



Request for Proposals

for

**Children's Crisis Response Center and Crisis Stabilization Unit
issued by**

Community Behavioral Health

**Date of Issue:
April 20, 2022**

**Proposals must be received no later than
2:00 P.M., Philadelphia, PA, local time, on June 1, 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

Crisis Response in the city of Philadelphia is an important component of Community Behavioral Health's network. To provide an increased capacity to address children and adolescent behavioral health crisis, Community Behavioral Health is requesting proposals for up to two Children's Crisis Response Centers as well as a Crisis Stabilization Unit. Applicants must be able to provide the space for both the Crisis Response Center (CRC) and a Crisis Stabilization Unit. This CRC needs to provide 24/7 active and resolution-focused interventions to assist Philadelphia youth through their behavioral health crisis. The care provided will be trauma-informed, culturally competent, youth-guided, family-driven and evidence informed. As this proposal is to assist children and adolescents through behavioral health crises this site should be a nurturing, safe, comfortable, and supportive clinical environment. Family driven care includes helping the family feel supported and assisting the youth with any community linkages that will help the youth return to their home and avoid readmission to the CRC.

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. It also must be able to provide services to youth who have Autism Spectrum Disorder (ASD) and/or Intellectual Disability. The CRC will treat youth 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.

Community Behavioral Health currently contracts with the Philadelphia Children's Crisis Response Center (PCCRC) to provide stabilization and crisis services to children and adolescents with Medicaid in Philadelphia. The PCCRC is located in the northwest region of Philadelphia. This is the only children's crisis response center in the county of Philadelphia. Therefore, it is responsible for providing service to children throughout the county. To improve crisis response for families and youth, CBH is seeking to expand access for behavioral health crisis services within 30 minutes travel time from most areas of the city. During the years of 2019-2021, the PCCRC completed a total of 5,514 crisis evaluations. The three zip codes with the highest numbers of members served during those years were 19124 (376 members served), 19134 (362 members served), and 19120 (353 members served) (see Appendix D). Additionally, 574 members from the zip code of 19102 were provided service at the PCCRC. Therefore, to meet the highest needs and ensure access, this procurement intends to identify applicants with an appropriate site located in one of the following zip codes: 19120, 19124, 19140, 19134, 19144, 19132, 19121, 19139, 19143. This would also offer children and their families a choice in providers. CBH members have the right to participate in decisions regarding their behavioral health care, therefore expanding the number of crisis response centers allows families to decide where they want their child to be treated during a time of crisis.

1.2. Organizational Overview

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

DBHIDS has a long history of providing innovative and groundbreaking services in Philadelphia for people in recovery, family members, providers, and communities and has become a national model for delivering behavioral health care services in the public sector. The Department envisions a Philadelphia where every individual can achieve health, well-being, and self-determination.

The mission of DBHIDS is to educate, strengthen, and serve individuals and the 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. In 2021 there were 99,684 Philadelphia Medical Assistance recipients served, and of those served, 28,852 were under the age of 18.

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.

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 maintaining wellness in the community and integration of discharged individuals. The Philadelphia system's population health approach adopts those services that 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.

1.3. 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 up to two providers to create up to two CRCs to provide high quality, acute behavioral health services to young people and their families who have mental health and/or substance use challenges that require immediate (acute) attention. All young people with a behavioral health crisis, whether caused by mental health or substance use challenges are to utilize the CRC to address the current crisis and help return the child back to the community or assist in connecting to higher level of care if necessary.

The proposed crisis services are to be responsive to the needs and preferences of young people and their families. Applicants are required to include family members of young people with behavioral/emotional disturbances in the development of their response to this RFP. Involving family members with lived experience offers an opportunity to create a more trauma-informed

and empowering experience for the youth and their family. Additionally, it can help resolve the behavioral/emotional crisis in a more person-centered manner so that the youth and their family can return to the community with the services they feel would be most beneficial. Stepping away from the mindset that the professionals are the ones that know best and creating a partnership to resolve the crisis together, allowing those who have experience with the system to help the applicant understand where changes need to be made, provides an opportunity to improve the quality of treatment.

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 a formal 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 (3.2.2).

Applicants must also meet all threshold requirements (3.12).

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 to this RFP, shall become the property of CBH and may be subject to public disclosure by CBH.

1.6. Location/Site

The site must be located in Philadelphia. There is a preference for site locations in the zip codes of 19120, 19124, 19140, 19134, 19144, 19132, 19121, 19139, 19143. 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. The site should provide comfortable space for waiting individuals and accommodate the multiple functions of the CRC, including crisis stabilization beds and private spaces with minimal noise and distractions to be used for triage and for those whose distress might increase with overstimulation. The environment should be appropriate and welcoming for youth and their families. 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 Children's CRC is to offer comprehensive brief treatment services 24 hours a day, seven days a week focused on helping children, with the support of and in collaboration with their families, and ameliorate or resolve crises, including those that may threaten the well-being of the young person or others. CRC services must be available to children and adolescents ages 3 through 17 years who are experiencing/thought to be experiencing a mental health or substance use related crisis state that is impacting functioning and well-being at home, preschool/school or in community placements. It also must be able to provide services to young people who have Autism Spectrum Disorder (ASD) and/or Intellectual Disability up to age 21. The CRC will treat children who are psychologically overwhelmed, those who experienced or have been exposed to trauma, and/or those experiencing those experiencing crises related to impairment of thought, behavior, mood, coping skills or social relationships and/or those experiencing a substance use related crisis. Services should be family and child-centered, trauma-informed and recovery-based, individualized, comprehensive, flexible, person-first (culturally responsive), and designed to support health, wellness, and crisis resolution.

The CRC must provide acute assessment, treatment, and referral services. No one may be turned away from this service regardless of type or degree of need, challenges, or insurance status. The CRC should engage and collaborate with the young person and family in a meaningful assessment of what is happening, and a course of treatment aimed at ameliorating the risk/intensity of crisis. The CRC should offer information and support to parents/guardians and develop a clear, collaborative plan for next steps. The family must be included in all decisions concerning possible next steps for the young person. The Philadelphia Department of Human Services (DHS) and its Community Umbrella Agencies (CUA) must be involved for young people who are receiving child welfare services.

It is critical for applicants to develop a physical site that will feel welcoming and safe to children and adolescents in crisis and to their families. 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.

2.2. Service Delivery

1. Triage Function

The CRC must have triage staff meet with each child and family within 30 minutes of entry into the facility. This service will replicate the main features of a mobile crisis service. Staff will immediately provide services to calm the young person, initiate resolution-focused treatment as indicated and determine whether further crisis assessment is necessary. If expedited services are needed, the triage staff will make arrangements for the service. It is expected that the appropriate follow up appointment will be made prior to the youth returning to the community.

It is also expected that this service will be discussed and agreed upon by the family. If there are existing clinical relationships that predate the child's entry into crisis services, triage staff are expected to engage the appropriate clinicians or therapists as soon as possible to facilitate integrated treatment and lessen the impact of residual trauma. Triage staff will be expected to work with providers of other levels of care and CBH to assure that the services to be provided are appropriate and timely. At the same time, triage staff must work with the child's family and/or child welfare staff.

In addition, the CRC should be in accordance with the Pennsylvania Code Title 55 Chapter 5100 of Mental Health Procedures regarding involuntary commitment procedures and should demonstrate a thorough knowledge specifically of the Pennsylvania Code Title 55 Chapter 5100.84 which directly relates to involuntary commitment of children.

2. Assessment

The CRC will provide assessments for children and adolescents. Although assessment is an essential component of the CRC evaluation, the primary purpose of the CRC visit is to provide relief for the young person in crisis, thus providing comprehensive crisis response while children/families are in the service. Therefore, the CRC staff must assist the child and family in obtaining crisis relief before initiating the assessment process. To be successful, the CRC must create an experience of safety and comfort offered by trustworthy staff.

When the child is sufficiently calm to participate in the assessment, the CRC psychiatrist should assess the young person. The assessment should include information provided by the family and/or child welfare personnel who know the child and family as well as family assessments/interventions when indicated. If the child has come from a school, the assessment should include school related information. The ongoing assessment and response to interventions deployed while in the crisis center are to be used as the basis for decisions concerning next steps for the child.

3. Children with Special Needs

The CRC will be used by children and adolescents with a variety of special needs. The physical space, triage, assessment, and treatment procedures must be flexible in design to effectively treat young people with at least the following needs:

- Children who are younger than 5 years
- Children and adolescents who have ASD, including those who are nonverbal or minimally verbal
- Children with intellectual disabilities
- Children who are deaf or hard of hearing
- Children with concurrent serious medical issues
- Children and/or families who are not fluent in English, and families and children with varying cultural contexts.

Applicants will be required to describe their plans to serve young people with these and other special needs. Accommodation for children with special needs and their families may need to include staff with specialized skills as well as facility modifications for children for whom the basic design will be inappropriate.

4. Treatment

The CRC will be expected to provide intensive treatment as well as assessment and referral services. Treatment services must be provided to children who are at the CRC because of the effects of substance use and/or mental health crises. The goal of CRC treatment is to resolve the crisis sufficiently, so the child is calm and able to return home with appropriate services. The treatment should focus on helping the child and family consider methods to avoid a recurrence of the problem. Treatment is to include mental health treatment services that go beyond medication and that are strength-based, engaging, empowering, and change activating. This should include methods that bring psychological relief, new information and understanding, and promote problem-solving. Treatment should be compassionate and directed by the needs and preferences of the young person in crisis and the person's family. It is expected that the CRC will work with families to provide treatment and support that will help them feel able to return home with their children.

The applicant will need to develop treatment modalities that meet a variety of needs. It is expected that many young people who use the CRC have experienced trauma that may be relevant to their need for crisis services. In addition to trauma, the CRC will be asked to provide treatment services to young people with intellectual disabilities who may also have mental health and/or substance use challenges.

Children and adolescents with ASD are expected to come to the CRC. Because of the sensory implications of ASD, the applicant will be required to discuss modalities that are sensitive to sensory issues in the provision of crisis treatment to these young people. The applicant will be required to discuss the physical space in terms of the sensory challenges of young people with ASD and provide information on working with young people without language.

Children and adolescents with medical challenges will come to the CRC. The CRC staff will be expected to provide mental health treatment and obtain medical services and consultation as needed.

Despite the intensive services, some children who use the CRC may require treatment at an acute inpatient facility. If it is determined that the crisis cannot be resolved sufficiently for the child to return home despite full use of the acute care continuum of services provided, the CRC is expected to work with CBH to obtain a bed in an appropriate facility. The CRC must provide the results of their assessments to the receiving facility. The parent advocate will be expected to work with the family to understand their viewpoint and concerns and assure that these concerns are voiced and understood by the clinical team.

5. Family Engagement

It will be critical to work productively with families whose children are using CRC services. The treatment and referral components of the CRC program may not be successful in the face of parental objection. As a result, CRC staff must spend time to understand the family viewpoint on the crisis, hear their beliefs about the precipitating events and provide treatment (inclusive of brief family treatment) and recommendations that they believe will contribute to the resolution of the problem. Parent advocates should have a major role in working with families to provide advice, and help the family understand and select behavioral health resources for the young person. The overall goal is for trust that includes both the family and the clinical team and agreement about the choice of treatment for the child.

Additionally, the experience of parenting a child with significant mental health care conditions—including conditions that threaten health and safety—is generally overwhelming. This is true with all complex, unexpected, and/or life-threatening health care conditions. It is expected that parents will have their own (normal, but in varying ways, functionally impactful) stress responses: exhaustion, fear, grief, anger, loss of control, guilt. As staff provide support to parents through these crisis states, parents are better able to participate in their child's treatment, make treatment decisions, and support their child.

6. Care Coordination

The success of the CRC will be dependent on the strength of its relationships with other child serving services and agencies. It will be critical to have a relationship of trust and confidence between Community Mobile Crisis Response Teams and the CRC. The judgment of the Community Mobile Crisis Response Teams staff must be respected. These staff can provide essential information about the crisis while the young person was in the community and will have essential information on the referral source for the Mobile Services.

Children who are involved with child welfare and/or juvenile justice services will use CRC services. Therefore, the CRC must have relationships with Philadelphia DHS including its Juvenile Justice Division and the CUAs that provide services to children and families. It will be essential to help these agencies understand their responsibilities for children using the CRC which include helping locate parents as needed, providing critical background information on the children, and assuring that as soon as the child is calm, he/she can return to the community.

It will also be essential to develop relationships with school personnel including school staff who are charged with handling children's crises in schools and schools which appear to have significant numbers of children sent to the CRC. Furthermore, the CRC must develop strong relationships with the Police Department, Family Court, and pediatric primary care providers.

2.2.1 Evidence-Based Practices (EBPs)

The services to be procured through this RFP must include EBPs for this service. For each EBP, the Applicant is expected to provide the following information, in addition to responding to the issues in the bullets following each service description.

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

2.3. Personnel and Required Training

The personnel requirements for the Crisis Response Center are as follows. All employees and contracted individuals providing services at the CRC must comply with Pennsylvania Department of Human Services (DHS) staff requirements.

2.3.1 Required Personnel

There must be at least one child psychiatrist (board eligible with a plan for board certification or board certified) on site or available on an on-call basis at all times 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.

In addition to these staff, the CRC must employ parent peer advocates to work with and support families throughout the triage function and all other CRC services. The parent peer specialists will be essential in supporting the experience of parents, guardians, etc. whose children are in crisis, by ensuring that the family is included and their expertise is sought in assessment, treatment and planning, explaining the CRC process, answering questions, and describing community services, access, and other system-orienting information.

Because the CRC is required to provide services to children as young as 3 years old, as well as older children and adults, there must be staff on-site with expertise in working with young children. In lieu of having a child psychiatrist with experience with young children on-site at all times, the applicant may use psychologists with expertise in early childhood development to provide treatment services/parenting advice and assessments for young children.

The staffing pattern for the CRC should be as follows:

- Crisis Response Medical Director, who is a Board-Certified Child/Adolescent Psychiatrist
- Clinical Director (non-medical) with previous experience (Minimum 2 years) in emergency medicine management

- Child/Adolescent Psychiatrist
- Crisis Response Assistant Director
- Full Time Registered Nurse
- Mental Health Professionals, with credentials aligned with proposed 55 Pa. Code §§ 5240
- Certified Family Support Specialists
- Bilingual staff/capacity to meet the language needs of the populations served
- Security
- Floating Staff
- All staff should have up to date child abuse clearances

2.4 Crisis Stabilization Unit

Crisis Stabilization Unit (CSU) is to be developed as a highly staffed setting for children and adolescents ages 3 -17 who are experiencing acute distress. The length of stay is expected to be 4-5 days although a length of stay of no greater than seven days may be authorized on an individual basis. It is to be used by young people showing acute distress from mental health challenges, social factors and/or the effects of substance use. The major goal is to stabilize the situation, so the young person is able to return home. The CSU is expected to provide intensive treatment to resolve the presenting issues. These beds will be used for young people who cannot be home until the crisis is resolved and who require intensive, sophisticated, and individualized behavioral health services. Preference will be given for applicants who are able to develop two CSU units which allow for separation of populations by age, diagnosis, or other purposes. It is expected that CSU staff will work in collaboration with community based behavioral health, child welfare, juvenile justice, pediatric physical health care and education services to understand the crisis as the child (and parents, foster parents, or other caretakers) are experiencing it, the factors which led to/are exacerbating the crisis and to work collectively with the family to identify sustainable interventions that the family can sustain on their own. The CSU provides assessments that do not duplicate CRC assessments, treatment which helps resolve the immediate crisis, and referrals for continuing care. CBH will authorize admission to the CSU. A CSU admission is not to substitute a Children, Youth and Family (CYF) or Juvenile Probation Office (JPO) placement. Admission criteria, exclusionary criteria, and discharge criteria is documented in the [Medical Necessity Criteria \(MNC\) for the Children’s Crisis Stabilization Unit](#).

2.4.1 CSU Service Delivery

1. Assessment

Most children will come to the CSU from the CRC. With few exceptions, an assessment will have been completed in the CRC. CSU staff are to fill in any areas of the assessment that were unavailable to CRC staff such as information from schools, the Philadelphia Department of Human Services, etc. Staff may need to perform a complete assessment on young people who

have arrived under the influence of substance(s) who cannot be fully assessed until the effects of the substance(s) have subsided.

