

## Family-Based Mental Health Services (FBMHS)

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<b>Submit all RFP-related questions to:</b>	Suzanne Heise <a href="mailto:CBHClinicalProcurements@phila.gov">CBHClinicalProcurements@phila.gov</a>

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

## Family-Based Mental Health Services (FBMHS)

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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 seeking providers to deliver general and specialty Family-Based Mental Health Services (FBMHS). This Request for Proposals (RFP) aims to increase the in-network capacity of high-quality FBMHS for children and families throughout Philadelphia. Organizations eligible to respond to this RFP are:

- ➔ In-network providers who are not currently contracted as CBH FBMHS providers
- ➔ Out-of-network providers with FBMHS programs
- ➔ Please note that organizations currently providing FBMHS in CBH's network are not eligible to respond to this RFP.

Eligible organizations must be able to develop at least three FBMHS teams with a maximum of five FBMHS teams. To meet members' needs, CBH is procuring for general and autism spectrum disorder (ASD) specialty teams. General teams may also be able to support members and/or families who are deaf and/or hard of hearing. Additionally, providers should indicate if the general or specialty teams can provide Spanish-speaking services.

Applicants must develop FBMHS to reflect Philadelphia's core principles for children through [The Practice Guidelines for Resilience and Recovery-Oriented Treatment](#).

In addition, the following source materials may be helpful:

- ➔ [PA Bulletin 23.18: "Chapter 5260: Family Based Mental Health Services for Children and Adolescents."](#)
- ➔ [FBMHS Clinical Performance Standards](#)
- ➔ [DBHIDS Practice Guidelines for Recovery and Resilience-Oriented Treatment](#)
- ➔ [Office of Mental Health and Substance Abuse Services \(OMHSAS\) Child and Adolescent Social Service Program \(CASSP\)](#)
- ➔ [Commonwealth of PA Page 1 HealthChoices Behavioral Health Appendix T \(Part B \(2\)\) Program Standards and Requirements – January 1, 2024](#)

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### 1.2. Organizational Overview

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

DBHIDS has a long history of supporting innovative services in Philadelphia for individuals in recovery, family members, providers, and communities; the Philadelphia behavioral health system is recognized nationally and internationally for innovation in delivering behavioral health care services in the public sector. DBHIDS envisions a Philadelphia where everyone 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 mission is accomplished using a population health approach with an emphasis on recovery, resilience-focused behavioral health services, and 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 that are accessible, effective, and appropriate.

DBHIDS comprises six divisions: Behavioral Health, Intellectual Disability Services (IDS), CBH, Planning Innovation, Behavioral Health and Justice Division (BHJD), and Division of Administration, Finance, and Quality.

CBH manages a full continuum of medically necessary and clinically appropriate behavioral health care services for the City's approximately 833,000 Medicaid recipients under PA's HealthChoices 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. CBH consistently promotes its mission as a diverse, innovative, and vibrant organization empowered to support wellness, resiliency, and recovery for all Philadelphians.

### 1.3. Project Background and Objectives

This RFP aims to increase access to high-quality FBMHS for children and families throughout Philadelphia. This includes both general teams as well as specialized ASD teams. FBMHS strives to promote in-home, community-based treatment so families can address challenging child and adolescent behaviors and patterns of interaction in the home, thereby reducing reliance on out-of-home placements such as psychiatric residential treatment facilities (PRTF) or foster care. In addition to supporting parents/caregivers, extended families, and other significant persons during the treatment process, FBMHS treatment seeks to help youths maintain community tenure by building further natural supports.

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Behavioral health challenges can be devastating for individuals, families, and communities. As a natural continuation of the transformation of Philadelphia’s behavioral health and intellectual disability service system, DBHIDS has adopted a population health approach to support individuals with behavioral health conditions and intellectual disabilities. Population health refers to the health outcomes of a group of individuals with a characteristic in common. While traditional approaches to health care center around offering a one-size-fits-all method to providing care, population health seeks to improve the health status of specific groups. Targeted population health interventions address the needs of a group to promote improved health and well-being, thereby allowing individuals to thrive as part of their communities. A comprehensive continuum of community-based services using a population health approach can positively impact families by providing effective strategies to support members being safely maintained and treated in the community. This also promotes individual needs, reduces hospital use, and engages families in a way that allows their voices to be heard.

