-style-type: none"> <li>• Core Clinical Participants</li> <li>• New participants trained through web-based training</li> <li>• Certified supervisor(s)</li> <li>• Group Facilitator</li> </ul>
<p>Annual Penn BCI Meeting (MAY BE IN ANY PHASE)</p>	<p>Yearly</p>	<p>Annual meeting among CBT graduates, supervisors, and administrators from participating providers, CBH, and Penn BCI staff to discuss status of Penn BCI and goals for next year and to celebrate participant achievements in the past year</p>	<p>Attendance at annual meeting</p>	<p><b>REQUIRED:</b></p> <ul style="list-style-type: none"> <li>• Core and WBT Clinical Participants</li> <li>• Supervisor(s) pursuing certification</li> <li>• Supervisor(s) not pursuing certification</li> <li>• Group Facilitator</li> </ul> <p><b>ENCOURAGED:</b> All staff participating directly, or providing support roles, in Penn BCI</p>

## 2.4. Continuing Education Credits

If they choose to do so, participants in the intensive workshop can receive continuing education credits (CEs) from the American Psychological Association (APA). In order to receive CEs, the individual must complete 100% of the workshop and submit feedback forms, then pay a \$25 processing fee for the CEs, with a check made out to the Trustees of the University of Pennsylvania.

## 3. Eligibility Requirements and Expectations

### 3.1. Licensure and Good Standing

Eligible applicants must be outpatient service providers (mental health or drug and alcohol) located in Philadelphia County under contract with Community Behavioral Health. These services must also have current relevant licenses from the Pennsylvania Department of Human Services (PA DHS) or Department of Drug and Alcohol Programs (DDAP) and be a service provider in good standing with the City and CBH. CBH will determine if a provider is in good standing by reviewing information gathered through various departments across DBHIDS. A determination is based on, but not limited to, the following criteria: re-credentialing status history, compliance error rate history, quality improvement plan status, and financial solvency. When applicable, state licensure status will also be reviewed and taken into consideration and discussed with Department of Human Services (state division). Examples of findings from these oversight functions that could disqualify a provider from being in good standing may include but are not limited to: a. Level II Quality Improvement Plan (QIP) (CBH); b. Consecutive Network Improvement and Accountability Collaborative (NIAC) credentialing statuses of 1 year or less (DBHIDS); c. Provisional licensure (State). In addition, CBH will evaluate other commitments between the provider and CBH that may render a provider unable to dedicate the necessary time and resources to this project. Finally, neither the vendor nor its staff, subcontractors, or vendors may be on any of the three Excluded Individuals and Entities lists:

- List of Excluded Individuals and Entities (LEIE) <http://oig.hhs.gov/fraud/exclusions.asp>;
- System for Award Management (SAM) (*formerly Excluded Parties List System (EPLS)*) <https://www.sam.gov>;
- Department of Human Services' Medichex List <http://www.dhs.state.pa.us/publications/medichexsearch/>

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

### 3.2. Program Requirements

Participating providers will be expected to make a serious, sustained commitment to full and continuing implementation of CBT, both for the duration of the training cycle and for the long-term. Participation represents a willingness to transform the outpatient services, rather than just a brief training initiative. As such, agencies will be expected to sustain CBT Supervision Groups and increase capacity to build CBT across the program.

### 3.3. Sustained Practice

Following the completion of the full training and implementation program (see 2.2, Phase III to Phase IV), providers will be expected to independently sustain CBT, including facilitating ongoing referrals and

engagement, delivering CBT to an adequate volume of individuals, maintaining proper documentation and use of measures, and developing strategies to support staff through supervision and to address staff attrition.

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

- Training and consultation
  - intensive training by qualified treatment expert
  - case-specific consultation to translate knowledge to practice
- EBP service delivery
  - strategies for receiving referrals, assessment, and connecting individual with EBP-trained counselor
  - maintaining EBP service volume to meet referral needs and maintain proficiency with the practice
- EBP quality assurance (see also requirements listed in Monitoring section below)
  - documentation of use of EBP in treatment plans and notes
  - supervision of the EBP, including use of EBP specific tools or checklists
  - collection of clinical outcome measures appropriate for the EBP
    - including measures of improved function or quality of life improvement
    - developing systems for ongoing collection and reporting

