

Ecosystemic Structural Family Therapy (ESFT)

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Applications must be received no later than:	2:00 p.m. April 3, 2025
Submit all RFP-related questions to:	Suzanne Heise CBHClinicalProcurements@phila.gov

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

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1. PROJECT OVERVIEW

1.1. Introduction; Statement of Purpose

Community Behavioral Health (CBH), a Behavioral Health Managed Care Organization (BH-MCO) for the Commonwealth of Pennsylvania (PA) Behavioral HealthChoices and Community HealthChoices programs, is soliciting participants for a training program to build clinical capacity in Philadelphia to provide Ecosystemic Structural Family Therapy (ESFT). The ESFT Initiative is part of an ongoing effort to increase availability of high-quality, evidence-based and evidence-supported treatments for CBH members. ESFT is a trauma-informed, strengths-based, systemic treatment for individuals and families experiencing behavioral or relational challenges.

The ESFT training will be provided by Dr. Steve Simms and colleagues at the Philadelphia Child and Family Therapy Training Center (PCFTTC). The goal of the training is to build a family systems continuum across the behavioral health system. Family-based mental health service (FBMHS) programs are not eligible to apply as they are already trained in ESFT. All other levels of care that meet the threshold requirements may apply to participate in the training. There will be no cost to providers for this training, but a significant organizational commitment will be required to participate in the three-year training and successfully implement and sustain this evidence-based program (EBP). CBH expects to support training for up to five providers and a total of 24-30 clinical staff members (approximately four to six clinicians and one to two supervisors per provider). Preference will be given to providers that have FBMHS programs within the organization to support continuity of care for members.

1.2. Organizational Overview

The City of Philadelphia contracts with the PA 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 supporting innovative services in Philadelphia for individuals 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 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

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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 the Commissioner's Office and six divisions: Division of Behavioral Health, Division of Intellectual disAbility Services (IDS), Division of Community Behavioral Health (CBH), Division of Planning 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 health care services for the City's approximately 735,000 Medicaid recipients under Pennsylvania's HealthChoices behavioral health managed care program. Approximately 33% (n=277,000) of Philadelphia's Medicaid-eligible individuals are under the age of 18.

The mission of CBH is to meet the diverse 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 consistently promote the mission of 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

ESFT, developed by Dr. Marion Lindblad-Goldberg and colleagues at the PCFTTC, is an empirically supported adaptation of Dr. Salvador Minuchin's structural family therapy model. It is a trauma-informed, strengths-based, systemic treatment for individuals and families experiencing behavioral or relational challenges. Professionals may use ESFT to serve a diverse population of children, youth, adults, and families suffering from mental health, substance use, and co-occurring disorders across the broad continuum care.

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

The ESFT training is provided by the PCFTTC, which was established in 1999 as an outgrowth of Dr. Salvador Minuchin's Family Therapy Training Center. PCFTTC's mission is to promote the delivery of

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strengths-based, context-sensitive, developmentally informed mental health services through training and research. Most of PCFTTC's senior faculty worked with Dr. Minuchin at the former Philadelphia Child Guidance Clinic as the concepts of his model, Structural Family Therapy, were being defined and promulgated during the 1970s. PCFTTC has trained thousands of mental health and other human service professionals in the practice of family therapy. PCFTTC embraces cultural diversity, as evidenced by the diverse cultural characteristics of faculty, trainees, and individuals served.

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

1.4. Overview of Training and Implementation Program

The ESFT training provided by the Philadelphia Child and Family Therapy Training Center goals are to: (1) develop knowledge and competence in the practice and supervision of ESFT; (2) promote the sustained implementations of ESFT; and (3) increase engagement with families.

The training will target up to five in-network providers across levels of care with a demonstrated ability to engage in family systems work. One to two supervisors from each agency will comprise the supervisory training group in addition to four to six clinicians per agency who will constitute the staff member training group. The identified supervisors and clinicians are expected to attend all designated training days throughout the three-year training. Agencies are expected to replace supervisors or clinicians who leave the training program, maintaining four to six clinicians and two supervisors.

In addition, it is essential that agency leadership not only support but actively engage in the planning, implementation, and sustainability of the training. This includes attending scheduled meetings, maintaining regular and open communication with the [Evidence-Based Practice and Innovation Center](#) (EPIC) team, and ensuring any barriers to implementation are promptly addressed. Leadership must play a central role in driving the success of the program by allocating the necessary resources, providing oversight, and fostering an organizational culture that values the adoption and integration of ESFT into clinical practice. This engagement is critical to maintaining momentum, ensuring consistent participation, and meeting the goals of the training. Furthermore, upon the completion of the three-year training cohort, all trainees are expected to obtain basic certification in ESFT by meeting the requirements of the ESFT graduation criteria, as outlined by the PCFTTC.

The ESFT Initiative will host a "Kick Off" meeting and quarterly meetings of leadership and key personnel. These meetings will be collaborative with CBH and ESFT experts to discuss ESFT programming, implementation/training progress, and supports and modifications needed. The training includes 34 half-days of training (three hours each) delivered annually for three years. Of the 34 half-days, 14 will be for supervisors

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only. The supervisor trainings will include lecture; videotaped examples of supervision; group discussion; supervision role play; supervisor presentations of supervisees. In addition, there will be 20 clinical skills trainings annually for both staff and supervisors (three hours each). There will be videotaped examples of family interviewing and ESFT assessment and intervention; group discussion; one-way mirror observation of clinicians treating families; role play practice of family interviewing at different stages of therapy; forming therapeutic alliances, obtaining assessment information, collaborative treatment planning, creating growth-promoting experiences within the family (interventions), and case presentations by trainees.

1.5. Participating Staff

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

Staff	Degree/ Employment Status	Role in ESFT implementation	Trainings / Meetings to Attend
Executive Leader (1)	Salaried/full-time equivalent staff member in position of leadership with clinical and administrative decision-making authority	<ul style="list-style-type: none"> ➔ Ensure the implementation and sustained delivery of ESFT ➔ Identify specific roles and responsibilities among all staff to manage ESFT implementation 	<ul style="list-style-type: none"> ➔ “Kick Off” Meeting ➔ Ongoing meetings of leadership/key personnel
ESFT Point Person (1) (This person can either be executive leadership or one of the two supervisors to be trained)	Master’s or doctoral degree (with preference for licensed or licensed-eligible staff)/preference for salaried, full-time equivalent staff	<ul style="list-style-type: none"> ➔ Oversee the clinical team ➔ Address implementation issues ➔ Oversee ESFT delivery and sound clinical decision-making throughout training and implementation ➔ Maintain access to agency leadership to coordinate ESFT implementation and 	<ul style="list-style-type: none"> ➔ “Kick Off” Meeting ➔ Ongoing meetings of leadership/key personnel

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Staff	Degree/ Employment Status	Role in ESFT implementation	Trainings / Meetings to Attend
		<p>address potential challenges</p> <ul style="list-style-type: none"> ➔ Champion ESFT and assist with integration within the agency ➔ Oversee monitoring and reporting procedures 	
Clinicians (4-6)	Master's or doctoral degree (with preference for licensed or licensed-eligible staff)/preference for salaried, full-time equivalent staff	<ul style="list-style-type: none"> ➔ Identify families that will be appropriate for ESFT and implement the model ➔ Participate in ESFT training and supervision, including use of audio/video recordings of ESFT sessions 	20 Clinical Skills Trainings yearly for both staff and supervisors (three hours each)
Supervisors (1-2)	<p>Master's or doctoral degree (with preference for licensed or licensed-eligible staff)/preference for salaried, full-time equivalent staff</p> <p><i>Agencies are encouraged to select supervisors with potential for longevity within the organization.</i></p>	<ul style="list-style-type: none"> ➔ Participate in ESFT training and provide supervision consistent with ESFT, including use of audio/video recordings of sessions ➔ Support clinicians in delivery of ESFT and participation in training activities ➔ Identify strategies to continue to spread the use of ESFT throughout the agency 	<ul style="list-style-type: none"> ➔ 14 Supervisor Trainings yearly (three hours each) ➔ 20 Clinical Skills Trainings yearly for both staff and supervisors (three hours each)

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1.6. Certificates of Attendance

Certificates of attendance are available for download through the PCFTTC learning portal upon completion of the post-training quiz. Subsequent to each training session, PCFTTC will post a recording of the session and the post-training quiz under each corresponding course. Training participants are responsible for completing the post-training quiz and downloading certificates upon completion. Recordings and quizzes will remain available throughout the training but must be completed by the close of each training year (July 30). To qualify for ESFT graduation and certification, trainees must attend 90% of the offered trainings. Certificates for each course should be downloaded and saved for the trainee's records.

Note: Continuing education credits are not available through the CBH-funded ESFT Initiative.

1.7. Sustained Practice

Following the completion of the full training and implementation program, providers will be expected to independently sustain ESFT, including facilitating ongoing referrals and engagement, delivering ESFT to an adequate volume of individuals, maintaining proper documentation and use of measures, and developing strategies to support staff through supervision and to address staff attrition.

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

- ➔ Training and consultation
 - » Intensive training by a qualified treatment expert
 - » Case-specific consultation to translate knowledge to practice
- ➔ EBP service delivery
- ➔ Strategies for receiving referrals, assessment, and connecting individuals with EBP-trained counselors
- ➔ Maintaining EBP service volume to meet referral needs and maintain proficiency with the practice
- ➔ EBP quality assurance
- ➔ Documentation of use of the EBP in treatment plans and notes
- ➔ Supervision of the EBP, including use of EBP-specific tools or checklists

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- ➔ Collection of clinical outcome measures appropriate for the EBP
- ➔ Including measures of improved function or quality of life improvement
- ➔ Developing systems for ongoing collection and reporting

Providers who participate in this initiative are expected to develop these capacities and procedures during the course of training and to achieve the EBP Program Designation at the conclusion of the three-year ESFT training cohort via an EBP Program Designation application. Failure to achieve EBP Program Designation within the specified timeframe may result in the loss of future ESFT training opportunities and the potential removal of the provider from the initiative. Providers are expected to demonstrate sustained capacity for the ESFT program via annual resubmission of the EBP Program Designation Application. Achieving and maintaining EBP Program Designation status will be required for inclusion in CBH rosters for EBP providers. Mental Health Outpatient and Substance Use Outpatient programs that are contracted with CBH are eligible to receive the enhanced rate following EBP Program Designation in ESFT. Please see the [Provider Notification Guidelines for Evidence-based Practice \(EBP\) Program Designation Rate Mental Health and Substance Use Outpatient Services](#) for additional information.

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

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

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1.8. Applicant Eligibility: Threshold Requirements

Threshold requirements provide a baseline for all applications, which means they provide basic information that all applicants must meet. Failure to meet all requirements may disqualify an applicant from consideration through this RFA. Threshold requirements include timely submission of a complete application with responses to all sections and questions outlined in Section 2., “Application Format, Content, and Submission Requirements.” In addition, all required attachments must be submitted per Section 2.1, “Required Application Format.” Threshold requirements include having the requisite experience and licenses to implement the program and being a service provider in good standing with the City of Philadelphia and CBH (as applicable).

1.8.1. Applicant Medicaid and Medicare Enrollment Requirements

Applicants must be enrolled in PA Medicaid and an in-network provider in good standing with CBH.

1.8.2. Program Requirements

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

1.8.3. Personnel and Training

Applicants must have established hiring and vetting practices to ensure hiring of culturally and clinically competent staff. Staff credentials and training must adhere to requirements of the [CBH Manual for Review of Provider Personnel Files](#) (MRPPF) found on the CBH website.

1.8.4. Language and Culture

CBH recognizes the [National Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#) to demonstrate cultural competency. These 15 standards create a framework for advancing health equity, improving quality, and helping to eliminate health care disparities.

Applicants should present cultural competency plans that align with the National CLAS Standards. According to the most recent data, CBH members most often requested interpretation services for Chinese Mandarin, Spanish, Arabic, Vietnamese and Portuguese (in order of most requested to least requested). CBH members also requested interpretation services for Cambodian (Khmer), Burmese/Karen, Pashto, Chinese Cantonese, Bengali, Polish, Haitian Creole, Tagalog, Farsi, Afghani, Russian, Italian, Dari, Hindi, Albanian, and Amharic.

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1.8.5. Evidence-Based Practices

DBHIDS/CBH has a strong focus on the use of EBPs for all levels of service throughout its provider network. The practitioners applying for this RFA are strongly encouraged to consider if ESFT is an appropriate EBP for their population served to ensure that ESFT will be delivered to an adequate number of CBH members. If other EBPs have already been established within the same program, the applicant must demonstrate that those EBPs are adequately utilized and sustained. Specifically, if the applicant received training in any EBPs that were funded by DBHIDS/CBH, they must demonstrate that they have achieved EBP program designation through EPIC or provide a summary of their progress towards this goal. Applicants are encouraged to familiarize themselves with CBH's [EPIC Department](#) as well as its EBP program designation process.

1.8.6. Documentation

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

1.9. General Disclaimer

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

1.10. Timetable

Training is scheduled to begin in September 2025. It is expected that providers applying for this RFA will be in attendance for the Kick-Off meeting and all quarterly meetings. ESFT training sessions will be held most Tuesdays from 9:00 a.m. to 12:00 p.m. via Zoom from September to June. Details will be provided to the awarded providers.

1.11. Monitoring and Reporting Requirements

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

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1.12. Technological Capabilities

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

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

2.1. Required Application Format

Applications should include the following. Please make sure to include completed and signed (where applicable) attachments with your submission:

- ➔ Attachment A: [CBH RFP Response Cover Sheet](#)
- ➔ Attachment B: [City of Philadelphia Tax and Regulatory Status and Clearance Statement](#)
- ➔ Attachment C: [City of Philadelphia Disclosure Forms](#)
- ➔ Attachment D: [City of Philadelphia Disclosure of Litigation Form](#)
- ➔ Attachment E: [Participating Staff](#)
- ➔ Attachment F: [Potential Participant Questionnaire](#)
- ➔ Attachment G: [Leadership Attestation](#)

Applications must be prepared simply and economically, providing a straightforward, concise description of the applicant's ability to meet the requirements of the RFA. Each application must provide all the information detailed in this RFA using the format described below. The narrative portion of the proposal must be presented in print size of 12, using Times New Roman font, single-spaced with minimum margins of one

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inch. The applicant must address each item listed below in Section 2.2., Application Content, to be considered a complete submission.

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

2.2. Application Content

2.2.1. Introduction/Executive Summary

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

2.2.2. Population Served

Describe the population served at your agency. Include the number of individuals served annually. Indicate any unique characteristics of the population (e.g. primarily Spanish speaking, geographic location, etc.). Also include, on average, what percentage of individuals served in your program are CBH members.

2.2.3. Treatment Program

Describe the components of your program and current treatments offered at your agency. Please be certain to include information about each of the following:

- ➔ Primary theoretical model(s) of treatment currently offered
- ➔ Type and frequency of individual, group, and family therapy (if applicable) in your program
- ➔ Role of families/social supports in the treatment process
- ➔ Process for monitoring symptom change and treatment progress, including the use of standardized measures in intake, treatment planning, or program evaluation
- ➔ How ESFT will be incorporated into your current array of services in the level of care for which you are applying (Indicate how the program will ensure family systems work is able to occur.)

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2.2.4. Supervision

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

2.2.5. Evidence-Based Practices

Describe your organization's experience with implementing EBPs. Please include the following information:

- ➔ Describe any additional EBP initiatives or research activities your organization (not just the level of care being applied for in this RFA) has been involved in or is currently enrolled in (both DBHIDS-sponsored and independent enrollments).
- ➔ Describe some of the specific successes and challenges your agency has had with EBPs.
- ➔ Describe how you plan to support and integrate multiple EBPs. Please include information on your EBP Program Designation status for each previously established EBP and a rationale if this goal has not been met.
- ➔ If you have not implemented specific EBPs before, discuss some of the anticipated challenges associated with this kind of practice change and how your agency intends to address them.

2.2.6. Participating Staff

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

2.2.7. Physical Environment

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

2.2.8. Sustainability

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

- ➔ Leadership's role in ensuring a culture that integrates ESFT into standard practices
- ➔ Strategies to address turnover and increase utilization of ESFT practices into the organization

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- ➔ Strategies and/or plan for compensating clinicians for time spent in trainings and for delivering ESFT to members
- ➔ Plan for embedding ESFT into the current supervision model to promote the use of a family systems lens within supervision sessions
- ➔ Integration of ESFT into overall policies and practices within your program

2.2.9. License

Applicants should indicate their licensure status through the [Office of Mental Health and Substance Abuse Services](#) (OHMSAS) for mental health providers or the [Department of Drug and Alcohol Programs](#) (DDAP) for SUD providers. Copies of your agency's most recent licensure certificates should be included in your submission. Providers with provisional licenses are eligible for ESFT training.

2.3. Health Insurance Portability and Accountability Act (HIPAA)

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

2.4. Minority/Women/People with Disabilities Owned Enterprises

CBH is a city-related agency, and as such, its contracted providers must cooperate with the local municipality's intent regarding M/W/DSBEs. CBH expects the selected applicant(s) to employ a "Best and Good Faith Efforts" approach to include certified M/W/DSBEs 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 M/W/DSBE certified by an approved certifying agency or identified in the [City of Philadelphia Office of Economic Opportunity \(OEO\)](#) certification registry. If the applicant is M/W/DSBE-certified, a copy of the certification

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- 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 minorities, women, or disabled persons.
 - » A woman, minority, or disabled person 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 subcontractors and their certification information.

2.5. City of Philadelphia Tax and Regulatory Status and Clearances Statement

As CBH is a quasi-governmental, city-related agency, prospective applicants must meet certain City of Philadelphia requirements. It is the policy of the City of Philadelphia to ensure that each contractor and subcontractor has all required licenses and permits and is current with respect to the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia) and is not in violation of other regulatory provisions contained in The Philadelphia Code. To assist the city in determining this status, through its Department of Revenue and Department of Licenses and Inspections, each applicant is required to complete and return with its proposal a [City of Philadelphia Tax and Regulatory Status and Clearance Statement](#).

If the applicant is not in compliance with the City's tax and regulatory codes, the applicant will be provided with an opportunity 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 the award of the contract contemplated by this RFP.

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Selected applicant(s) 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(s) 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 this RFP. Proposals for a Business Privilege Tax Account Number or a Business Privilege License may be made through the [City of Philadelphia Business Services webpage](#). Call the Department of Revenue at 215-686-6600 for questions related to City of Philadelphia Business Privilege Tax Account Numbers or the Department of Licenses and Inspections at 215-686-2490 for questions related to a Business Privilege License.

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

Applicants are advised that any contract awarded pursuant to this RFP is a “Service Contract,” and the selected applicant(s) under such contract is a “Service Contractor,” as those terms are defined in Chapter 17-1300 of the Philadelphia Code, or [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 Chapter 17-1300 purposes. If any such Service Contractor (i.e., applicant and subcontractors at any tier) is also an “Employer,” as that term is defined in § 17-1302 (more than five employees) and is among the Employers listed in § 17-1303, 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 § 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 the 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 any wage or equal benefits ordinances on [eContract Philly](#) for further details concerning the applicability of this chapter 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 selected applicant(s)’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 selected applicant(s) or their 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

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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 Chapter 17-1300 requirements.

2.7. 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 § 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 [Philadelphia Code Chapter 17-1900](#), the selected applicant(s) 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 § 19-1502\(1\)\(b\)](#), be required to extend the same employment benefits the selected applicant(s) extends to spouses of its employees to life partners of such employees, absent a waiver by the City under § 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 Philadelphia Code Chapter 17-1900 and will notify their employees of the employment benefits available to life partners. Following the award of a Service Contract and prior to execution of the Service Contract by the City, the selected applicant(s) 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 selected applicant(s) does not provide employment benefits to the spouses of married employees. The selected applicant’s failure to comply with these provisions or any discrimination or retaliation by the selected applicant(s) against any employee on account of having claimed a violation of Chapter 17-1900 shall be in material breach of the 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 wage and equal benefits ordinances on [eContract Philly](#).

2.8. City of Philadelphia Disclosure Forms

Applicants and subcontractors are required to complete the [City of Philadelphia Disclosure Forms](#) 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 applicants or any representatives of applicants have received any requests for money or other items of value or advice on particular firms to satisfy M/W/DSBE participation goals. These forms must be completed and returned with the proposal. The forms are attached as separate PDFs on the website posting.

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2.9. CBH Disclosure of Litigation Form

The applicant shall describe any pending, threatened, or contemplated administrative or judicial proceedings that are material to the applicant's business or finances including, but not limited to, any litigation, consent orders, or agreements between any local, state, or federal regulatory agency and the applicant or any subcontractor the applicant intends to use to perform any of the services described in this 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 [City of Philadelphia Disclosure of Litigation Form](#).

2.10. Selection Process and Responses

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

2.11. Threshold Requirements

Threshold requirements provide a baseline for all applications, which means they provide basic information that all applicants must meet. Failure to meet all of these requirements may disqualify an applicant from consideration through this RFA. Threshold requirements include timely submission of a complete application with responses to all sections and questions outlined herein. In addition, all required attachments must be submitted. Threshold requirements include having the requisite experience and licenses to implement the program and being a service provider in good standing with the City and CBH (as applicable). CBH will determine if a provider is in good standing by reviewing information gathered through various departments across DBHIDS. A determination is based on, but not limited to, the following criteria: re-credentialing status history, compliance error rate history, quality improvement plan status, and financial solvency. When applicable, state licensure status will also be reviewed and taken into consideration and discussed with PA Department of Human Services.

Neither the provider nor its staff, contractors, subcontractors, or vendors may be on any of the three Excluded Individuals and Entities lists:

- ➔ [List of Excluded Individuals and Entities \(LEIE\)](#)
- ➔ [System for Award Management \(SAM\) \(formerly EPLS\)](#)
- ➔ [Department of Human Services' Medichex List](#)

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3. APPLICATION ADMINISTRATION

3.1. Procurement Schedule

The anticipated procurement schedule is as follows:

RFA Event	Deadline Date
RFA Issued	February 25, 2025
Information Session	March 13, 2025
Deadline to Submit Questions	March 19, 2025
Answers to Questions on Website	March 25, 2025
Application Submission Deadline	2:00 p.m. ET on April 3, 2025
Applicants Identified for Contract Negotiations	June 10, 2025

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

Questions related to this RFA should be submitted, via email, by 2:00 p.m. on March 19, 2025 to CBHClinicalProcurements@phila.gov. Answers to all questions will be posted on the CBH website by March 25, 2025.

This RFA is issued on February 25, 2025. In order to be considered for selection, completed applications must be submitted by 2:00 pm on April 3, 2025, to CBHClinicalProcurements@phila.gov. Submissions should include "ESFT RFA" as the subject of the email. Responses submitted after the deadline will not be considered.

3.2. Information Session

CBH will hold an [ESFT RFA Information Session](#) for all interested providers on March 13, 2025. It will be hosted via Zoom; all interested parties should register via the above link. After registering, you will receive a confirmation email containing information about joining the webinar. Attendance at the information session is optional.

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3.3. 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 thorough and mutual understanding. CBH will schedule such presentations on an as needed basis.

3.4. Notification

Applicants will be notified via email by June 10, 2025, about their acceptance for training. Applicants who have been accepted will be given additional information about the training and expectations via an orientation session.

3.5. Certification

Basic certification in ESFT is coordinated through the PCFTTC. At the end of the three-year training initiative, participants will be expected to apply for ESFT certification by meeting the requirements of the ESFT graduation criteria, as outlined by the PCFTTC. Certification details will be provided during the training.

To support trainees in understanding and meeting graduation requirements, the EPIC team will send periodic reminders of the ESFT graduation criteria to providers throughout the three-year training initiative and troubleshoot as needed based on individual progress. Using the graduation criteria document as a guideline, the EPIC team will also schedule regular check-in meetings, in collaboration with the PCFTTC trainers, during the final year of ESFT training to ensure that all participating clinicians and supervisors are on track to meet graduation requirements. As such, it is each trainee's responsibility to familiarize themselves with the graduation criteria as they move through the training initiative.

3.6. Cost Information

There will be no cost to providers for this training.

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

4.1. Revisions to RFA

CBH reserves the right to change, modify, or revise the RFA anytime. Any revision to this RFA will be posted on the CBH website. The applicant must check the website frequently to determine whether additional information has been released or requested.

4.2. Reservation of Rights

By submitting its response to this Notice of RFA, as posted on the CBH website, the Applicant accepts and agrees to this Reservation of Rights. The term “notice of request for applications,” as used herein, shall mean this RFA and include all information posted on the CBH website about this RFA.

4.2.1. Notice of RFA

CBH reserves and may, in its sole discretion, exercise any one or more of the following rights and options concerning this notice of training opportunity:

- ➔ to reject any applications and to reissue this RFA at any time;
- ➔ to issue a new RFA with terms and conditions substantially different from those outlined in this or a previous RFA;
- ➔ to issue a new RFA with terms and conditions that are the same or similar as those outlined in this or a previous RFA to obtain additional applications or for any other reason CBH determines to be in CBH’s best interest;
- ➔ to extend this RFA to allow for time to obtain additional applications before the RFA deadline or for any other reason CBH determines to be in CBH’s best interest;
- ➔ to supplement, amend, substitute, or otherwise modify this RFA at any time before issuing a notice of intent to develop a provider agreement or consultant contract to one or more Applicants;

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- ➔ to cancel this RFA at any time before the execution of a final provider agreement, whether or not a notice of intent to develop a provider agreement has been issued, with or without issuing, in CBH's sole discretion, a new RFA for the same or similar services;
- ➔ to do any preceding without notice to Applicants or others, except such notice as CBH, in its sole discretion, elects to post on its website.

4.2.2. Miscellaneous Interpretation; Order of Precedence

In the event of conflict, inconsistency, or variance between the terms of this Reservation of Rights and any term, condition, or provision contained in any RFA, the terms of this Reservation of Rights shall govern. Headings: The headings used in this Reservation of Rights do not define, limit, describe, or amplify the provisions of this Reservation of Rights or the scope or intent of the requirements and are not part of this Reservation of Rights.

4.3. Incurring Costs

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

4.4. Disclosure of Application Contents

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

4.5. Selection/Rejection Procedures

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

4.6. Non-Discrimination

The successful applicant, as a condition of accepting training from CBH through this RFA, agrees to comply with all relevant sections of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, at this moment assuring that: The provider does not and will not discriminate against any person because of race, color,

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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.