2. Treatment

Children will arrive at the CSU in urgent need of services to resolve the immediate crisis. Staff are to begin treatment immediately and continue to pursue the causes of the child's extreme emotional/behavioral distress. Staff are required to collaborate with youth/family in exploring ways to understand, cope, solve, sort out and develop one-off solutions, strategies, and plans. Each child must be seen by a psychiatrist within 24 hours of admission into the CSU. It is expected that the CSU will provide intensive ongoing treatment which should result in the child's being able to return to the community. During this time, staff will work with the child and family to help them consider methods to avoid a recurrence of the crisis. In addition to individual and intensive family therapy, the program should include a balance of education and recreation. Treatment services must be available seven days/week. The treatment services should be highly purposeful in terms of the child's immediate acute care needs and should include individually designed interventions that meet the needs of the child and caregiver. It is expected that treatment will be based on Evidence Based Practices.

3. Linkages

A major role of the CSU is to link the child and family to resources in the community. It is essential for CSU staff to work closely with the child's community-based service providers (if existing) and other discharge resources. Staff must contact the child's behavioral health care and child welfare providers to assure that they are aware of the crisis, to further elaborate precipitating factors and exchange information on the services the child will need upon return to the community. Staff must also contact the child's school to provide and receive information about the child's educational/social needs and locate community treatment options. All participants in the child's community care should be invited to participate in and learn from successful interventions employed while the child was in the CSU.

Staff must contact the child's behavioral health care providers including case managers, family-based services staff, ongoing outpatient treatment providers, IBHS, or any other community-based service providers to assure that the young person and family will have sufficient supports upon return to the community. To help community providers and crisis stabilization staff develop responsive treatment plans, the use of team meetings which include both community and crisis stabilization staff is strongly encouraged.

4. Family Participation

Efforts must be made to involve youth and family in the admission decision; to support parental participation in admission activities and to assure involvement of families at least once each 24 hours. It is expected that intensive family intervention may be part of the needed treatment intervention offerings while the child is in the CSU. These efforts will require that the provider is partnering with referring and transporting entities to facilitate parental participation as is the best and desired practice for any pediatric medical emergency. CSU staff will work with families to assure that the services to be put in place will help the family to feel confident in supporting

the child in the community. The description of services the family believes are needed is to be determined based on ongoing discussion. The CSU should have services available from a Parent Advocate who can help the family understand and negotiate outpatient and other community based behavioral health resources.

Staffing pattern for the CSU should be as follows:

- Full-time Crisis Stabilization/Crisis Response Clinical Program Director who is at the LCSW level or equivalent
- Full-time Crisis Stabilization/Crisis Response Assistant Director
- Full-time Board-Certified Child Psychiatrist or Certified Registered Nurse Practitioner
- Primary Counselors who are at the MSW level or equivalent
- Crisis Workers who are at the BA level or equivalent
- Registered Nurse
- Educational Therapeutic Support
- Family Support Specialist, Certified Preferred

As the preference is that applicants have the physical space for both the CRC and CSU staffing should be able to be interchangeable with both units. This would include leadership as well as direct care staff.

2.5 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 with limited English proficiency. The plan should include how to respond to the cultural needs and preferences of persons.

Treatment services must be culturally appropriate and available in several languages. Although interpretation services may be used for several languages, it is essential to have Spanish speaking staff on site so that the linguistic needs of Spanish-speaking children and families who use the CRC are met. Spanish is the second highest spoken language among eligible members therefore it is important the programs meet the needs of the community. It is also essential to develop a program which is culturally sensitive to the beliefs and needs of the diverse families who will use this service.

2.6 Timetable

A preference will be given to applicants who can initiate services a maximum of 120 days from the awarded date.

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 CBH.

2.8 Reporting Requirements

By accepting the award under this RFP, the Applicant agrees to comply with the evaluation and reporting requirements of CBH. The Awardee agrees to supply all the required data necessary for evaluation purposes and to participate in required assessments. The successful Applicant will also be required to meet all data reporting requirements established by CBH. 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.

2.9 Performance Standards

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

2.10 Compensation/Reimbursement

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

2.11 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.

3 PROPOSAL FORMAT, CONTENT AND SUBMISSION REQUIREMENTS; SELECTION PROCESS

3.1 Required Proposal Format

Proposals should include:

- Appendix A: RFP Response Cover Sheet
- Proposal Content: Narrative response and any required attachments to 3.2
- Operational documents listed in 3.2.7
- 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 of the listed questions in the outline form in which they are presented in the RFP. Answers to each question must be numbered/lettered and correspond to the numbered/lettered questions in this RFP. Failure to number and letter the questions or to respond to all questions may result in the proposal 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 10-15 single-spaced pages, excluding required attachments. Applications should not exceed 15 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.

3.2 Proposal Content

3.2.1 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.

3.2.2 Licensure and Location

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).

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.

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 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.

3.2.3 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.

3.2.4 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.

3.2.5 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 values and guidelines. 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 September 26, 2022.

3.2.6 Evidence-based Practices (EBPs)

Please describe your plan to implement and sustain EBPs (building from the CBH-provided support for initial training and implementation periods) and present a clear plan, keeping in mind organizational factors that facilitate successful implementation and sustainability. (See 2.1.2.1 EBP Readiness).

3.2.6.1 Service Requirements

Please describe how you will ensure assessment, care coordination, peer and family support, clinical consultation, and medication bridges. Your response should include how you will ensure access to quality services, enhance the sense of competency and self-efficacy of the youth and their families in relying on connected community-based supports to reduce readmissions to the CRC. Applicants should have the capacity with internal staff or a relationship with another provider to bridge any medication gaps that a youth may present with. This could be done with providing an initial restart prescription then obtaining a follow up appointment with a provider within 5 days.

3.2.6.2 Individuals Served

The CRC must accept children/adolescents of all genders, with no one turned away regardless of type or degree of need, acuity, challenges, or insurance status.

3.3 PERSONNEL AND REQUIRED TRAININGS

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.

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

3.3.1 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 insurance certificate must include the following coverage: General Liability with a minimum of \$2,000,000 aggregate and a minimum of \$2,000,000 per occurrence. Professional Liability with a minimum of \$1,000,000 aggregate and a minimum of \$3,000,000 per occurrence. Professional liability policy may be per occurrence or claims made; if claims made, a two-year tail is required. Automobile Liability with a minimum combined single limit of \$1,000,000. Workers Compensation/Employer Liability with a \$100,000 per Accident; \$100,000 Disease-per Employee; \$500,000 Disease Policy Limit. CBH, 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.

3.4 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.

3.5 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.

3.6 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](#).

3.7 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 online by visiting the [City of Philadelphia Business Service site](#) and clicking on “Register Your Business.” If you have specific questions, call the Department of Revenue at 215-686-6600 for questions related to City of Philadelphia Business Privilege Tax Account Number or the Department of Licenses and Inspections at 215-686-2490 for questions related to the Business Privilege License.

3.8 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.

3.9 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.

3.10 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.

3.11 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).

3.12 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.

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

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

4 APPLICATION ADMINISTRATION

4.1 Procurement Schedule

The anticipated procurement schedule is as follows:

RFP Event	Deadline Date
RFP Issued	April 20 th , 2022
Bidder's Conference	April 27 th , 2022
Deadline to Submit Questions	May 4 th , 2022
Answers to Questions on Website	May 11 th , 2022
Application Submission Deadline	June 1 st , 2022
Applicants Identified for Contract Negotiations	July 11 th , 2022
Project Start Date	October 10 th , 2022

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

This RFP is issued on April 20th, 2022. The Bidder's Conference webinar will be held on April 27th to access this click [here](#) to join via Zoom.

In order to be considered for selection, all applications must be delivered to the address below no later than 2:00 PM on June 1, 2022. Questions related to this RFP should be submitted via E-mail by to: Katherine.Spencer@Phila.gov.

- Email subject line should be marked "Children's 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 Kate Spencer at Katherine.Spencer@phila.gov with the subject line "**Children's CRC RFP Questions**" no later than 5:00 PM, May 4th, 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.

4.2 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.

4.3 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.

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

5.1 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.

5.2 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.

5.3 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.

5.4 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 contract 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.

5.5 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.

5.6 Incurring Costs

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

5.7 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.

5.8 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.

5.9 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.

5.10 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.

5.11 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 _____

CITY _____ STATE _____ ZIP _____

PROGRAM SITE LOCATION _____

CITY _____ STATE _____ ZIP _____

MAIN CONTACT PERSON _____

TITLE _____ TELEPHONE # _____

E-MAIL ADDRESS _____

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

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

Company

APPENDIX D: MEDICAID UTILIZATION OF CHILD CRISIS EVALUATIONS BY ZIP CODES