Providers who participate in this initiative are expected to develop these capacities and procedures during the course of the initiative and to pass the EBP Program Designation at the end of the CBT Initiative via an EBP Program Designation application. Providers are expected to demonstrate sustained capacity for the CBT program via annual resubmission of the EBP Program Designation Application. Achieving and maintaining EBP Program Designation status will be required for inclusion in DBHIDS rosters in EBP providers. Mental Health Outpatient and Substance Use programs are eligible to receive the enhanced following EBP program designation in CBT. Please see the following link to the Provider Notice: <https://cbhphilly.org/wp-content/uploads/2018/12/EBP-Notice-CC-11.29.18-002.pdf>

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

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

### **3.4. Monitoring and Reporting Requirements**

The Penn Beck Community Initiative considers the tracking of change to be an integral part of the CBT process, as well as essential to understanding what is working well within the Initiative. Therefore, CBH and Penn will partner with the selected agency to develop an outcomes monitoring plan. Support will be given in the development of the operational procedures for collecting and regularly reporting/reviewing data with CBH and

Penn. Programs that are selected through this RFA process will be required to meet the following monitoring and reporting requirements:

- Submission of measures related to the agency (completed by supervisors, administrators, and clinicians prior to the workshop) and clinician information (prior to beginning training, at the completion of the workshop, three months post-workshop, six months post-workshop, and bi-annually).
- Collection and submission of clinical measures that will be integrated into clinical care and consultation as well as aggregated to inform program-level outcomes and areas for quality improvement. Measures will be selected collaboratively with the agencies. Examples of measures include the WHO Quality of Life, the Beck Depression Inventory, the Beck Anxiety Inventory, the Patient Health Questionnaire-9, and the Generalized Anxiety Disorder 7.
- Submission of data and/or chart review to verify CBT program components (e.g. delivery of CBT groups, supervision and team approaches that support CBT, development of policies supporting new staff in CBT, ongoing collection of data related to fidelity and outcomes).

To this end, each participating agency will identify an Evaluation Team, comprised of agency staff and supported by the Penn CI team. As noted above, measures will be selected collaboratively and will be clinically applicable throughout the intake, treatment, and discharge processes. The clinical data from the assessment at intake and discharge, as well as clinical data collected during treatment, will inform both individual treatment planning and, in aggregate, the development of the training program. Team members should be nominated based on their willingness to participate and familiarity with the current services provided. Key evaluation team participants may include clinical/program leadership, clinical staff members, quality assurance or compliance staff members, and Information Services/Information Technology or data management staff.

In conjunction with identifying an Evaluation Team, each agency will identify a Data Liaison who will serve as part of the Evaluation Team and function as a point person for issues pertaining to evaluation of outcomes. The Data Liaison will be responsible for coordinating regular updates pertaining to data collection, management, and sharing at the individual client level. The Data Liaison will work closely with Penn BCI staff regarding collection of data at the individual level during Penn BCI training. Programs will also be expected to provide individual client level data for a one-year period prior to Penn BCI involvement and for at least one year following Penn BCI training to facilitate evaluation of the impact of CBT implementation on the delivery of clinical services.

In addition, providers will be expected to maintain the necessary documentation for the EBP Program Designation (some of these requirements overlap/repeat those listed in the beginning of 3.3 above and are being listed in full here for the purposes of aligning with other EBP Program Designation guiding documents):

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

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

### 3.5. Participating Staff

At a minimum, the following will be required:

1. **Core Clinical Participants (6-8)**, who hold at least a bachelor's degree (drug and alcohol treatment programs) or Masters degree (mental health outpatient program) and are providing individual and/or group therapy who will:
  - a) Attend a Beck Community Initiative Orientation Meeting (two hours).
  - b) Submit a baseline audio recording of a treatment-as-usual session and complete background and training program evaluation measures prior to the start of the workshop.
  - c) Attend and participate in all 22-hours of the intensive workshop.
  - d) Attend and participate in at least 85% of the six months of weekly consultation group meetings.
  - e) Throughout the training period (beginning during Phase II/Six-month Consultation Group), deliver CBT to three individuals who agree to have their therapy sessions audio recorded for training purposes. Participants who frequently deliver group therapy are also encouraged to identify at least one ongoing therapy group in which they will practice and grow their CBT skills. In these groups, consent to record will be required in order to submit audio for feedback; when consent is not possible from all group members, the clinician will practice the skills in the group but not submit audio for review of this portion of their work. In addition, clinicians will practice CBT during their broader clinical practice throughout the six-month consultation phase and beyond to support recertification and the internal consultation group.
  - f) Submit audio recordings to demonstrate emerging CBT skills, with at least one recorded session-as-usual submitted prior to the first workshop, and a CBT session submitted at the end of the workshop, and at months three and six of consultation (for certification) and a total of 30 months after the end of the workshop (for recertification) with written client consent to record. Also, complete training program evaluation measures at each of these time points.
  - g) Follow through with consultation group assignments on most consultation group weeks.
  - h) Complete weekly clinical assessment measures designed to improve and guide care, and report responses on those measures to the Penn team to guide consultation.
  - i) Continue to meet with the training cohort and consult with peers to increase skills and prevent drift, indefinitely as an internal CBT supervision group on at least a bi-weekly basis beyond the close of the seven-month intensive training period.
2. **Supervisor (at least one)**