For the purposes of this RFP and FBMHS treatment, “family” includes the family of origin, adoptive family, foster family, and family of choice. In addition to primary caregivers and legal guardians, family includes siblings and other important family members.

### 1.4. Applicant Eligibility; Threshold Requirements

To be eligible to apply for this RFP, applicants must be currently licensed or plan to be licensed at the time of implementation through the Office of Mental Health and Substance Abuse Services (OMHSAS) under Chapter 5260 regulations and enrolled in Medicaid. In addition, applicants must be one of the following:

- In-network providers who are not CBH-contracted FBMHS providers who would like to develop general and/or ASD specialty FBMHS teams
- Out-of-network providers with FBMHS programs who would like to enter the network to develop general and/or ASD specialty FBMHS teams

Applicants must also meet all threshold requirements (see Section 3.24 for complete requirements).

### 1.5. General Disclaimer

This RFP does not commit CBH to award a contract. This RFP and the process it describes are proprietary and are for the sole and exclusive benefit of CBH. No other party, including any respondent, is intended to be granted 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. Service Location

Providers are expected to deliver services to members throughout the city of Philadelphia without limits. Service delivery should occur within the members’ home, school, and community settings.

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## 2. SCOPE OF WORK

### 2.1. Evidence-Based Practices

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

Based on the understanding that an individual's functioning is linked to relational patterns at home and in the community, ESFT addresses interactions among family members and between the family and community. Caregivers are supported via skill building, psychoeducation, and self-care interventions to manage their emotional or developmental challenges and 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 connect families to community supports to sustain the gains made in therapy. ESFT aims to improve child behaviors, enhance affective regulation among family members, and increase stability in the home environment.

CBH's Evidence-Based Practice and Innovation Center (EPIC) has developed an Evidence-Based Practice (EBP) Program Designation to identify providers sustaining high-quality EBP Programs. The EPIC EBP Program Designation aims to identify and roster providers offering high-quality, evidence-based, and evidence-supported practices and to increase the number of individuals who receive evidence-based services. The EPIC EBP Designation outlines a set of standards that are expected for implementing an EBP Program in a community behavioral health setting. It enables DBHIDS to set up mechanisms for monitoring and incentivizing the delivery of EBPs. The awarded providers are expected to achieve the EBP Program Designation at the conclusion of the ESFT training via an EBP Program Designation application. Providers are expected to demonstrate sustained capacity for the ESFT program via annual resubmission of the EBP Program Designation Application.

Preference will be given to providers currently holding an EPIC program designation for ESFT to support continuity of care for members.

### 2.2. Requirements for General and Specialty Teams

#### 2.2.1. Overview of Services

Per best practices and state requirements, ESFT is the service model delivery for FBMHS. FBMHS clinical and supervisory staff receive ESFT training as prescribed by OMHSAS. As such, FBMHS are provided with

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the understanding that children's behaviors and symptoms are related to their systemic contexts in that they are family members, and the family is part of a larger community. FBMHS teams engage and collaborate with all identified members of the child's "system" to effect meaningful change, including parents/guardians/caregivers, siblings, extended family members, outside professionals, and community members. Treatment must be individualized, varied, and family-driven.

FBMHS provides treatment based primarily in the home and other settings (i.e., school and community) where challenges occur. FBMHS are designed to support the families of youth with severe impairment in behavioral, social, and/or emotional regulation that presents significant barriers to successful functioning across settings. This significant functional impairment occurs in a social context that does not adequately support the development of a youth's social and emotional self-regulatory skills consistent with their cognitive and developmental status and subsequently negatively impacts family dynamics and relationships.

FBMHS includes individual and family therapy and case management, delivered by a team of two co-therapists. Services are delivered for up to 32 weeks with the option of being extended if clinically indicated. Team-delivered services are required to constitute 60% of the time. The FBMHS team provides a minimum of 1-hour face-to-face contact across settings per week, with 24/7 availability of phone and/or in-person crisis support as needed. The specific frequency and schedule of face-to-face contact are developed collaboratively with the family based on the needs at that time. Access to psychiatry is an integral part of the service, and programs must be able to ensure expedited access to psychiatry beyond what is traditionally possible through outpatient settings. Applicants can accomplish this through direct staffing or a memorandum of understanding (MOU). During the review and selection process, preference will be given to providers who can offer psychology and/or medication management at their facility. Including a psychiatrist and/or psychologist in the interdisciplinary team is best practice. Therefore, FBMHS teams are expected to maintain regular, collaborative contact with the prescribing physician and/or psychologist and should provide collateral information to support the evaluation and assessment process whenever possible.

Treatment focuses on several areas:

- ➔ Attachment: enhancing a caregiver's ability to be emotionally connected to the child's experience
- ➔ Emotional Regulation (Coregulation): addressing the core negative interactional pattern (what happens in the relationships that perpetuates the symptom)
- ➔ Co-Caregiver Alliance: balancing parenting styles
- ➔ Executive Functioning: activating the caregiver's ability to maintain a leadership role in the family, home, and community

All providers are expected to follow CBH's [Clinical Performance Standards for FBMHS](#) and reference the [Clinical Practice Guidelines](#), developed to outline best practices when treating specific disorders and particular populations. These documents describe the expectations for quality service delivery for children,



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adolescents, and their families whose treatment services are funded through CBH. These guidelines and standards should be utilized as a framework for providers to design and monitor their FBMHS programs.

### 2.2.2. Trauma-Informed Requirement

All FBHMS teams must be trauma-informed. According to the [National Child and Traumatic Stress Network \(NCTSN\)](#):

*A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system, including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They collaborate with all those involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.*

A service system with a trauma-informed perspective is one in which agencies, programs, and service providers:

- ➔ Routinely screen for trauma exposure and related symptoms
- ➔ Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms
- ➔ Make resources available to children, families, and providers on trauma exposure, its impact, and treatment
- ➔ Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma
- ➔ Address parent and caregiver trauma and its impact on the family system
- ➔ Emphasize continuity of care and collaboration across child-service systems
- ➔ Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress and that increases staff wellness
- ➔ These activities are rooted in an understanding that trauma-informed agencies, programs, and service providers:
  - » Build meaningful partnerships that create mutuality among children, families, caregivers, and professionals at an individual and organizational level

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- » Address the intersections of trauma with culture, history, race, gender, location, and language, acknowledge the compounding impact of structural inequity, and are responsive to the unique needs of diverse communities

Providers should indicate the trauma training their staff will receive in their response.

### 2.2.3. FBMHS Components

Components of FBMHS are as follows, and applicants should comply with [Pennsylvania State Regulations Chapter 5260, Commonwealth of PA Page 1 HealthChoices Behavioral Health Appendix T \(Part B \(2\)\) Program Standards and Requirements – January 1, 2024](#), CBH's [Medical Necessity Criteria](#), and [Clinical Performance Standards](#) when developing and implementing programs.

#### 2.2.3.1. Assessment

Assessments should be family-centered and strengths-based, prioritizing resources already accessible to the family. All identified family members and support people should contribute to assessment interviews. Eco-maps, family timelines, and other tools should be utilized as appropriate. The assessment should identify parenting and attachment styles, current challenges the family prioritizes, child behavioral needs, any factors creating risk to the child's placement, and interaction patterns. Psychosocial needs should be identified, focusing on social determinants contributing to family stress. FBMHS programs must use the [Modified Family Assessment Form](#) (MFAF) outcome measure.

#### 2.2.3.2. Family Therapy

Family therapy is a significant modality for FBMHS, and much of the clinical time will be spent with the child and key family members. