



**Request for Applications**

**for**

**Participants in the Eco-Systemic Structural Family Therapy  
(ESFT) Training**

**issued by**

**Community Behavioral Health**

**Date of Issue:  
June 1, 2021**

**Applications must be received via email no later than  
2:00 p.m., Philadelphia, PA, local time, on July 12, 2021**

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER;  
MINORITY, WOMEN, AND DISABLED ORGANIZATIONS  
ARE ENCOURAGED TO RESPOND

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## 1. Project Overview

### 1.1. Introduction/Statement of Purpose

Community Behavioral Health (CBH) is soliciting participants for a training program to build clinical capacity in Philadelphia to provide Eco-Systemic Structural Family Therapy (ESFT). The ESFT initiative is part of an ongoing effort to increase availability of high-quality, evidence-based and evidence-supported treatments for CBH members. ESFT is a trauma-informed, strengths-based, systemic treatment for children and families experiencing behavioral or relational challenges. The ESFT training will be provided by Dr. Steve Simms and colleagues at the Philadelphia Child and Family Therapy Training Center. The goal of the training is to build a family systems continuum across the system and is open to all levels of care. There will be no cost to providers for this training, but a significant organizational commitment will be required to participate in the three-year training and successfully implement and sustain this evidence-based program. CBH expects to support training for up to five providers and a total of 24-30 clinical staff members (approximately four to six clinicians and one to two supervisors per provider).

### 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 CBH to administer the HealthChoices Program.

DBHIDS has a long history of providing innovative and groundbreaking services in Philadelphia for people in recovery, family members, providers, and communities and has become a national model for delivering behavioral health care services in the public sector. The Department envisions a Philadelphia where every individual can achieve health, well-being, and self-determination. The mission of DBHIDS is to educate, strengthen, and serve individuals and community so that all Philadelphians can thrive. This is accomplished using a population health approach with an emphasis on recovery and resilience-focused behavioral health services and on self-determination for individuals with intellectual disabilities. Working with an extensive network of providers, DBHIDS provides services to persons recovering from mental health and/or substance use, individuals with intellectual disabilities, and families to ensure that they receive high-quality services which are accessible, effective, and appropriate.

DBHIDS is comprised of seven divisions: the Division of Behavioral Health, the Division of Intellectual disAbility Services (IDS), the Division of Community Behavioral Health (CBH), the

Division of the Chief Medical Officer, the Division of Planning and Innovation, the Behavioral Health and Justice Division (BHJD), and the Division of Administration and Finance. CBH manages a full continuum of medically necessary and clinically appropriate behavioral health care services for the City's approximately 718,000 Medical Assistance/Medicaid recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. Approximately 43% (n=312,000) of Philadelphia's Medical Assistance recipients are children under 21 years of age.

The mission of CBH is to meet the behavioral health needs of the Philadelphia community by assuring access, quality, and fiscal accountability through being a high-performing, efficient, and nimble organization driven by quality, performance, and outcomes. We envision CBH as a diverse, innovative, and vibrant organization in which we are empowered to support wellness, resiliency, and recovery for all Philadelphians.<sup>1</sup>

### 1.3 Project Background

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

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

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

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<sup>1</sup> 1 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>

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

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

#### 1.4. Overview of Training and Implementation Program

The ESFT training provided by the Philadelphia Child and Family Therapy Training Center includes 17 days of training (six hours each) delivered annually for three years. Of the 17 days, seven will be for supervisors only, and 10 will be for both supervisors and clinicians. The training will target up to five in-network providers across levels of care with a demonstrated ability to engage in family systems work. One to two supervisors from up to five agencies will comprise the eight to 10-person supervisory training group. Four to six clinicians per agency will constitute the staff member training group. The identified supervisors and clinicians are expected to attend all designated training days throughout the three-year training. Agencies are expected to replace supervisors or clinicians who leave the training program, maintaining four to six clinicians and two supervisors.

The goals of this project are: (1) develop knowledge and competence in the practice and supervision of ESFT; (2) promote the sustained implementations of ESFT; and (3) increase engagement with families.

ESFT will host a “Kick Off” Meeting and Quarterly Meetings of leadership and key personnel. These meetings will be collaborative with CBH and ESFT experts to discuss the ESFT program, implementation/training progress, and supports/modifications as needed. There will be seven Supervisor Trainings yearly (six hours each). Trainings will include lecture, videotaped examples of supervision, group discussion, supervision role play, and supervisor presentations of supervisees. In addition, the 10 Clinical Skills Trainings will be yearly for both staff and supervisors (six hours each). There will be videotaped examples of family interviewing and ESFT assessment and intervention; group discussion; one-way mirror observation of clinicians treating families; role play practice of family interviewing at different stages of therapy: forming therapeutic alliances, obtaining assessment information, collaborative treatment planning, creating growth-promoting experiences within the family (interventions); and case presentations by trainees.

## 1.5 Participating Staff

This section provides an overview of requirements and recommendations for agencies as they identify staff to participate in ESFT training and implementation. Supervisor and clinician interest and buy-in should be strongly considered when selecting staff to participate in ESFT training.

Staff	Degree/ Employment Status	Role in ESFT implementation	Trainings / Meetings to Attend
1 Executive Leader	Salaried / full-time equivalent Staff member in position of leadership with clinical and administrative decision-making authority	Ensure the implementation and sustained delivery of ESFT; Identify specific roles and responsibilities among all staff to manage ESFT implementation.	“Kick Off” Meeting and Quarterly Meetings of leadership/ key personnel
1 ESFT Point Person (This person can either be executive leadership or one of the two supervisors to be trained)	Master’s or doctoral degree, with preference for licensed or licensed-eligible staff/ and Salaried full-time equivalent	Oversee the clinical team; Address implementation issues; Oversee ESFT delivery and sound clinical decision-making throughout training and implementation; Maintain access to agency leadership to coordinate ESFT implementation and address potential challenges; Champion ESFT and assist with integration within the agency; Oversee monitoring and reporting procedures.	“Kick Off” Meeting and Quarterly Meetings of Leadership/ Key Personnel

4-6 Clinicians	Master's or doctoral degree (with preference for licensed or licensed-eligible staff) / preference for salaried, full time equivalent staff.	Identify families that will be appropriate for ESFT and implement the model. Participate in ESFT training and supervision, including use of audio / video recordings of sessions ESFT.	<ul style="list-style-type: none"> <li>• Ten Clinical Skills Trainings yearly for both staff and supervisors (six hours each)</li> </ul>
1-2 Supervisors	Master's or doctoral degree (with preference for licensed or licensed-eligible staff) / preference for salaried, full time equivalent staff. Agencies are encouraged to select supervisors with potential for longevity within the organization.	Participate in ESFT training and provide supervision consistent with ESFT, including use of audio / video recordings of sessions. Support clinicians in delivery of ESFT and participation in training activities. Identify strategies to continue to spread the use of ESFT throughout the agency.	<ul style="list-style-type: none"> <li>• Seven Supervisor Trainings yearly (six hours each)</li> <li>• Ten Clinical Skills Trainings yearly for both staff and supervisors (six hours each)</li> </ul>

### 1.6 Continuing Education Credits

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

### 1.7 Sustained Practice

Following the completion of the full training and implementation program, providers will be expected to independently sustain ESFT, including facilitating ongoing referrals and engagement, delivering ESFT 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
  - 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 ESFT Initiative, via an EBP Program Designation application. Providers are expected to demonstrate sustained capacity for the ESFT program via annual resubmission of the EBP Program Designation Application. Achieving and maintaining EBP Program Designation status will be required for inclusion in DBHIDS rosters in EBP providers. Mental Health Outpatient and Substance Use programs are eligible to receive the enhanced rate following EBP program designation in ESFT. Please see this [Provider Notice](#).

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

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

## 1.8. Applicant Eligibility: Threshold Requirements

Threshold Requirements Threshold requirements provide a baseline for all applications, which means they provide basic information that all applicants must meet. Failure to meet all requirements may disqualify an applicant from consideration through this RFA. Threshold requirements include timely submission of a complete application with responses to all sections and questions outlined in Section 2., “Application Format.” In addition, all required attachments must be submitted per Section 2., “Application Format.” Threshold requirements include having the requisite experience and licenses to implement the program and being a service provider in good standing with the City of Philadelphia and CBH (as applicable).

### 1.8.1. Enrollment in Medicaid and Medicare and Licensure Requirements

Applicants must be enrolled, at their primary practice location, in Pennsylvania Medicaid as licensed clinical social workers, licensed psychologists, or licensed psychiatrists. Licensed professional counselors and licensed marriage and family therapists who meet criteria of this RFA are encouraged to apply, and, if selected to enter the network. CBH will assist in enrolling those licensed professionals in Medicaid as needed.

Enrollment in Medicaid requires that practitioners adhere to the PA Code relevant to their licensing entities. For social workers, marriage and family therapists, and professional counselors, the state regulations can be found [here](#). For psychologists, the state regulations can be found [here](#).

### 1.8.2. Program Requirements

As ESFT programs are established, programmatic census levels will be determined and maintained, with thoughtful approach to caseloads. Teams will be expected to work collaboratively with CBH to be available to receive members identified by CBH. To be eligible for the ESFT Training, programs must demonstrate that an adequate number of CBH members will benefit from implementation of an ESFT program at the proposed location. Programs should have established screening and referrals processes to appropriately refer children or families that would benefit from ESFT and match members to clinicians.

### 1.8.3 Personnel and Training

Applicants must have established hiring and vetting practices to ensure hiring of culturally and clinically competent staff (as applicable for group practices and IBHS ABA Services). Staff credentials and training must adhere to requirements of the CBH Manual for Review of Provider Personnel Files (MRPPF) and the Supplement to the MRPPF (SMRPPF) found on the CBH website.

#### 1.8.4. Language and Culture

CBH recognizes the National Culturally and Linguistically Appropriate Services Standards (National CLAS Standards) to demonstrate cultural competency.<sup>2</sup> These 15 standards create a framework for advancing health equity, improving quality, and helping to eliminate health care disparities. Applicants should present cultural competency plans that align with the National CLAS Standards. According to the most recent data, CBH members most often requested interpretation services for Arabic, Portuguese, Chinese Mandarin, Spanish, and Vietnamese (in order of most requested to least requested). CBH members also requested interpretation services for Chinese Cantonese, Haitian Creole, Russian, Burmese/Karen, French, Farsi, and Nepali.

#### 1.8.5 Evidence-Based Practices

DBHIDS has a strong focus on the use of EBPs for all levels of service throughout its provider network. The Practitioners procured through this RFA are strongly encouraged to establish an EBP that is appropriate for the population served. If an EBP will be pursued or is already in practice, outline the training, supervision, and quality assurance strategies that will be used, or are used, to ensure the EBP is being implemented and sustained. Applicants are encouraged to become familiar with DBHIDS' EPIC department as well as its EBP designation process.<sup>3</sup>

#### 1.8.6 Documentation

All service providers must follow Federal, State, and CBH requirements for documentation. At a minimum, Applicants must have an EMR ready for use.

### 1.9 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.

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<sup>2</sup> For more information, please visit <https://thinkculturalhealth.hhs.gov/clas/standards>

<sup>3</sup> 6 DBHIDS has developed an EBP Program Designation to identify providers that are sustaining high-quality EBP Programs. The goals of the EPIC EBP Program Designation are to identify and roster providers who are offering high-quality, evidence-based, and evidence-supported practices and to increase the number of individuals who receive evidence-based services. The EPIC EBP Designation outlines a set of standards that are expected for implementing an EBP Program in a community behavioral health setting and enables DBHIDS to set up mechanisms for monitoring and incentivizing the delivery of EBPs. You can read about EPIC here, and information about the designation process can be found here.

## 1.10 Timetable

Training is set to begin September 2021. It is expected that providers applying for this RFA will be in attendance for the Kick-Off Meeting and all Quarterly Meetings.

## 1.11 Monitoring and Reporting Requirements

The tracking of change is an integral part of ESFT, as well as essential to understanding what is working well within the training and implementation. The trainers and CBH will partner with the selected agencies to develop an outcomes monitoring plan. Support will be provided in the development of the operational procedures for collecting and regularly reporting data. Providers will be expected to regularly report/review data with CBH.

## 1.12 Technological Capabilities

Eco-Systemic Structural Family Therapy training will be provided virtually via Zoom for the foreseeable future due to COVID-19 safety precautions. Awarded providers must be able to use the DBHIDS virtual platform, if deemed feasible, and access to Zoom for virtual events. Applicants must have the technology capabilities required to perform the proposed activities in this RFA. Additionally, selected agencies will need to have the capacity to audio or video record sessions to support expert consultation. Details to consider include obtaining member consent, identifying appropriate technology, ensuring privacy protection in recording, storing, and transmitting electronic records (e.g., to expert trainers). Details will be determined with trainers.

## 1.13 Population Health

Because of the successful DBHIDS transformation initiative between 2005 and 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 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 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 cannot 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 focus of Philadelphia's behavioral health initiatives is 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 14 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 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, which 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 use data-driven decision making and focus on health outcomes. DBHIDS' 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 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 while also working to screen for and prevent the onset or progression of conditions, thus improving outcomes and better utilizing resources.
4. Address the social determinants of health. Poor health and health disparities do not 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 cannot 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.

## 2. APPLICATION FORMAT, CONTENT, AND SUBMISSION REQUIREMENTS; SELECTION PROCESS

### 2.1. Required Application Format

Applications should include the following (when saving electronically, save all items below separately and use the following titles for each separate item):

- Attachment A: RFA Response Cover Sheet
- Attachment B: City Tax and Regulatory Status Clearance Statement
- Attachment C: City Disclosure of Litigation
- Attachment D: Potential Participants
- Narrative Response (not to exceed seven pages)
- Status of Minority/Women/People with Disabilities Owned Business Enterprises (required if For-Profit only)
- Corporate Status
- Governance Structure
- Operational Documents (see section 2.2.2.)

Applications must be prepared simply and economically, providing a straightforward, concise description of the Applicant's ability to meet the requirements of the RFA. Each application must provide all the information detailed in this RFA using the format described below. The narrative portion of the application must be presented in font size 12, using Times New Roman or Calibri font, and single-spaced on 8.5" by 11" sheets of paper with minimum margins of 1". The applicant must address each item listed below in Section 2.2., Application Content, to be considered a complete submission.

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

## 2.2. Application Content

### 2.2.1. Introduction/Executive Summary

Prepare a very brief introduction including your agency's interest and motivation in integrating ESFT Training into your agency's service, as well as your agency's intent to plan and support the long-term sustainability of ESFT. Include a summary of the reasons why your agency should be selected to participate in ESFT Training Series.

### 2.2.2. 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.). Also include, on average, what percent of individuals served in your program are CBH members?

### 2.2.3. 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.

- e. Describe how ESFT will be incorporated into your current array of services in the level of care for which you are applying. Indicate how the program will ensure family systems work is able to occur.

#### 2.2.4. Supervision

Developing the skills of supervisors is a key element of the ESFT training. Describe current supervisory practices in the program and how supervisors will be supported in ESFT training and implementation.

#### 2.2.5. Evidence-Based Practice

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, discuss some of the anticipated challenges associated with this kind of practice change and how your agency intends to address them.

#### 2.2.6. Participating Staff

Participating clinicians and supervisors will dedicate time to training and implementation of ESFT for the initial training and implementation as outlined above. Describe proposed methods to support staff in managing these responsibilities and ensuring time to engage in key activities. Complete and include the *Participating Staff* form and *Potential Participant Questionnaire* (see attachments F & G) when submitting your agency's application.

#### 2.2.7. Physical Environment

Describe how your organization is addressing the physical environment in order to ensure that it is welcoming and supportive for the clients and staff and that reinforces the concept of recovery and resilience.

#### 2.2.8. Sustainability

Describe in detail your plans to support sustainability in the following ways:

- a. Leadership's role in ensuring a culture that integrates ESFT into standard practices
- b. Strategies to address turn over and increase utilization of ESFT practices into the organization
- c. Plan to provide continued ESFT training within the organization after the completion of the training of trainers. Include how ESFT trained staff members will begin providing ESFT trainings within the organization
- d. Integration of ESFT into policies and practices



### 2.2.9. License

Indicate if your agency has a current license from the Department of Human Services (DHS) for outpatient care. Copies of your agency's most recent licensure certificates should be included in your submission. Providers with provisional licenses are eligible for ESFT Training.

### 2.3. Health Insurance Portability and Accountability Act (HIPAA)

The work to be provided under any contract issued pursuant to this RFA 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.

### 2.4. Minority/Women/People with Disabilities Owned 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 RFA 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 application. 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):

- o At least 51% of the board of directors must be qualified minority individuals and/or women and/or people with disabilities.
  
  - o A woman or minority individual or person with a disability must hold the highest position in the company.
  
  - o Minority groups eligible for certification include African Americans, Hispanic Americans, Native Americans, and Asian Americans.
  
  - o 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, [visit this website](#).

## 2.5. City of Philadelphia Tax and Regulatory Status and Clearances 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 in determining this status, through its Department of Revenue and Department of Licenses and Inspections, each applicant is required to complete and return with its application a City of Philadelphia Tax and Regulatory Status and Clearance Statement Form (see Attachment 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 RFA.

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 RFA 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 26 Business Privilege License Number to respond to this RFA, but will, in most circumstances, be required to obtain one or both if selected for award of the contract contemplated by the RFA. Applications for a Business Privilege Tax Account Number or a Business Privilege License may be made online by visiting the City of Philadelphia Business Service site 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.

## [2.6. Compliance with Philadelphia 21st Century Minimum Wage and Benefits Ordinance](#)

Applicants are advised that any contract awarded pursuant to this RFA 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 RFA 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 RFA. Applicants and any subcontractors at any tier proposed by Applicants are strongly encouraged to consult Chapter 17-1300 of the Philadelphia Code, 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 RFA.

By submitting an application in response to this RFA, 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 RFA. Applicants further acknowledge that they will notify any subcontractors at any tier proposed to perform services related to this RFA of the requirements of Chapter 17-1300.

## 2.7. Certification of Compliance with Equal Benefits Ordinance

If this RFA 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 website](#). 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 applications in response to this RFA, all applicants so acknowledge and certify that, if awarded a Service Contract pursuant to this RFA, 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 RFA. 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.

## 2.8. 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 RFA 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 application. The forms are attached as a separate PDF on the website posting. 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 RFA. Failure to disclose any of the proceedings described above may be grounds for disqualification of the applicant's submission. Complete and submit with your application the CBH Disclosure of Litigation Form (see Attachment C).

## 2.9. 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 RFA. Failure to disclose any of the proceedings described above may be grounds for disqualification of the applicant's submission. Complete and submit with your application the CBH Disclosure of Litigation Form (see Attachment C).

## 2.10. Selection Process and Responses

An application review committee will review all responses to this RFA. Based on the criteria detailed below, the committee will make recommendations concerning the submissions that are best able to meet the goals of the RFA. Submissions will be reviewed based upon the merits of the written response to the RFA.

## 2.11. Threshold Requirements

Threshold requirements provide a baseline for all applications, which means they provide basic information that all applicants must meet. Failure to meet all these requirements may disqualify an applicant from consideration through this RFA. Threshold requirements include timely submission of a complete application with responses to all sections and questions outlined herein. 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 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' Medichex List 29 <http://www.dhs.state.pa.us/publications/medichexsearch/>

### 3. Application Administration

#### 3.1. Procurement Schedule

The anticipated procurement schedule is as follows:

<b>RFA Event</b>	<b>Date</b>
RFA Issued	6/01/2021
Information Session	06/07/2021
Deadline to Submit Questions	06/14/2021
Answers to Questions Posted on CBH Website	06/28/2021
Application Submission Deadline	07/12/2021
Applicant Award Notifications	07/26/2021

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

Questions related to this RFA should be submitted, via email, by 5:00 pm on Monday, June 14, 2021 to [Farrah.Sloan@phila.gov](mailto:Farrah.Sloan@phila.gov). Answers to all questions will be posted on the CBH website by Monday, June 28, 2021.

This RFA is issued on Tuesday, June 1, 2021. In order to be considered for selection, completed applications must be submitted, via email, by 2:00 pm on Monday, July 12, 2021 to: [Farrah.Sloan@phila.gov](mailto:Farrah.Sloan@phila.gov). Submissions should include "ESFT RFA" as the subject of the email. Responses submitted after the deadline will not be considered.

### 3.5 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.

### 3.6 Notification

Applicants will be notified via email by Monday, July 26, 2021 about their acceptance for training. Applicants who have been accepted will be given additional information about the training and expectations via an orientation session.

### 3.7 Certification

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

### 3.8 Cost Information

There will be no cost to providers for this training.

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

### 4.1 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.

### 4.2 Reservation of Rights

By submitting its response to this Notice of Request for Applications (RFA), 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.

#### 4.2.1 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 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.

#### 4.2.2. 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.

#### 4.3. 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.

#### 4.4. Incurring Costs

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

#### 4.5. 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.

#### 4.6. 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.

#### 4.7. 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.

## Attachment A: RFA RESPONSE COVER SHEET COMMUNITY BEHAVIORAL HEALTH

Please see Attachment A on the CBH Website [here](#).

## Attachment B: Tax Statement

Please see Attachment B on CBH Website [here](#).

## Attachment C: City of Philadelphia Disclosure Forms

Please see Attachment C on CBH Website at [here](#).

## Attachment D: CBH Disclosure of Litigation Form

Please see Attachment D on CBH Website [here](#).

## Attachment E: STATEMENT REGARDING EXCLUSION LISTS

Please see Attachment E on CBH Website [here](#).

## Attachment F: Participating Staff

*To be completed by an official at the agency requesting participation in the Ecosystemic Structural Family Therapy and signed by the Executive Director.*

Provider:

Level of Care:

Program Name (if applicable):

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

Completed By (Name & Title): \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING FORM

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

DATE: \_\_\_\_\_



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Please describe your interest in learning about ESFT:

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Please describe your efforts to provide culturally responsive and anti-racist care

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