**Mental Health:** who holds at least a master's degree and 2 years' experience

**Drug and Alcohol:** who holds at least a bachelor's degree, as per PA Code 704.6, from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in administration or the human services) or other related field and 3 years of clinical experience in a health or human service agency which includes 1 year of working directly with

individuals with drug and alcohol challenges and who will supervise the clinicians providing therapy who will participate in the Penn BCI. If the supervisor(s) would like to be eligible for CBT certification, they will complete the same requirements as a core trainee listed above, which will include the requirement to consistently practice CBT treatment sessions. Even if the supervisor(s) would not like to be eligible for the certification in Section II, supervisor(s) will be required to:

- a) Attend a Beck Community Initiative Orientation Meeting (two hours).
- b) Complete background and training program evaluation measures prior to the start of the workshop.
- c) Attend and participate in all 22 hours of the intensive workshop.
- d) Submit post-program evaluation measures at the completion of the workshop.
- e) View the online Cognitive Therapy Supervisor Webinar (six hours).
- f) Attend and participate in the consultation group meeting at least once monthly during the six months of weekly consultation group meetings.
- g) Complete training-related assessments and questionnaires designed to improve the training and implementation of CBT.
- h) Continue to meet with the training cohort indefinitely as an internal CBT supervision group on at least a bi-weekly basis beyond the close of the seven-month intensive training period.

3. **CBT Liaison** will be identified. The CBT liaison is required to have participated in the training process but is not required to have met the certification criteria, nor do they have to be supervisors at the program. The CBT liaison will:

- a) Attend a Beck Community Initiative Orientation Meeting (two hours).
- b) Submit a baseline audio recording of a treatment-as-usual session and complete background and training program evaluation measures prior to the start of the workshop.
- c) Attend and participate in all 22-hours of the intensive workshop.
- d) Provide an administrative role and will play a key part in sustaining CBT in the drug and alcohol intensive outpatient program over time.
- e) On-board new staff into the Penn BCI through the web-based training.
- f) Monitor recertification requirements.
- g) Upload session recordings for additional support from Penn.
- h) Complete other responsibilities related to supporting the requirements for enrollment and credentialing in the Penn BCI.
- i) Attend key personnel and Penn BCI annual meetings.

4. **Group Facilitator** will be identified from the group of clinicians/supervisor(s) who are pursuing entire training and certification. In addition to completing all requirement of the Core Clinical Participants listed, the Group Facilitator must be willing to fill this role and will:
  - a) Facilitate internal CBT group supervision that begins after the six-month Penn-led group consultation.
  - b) In addition to supervisor (if this role is being filled separately), support the other CBT clinicians as the program is sustained over time.
  - c) Attend key personnel and Penn BCI annual meetings.
  
5. **Data Liaison and other members of Evaluation Team**—which may include clinical/program leadership, clinical staff members, quality assurance or compliance staff members, and information services/information technology or data management staff, all of whom are willing to participate and familiar with the Penn BCI—will:
  - a) Assist with selecting clinical tools to be administered at intake, throughout treatment, and at discharge.
  - b) Assist in collecting data to inform individual treatment planning and, in aggregate, the development of the training program.
  - c) In conjunction with identifying an Evaluation Team, each agency will identify a Data Liaison who will serve as part of the Evaluation Team and function as a point person for issues pertaining to evaluation of outcomes. The Data Liaison will be responsible for coordinating regular updates pertaining to data collection, management, and sharing at the individual client level. The Data Liaison will work closely with Penn BCI staff regarding collection of data at the individual level during Penn BCI training.
  - d) Provide individual client-level data for a one-year period prior to Penn BCI involvement and for at least one year following Penn BCI training to facilitate evaluation of the impact of CBT implementation on the delivery of clinical services.
  - a) Attend key personnel and Penn BCI annual meetings.
  
6. **Agency leadership**, including Executive Director and Clinical Director, must be willing to participate actively in the effort to successfully establish and sustain CBT as a treatment option within their organizations. The following commitments will be required of organizational/agency leaders:
  - a) Ensure that the agency's staff members selected to participate in the Penn BCI are informed and aware that their participation in the training program is voluntary and that these clinicians were not the subject of coercion by any level of leadership within the organization.
  - b) Identify an administrative point person within the agency who will serve as the main point of contact for CBH and Penn throughout and beyond the active training period. This point person must attend regular coordination and review meetings with CBH and Penn to track the progress of this initiative on an ongoing basis. Meetings will occur approximately every eight weeks throughout the seven-month active training period.

- c) Identify at least one supervisor whose supervisees will be involved in CBT and their involvement in the Beck Community Initiative. Supervisors are required to participate in the 22 hours training, all key personnel meetings, monthly group consultation meetings, a supervisor webinar, and Annual Meetings.
- d) Identify and oversee an Evaluation Team to inform the implementation of clinical assessment measures that guide treatment and program development as well as a Data Liaison who will serve as part of the Evaluation Team and function as a point person for issues pertaining to evaluation of outcomes.
- e) Assist in oversight of all facets of this initiative, including the implementation plan, development and execution of a sustainability plan, and resolution of any operational challenges.
- f) Executive Directors and Clinical Directors will be required to sign an agreement confirming that they will continue to fully support and accommodate post-training program sustainability and implementation of CBT within their agency.
- g) Provide operational and administrative support on a continuing basis to the cohort of CBT graduates at the close of the intensive training program as they meet as an internal group on a bi-weekly basis indefinitely to support adherence to the CBT model. Ensure they meet regularly, address operational challenges the group may experience, and support the growth of the CBT model across the agency through ongoing use of the Penn BCI's Web-based Training program.
- h) Provide feedback to the Penn BCI instructors on the selection of a group facilitator and/or CBT liaison and then support people in those roles as CBT champions for the internal group.
- i) Submit a proposal delineating how the organization plans to sustain the CBT practice at the time of application. During the intensive seven-month training cycle, a detailed plan will be developed, including how the agency is prepared to continue to sustain the CBT model beyond the close of the training program. Agency leaders will be specified to ensure the implementation of this plan.
- j) Ensure that assessment and tracking measures are being completed by the clinicians, submitted on a regular basis, and used to guide treatment planning and delivery.
- k) Agency leadership and participating clinicians are expected to complete a variety of assessment instruments administered by Penn and CBH before, during, and after the intensive seven-month training cycle. These instruments will be used to explore such things as relations between reported readiness to adopt EBPs and the subsequent ability to effectively institute these practices, and to help identify what, if any, impact CBT training has on clinicians, client, provider variables, and the behavioral health system as a whole.
- l) Attend key personnel and Penn BCI annual meetings.

### 3.6. Overview of Activities and Requirements of Participating Staff

Staff	Qualifications	Role in Penn BCI	Minimum Requirements/ Meetings/ Trainings
<p><b>Core Clinical Participants (6-8)</b></p>	<p><b>Drug and alcohol outpatient:</b> Holds bachelor’s degree or higher in a human services field (e.g., social work, psychology); delivers individual and group therapy</p> <p><b>Mental health outpatient:</b> Holds master’s degree or higher in a human services field (e.g., social work, psychology); delivers individual therapy</p>	<p>Deliver CBT</p>	<ul style="list-style-type: none"> <li>• Participate in Penn BCI Orientation (2 hrs).</li> <li>• Complete CBT Workshop (22 hrs over 4-5 weeks).</li> <li>• Deliver CBT to at least 3 individuals and, if possible, 1 group (includes gathering and submitting baseline and ongoing clinical measures, audio recordings, and training evaluations).</li> <li>• Participate in at least 85% of the six months of weekly consultation group meetings (includes completing assignments, and practicing/delivering CBT between meetings).</li> <li>• Participate in ongoing biweekly/weekly internal CBT supervision following seven-month intensive training.</li> <li>• Continue to practice CBT in clinical work indefinitely (does not require that CBT be the exclusive practice)</li> </ul>
<p><b>Supervisor (at least 1)</b></p>	<ul style="list-style-type: none"> <li>• Holds bachelor’s degree or higher in a human services field (e.g., social work, psychology)</li> <li>• 3 years of clinical experience in a health or human service agency which includes 1 year of working directly with individuals with drug and alcohol challenges</li> <li>• Holds current supervisor position</li> </ul>	<p>Supervise CBT Clinicians</p>	<ul style="list-style-type: none"> <li>• Participate in Implementation Committee meetings during Phase I.</li> <li>• Participate in Penn BCI Orientation (2 hrs).</li> <li>• Complete CBT Workshop (22 hrs over 4-5 weeks).</li> <li>• Complete Cognitive Therapy Supervisor Webinar (6 hours).</li> <li>• Participate at least monthly in the six months of weekly consultation group meetings (includes completing assignments, and practicing/ delivering CBT between meetings).</li> <li>• Attend regular coordination and review meetings with CBH and Penn to track the progress of initiative (approximately every 8 weeks during seven-month intensive training period).</li> <li>• Attend Penn BCI Annual Meetings at CBH.</li> <li>• Participate in ongoing biweekly/weekly internal CBT supervision following seven-month intensive training phase.</li> </ul>

			<ul style="list-style-type: none"> <li>• If pursuing CBT certification, supervisor must complete all components required of Core Clinical Participants.</li> </ul>
<b>CBT Liaison</b>	<p><b>Drug and alcohol outpatient:</b> Holds bachelor’s degree or higher in a human services field (e.g., social work, psychology); delivers individual and group therapy</p> <p><b>Mental health outpatient:</b></p> <ul style="list-style-type: none"> <li>• Holds master’s degree or higher in a human services field (e.g., social work, psychology); delivers individual therapy</li> <li>• Can be supervisor, though not required</li> <li>• Can be same individual who fills role of Group Facilitator</li> </ul>	Play key role in sustaining CBT	<ul style="list-style-type: none"> <li>• Participate in Penn BCI Orientation (2 hrs).</li> <li>• Complete CBT Workshop (22 hrs over 4-5 weeks).</li> <li>• On-board new staff into Penn BCI through web-based training.</li> <li>• Monitor recertification.</li> <li>• Upload recorded sessions for support from Penn.</li> <li>• Manage other responsibilities related to supporting the requirements for enrollment and credentialing in the Penn BCI.</li> <li>• Attend regular coordination and review meetings with CBH and Penn to track the progress of initiative (approximately every 8 weeks during seven-month intensive training period).</li> </ul>
<b>Group Facilitator</b>	<p><b>Drug and alcohol outpatient:</b> Holds bachelor’s degree or higher in a human services field (e.g., social work, psychology); delivers individual and group therapy</p> <p><b>Mental health outpatient:</b></p> <ul style="list-style-type: none"> <li>• Holds master’s degree or higher in a human services field (e.g., social work, psychology); delivers individual therapy</li> <li>• Delivers individual and group therapy</li> <li>• Can be supervisor, though not required</li> <li>• Can be same individual who fills role of CBT Liaison</li> </ul>	Facilitates CBT groups following intensive training phase	<ul style="list-style-type: none"> <li>• Complete all core participant requirements and be certified by Penn BCI</li> <li>• Receive specialized training in CBT group facilitation and specific guidance about support the other CBT clinicians as the program is sustained over time.</li> <li>• Facilitate internal biweekly/weekly group supervision, beginning after seven-month intensive training phase.</li> </ul>

<b>Administrative Leadership</b>	Holds leadership role in the agency	Serves as leadership point of contact for CBH and Penn	<ul style="list-style-type: none"> <li>• Participate in Implementation Committee meetings during Phase I</li> <li>• Participate in Penn BCI Orientation (2 hrs).</li> <li>• Strongly encouraged to complete CBT Workshop (22 hrs over 4-5 weeks).</li> <li>• Attend regular coordination and review meetings with CBH and Penn to track the progress of initiative (approximately every 8 weeks).</li> <li>• Attend Penn BCI Annual Meetings at CBH.</li> <li>• Ensure leadership engagement and oversight of the Penn BCI, particularly regarding sustainability.</li> </ul>
<b>CBT Point Person</b>	Any	Serves as main point of contact for CBH and Penn	<ul style="list-style-type: none"> <li>• Participate in Implementation Committee meetings during Phase I</li> <li>• Participate in Penn BCI Orientation (2 hrs).</li> <li>• Strongly encouraged to complete CBT Workshop (22 hrs over 4-5 weeks).</li> <li>• Attend regular coordination and review meetings with CBH and Penn to track the progress of initiative (approximately every 8 weeks).</li> <li>• Attend Penn BCI Annual Meetings at CBH.</li> <li>• Ensure agency engagement of the Penn BCI, through coordination, liaising, and championing CBT.</li> </ul>
<b>Data Liaison</b>	May be clinical/program leadership, clinical staff member, quality assurance or compliance staff members, and information services/ information technology or data management staff.	Serves as point person for outcomes evaluations and liaises among Evaluation Team, Penn BCI, and CBH	<ul style="list-style-type: none"> <li>• Participate in Implementation Committee meetings during Phase I</li> <li>• Participate in Penn BCI Orientation (2 hrs).</li> <li>• Strongly encouraged to complete CBT Workshop (22 hrs over 4-5 weeks).</li> <li>• Function as point person for issues pertaining to evaluation of outcomes.</li> <li>• Coordinate regular updates regarding data collection, management, and sharing at the individual client level.</li> <li>• Attend regular coordination and review meetings with CBH and Penn to track the progress of initiative (approximately every 8 weeks during seven-month intensive training period).</li> </ul>
<b>Evaluation Team</b>	May comprise clinical/program leadership, clinical staff		<ul style="list-style-type: none"> <li>• Participate in Implementation Committee meetings during Phase I</li> </ul>

	<p>member, quality assurance or compliance staff members, and information services/ information technology or data management staff.</p>		<ul style="list-style-type: none"> <li>• Participate in Penn BCI Orientation (2 hrs).</li> <li>• Strongly encouraged to complete CBT Workshop (22 hrs over 4-5 weeks).</li> <li>• Assist in selecting data measures, ensuring consistent data collection through all phases of treatment, aggregating data, preparing for regular reporting to Penn BCI and CBH, and addressing barriers that may arise to any phase of data collection and reporting.</li> </ul>
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### 3.6.1. Technology Capabilities

Applicants must have the technological capabilities required to perform the proposed activities in this RFA. At a minimum, agency applicants must have the capabilities for new clinicians to access the webinar of the initial training (Phase IV), electronic data submission, and required reporting. Participating clinicians will be required to have the ability to transfer materials and measures to Penn’s secure, HIPAA-compliant server for Penn’s retrieval and review. If needed, digital audio recorders will be lent to clinicians and returned at the end of Phase III. Participating agencies will need to make arrangements with their IT departments to ensure that this transfer of data is able to occur on a regular basis. In addition, clinicians will need access to an appropriate setting to deliver group and individual CBT (i.e. a quiet, private space for individual sessions) and obtain member consent for recording sessions.

### 4. Application Process

The application consists of Appendices A and B as well as a set of measures to be completed online (found at <https://redcap.med.upenn.edu/surveys/?s=KLYJ3DRNHX>). These Appendices must be completed and submitted by the agency applying for CBT training.

1. Appendix A is the main portion of the application, to be completed by an official at the agency requesting participation in CT training and signed by the Executive Director.
2. Appendix B is the Trainee Information Form, to be completed by each potential participant.
3. Appendix C is the web link for the Organizational Readiness for Change measures that should be completed by at least one administrator, one supervisor, and two counselors in order to provide multiple perspectives about the agency’s areas of strength, as well as areas in which the Beck Community Initiative could offer additional supports. In order to complete the ORC, please go to <https://redcap.med.upenn.edu/surveys/?s=KLYJ3DRNHX>. There, each individual will answer a set of brief background questions which will then direct the user to the appropriate version of the form to be completed. Each individual should plan to spend 45-60 minutes completing the measure.

Completed application documents must be submitted to **Suja Mathew** by **2:00 p.m. on October 25, 2019**. Responses submitted after the deadline will be returned unopened. Responses will also be returned unopened to agencies that are ineligible to apply because they do not have a current contract with Community Behavioral Health (CBH) for the level of care noted in section 3.1. Submissions are to be addressed as follows (next page):

**Community Behavioral Health**  
**801 Market Street**  
**7<sup>th</sup> Floor**  
**Philadelphia, PA 19107**

**ATTN: Suja Mathew**

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

Applicants must submit the following:

- An electronic version of the entire application prepared as a PDF document and placed onto a compact disc or flash drive (Appendices A and B).
- The survey completed (Appendix C) online by at least 1 administrator, 1 supervisor, and 2 clinicians (at <https://redcap.med.upenn.edu/surveys/?s=KLYJ3DRNHX>)
- One (1) clearly marked, signed, original hardcopy application.
- Eight (8) additional hardcopies of the complete application (Appendices A and B).

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

The agency Executive Director must sign Appendix A.

#### **4.1. Schedule**

<b>RFA Event</b>	<b>Date</b>
RFA Issued	10/03/2019
Deadline to Submit Questions	10/10/2019
Question Answers Posted on Website	10/15/2019
Information Session	TBA
Application Submission Deadline	10/25/2019
Applicant Award Notifications	11/15/2019

#### **4.2. Questions about the RFA**

All questions regarding the RFA must be sent via email and directed to Amberlee Venti at [Amber.Venti@phila.gov](mailto:Amber.Venti@phila.gov). No phone calls will be accepted. The deadline for submission of questions is **October 10, 2019**. Answers to all questions will be posted on the CBH website by October 15, 2019.

#### **4.3. Information Session**

CBH will hold a CBT Information Session for all interested agencies. If you are interested in applying, your agency should plan to have a representative in attendance at the CBT overview event. Details regarding the date and time of the information session will be posted on the CBH website.

#### **4.4. 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.

#### **4.5. Notification**

Applicants will be notified via email by **November 15, 2019**, about their acceptance for training. Applicants who have been accepted will be given additional information about the training and expectations via an orientation session.

#### **4.6. Certification**

All clinicians/supervisors who participate in the full workshop, attend at least 85% of the 6-month consultation meetings, and complete program evaluation measures will receive a certificate of completion. Clinicians/supervisors who participate in the full workshop, attend at least 85% of the consultation meetings, complete program evaluation measures, and demonstrate competency in CBT (as measured by adherence to CBT session structure and review of CBT skill adherence and competency) will receive a certificate of Competency in CBT in a Community Outpatient Setting. Counselors will recertify after 2 years to demonstrate that they have continued to practice and build their skills. The recertification certificates do not expire. To be recertified, a clinicians/supervisor must attend at least 85% of the ongoing internal group meetings, earn at least 3 continuing education credits (CEs) related to CBT, submit new materials demonstrating competency in CBT, and complete program evaluation measures.

#### **4.7. Cost Information**

There will be no cost to providers for this training.

### **5. General Rules Governing RFAs/Applications; Reservation of Rights; Confidentiality and Public Disclosure**

#### **5.1. Revisions to RFA**

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

#### **5.2. Reservation of Rights**

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

##### **5.2.1. Notice of Request For Applications (RFA)**

CBH reserves and may, in its sole discretion, exercise any one or more of the following rights and options with

respect to this notice of training opportunity:

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

### **5.2.2. Miscellaneous**

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

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

### **5.3. Confidentiality and Public Disclosure**

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

By submission of an application, applicants acknowledge and agree that CBH, as a quasi-public corporation, is subject to state and local public disclosure laws and, as such, is legally obligated to disclose to the public documents, including applications, to the extent required thereunder. 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.

### **5.4. Incurring Costs**

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

## **5.5. Disclosure of Application Contents**

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

## **5.6. Selection/Rejection Procedures**

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

## **5.7. Non-Discrimination**

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

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

**Appendix A:  
CBT Training  
Request for Applications (RFA)**

**Agency:** \_\_\_\_\_

**Site Proposed to Receive CBT Training:** \_\_\_\_\_

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

**Program Type Applying for this RFA:**     **Mental Health Outpatient**

**Drug and Alcohol Outpatient**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_    **State:** \_\_\_\_\_    **ZIP Code:** \_\_\_\_\_

**Administrative Leadership:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**CBT Point Person Contact:** \_\_\_\_\_

(continued on following page)



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

1. **Executive Summary:** Provide a summary of the reasons why your agency should be selected to participate in the implementation readiness and training and to provide CBT.
2. **Population Served:** Describe the population served at your agency. Include the number of individuals served annually. Indicate any unique characteristics of the population (e.g. primarily Spanish speaking, geographic location, etc.) On average, what percent of individuals served in your program are CBH members?
3. **Treatment Program:** Describe the programming in your program and current treatments offered in your agency. Please be certain to include information about each of the following:
  - a) Primary theoretical model(s) of treatment currently offered
  - b) Type and frequency of individual, group, and family therapy (if applicable) in your program
  - c) Role of families/social supports in the treatment process
  - d) Process for monitoring symptom change and treatment progress, including the use of standardized measures in intake, treatment planning, or program evaluation

Discuss how CBT will be incorporated into your existing array of services.

4. **Supervision:** Developing the skills of supervisors is a key element of the CBT training. Describe current supervisory practices in the program and how supervisors will be supported in CBT training and implementation.
5. **Evidence-Based Practice:** Please describe any additional EBP Initiatives or Research Activities your organization (not just the level of care being applied for in this RFA) has been involved in or is currently enrolled in (both DBHIDS-sponsored and independent enrollments).

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

6. **Requirements of participating staff:** Participating clinicians and supervisors will dedicate time to training and implementation of CBT for the initial intensive seven months as outlined above. The training cohort will continue to meet indefinitely as an internal CBT supervision group on at least a bi-weekly basis beyond the close of the seven-month intensive training period. Describe proposed methods to support staff in managing these responsibilities and ensuring time to engage in key activities.
7. **Sustainability:** Describe in detail your plans to support sustainability in the following ways:
  - a) Leadership's role in ensuring a culture that integrates CBT into standard practices
  - b) Strategies to address turn over and increase penetration of CBT into the organization
  - c) Integration of CBT into policies and practices

**License:** Please indicate if your agency has a current license from the Department of Human Services (DHS) for outpatient care. Please submit copies of your most recent licensure certificates. Providers with provisional licenses may not be eligible for CBT Training.

License from DHS: \_\_\_\_\_

The following signature is required to confirm your agency's interest in applying for CBT training slated to begin in late 2019.

EXECUTIVE DIRECTOR NAME (Print) \_\_\_\_\_

EXECUTIVE DIRECTOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## **Appendix B: CBT Trainee Information Form**

The University of Pennsylvania Beck Community Initiative is a public academic partnership among a research group at the University of Pennsylvania led by Torrey A. Creed, PhD, the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), and community mental and behavioral health care providers. Since 2007, this innovative, team-oriented approach has been used to advance the quality of care provided to persons in the DBHIDS system by placing tangible, empirically-based tools in the hands of the clinicians who serve them.

The University of Pennsylvania Beck Community Initiative (Penn BCI) partners with community behavioral health providers to implement cognitive behavioral therapy (CBT), an evidence-based practice with demonstrated positive treatment outcomes for many people with complex and challenging behavioral health needs. For example, CBT has been successfully used to help people with anxiety, depression, problematic alcohol and other drug use, anger and externalizing disorders, trauma histories, interpersonal conflicts, and other challenges to build new skills and achieve their own unique goals.

Programs that partner with the Penn BCI will receive tools and support to ready their program for implementation of CBT, followed by in-depth training and consultation for applying their new CBT skills with people receiving services in the OP program. The program will collaboratively retool their services to successfully implement and sustain CBT throughout their OP program.

Training will be offered to clinicians and supervisors, occurring in five phases:

- 1) **Implementation Readiness:** A select group of people from each program will form a monthly Implementation Readiness Committee and work for 4-12 months to meet readiness in six areas. Trainees may or may not choose to be a part of this process.
- 2) **Intensive Workshops:** The 22-hour workshop takes place in four or five weekly meetings held over one month.
- 3) **Six-month Consultation:** Clinicians will meet for two hours weekly at Penn for group CBT consultation and will begin to deliver CBT.
- 4) **Transition to Internal CBT Supervision:** The group will transition to an ongoing weekly or bi-weekly meeting to maintain ongoing skill development, prevent drift from the CBT model, and to support the learning of subsequent clinicians who join the group.
- 5) **Sustained Practice of CBT:** Weekly or biweekly internal supervision will continue, along with continued delivery of CBT and practice of skills.

In order to be trained in CBT, clinicians must have a bachelor's degree (drug and alcohol outpatient), master's degree (mental health outpatient), or higher in a human services field (e.g., social work, psychology).

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

Your full name: \_\_\_\_\_

Your title: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your educational degree(s) and year(s): \_\_\_\_\_

Your professional discipline: \_\_\_\_\_

Licensed or Credentialed: Y N License(s) held in PA \_\_\_\_\_

Credential(s) held in PA \_\_\_\_\_

Your agency name: \_\_\_\_\_

Your full agency address (where you are located): \_\_\_\_\_

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Full Time Part-time Fee for Service

Please note any languages spoken in addition to English \_\_\_\_\_

Approximately what percentage of your clinical time is devoted to individual treatment ? \_\_\_\_\_%

Group treatment? \_\_\_\_\_% Family-focused treatment? \_\_\_\_\_?

Are you trained in any other evidence-based practice (EBP)? Y N

If yes, which EBPs? \_\_\_\_\_

Are you currently providing any other EBPs? Y N

If yes, which EBPs? \_\_\_\_\_

Please describe your interest in learning about CBT: \_\_\_\_\_

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## **Appendix C: Organizational Readiness for Change Measure (ORC)**

In order to have your application considered complete, responses to 3 questionnaires about your organization are required. These questions should be completed independently by four people in your organization—**one administrator, one supervisor, and two clinicians**—in order to provide multiple perspectives about the agency's areas of strength, as well as areas in which the Beck Community Initiative could offer additional supports.

To complete the organizational questionnaires, please visit <https://redcap.med.upenn.edu/surveys/?s=KLYJ3DRNHX>. There, each individual will answer a set of brief background questions which will then direct them to the appropriate version of the forms to be completed, based on their role in your organization. Each individual should plan to spend 45-60 minutes to complete the measures.