Request for Proposals

for

a Crisis Response Center (CRC)

issued by

Community Behavioral Health

Date of Issue:
January 10, 2022

Proposals must be received no later than
2:00 P.M., Philadelphia, PA, local time on February 18, 2022

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 seeking proposals for a Crisis Response Center (CRC). A significant aim of this RFP is to identify a provider who can develop high-quality CRC programming that emphasizes 24/7 active and resolution-focused interventions from engagement through disposition for individuals experiencing a behavioral health crisis. The qualified provider will demonstrate the ability to provide behavioral health crisis services that are collaborative and that aim to bring relief and restore a sense of control to the person as soon as possible. The CRC model and programming will be recovery-focused with efforts focused on comprehensive assessments and rapid level of care determination. CBH is seeking an innovative, transformative CRC that is resolution-focused and a collaborative, treatment facility. The CRC must be operational by June 30, 2022.

Programming should be data- and outcomes-driven and must embody continuous quality improvement principles (with ongoing monitoring and data-driven process and outcome improvement). The service continuum must include:

1. Immediate, supportive, engaging and calming interventions designed to develop rapid rapport while establishing a sense of psychological and physical safety.
2. Triage, assessment, crisis-resolution based on current practice standards
3. Comprehensive evaluation and treatment, including evidence-based/ evidence-supported interventions appropriate for emergency settings. Evaluation as indicated for purposes of diagnosis, assessment of current mental state, consideration of comorbidities, lethality risk, and other risks that come from unaddressed mental, physical, social or environmental conditions.
4. Development of clinical pathways tailored to meet the treatment needs of individuals.
5. Linkages with appropriate services and resources, particularly those supporting members' community tenure.
    a. This must include completion of a Social Determinants of health screening with appropriate referral.
6. High levels of consumer satisfaction for those individuals utilizing services.
7. The CRC must have the capacity to treat those with discrete mental health challenges and discrete substance use challenges, as well as behavioral health/intellectual disabilities (BHID) and co-occurring needs.
8. Use of evidence-supported interventions which are appropriate for emergency settings, designed to aid crisis relief, increase problem-solving, and promote steps towards wellness and recovery.
9. Collaborative exploration of the factors that led to the distress; may include but are not limited to a particular diagnostic condition, but may be exacerbated by ecological and social stressors, that have resulted in emotional distress, and overwhelmed coping mechanisms.
10. Collaboration and care transition planning to include system partners including but not

limited to mobile teams, law enforcement, outpatient mental health service providers, crisis residential programs, crisis stabilization units, behavioral health urgent care and other levels of care.

11. Collaborative planning and consideration of options for further care using shared decision making with consideration for eligibility of a service AND the likelihood of benefit for the individual; an identification of person-specific iatrogenic risks of care, a consideration of less restrictive alternatives and a consensus decision on how to proceed. Use of involuntary treatment should be limited to situations in which, after all efforts of engagement, brief resolution-focused treatment and shared decision making there remains sufficient risk to warrant involuntary treatment.

The CRC must be located in the West or Southwest Philadelphia region (19104, 19131, 19151, 19139, 19143, 19142, 19153, 19145). Facilities that are connected with emergency department hospital settings will be given preference. Physical health emergency departments can treat medical needs and clear individuals to be assessed for mental health treatment and needs in an efficient way. Emergency departments have access to a continuum of care and can support opportunities for training professionals to foster the creation of a workforce skilled in crisis and behavioral health treatment.

23-hour crisis stabilization should also be included in the CRC setting to provide ongoing assessment beyond the initial evaluation and allow time for a level of care determination for individuals who meet this need. The 23-hour crisis stabilization is able to support individuals who present as suicidal or psychotic secondary to substance use and individuals where the clinical presentation suggests another service will emerge following brief, 23-hour observation and treatment.

The CRC program proposed in this RFP must reflect the Substance Abuse and Mental Health Services Administration (SAMHSA) *Practice Guidelines: Core Elements to Responding to Mental Health Crises*[1]. These guidelines call for a movement away from reactive and cyclical crisis interventions to interventions that treat the whole person, aim to restore a sense of control, and reduce the likelihood of future crises.

The proposed CRC must be developed in a manner that reflects the Philadelphia system emphasis on recovery transformation, total population health and the DBHIDS organizing framework of Trauma, Equity and Community (TEC) - addressing **Trauma** and the Social Determinants of Health along with the multilayered traumas individuals experience, achieving **Equity** at the individual and community level, and engaging **Communities** through inclusion while tapping into the wisdom of our communities. This holistic approach to treatment supports wellness and symptom-management, addresses the social determinants of health and mental health, and empowers individuals to achieve successful community tenure. The CRC should partner with community organizations to establish relationships that support

[1] https://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf

maintaining wellness in the community and integration of discharged individuals. The Philadelphia system's population health approach adopts that services are provided in a manner which is also consistent with the system transformation of behavioral health services. The DBHIDS Practice Guidelines for Recovery and Resilience Oriented Treatment (http://www.dbhids.org/practice-guidelines/) provide a framework for the system transformation.

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 DBHIDS, contracts with CBH to administer the HealthChoices program.

DBHIDS has a long history of supporting innovative services in Philadelphia for people in recovery, family members, providers and communities; the Philadelphia Behavioral Health system is recognized nationally and internationally for innovation in the delivery of behavioral health care services in the public sector. DBHIDS 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: Division of Behavioral Health, Division of Intellectual disAbility Services (IDS), Division of Community Behavioral Health (CBH), Division of the Chief Medical Officer, Division of Planning and Innovation, Behavioral Health and Justice Division (BHJD) and Division of Administration, Finance, & Quality. CBH manages a full continuum of medically necessary and clinically appropriate behavioral healthcare services for the City's approximately 735,000 Medical Assistance recipients under Pennsylvania's HealthChoices behavioral health managed care program. Approximately 59% (n=436,225) of Philadelphia's Medical Assistance recipients are adults over 18 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.

1.3. Project Background and Objective

DBHIDS envisions a crisis system in which there is "no wrong door" to behavioral health treatment and where the crisis response focuses on resolving or ameliorating crises. Crisis services should be available 24/7 to everyone, anywhere. The role of Philadelphia's crisis system is to mitigate or resolve behavioral health crises, support recovery, center the individual and their culture, experiences, interpretations, preferences, and strengths as the orientation of their crisis care and resolution (and to do so in lieu of using a medical model orientation to service delivery) and decrease reliance on higher levels of care such as emergency rooms/CRCs and inpatient psychiatric treatment. This vision recognizes the importance of working across systems/silos and addressing the impact of multiple social determinants of health.

Behavioral health crises can be devastating for individuals, families, and 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 to focus on people with behavioral health conditions and intellectual disabilities to not only live, in communities, but to thrive as a part of their communities. 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. A comprehensive crisis network using a population health approach can impact the communities by providing effective suicide prevention strategies, alignment of individual needs, reducing hospital use and engaging families in a way that allows their voice to be heard.

The purpose of this RFP process is to identify a provider to create an Adult CRC in West or Southwest region of Philadelphia, which offers the community a no-wrong-door access to behavioral health crisis services. The CRC will accept all walk-ins, mobile crisis team drop offs, and ambulance, fire, and police drop-offs. Services must be delivered in a manner that is consistent with the DBHIDS system values: person-centered, recovery-oriented, trauma-responsive, and with a population health focus. The proposed services should be individualized, flexible, make available a wide variety of resolution-focused clinical interventions, address/prevent further trauma, and provide recovery support. Additionally, services should be consistent with current best practices. For example, a common precipitant of behavioral health crises is that individuals run out of their medication. It is desirable that the new CRC service continuum includes provisions to address this common need.

This process is designed to identify providers that are responsive to this RFP by demonstrating the capability to offer high quality behavioral health care services. The merits of each submission will be evaluated based upon its quality and responsiveness to this RFP.

A key impetus for the need to expand and enhance CRC capacity in West Philadelphia is the increase in the numbers of individuals who presented to CRCs based on historical 5-year

quarterly trend for Medicaid members. The rates of CRC visits citywide have remained steady since 2018.

Through this RFP, CBH also seeks to respond to the growing and changing needs of the populations served by CRCs. The opioid epidemic is a further impetus for this RFP, as the rate of total emergency department visits due to drug related incidents has tended to trend upward since January 2013[2]; additionally, "addiction" was the most prevalent diagnosis (35%) given to individuals who presented at four Philadelphia CRCs in 2016. With the opioid epidemic prompting frequent and complex crisis events among Philadelphians, the Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia issued its 2017 *Report*, calling for the expansion of "the capacity of crisis centers and emergency departments to assess and treat individuals with opioid use disorder." Therefore, the ability to treat individuals in acute states of withdrawal or intoxication and/ or whose crises stem from co-occurring mental health and addiction challenges will be emphasized through this RFP.[3]

Finally, this RFP is being issued to develop a CRC whose approach to crisis intervention reflects best practices. The statistics presented in the SAMHSA *Practice Guidelines: Core Elements to Responding to Mental Health Crises* demonstrate that people with mental illnesses, particularly individuals with co-occurring substance use and exacerbating psychosocial challenges that include poverty, unstable housing, exposure to chronic trauma, and other health problems, are vulnerable to "repeated clinical and life crises that can have deleterious effects on the individual, family and social networks, and communities."[4] The Practice Guidelines define mental health crises as characterized by a loss of control, citing that research has identified "loss of control" as the most common presenting complaint in crisis response centers. CBH shares the understanding that crises, while distressing to the individual and ideally prevented by early intervention and support, when possible, are also an opportunity to shape an individual's experience of mental health treatment, with CRCs often providing a point of entry into services.

The applicants should note that specific sections of proposed 55 Pa. Code §§ 5240.91 which are directly relevant to this application are in Subchapter C –Walk-In Crisis Services. However, there are also requirements for providers of all crisis services which are outlined in proposed 55 Pa. Code §§ 5240.1 through 5240.91 which must be responded to in this application. The State requirements do not include system transformation values and activities. Those can be found on the DBHIDS website in the Practice Guidelines. For each element to be described using the State requirements as a guide, the applicant must also include information on how the requirement will be met within a transformation framework.

Crisis Response Center services are a synergistic, coordinated aggregation of integrated services available 24 hours a day, seven days a week to provide immediate, crisis-oriented services

[2] https://www.phila.gov/media/20200806162023/Substance-Abuse-Data-Report-08.06.20.pdf
[3] https://www.phila.gov/documents/opioid-task-force-report/
[4] https://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf

designed to ameliorate or resolve precipitating stressful situations. They are provided to adults or children and adolescents and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships and/or have acute substance use disorder. These services provide rapid response to crisis situations which threaten the well-being of the individual or others. Services should be trauma-informed and recovery-based, individualized, comprehensive, flexible, person-first (culturally responsive), and designed to support health and wellness.

Applicants must describe a CRC which offers meaningful, recovery consistent and resolution-focused treatment, which strives to maintain a care environment and deliver a service that individuals experience as psychologically and physically safe and provides acute assessment, and diverse and reliable referral services. No one may be turned away from this service regardless of their needs, challenges, insurance status, housing status or place of residence. CRC services must be available to adults 18 years and older who are experiencing/thought to be experiencing a mental health or substance use related crisis state that is impacting functioning and well-being. It also must be able to provide services to adults who have Autism Spectrum Disorder (ASD) and/or Intellectual Disability. The CRC will treat adults who are psychologically overwhelmed, those who have experienced or have been exposed to trauma, and/or those experiencing crises related to impairment of thought, behavior, mood, coping skills, social relationships, and/or those experiencing a substance use related crisis.

As a result of the CRC visit, the person in crisis should receive a maximally relieving and resolving service and be given a summary of an agreed upon plan for next steps. If inpatient hospitalization is appropriate, the CRC will locate the inpatient bed and ascertain the person's insurance coverage. If the person is to be admitted, the family should be involved in this discussion. For persons who are not to be admitted to inpatient treatment, including those going to residential and non-residential services or who will return home, the person and family (if applicable) will participate in the consideration of other options for treatment and support which are not limited to formal treatment and inclusive of peer support, social services, entitlement services, and other health care services. Individuals should be transferred to or linked directly with the referral provider or be provided a referral to the appropriate level of care at the very least. CRC staff are to provide the assistance needed to facilitate follow-up to that level of care. The CRC is also expected to contain 23-hour beds to be used for persons who need short-term monitoring and acute treatment.

The applicant should specify expected staffing patterns on a 24-hour basis. Because CRCs normally have the highest volume of persons seeking assistance between mid-afternoon and midnight, deployment patterns of staff should reflect the expected times of high-volume use of the facility. In addition to the personnel listed in proposed 55 Pa. Code §§ 5240.31, the CRC is required to employ staff who will assure that the program meets the intent of the Philadelphia system transformation. These staff should include peer and family peer specialists who will offer services, support, and advocacy to persons using the CRC and to their families, substance use disorder specialists, and other specialized staff needed to offer a full continuum of crisis services. Peer specialists are persons in recovery who have been trained to work within the

behavioral health field. They are trained to be key supporters of others on their own journeys to recovery. It is critical for applicants to develop a physical site/space that will feel welcoming and safe to persons in crisis and their families, along with processes that optimize throughput. It is also important to assure enough privacy within the facility for people who may be concerned about sharing information in front of others and whose level of stress will increase with noise and distractions.

Because the CRC will be used by persons with a range of special needs, the applicant must describe knowledge of working with persons with these challenges and how that knowledge will be used in the design and operation of the CRC. Applicants should expect that persons with the special needs listed below will request services at the CRC:

- persons with substance use disorder
- persons with intellectual disabilities
- persons with specialized physical health care challenges
- persons for whom English is not their primary language
- members of the hard-of-hearing/deaf community
- members of the LGBTQ communities
- other minoritized populations/communities
- persons who are unsheltered

The applicant will be required to document assurance of the provision of whole staff training about the needs and challenges of persons who are experiencing crisis, the definition of which staff will be responsible for triage to appropriate resources for persons leaving the CRC and their families, and which staff will conduct follow up calls to individuals who use the CRC and their families.

1.4. Applicant Eligibility - Threshold Requirements

To be eligible to respond to this RFP, applicants must be enrolled currently in Medicare and Medicaid programs, accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and eligible for licensure as a Crisis Intervention-Walk In program in the proposed 55 Pa. Code §§ 5240.91. Each applicant must have control of a site located within Philadelphia in the West, or Southwest region (see Appendix D) and connection to a physical health emergency department. Applicants must not be on any of the three Federal and Commonwealth exclusion lists or on a Corporate Integrity Agreement (see Section 2.2. for complete threshold requirements).

1.5. General Disclaimer

This RFP does not commit CBH to award a contract. This RFP and the process it describes are

proprietary and are for the sole and exclusive benefit of CBH. No other party, including any respondent, is intended to be granted any rights hereunder. Any response, including written documents and verbal communication, by any applicant in response to this RFP, shall become the property of CBH and may be subject to public disclosure by CBH.

1.6. Location/Site

The CRC must be located in the West or Southwest Philadelphia region (19104, 19131, 19151, 19139, 19143, 19142, 19153, 19145), and connection or affiliation with emergency department hospital settings will be given preference. Appendix D references the regionalization of the four adult mobile crisis teams and the current adult crisis assessment facilities. For the proposed facility, the applicant is required to provide information on the property's zoning and licensing status as well as describe how it can be configured as a CRC. The applicant may own or lease the property. A strong preference will be given to applicants who can secure site control and operationalize the CRC as soon as possible. The site should provide comfortable space for waiting individuals and accommodate the multiple functions of the CRC, including 23-hour crisis stabilization beds and private spaces with minimal noise and distractions for to be used for triage and for those whose distress might increase with overstimulation. A tobacco-free policy must be maintained throughout the premises. A policy for maintaining naloxone on-site and ensuring naloxone administration training of staff must be included.

2. SCOPE OF WORK

2.1. Overview of Services

The purpose of this RFP is to develop one high-quality CRC in West or Southwest Philadelphia to provide comprehensive and forward-thinking resolution-focused treatment and assessment services 24 hours per day, seven days per week for individuals experiencing a behavioral health crisis. This procurement process is designed to identify a provider who can develop innovative programming to treat the whole person, restore a sense of control to the individual in crisis, and reduce the likelihood of future crises. Interventions to calm the person and ameliorate the crisis and/or precipitating conditions should be actively delivered from engagement to disposition. The CRC for Philadelphia residents over the age of 18 must be operational within 120 days of the award of this contract.

The CRC should be outcomes-driven, providing ongoing monitoring and program development to provide comprehensive assessment and treatment, resolve crises, link with appropriate resources, eliminate seclusion and restraint, and ensure member satisfaction. To address the increase in the use of crisis centers and emergency departments by individuals with substance use disorders, the CRC must be able to treat those with discrete mental health challenges and

discrete substance use challenges, as well as co-occurring needs. The awardee is expected to collect and utilize data that facilitates performance analysis against industry benchmarks/metrics. The merits of each submission will be evaluated based upon its quality and responsiveness to this RFP.

The CRC services must be consistent with the proposed 55 Pa. Code §§ 5240, Mental Health Crisis Intervention Services and meet the expectations for a service which is aligned with Philadelphia's system transformation and Practice Guidelines. It must be designed to meet the needs of persons experiencing behavioral health crisis and must be prepared to provide culturally sensitive services to a variety of persons of all ages with special needs, including substance use, intellectual disability, medical issues, and language challenges.

Resolution-focused treatment begins immediately upon entry to the CRC with meaningful, supportive and relieving care provided at every point of contact. The CRC is expected to welcome and triage individuals. If emergent care is needed, a medical professional must immediately assess the person, decide what services are needed and assure their provision. A formal assessment must be initiated and in collaboration with the individual, consider and decide upon the CRC pathway of care including a determination of whether an ASAM assessment or psychiatric evaluation is desired or warranted. The individual should receive this plan and arrangements should be made for any subsequent treatment needed. This may include a collaborative decision to use a 23-hour bed to provide a period of supported stabilization to include additional resolution-focused interventions, as indicated. Depending on the result of the assessment for substance use disorders and/or psychiatric evaluation, CBH or other insurers may need to be called to authorize another level of care, and other services including inpatient care or detoxification, or rehabilitation programs may need to be identified. It is expected that during this process, staff, including but not limited to peer specialist staff, will be available to aid, comfort, and advocate both for the person seeking service and family members. There must be a well-developed plan for linkage to other services and staff who are capable and experienced in developing and maintaining strong linkages to community services, including community treatment centers, recovery centers, inpatient facilities, and other levels of care.

The proposed facility must have medical staff on-site or available on demand and a strong link to associated medical facilities for persons with medical conditions requiring immediate treatment. Medical services are to be used for triage, evaluation, and emergency treatment. These staff may be a physician whose specialty is in physical health care or other medical professionals such as Physician Assistants or Certified Nurse Practitioners. Physical health care assessments are to be linked to behavioral health assessments and treatment and must be documented.

Applicants must include their policies concerning the use of restraint and seclusion including a description of efforts and strategies to minimize the use of these coercive interventions. The proposed CRC must include 23-hour beds which are contiguous to the CRC. It will be important to describe how these beds will be used, the services to be provided to persons using these

beds and how monitoring and supervision will be achieved. Applicants must demonstrate understanding of the importance of documentation in the CRC.

The CRCs must treat all individuals who present, including those whose primary presenting concern is medication lapse. All staff should be educated regarding the importance of medication consistency in stabilizing individuals in crisis and preventing future crises. It is also important to communicate with existing treatment providers about medication lapses; to identify community practices that seem to be impacting a pattern of lapses and consult with those agencies all in the spirit of improving care experience and to prevent avoidable practices. All staff should also be educated on the benefits of medication-assisted treatment (MAT) for individuals with substance use challenges to reduce stigma and to ensure appropriate psychoeducation on the benefits of MAT.

2.2. Individuals Served

The CRC must accept individuals of all ages and genders, with no one turned away regardless of type or degree of need, acuity, challenges, or insurance status. Many individuals enter the CRC voluntarily, though some will arrive via involuntary commitment/302 and police accompaniment (see Section 2.3.g.). Many individuals will have complex or chronic medical conditions that may require treatment prior to or during CRC treatment intervention and assessment.

The CRC will need to expand services when other city CRCs go on diversionary status. In rare instances, this may include children's CRCs; thus, the CRC must maintain ongoing capacity to serve children and adolescents in addition to adults.

2.3. Service Delivery

The Department requires at least the services listed below, including the specific tasks and work activities described. Applicant's proposed scope of work should state in detail how it will carry out each task, including the personnel/job titles (as identified in Section 2.5 and Personnel Requirements) responsible for completing the task. For each service specified, the Applicant should propose criteria to determine when the tasks comprising the service are satisfactorily completed. Applicants may propose additional or revised tasks and activities but should explain why each is necessary to achieve the project objectives.

1. Services

The services to be provided are as follows:

The CRC is to provide 24/7 emergency screening, assessment, and triage at the time of the crisis, with the goal of stabilizing crises and, when indicated, referring people to the appropriate level of care or back to the community. All components of the CRC from engagement to disposition should be delivered with a trauma-responsive and crisis-resolution focus, aimed at

resolving the crisis and precipitating event as soon as possible. Individuals over the age of 18 residing in Philadelphia are eligible for services offered by the CRC; as such, triage to funded services for non-Medicaid eligible individuals, such as those with private insurance or uninsured individuals, must be provided during the initial assessment.

CRCs are a critical service in Philadelphia's comprehensive continuum of crisis services. The CRC provide a brick-and-mortar location for individuals to receive resolution-focused and recovery-oriented behavioral health assessments and stabilization of crisis.

Essential functions of the CRC include:

- Brief interventions designed to reduce distress and otherwise relieve crisis state; to restore coping and offer strategies for doing so, increase subjective feelings of hopefulness and future orientation, promote higher executive function, explore and reduce suicide risk
- Assessing Social Determinants of Health
- Safety planning, and counseling to reduce access to lethal means
- Trauma-informed de-escalation
- Peer support
- Warm hand offs for referral and coordination with new and/or existing medical and behavioral health services, as appropriate
- Crisis safety planning and follow-up with the individual and family

The CRC will provide immediate crisis stabilization, de-escalation, behavioral health assessment and respond to a variety of situations including but not limited to wellness checks, intoxication, and conflict resolution. The intake pathway can include a prescription for needed medications as a bridge until a follow up psychiatry appointment can occur, Buprenorphine induction for treatment of Opioid Use Disorder and other required pathways to meet the needs of individuals in crisis.

The CRC will connect individuals to facility-based care as needed through warm hand-offs. The CRC will coordinate transport when situations warrant transitions to other locations and schedule follow-up appointments with their preferred provider.

The CRC will provide in-person rapid response 24/7 to individuals, then solution-based case management and proactive follow-up care to reinforce linkages to the appropriate social services and behavioral health interventions. Overall, the CRC services should be collaborative, strength-based, and resolution-focused, with barriers to long-term stabilization addressed during the contact.

The following elements must be part of the CRC services:

a. Individuals with Special Needs

The CRC will be used by individuals with a variety of special needs. The treatment procedures must be designed to fit individuals with at least the following needs:

- Individuals who are older than the age of 65
- Individuals with substance use disorders
- Individuals with intellectual disabilities
- Individuals with concurrent serious medical issues
- Individuals and/or families who are not fluent in English.
- Individuals who are chronically homeless and/or socioeconomic background does not easily lend to access to mental health care (individuals with limited financial means, limited access to transportation, structural power dynamics creating barriers to trust, and/or cultural norms around mental health)

b. Continuous Quality Improvement (CQI) and Program Monitoring

As part of the DBHIDS initiative to assure delivery of high-quality services with positive measurable outcomes, Applicants will be expected to describe a plan for continuous quality improvement (CQI) that includes planned, systematic, formal, and ongoing processes for assessing and improving the outcomes of each proposed service. Applicants will also be expected to include diversity, equity, and inclusivity (DEI) monitoring as a core function on the CQI plan. The plan will be expected to detail a workforce that reflects the communities served, supports mitigating health disparities and that understands and demonstrates sensitivity to the needs of underserved communities.

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

Applicants are also expected to describe their planned processes to track, evaluate and report outcomes at the individual and program levels. An essential component of service monitoring is gathering information that includes post-discharge monitoring of individuals who have received services, with particular focus on reduced hospital readmissions and**/**or reliance on crisis services. The post-discharge monitoring function should include standardized quality of care metrics, tracking the use of involuntary commitment. This should be included as part of the Applicant's quality assurance plan to assess and strengthen ongoing collaborative services and to follow up on the progress of individuals who received treatment.

c. Trauma-Informed Services

The majority of individuals who use crisis services have experienced some form of trauma. As a result, all services must be trauma-informed and responsive, taking great care to reduce the risk iatrogenic harm in care delivery, and all staff must have sufficient training to work effectively and empathically with individuals who have experienced trauma.

d. Social Determinants of Health Screening and Referrals

Recognition of the role Social Determinants of Health (SDOH) and racial inequities stemming from play in influencing health and quality of life funds requires careful attention in behavioral health care settings. Although SDOH are proven to have a significant impact on health outcomes before and after a crisis incident, there is no standardized screening for SDOH as part of early intervention and connection to appropriate community resources. The challenge has always been concerns about identifying multiple domains of social risk/needs like food and housing insecurity, financial instability, transportation, childcare, education, employment, exposure to violence, and more recently social isolation, without the ability to offer meaningful resources and supports. Integrating a standardized and universal social needs assessment using a screening tool can predict future use of crisis services and is an essential first step in facilitating more targeted interventions, averting repeated crisis episodes.

Racial health inequities – the legacy of centuries of systemic racism - persist within Philadelphia, including within service delivery systems. Significant work is required by diverse stakeholders to reach health equity of racial and ethnic minorities. Disparities can lead to significant differences in life expectancy depending on the neighborhoods. Assessment of socio-economic factors that include where an individual lives, their ability to afford treatment/time for treatment, access to treatment and other barriers will need to be considered to support removal of racial health inequity barriers and promote access to treatment.

e. Rapid Response

The CRC will provide rapid response to all referrals. Engagement of service participants should commence upon arrival at the CRC. Triage must begin after arrival to the CRC and ongoing as needed for the duration of services. Rapid response should occur for all referrals received 24 hours a day, 7 days a week.

Staff will immediately provide services that are engaging and calming, establishing an experience of trust and safety by the individual in crisis, initiate resolution of the crisis, and based on the response to the intervention and continued need, the staff in collaboration with the individual will determine whether expedited access to other services, such as outpatient care, is needed. Strategies should be collaborative rather than coercive. An explicit goal is to reduce the use of involuntary commitment within the behavioral health service system. The CRC staff should

prioritize assisting individuals in obtaining relief and regaining a sense of understanding and control.

The CRC should provide crisis stabilization through evidence-based/evidence informed interventions that include, but are not limited to crisis intervention, crisis de-escalation, engagement, family-focused and resolution focused approaches. Evidence-based and evidence supported approaches should effectively engage and stabilize the individual amid crisis. Strength-based engagement is foundational to creating a trusting climate, achieving effective crisis relief, and activating adaptive coping and problem-solving capabilities in a short period of time. When sufficient relief/harm reduction is not forthcoming a collaborative decision may be made to refer to the CRC.

For individuals that present to the CRC through the assistance of law enforcement, Emergency Medical Services (EMS) or the Community Mobile Crisis Response Teams (CMCRT) transition to the care of the CRC team must include a rapid intake. This intake should be a collaborative, joint effort and should allow the law enforcement, EMS or CMCRT dropping off the individual to quickly return to community work and promote individuals with mental illness being taken to the CRC rather than jail.

f. Assessment

Assessment is an ongoing function of the CRC and is most effectively carried out when an individual feels the environment and treatment provider are safe. This includes addressing individual concerns, family concerns, and fears about what led to the CRC referral; the individual's comfort with CRC staff, environment in which the service is being delivered, and how they are experiencing the treatment itself. This also means helping attend to basic, priority needs as soon as possible.

Assessment should be provided along with ongoing crisis intervention. Efforts to relieve the crisis should not be delayed for the sake of assessment, and a formal assessment should not constitute an entire contact with an individual. A structured tool can be administered to aid initial understanding of the crisis when circumstances are complex. It is important to keep assessment strategies brief and focused on the clinical material related to the crisis. Individuals should define the crisis as they are experiencing it and interpreting it. Crisis assessment should be conducted from a holistic perspective, accounting for culture, development, experience, assets, trauma, and any known diagnoses or disabilities that may impact functioning in crisis situations.

When indicated, the assessment should include an ASAM assessment by the CRC staff and referral or movement to the appropriate ASAM level of care.

g. Involuntary Commitments/Law Enforcement Drop Offs

As part of the rapid response, individuals brought in by police via a 302 involuntary commitment must be engaged like all individuals who enter the CRC, with interventions aimed at bringing calm and restoring a sense of control, including for individuals who may be resisting admission. Staff must be specifically mindful of the increased risk for traumatization through the CRC process as discussed; thus, all efforts should be made to establish psychological safety of the person, to offer a chance for them to describe what they have experienced in getting to the CRC and how they are feeling about it, and to offer information about the CRC and how care is likely to proceed. The goal is to allow the individual to restore their sense of control as soon as possible. Individuals arriving involuntarily should be expedited to triage and assessment as needed, and protocols should be in place to ensure security and safety for all individuals present; it is important to be mindful of the risk for vicarious traumatization for other individuals at the CRC who witness a police-facilitated CRC arrival, as they may already be in distress, battling their own sense of fear, stigma, and shame about mental illness and crisis, and vulnerable to reacting and/or escalating in response to emotionally charged events.

A key predictor for a calm and supportive CRC experience for individuals arriving involuntarily is the quality of the working relationship between the CRC and law enforcement. The CRC should collaborate with the police department in general to support an efficient protocol and process for 302 admissions. Standardized warm-handoff protocols developed in partnership with the police department will also allow for the institution of a shared approach to involuntary commitments that emphasizes collaboration and support rather than coercion and punishment; the CRC should provide support, collaboration, and education to police officers that promote their ability to support and calm the individual. Applicants should consider providing space for police officers to complete paperwork, receive calls, etc. to promote their ability to perform duties and return to the field quickly.

Involuntary commitments should be viewed as opportunities to engage both the individual and family members/significant others to establish a sense of safety and crisis prevention plan to avoid involuntary commitments in the future. In addition, it is critical for individuals to receive education on Mental Health Advance Directives (MHAD) or Psychiatric Advance Directive (PAD) once they are oriented enough to understand options and to reflect on aspects of the CRC process that were helpful and those that were less helpful, lending to a directive plan to be enacted in cases of future crises.

Additional requirements to ensure efficient 302 processes include an understanding of commitment law, the ability to ensure thorough and accurately completed 302 petitions, and regular communication with the Philadelphia Police Department to allow for advance notice of arrivals of individuals being involuntarily committed.

h. MAT Induction

To employ a comprehensive response to opioid addiction and increase availability, the CRC will provide Medication Assisted Treatment (MAT). All staff should be educated regarding the importance of medication consistency in stabilizing individuals in crisis and preventing future crises. All staff should also be educated on the benefits of MAT for individuals with substance use challenges to reduce stigma and to ensure appropriate psychoeducation on the benefits of MAT can be provided. The CRC will need to develop a strong relationship with at least two community MAT providers.

When indicated, Buprenorphine induction must be initiated in the CRC to allow for increased access to this treatment. Buprenorphine should be prescribed and should include the comprehensive treatment and aftercare plan that covers counseling and other behavioral therapies to provide individuals with a whole-person approach.

i. Medication Lapse

The CRCs must treat all individuals who present, including those whose primary presenting concern is medication lapse. The CRC should address medication needs of those waiting for an outpatient psychiatry appointment and, if needed, the CRC should support with connection to a psychiatry appointment for follow up care. Bridging the medication needs will allow for stabilization of the individual to return to the community and may support a decreased need for immediate acute care.

j. Young Adults with Special Needs

CRC services will be used by individuals over the age of 18. The expectation for the CRC will be to serve all classifications of behavioral health needs, including individuals with intellectual disabilities and co-occurring mental illness. Individuals between the ages of 18-21 will likely be considered for crisis response by the CRC and should receive services that reflect their needs and collaborate with other systems involved (i.e., DHS, school). Youth that are aging out of child and adolescent services, should provide input on and receive support with a treatment plan to bridge services for youth into adulthood.

k. Linkages

The CRC will maintain updated information around treatment services, community supports and other relevant services, which will be utilized to connect individuals and families with needed and desired services. The CRC will provide support to the individual to assist with stabilization, coordinate with existing service providers, and provide appropriate connections. Linkages and warm handoffs to services will be a component of the CRC through the duration of the CRC treatment.

l. Crisis Stabilization Plan and Safety Planning

Crisis stabilization planning will be completed with each individual and should be tailored to the needs, strengths, and abilities of the person. Strategies that have historically or presently aided in crisis resolution should be listed in a clear, written plan. With consent, the plan should be shared with the family or household members and other service providers who may become involved to ensure consistency.

A safety/crisis support plan the individual can rely on will need to be created with individuals returning to the community, which includes a meaningful discussion with the individual and identified support people to understand and address current stressors and precipitating events. Safety planning should address all areas of risk identified during the assessment (self-harm, aggression, etc.) and should include known precipitating conditions, coping skills to use, and resources to access to prevent future crises. The safety plan should be a written document, or an alternate that is identified as preferred by the individual, such as an app-based safety planning tool. The document or tool should be provided to the individual, family members/ significant others, and with consent, community treatment providers.

m. Peer Support

Peer engagement is an essential component of crisis intervention. All individuals who present to the CRC must be warmly greeted by a peer specialist or other staff who will provide brief and transparent orientation to the facility and processes, with this step being aimed at increasing predictability and a sense of safety. The peer specialist(s) will play a significant role in the CRC, including assisting with managing the waiting area – welcoming all walk-ins, providing orientation to the CRC and regular status updates, education, and calming interventions and support to individuals and family members. Solutions to identified crises should be individual led as often as possible, and the Peer Specialist should assist the individual in exploring reserves of strengths, resources, techniques that have been previously successful, and family and community support. Peer Specialists should have a major role in working with individuals to provide advice, helping the person understand and select behavioral health resources for themselves. Peer specialists are a critical part of the multidisciplinary team whose inclusion in care planning is essential and whose expertise should be sought as the team endeavors to understand the lived experience and care experience of those in crisis. Individuals with lived experience may be qualified to deliver several services, not limited to peer support positions. Lived voice should be sought at all levels of the organization and committees charged with quality, outcomes, practice design, etc.

Inclusion of peers in the crisis workforce can address the need for resources and referrals upon SDOH screening. There is no one better equipped to navigate Philadelphia's robust system of SDOH resources than individuals who have had to navigate it for themselves. Peers can support individuals in seeking housing, transportation, employment, food, or other community-based resources at the time of discharge from a crisis service, or prior to crisis service utilization to prevent escalation.

n. Diversity and Inclusion

It is important to emphasize the cultural competency of staff and programming to be able to sensitively and proficiently meet the needs of a diverse population, including lesbian, gay, bisexual, transgender, questioning, queer, intersex, and asexual (LGBTQIA) individuals, using inclusive language and addressing medical needs of individuals who are transgender; individuals who are multilingual/ multicultural, calling for the ability to provide/procure interpretative services, for individuals who are deaf, blind, and/or have limited-English speaking proficiency; and individuals of varying racial and socioeconomic backgrounds, with many having experienced living in circumstances of poverty/low income. Individuals admitted to CRCs often have histories of trauma, incarceration/justice involvement, difficulty sustaining community placements, and other psychosocial barriers to health. Applicants should describe plans (hiring, training, programming, etc.) to support diverse populations.

o. Psychiatric Advance Directives

The CRC will accept Psychiatric Advance Directives (PAD) as well as provide education on PADs to individuals presenting to the CRC. The CRC will support PADs and follow any PAD instructions of an individual presenting to the CRC.

p. Discharge/Continuing Care

The CRC services can and should be ended whenever clinically appropriate and mutually determined; services should promote an individual's strength, resilience, autonomy, and ability to access community supports. The crisis stabilization plan should be reviewed during the final contact to ensure the person is prepared to manage stressors and conflict that may arise. When another service has been recommended, the CRC should assist in understanding and addressing any apprehension or ambivalence that might prevent attendance of a first appointment or that indicate that alternate service options should be explored. CRCs should develop standardized protocols that facilitate safe transition back to the community and effective engagement with community-based services.

The CRCs should partner with community organizations to maintain wellness in the community and to support integration of discharged individuals. Well-established referral pathways and connection to community supports should be mobilized to ensure successful dispositions to immediate/continuous treatment. Services and aftercare recommendations should be flexible and individually tailored, with assessments and interventions being administered in a manner dictated by individual need.

q. Community Outreach

The CRC will be responsible for education and promotion of the program in order to obtain referrals from local hospitals, clinics, police departments, family support programs, substance use treatment programs, community-based organizations, probation officers and shelters, and

families in the assigned region. The program should develop relationships with surrounding provider agencies (for example, psychiatry and outpatient treatment services) and other CRCs. The CRC should ensure there is access to a continuum of crisis services. In keeping with a Population Health approach, outreach should aim to promote increased wellness and stability among populations served in each region.

r. Technological Capabilities

Applicants must have the technology capabilities to perform the activities proposed in this RFP, including the capability for electronic claims submission, service data reporting, telehealth capability and for transmission and coordination of care, including the secure sharing of information.

s. Transportation Capabilities

Applicants will be required to have vehicles to perform the activities proposed in this RFP. The vehicles must be ADA compliant to perform the activities proposed in this RFP. The transporting of individuals or family members will be determined on a case-by-case basis, with consideration for other, appropriate methods of transportation, such as providing passes or offering ride share services. Including the transportation capabilities will guarantee a warm hand off to next level of care, if appropriate.

2.4. Service Philosophy

It is of paramount importance that the CRC is developed with thoughtful and evidence-supported approaches that support a movement away from reactive and cyclical crisis treatment to interventions that treat the whole person, aim to restore a sense of control, and reduce the likelihood of future crises throughout the entire scope of the program. This extends beyond the interventions delivered and includes the culture of leadership; practices related to hiring, training, and staff retention; and the development of the physical site and setting. Services must align with the essential values and principles outlined by SAMHSA in the *Practice Guidelines: Core Elements to Responding to Mental Health Crises*:

1. **Avoiding Harm:** CRC interventions should aim to establish physical safety without compromising psychological safety. Engagement and de-escalation tactics shown to eliminate the need for seclusion and restraint should be provided throughout the individual's time in the CRC.

2. **Intervening in a Person-Centered Way:** Given the stigma often faced by individuals seeking emergency behavioral health support, it is critical for the CRC to cultivate a nonjudgmental, safe, and supportive treatment environment, one which respects the dignity and value of each person and their family members/significant others.

Interventions and treatment recommendations must reflect the preferences of the individual, including by creating or executing Advanced Psychiatric Directives (see below).

3. **Shared Responsibility**: Research has identified "loss of control" as the most common presenting complaint in crisis response centers. The role of crisis service providers, therefore, is to provide collaborative rather than coercive interventions that aim to bring relief and restore a sense of control to the individual as soon as possible.

4. **Addressing Trauma:** It is of paramount importance that hiring, and training strategies promote the understanding that behavioral health crises can be traumatizing for individuals. The less control individuals have or perceive themselves to have, the higher the likelihood exists for further, even if unintended, traumatization through the CRC process. Staff must understand how an individual's response to the current crisis may reflect past traumatic reactions and what interventions may pose particular risk to that individual based on that history.

5. **Establishing Feelings of Personal Safety:** Like addressing trauma, staff must assist the individual in arriving at a sense of subjective and actual safety, understanding that agitation or other behavioral manifestations of fear show that an individual is seeking the feeling of safety; additionally, interventions aimed at safety might unintentionally exacerbate the individual's feeling unsafe (such as seclusion). All attempts should be made to understand what the person needs to feel safe, and to provide interventions that align with these needs. Staff should also give ongoing information about the next steps and anticipated length of time of CRC treatment to increase predictability for the person in crisis.

6. **Based on Strengths:** Collaboration approaches to crisis intervention should reflect an understanding that the individual, despite being in crisis, can marshal personal strengths to assist in the resolution of the crisis. Staff should assess and utilize the individual's strengths throughout CRC treatment.

7. **The Whole Person:** An individual's emergency may reflect the interplay of psychiatric issues with other health factors. And while the individual is experiencing a crisis that tends to be addressed as a clinical phenomenon, there may also be a host of seemingly mundane, real-world concerns that significantly affect an individual's response: the whereabouts of the person's children, the welfare of pets, whether the house is locked, absence from work, etc.

8. **The Person as Credible Source**: Regardless of the degree of crisis and seemingly distorted/delusional thinking, the individual's relaying of the crisis story must be received with attention and respect by CRC staff, to both ensure a comprehensive assessment of presenting needs and strengths, as well as to support the self-determination and healing of the individual through owning their narrative of what has occurred.

9. **Recovery, Resilience, and Natural Supports:** An appropriate crisis response contributes to the individual's larger journey toward recovery and resilience and incorporates these

values. Accordingly, interventions should preserve dignity, foster a sense of hope, and promote engagement with formal systems and informal resources.

10. **Prevention:** Interventions and support planning must aim to reduce the likelihood of future crises.

All components of the CRC from engagement to disposition should be delivered with a resolution-focus, aimed at resolving the crisis and precipitating event as soon as possible. This requires a cohesive and well-organized approach to milieu management, with staff providing active support and intervention throughout the individual's time in the CRC. Timely engagement and treatment should be prioritized, with average length of stays not to exceed seven hours (aside from cases when a 23-Hour Crisis Stabilization Bed is utilized). Well-established referral pathways and connection to community supports should be mobilized to ensure successful dispositions to immediate/continuous treatment. Services should be flexible and individually tailored, with assessments and interventions being administered in a manner dictated by individual need.

2.5. Personnel and Required Training

It is critical that applicants employ strategic hiring procedures to identify highly qualified candidates who can support the CRC 24 hours per day to provide individualized and strengths-based treatment. Requirements listed below are based on state-level regulations and may possibly be modified within the limits of those regulations.

2.5.1. Required Personnel

The CRC must be staffed at all times (24 hours per day, 7 days per week, 365 days per year) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:

The staffing pattern for the CRC should be as follows:

- Crisis Services Medical Director, who is a Board-Certified Psychiatrist,
- Crisis Services Clinical Director (non-medical) with previous experience (Minimum 2 years) in emergency medicine management
- Psychiatrist or Resident Psychiatrist present 24/7 (Attending psychiatrist must be on call 24/7; a resident psychiatrist can provide on-site coverage; telehealth may be used)
- Certified Registered Nurse Practitioners (CRNP) present 24/7 who may be deployed in roles otherwise filled by a physician with previous experience (Minimum 2 years) in behavioral health
- Registered Nurses
- Certified Peer/Recovery Specialists
- Intake Specialists

- Mental Health Professional, with credentials aligned with proposed 55 Pa. Code §§ 5240
- Bilingual staff/capacity to meet the language needs of the populations served.
- Floating staff
- Security
- Staff with background in child treatment, on site or on call at all times
- All staff must have up-to-date child abuse clearances

The applicant should have preferably two physicians (one position may be filled by a CRNP) on-site on a 24/7 basis. There must be always one physician at least at the attending level (board eligible) on site or available on an on-call basis both for consultation with on-site staff and with CBH. The applicant must provide a protocol for floating staff, that is, staff who can be at the CRC on short notice when the on-site staff are fully committed providing services. The staff of the CRC must also include personnel to meet the needs of persons with special challenges described in Section 2.3. These include peer specialist staff, substance use disorder specialists, staff who are responsible for referrals and follow up of persons who use the CRC and staff to offer services to family members. The CRC would also be staffed with an Intake Specialist (possibly a peer) to welcome and engage individuals and family members to the CRC, provide an expected wait time, provide expectations for the services, and answer any initial questions the individual may have. Provisions should be made to include staff who will work directly with families and assure their inclusion in decisions concerning treatment and next steps for the person in crisis. The applicant must note and respond to the training requirements listed in the State regulations.

It is important to emphasize the cultural competency of staff and programming to be able to sensitively and proficiently meet the needs of a diverse population, including lesbian, gay, bisexual, transgender, questioning, queer, intersex, and asexual (LGBTQIA) individuals, using inclusive language and addressing medical needs of individuals who are transgender; individuals who are multilingual/ multicultural, calling for the ability to provide/procure interpretative services, for individuals who are deaf, blind, and/or have limited-English speaking proficiency; and individuals of varying racial and socioeconomic backgrounds, with many having experienced living in circumstances of poverty/low income. Individuals admitted to CRCs often have histories of trauma, incarceration/justice involvement, difficulty sustaining community placements, and other psychosocial barriers to health. Applicants should describe plans (hiring, training, programming, etc.) to support diverse populations.

2.5.2. Required Training

CRC staff must have education and training that complies with standards in the Manual for Review of Provider Personnel Files (MRPPF). CRC program should proactively address staff wellness and develop a plan to prevent or minimize burnout.

- All non-clinical staff must be trained in Mental Health First Aid.

- All staff must be trained in practices aimed at reducing or eliminating restraint and seclusion.
- All staff must be trained in trauma-informed care.
- All staff must be trained ongoing in CBH-required safety trainings
- All staff must have prior experience working with Severe Mental Illness (SMI) and Alcohol and Other Drugs (AOD).
- All staff must have American Society of Addiction Medicine (ASAM) Criteria training
- Clinical staff must be trained in structured tools and other quality measures as applicable.
- Clinical staff must be trained in Motivational Interviewing.
- All staff must receive monthly or quarterly in service training on topics relevant to trends and population.
- All staff must be trained in the effectiveness of MAT.
- All staff must be trained in naloxone administration.
- Peer specialist must receive state-sponsored crisis training
- Staff will participate in Safety Planning Intervention Training, HIPAA training, Drug and Alcohol Confidentiality training through DDAP, and Trauma training

2.5.3. Language and Culture

Applicants should develop plans to ensure that services are delivered in a manner that is welcoming to people from diverse cultures and have the resources to work with individuals and families who speak languages other than English. The plan should include how to respond to acknowledge the cultural needs and preferences of persons who present for immediate treatment needs.

2.6. Timetable

It is expected that services requested through this RFP will be fully operational by June 30, 2022.

2.7. Monitoring

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

2.8. Performance Metrics, Standards and Reporting Requirements

The successful Applicant will agree to comply with the evaluation, future performance standards and reporting requirements of CBH. The CRC performance standards are projected to be released by CBH in 2022. Any awarded Applicant because of this process will be expected to work in accordance with those emerging standards. The Awardee will agree to supply all the

required data necessary for CBH and DBHIDS evaluation purposes and to participate in required assessments. At a minimum, all presently available encounter data gathered from CBH claim forms will be collected. To fulfill the data reporting requirements, the successful Applicant must work with CBH and, where applicable, the CBH Claims, Program Evaluation, and Information Technology Departments to ensure the quality and completeness of data.

The selected Applicant will be required to meet the future performance standards established by CBH during the term of the contract along with meeting CBH credentialing, and compliance standards. The Applicant will be expected to have a compliance plan along with all other required documents for CBH initial credentialing.

Reporting requirements may be modified prior to or during the contract award period. Applicants should be able to track and share the following through an Electronic Health Record (EHR) or other reporting mechanism:

- Percentage length of time from CRC Arrival to CRC Departure for Admitted CRC patients, with the understanding the expectation for discharge is within 5 hours of arrival
- Satisfaction survey
- Percentage of involuntary medications administered
- Percentage of incidents of violence
- Percentage of incidents of seclusions and restraints (with the goal of becoming restraint-free)
- Percentage of people who leave against medical advice
- Percentage of hours the crisis center was unable to accept transfers from medical EDs due to overcapacity
- Percentage length of time between arrival and triage
- Percentage length of time between arrival and nursing evaluation
- Percentage length of time between arrival and psychiatric evaluation
- Percentage length of time between assessment and placement in the approved level of care
- Percentage length of time for law enforcement drop-offs
- Percentage of individuals admitted to acute/ bed-based services vs. community-based resources
- Number of individuals referred to community
- Number referred to residential (break down by LOC)
- Disposition of 23-hour beds

Track the following, report upon request

- 30-day representation to CRC
- Successful linkages to referrals: 7- and 30-day follow-up rates to outpatient services
- Demographics of presenting individuals

2.9. Compensation/Reimbursement

The successful applicants will be paid via an Alternative Payment Model (APM), which is designed to incentivize high-quality and cost-efficient care.

2.10. Technological Capabilities

Applicants must have the technology capabilities required to perform the proposed activities in this RFP. At a minimum, applicants must have electronic claims submission and an electronic health record (EHR) ready for use. Proposal Format, Content and Submission Requirements; Selection Process

2.11. Required Proposal Format

Proposals should include:

- Appendix A: RFP Response Cover Sheet
- Proposal Content: Narrative response to Section 2.1.
- Operational documents listed in Section 2.12.7.
- Appendix B: Tax Statement
- Appendix C: Disclosure of Litigation
- Budget Form (available on Contracting page of CBH website posted below RFP)
- Disclosure Forms (available on Contracting page of CBH website posted below RFP)

Proposals must be prepared simply and economically, providing a straightforward, concise description of the applicant's ability to meet the requirements of the RFP. Each proposal must provide all the information detailed in this RFP using the format described below. The narrative portion of the proposal must be presented in print size of 12, using Times New Roman font, single-spaced with minimum margins of 1". For each section where it is required, the applicant must fully answer all the listed questions in the outline form in which they are presented in the RFP. Answers to each question must be numbered/lettered and correspond to the numbered/lettered questions in this RFP. Failure to number and letter the questions or to respond to all questions may result in the proposal being considered non-responsive. Each attachment, appendix, or addendum must reference the corresponding section or subsection number.

Applicants are required to limit their General Narrative Description to 8 single-spaced pages, excluding required attachments. Applications should not exceed 8 pages. As a general comment, if you have responded to a requirement in another part of your proposal, refer to that section and do not repeat your response. Applicants whose narrative exceeds the page limit may have their proposals considered non-responsive and be disqualified.

2.12. Proposal Content

2.12.1. Introduction/Executive Summary

Prepare a very brief introduction, including a general description of your understanding of the scope and complexity of the proposed project.

Provide information on the continuum of services offered by the applicant agency and the length of time the agency has been in existence. Describe previous work and experience providing services similar to those requested in this RFP. Provide examples where you implemented a new service design in an urban setting.

2.12.2. Licensure and Location

Applicants should indicate licensure status, ability to obtain required license within the zip codes listed above (see Section 1.6).

2.12.3. Corporate Status

Please indicate whether you are a for-profit or not-for-profit organization and provide legal documentation of that status as an attachment to your proposal. Preference will be given to minority/women/disabled-owned businesses.

2.12.4. Governance Structure

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

2.12.5. Program Philosophy

This section provides the opportunity to describe the vision, values, and beliefs that will be evident in the design and implementation of the proposed services. The applicant should explain how the values of the DBHIDS Practice Guidelines, State regulations, and guiding documents will inform the development and implementation of the service. This section should also demonstrate commitment and adherence to the System of Care guidelines with an emphasis on TEC. Additionally, this section should include a description of how person-first (culturally and linguistically competent) and trauma-informed practices and approaches are incorporated into the applicant organization and into the proposed program. Please include the plan for bringing your services online by June 30, 2022.

2.12.6. Service Requirements

Please describe how you will ensure assessment, care coordination, peer support, clinical consultation, medication bridges including Buprenorphine induction, and psychiatry. Your response should include how you will ensure access to quality services, enhance the sense of competency and self-efficacy of the individuals and individuals in relying on connected community-based supports to reduce readmissions to the CRC. Please reference Section 2.3 for service delivery requirements to be detailed in the proposal.

2.12.7. Individuals Served

Please describe your understanding of the needs of individuals to be served, addressing the details in Section 2.2. Include any previous experience and strategies used in with individuals in crises and rapid, brief, resolution focused interventions.

2.12.8. Personnel and Required Training

A stable workforce will be critical to the success of the CRC. CBH believes a stable workforce can be achieved through the use of full-time, benefited staff. Please include a plan for hiring and training staff. Preference will be given to those who can demonstrate a plan for full-time benefited employees. Applicants should refer to Section 2.5.

Provide a proposed staffing pattern for services to be provided 24 hours per day (7) days per week. Provide job descriptions for all positions outlining their functions. Provide an organizational chart illustrating the key functional areas, staff and the anticipated number of staff (FTEs) for each position.

2.12.9. Operational Documentation and Requirements

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

- Tax Identification Number
- An overview of your agency's financial status, which will include submission of a certified corporate audit report (with management letter where applicable). If this is not available, please explain and submit a review report by a CPA firm. If neither a certified corporate audit report nor review report is available, please explain and submit a compilation report by a CPA firm. Any of these submissions must be for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year. Please note, the most recent report must be

submitted prior to any potential contract negotiations. In the case of a start-up with no financial activity, please provide a business plan, including three-year financial projection of Cash Flow, Income Statement, and Balance Sheet.

- Federal Income Tax returns, for for-profit agencies, or IRS Form 990 (Return of Organization Exempt from Income Tax), for non-profit agencies. Either of these submissions must be for the most recently ended corporate fiscal year. If the tax return is not yet available, submit the return for the prior corporate fiscal year. Please note, the most recent tax return must be submitted prior to any potential contract negotiations. In the case of a start-up, provide proof of corporate charter, corporate tax status, and/or individual tax return(s) of principal(s)/owner(s).
- Proof of payment of all required federal, state, and local taxes (including payroll taxes) for the past twelve (12) months. If pre-operational, provide proof of deposits to cover initial operations.
- Proof of an adequate Line of Credit demonstrating funds available to meet operating needs. If not available, please explain.
- Disclosure of any Bankruptcy Filings or Liens placed on your agency over the past five years. Please include an explanation of either. If there were no Bankruptcy Filings or Liens placed on your agency over the past five years, please include an attestation indicating that this is the case, signed by either your Chief Executive Officer or Chief Financial Officer.
- Certificates of insurance. Certificates of insurance with the named insured entity being the same name and address as the provider contracting with CBH. The insurance company providing coverage must be certified to do business in Pennsylvania or be otherwise acceptable to CBH. The insurances certificate must include the following coverage: General Liability with a minimum of $2,000,000 aggregate and a minimum of $2,000,000 per occurrence. Professional Liability with a minimum of $1,000,000 aggregate and a minimum of $3,000,000 per occurrence. Professional liability policy may be per occurrence or claims made; if claims made, a two-year tail is required. Automobile Liability with a minimum combined single limit of $1,000,000. Workers Compensation/Employer Liability with a $100,000 per Accident; $100,000 Disease-per Employee; $500,000 Disease Policy Limit. CBH, the City of Philadelphia, and the Commonwealth of Pennsylvania Department of Public Welfare must be named as an additional insured with respect to your General Liability Policy. The certificate holder must be Community Behavioral Health. Further, for applicants that have passed all threshold review items and are recommended by the Review Committee to be considered for contract negotiations for this RFP, each applicant will be required to provide a statement from an independent CPA attesting to the financial solvency of the applicant agency.

2.13. Terms of Contract

The contract entered into by CBH as a result of this RFP will be designated as a Provider Agreement. Negotiations will be undertaken only with the successful applicants whose

applications, including all appropriate documentation (e.g. audits, letters of credit, past performance evaluations, etc.) shows them to be qualified, responsible, and capable of performing the work required in the RFP.

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

2.14. Health Insurance Portability and Accountability Act (HIPAA)

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

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

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

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

- For-profit applicants should indicate if their organization is a Minority (MBE), Woman (WBE), and/or Disabled (DSBE) Owned Business Enterprise and certified as such by an approved certifying agency and/or identified in the City of Philadelphia Office of Economic Opportunity (OEO) Certification Registry. If the applicant is M/W/DSBE certified by an approved certifying agency, a copy of certifications should be included with the proposal. Any certifications should be submitted as hard copy attachments to the original application and copies that are submitted to CBH.

- Not-for-profit applicants cannot be formally M/W/DSBE certified. CBH does utilize

adapted state definitions to determine the M/W/DSBE status. Criteria are applied to not-for-profit entities to determine M/W/DSBE status in the CBH provider network, as follows (all criteria must be satisfied):

  - At least 51% of the board of directors must be qualified minority individuals and/or women and/or people with disabilities.
  - A woman or minority individual or person with a disability must hold the highest position in the company.
  - Minority groups eligible for certification include African Americans, Hispanic Americans, Native Americans, and Asian Americans.
  - Citizenship and legitimate minority group membership must be established through birth certificates, military records, passports, or tribal cards.

- Not-for-profit organizations may have sub-contracting relationships with certified M/W/DSBE for-profit organizations. Not-for-profits should include a listing of their M/W/DSBE certified sub-contractors, along with their certification information.

- For additional information regarding the Commonwealth of Pennsylvania's M/W/DSBE certification process, visit this website.

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

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

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

All selected applicants will also be required to assist the City in obtaining the above information from its proposed subcontractors (if any). If a proposed subcontractor is not in compliance with City Codes and fails to enter into satisfactory arrangements with the City, the non-compliant subcontractor will be ineligible to participate in the contract contemplated by this RFP and the selected applicant may find it necessary to replace the non-compliant

subcontractor with a compliant subcontractor. Applicants are advised to take these City policies into consideration when entering into their contractual relationships with proposed subcontractors.

Applicants need not have a City of Philadelphia Business Privilege Tax Account Number and Business Privilege License Number to respond to this RFP, but will, in most circumstances, be required to obtain one or both if selected for award of the contract contemplated by the RFP. Proposals for a Business Privilege Tax Account Number or a Business Privilege License may be made on line by visiting the City of Philadelphia Business Service site 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.

2.17. Compliance with Philadelphia 21st Century Minimum Wage and Benefits Ordinance

Applicants are advised that any contract awarded pursuant to this RFP is a "Service Contract," and the successful applicant under such contract is a "Service Contractor," as those terms are defined in Chapter 17-1300 of the Philadelphia Code ("Philadelphia 21st Century Minimum Wage and Benefits Standard Ordinance"). Any Subcontractor and any sub-subcontractor at any tier proposed to perform services sought by this RFP is also a "Service Contractor" for purposes of Chapter 17-1300. If any such Service Contractor (i.e., applicant and subcontractors at any tier) is also an "Employer," as that term is defined in Section 17-1302 (more than five employees) and is among the Employers listed in Section 17-1303 of the Code, then during the term of any resulting contract, it is subject to the minimum wage and benefits provisions set forth in Chapter 17-1300 unless it is granted a waiver or partial waiver under Section 17-1304. Absent a waiver, these minimum wage and benefits provisions, which include a minimum hourly wage that is adjusted annually based on the CPI, health care, and sick leave benefits, are mandatory and must be provided to applicant's employees or the employees of any subcontractor at any tier who perform services related to the City contract resulting from this RFP. Applicants and any subcontractors at any tier proposed by Applicants are strongly encouraged to consult Chapter 17-1300 of the Philadelphia Code, the General Provisions, and the About/Minimum Wage and Equal Benefits Ordinances Impacting Some City Contractors links on the eContract Philly home page for further details concerning the applicability of this Chapter to, and obligations it imposes on, certain City contractors and subcontractors at any tier. In addition to the enforcement provisions contained in Chapter 17-1300, the successful applicant's failure or the failure of any subcontractor at any tier to comply (absent an approved waiver) with the provisions of Chapter 17-1300, or any discrimination or retaliation by the successful applicant or applicant's subcontractors at any tier against any of their employees on account of having claimed a violation of Chapter 17-1300, shall be a material breach of any Service Contract resulting from this RFP. By submitting a proposal in response to this RFP, applicants acknowledge that they understand and will comply with the requirements of Chapter 17-1300 and will require the compliance of their subcontractors at any tier if awarded a contract pursuant to this RFP. Applicants further acknowledge that they will notify

any subcontractors at any tier proposed to perform services related to this RFP of the requirements of Chapter 17-1300.

2.18. Certification of Compliance with Equal Benefits Ordinance

If this RFP is a solicitation for a "Service Contract" as that term is defined in Philadelphia Code Section 17-1901(4) ("a contract for the furnishing of services to or for the City, except where services are incidental to the delivery of goods. The term does not include any contract with a governmental agency."), and will result in a Service Contract in an amount in excess of $250,000, pursuant to Chapter 17-1900 of the Philadelphia Code (1 A link to the Philadelphia Code is available on the City's official web site, www.phila.gov. Click on "City Code and Charter," located to the bottom right of the Welcome page under the box "Transparency."), the successful Applicant shall, for any of its employees who reside in the City, or any of its employees who are non-residents subject to City wage tax under Philadelphia Code Section 19-1502(1)(b), be required to extend the same employment benefits the successful applicant extends to spouses of its employees to life partners of such employees, absent a waiver by the City under Section 17-1904. By submission of their Proposals in response to this RFP, all applicants so acknowledge and certify that, if awarded a Service Contract pursuant to this RFP, they will comply with the provisions of Chapter 17-1900 of the Philadelphia Code and will notify their employees of the employment benefits available to life partners pursuant to Chapter 17-1900. Following the award of a Service Contract subject to Chapter 17-1900 and prior to execution of the Service Contract by the City, the successful applicant shall certify that its employees have received the required notification of the employment benefits available to life partners and that such employment benefits will actually be available, or that the successful applicant does not provide employment benefits to the spouses of married employees. The successful applicant's failure to comply with the provisions of Chapter 17-1900 or any discrimination or retaliation by the successful applicant against any employee on account of having claimed a violation of Chapter 17- 1900 shall be a material breach of the any Service Contract resulting from this RFP. Further information concerning the applicability of the Equal Benefits Ordinance, and the obligations it imposes on certain City contractors, is contained in the About/Minimum Wage and Equal Benefits Ordinances Impacting Some City Contractors links on the eContract Philly home page.

2.19. City of Philadelphia Disclosure Forms

Applicants and subcontractors are required to complete the City of Philadelphia Disclosure Forms (see separate website Attachment) to report campaign contributions to local and state political candidates and incumbents; any consultants used in responding to the RFP and contributions those consultants have made; prospective subcontractors; and whether applicant or any representative of applicant has received any requests for money or other items of value or advice on particular firms to satisfy minority-, woman-, or disabled-owned business

participation goals. These forms must be completed and returned with the proposal. The forms are attached as a separate PDF on the website posting.

2.20. CBH Disclosure of Litigation Form

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

2.21. Selection Process and Responses

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

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

2.22. Threshold Requirements

Threshold requirements provide a baseline for all proposals, which means they provide basic information that all applicants must meet. Failure to meet all of these requirements may disqualify an applicant from consideration through this RFP. Threshold requirements include timely submission of a complete proposal with responses to all sections and questions outlined 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' Medicheck List
  http://www.dhs.state.pa.us/publications/medichecksearch/

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

3. APPLICATION ADMINISTRATION

3.1. Procurement Schedule

The anticipated procurement schedule is as follows:

RFP Event	Deadline Date
RFP Issued	January 10, 2022
Bidder's Conference	January 14, 2022
Deadline to Submit Questions	January 18, 2022
Answers to Questions on Website	January 24, 2022
Application Submission Deadline	February 18, 2022
Applicant Identified for Contract Negotiations	March 30, 2022
Service Implementation	June 30, 2022

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

This RFP is issued on January 10, 2022. In order to be considered for selection, all applications must be emailed to Abigail Concino at Abigail.Concino@phila.gov no later than 2:00 PM on February 18, 2022.

- Email subject line should be marked "CRC RFP." Applications submitted by any means other than email will not be accepted.
- Applicants must submit the electronic application with appropriate e-signatures
- Applications submitted after the deadline date and time will not be accepted. An official of the submitting agency, authorized to bind the agency to all provisions noted

in the application, must sign the cover sheet of the application.

All questions concerning this RFP must be submitted in writing via email to Abigail Concino at Abigail.Concino@Phila.gov with the subject line "**CRC RFP Questions**" no later than 5:00 PM, January 18, 2022, and may not be considered if not received by then. DBHIDS will respond to questions it considers appropriate to the RFP and of interest to all Applicants, but reserves the right, in its discretion, not to respond to any question. Responses will be posted on the CBH contracting website https://cbhphilly.org/opportunities/contracting-opportunities/ . Responses posted on the CBH website become part of the RFP upon posting. DBHIDS and CBH reserve the right, in its discretion, to revise responses to questions after posting, by posting the modified response. No oral response to any Applicant question by any DBHIDS or CBH employee or agent shall be binding on DBHIDS or CBH or in any way considered to be a commitment by DBHIDS or CBH.

3.1.1. Bidder's Conference

The Bidder's Conference will be hosted via Zoom and interested parties should register for the virtual webinar:

When: January 14, 2022, 10:00 AM Eastern Time (US and Canada)

Topic: Bidder's Conference: Adult Crisis Response Center

Register in advance for this webinar:
https://cbhphilly-org.zoom.us/webinar/register/WN_9SZ8PXVHTlShVZFpdkaffQ

After registering, you will receive a confirmation email containing information about joining the webinar.

Attendance at the pre-proposal meeting is optional.

3.2. 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 ensure a thorough and mutual understanding. CBH will schedule such presentations on an as needed basis.

3.3. Term of Contract

CBH reserves the right to set the rates for this service, budgets and rates notwithstanding. Continuation of funding is contingent upon the availability of funds, quality of service being provided, and contract compliance. CBH reserves the right to continue subsequent yearly

contracts. All contracts become binding on the date of signature by the provider agency's chief executive officer and Community Behavioral Health's chief executive officer. CBH reserves the right to reissue all or part of the RFP if it is not able to establish acceptable providers for any or all services. CBH also reserves the right to amend contracts throughout the contract period and to renegotiate the contract length as needed.

4. GENERAL RULES GOVERNING RFPS/APPLICATIONS; RESERVATION OF RIGHTS; CONFIDENTIALITY AND PUBLIC DISCLOSURE

4.1. Revisions to RFP

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

4.2. City/CBH Employee Conflict Provision

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

4.3. Proposal Binding

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

4.4. Reservation of Rights

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

1. Notice of Request for Proposals (RFP)

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

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

2. Proposal Selection and Contract Negotiation

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

   (a) to reject any application if CBH, in its sole discretion, determines the application is incomplete, deviates from or is not responsive to the requirements of this RFP, does not comply with applicable law, is conditioned in any way, or contains ambiguities, alterations or items of work not called for by this RFP, or if CBH determines it is otherwise in its best interest to reject the application to reject any application if, in CBH's sole judgment, the applicant has been delinquent or unfaithful in the performance of any contract with CBH or with others; is delinquent, and has not made arrangements satisfactory to CBH, with respect to the payment of City taxes or taxes collected by the City, or other indebtedness owed to the City; is not in compliance with regulatory codes applicable to applicant; is financially or technically incapable; or is otherwise not a responsible applicant;
   (b) to waive any defect or deficiency in any application, including, without limitation, those identified in subsections 1) and 2) preceding, if, in CBH's sole

judgment, the defect or deficiency is not material to the application;

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

(d) to issue a notice of intent to develop a provider agreement or consultant contract and/or execute a provider agreement and/or consultant contract for any or all of the items in any application, in whole or in part, as CBH, in its sole discretion, determines to be in CBH's best interest;

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

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

(g) to discontinue negotiations with any applicant at any time prior to the execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to the applicant, and to enter into negotiations with any other applicant, if CBH, in its sole discretion, determines it is in the best interest of CBH to do so;

(h) to rescind, at any time prior to the execution of a provider agreement or consultant contract, any notice of intent to develop a provider agreement or consultant contracted to an applicant, and to issue or not issue a notice of intent to develop a provider agreement or consultant contract to the same or a different applicant and enter into negotiations with that applicant, if CBH, in its sole discretion, determines it is in the best interest of CBH to do so;

(i) to elect not to enter into any provider agreement or consultant contract with any applicant, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued and with or without the reissuing this RFP, if CBH determines that it is in CBH's best interest to do so;

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

(k) to conduct on-site investigations of the facilities of any one or more applicants

(or the facilities where the applicant performs its services);

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

(m) to conduct such investigations with respect to the financial, technical, and other qualifications of each applicant as CBH, in its sole discretion, deem necessary or appropriate;

(n) to permit, at CBH's sole discretion, adjustments to any of the timelines associated with this RFP, including, but not limited to, extension of the period of internal review, extension of the date of provider agreement or consultant contract award and/or provider agreement or consultant contract execution, and extensions of deadlines for implementation of the proposed project; and

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

3. Miscellaneous

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

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

4.5. Confidentiality and Public Disclosure

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

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

4.6. Incurring Costs

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

4.7. Prime Contractor Responsibility

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

4.8. Disclosure of Proposal Contents

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

4.9. Selection/Rejection Procedures

The applicant(s) whose submissions are selected by CBH will be notified in writing as to the selection, and their selection will also be posted on the CBH website. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with CBH. This letter should not be considered as a letter of award. A formal letter of award will be forthcoming at such time when mutual agreement has been reached by the parties on all issues pertaining to the application. Applicants whose submissions are not selected will also be notified in writing by CBH.

4.10. Non-Discrimination

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

The contractor does not and will not discriminate against any person because of race, color,

religious creed, ancestry, national origin, age, sex, sexual orientation, handicap, or disability in providing services, programs, or employment or in its relationship with other contractors.

4.11. Life of Proposals

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

APPENDIX A: RFP RESPONSE COVER SHEET

COMMUNITY BEHAVIORAL HEALTH

CORPORATE NAME OF APPLICANT ORGANIZATION:

CORPORATE ADDRESS WITH CITY, STATE and ZIP:

PROGRAM SITE LOCATION WITH CITY, STATE and ZIP:

MAIN CONTACT PERSON:

TITLE: TELEPHONE:

E-MAIL ADDRESS:

_____

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

_____

PRINTED/TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED _____

APPENDIX B: TAX STATEMENT

CITY OF PHILADELPHIA TAX AND REGULATORY STATUS AND CLEARANCE STATEMENT FOR APPLICANTS

THIS IS A CONFIDENTIAL TAX DOCUMENT NOT FOR PUBLIC DISCLOSURE

This form must be completed and returned with Applicant's proposal in order for Applicant to be eligible for award of a contract with the City. Failure to return this form will disqualify Applicant's proposal from further consideration by the contracting department. Please provide the information requested in the table, check the appropriate certification option and sign below:

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

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

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

_____ _____

Authorized Signature Date

_____

Print Name and Title

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

APPENDIX C: CBH DISCLOSURE OF LITIGATION FORM

The Applicant shall describe in the space below any pending, threatened, or contemplated administrative or judicial proceedings that are material to the Applicant's business or finances, including, but not limited to, any litigation, consent orders, or agreements between any local, state, or federal regulatory agency and the Applicant or any subcontractor the Applicant intends to use to perform any of the services described in this RFP.

☐ Not Applicable

_____

Signature Print Name Date

_____

Comp

APPENDIX D: MEDICAID UTILIZATION OF ADULT CRISIS RESPONSE CENTERS BY ADULT MOBILE CRISIS REGION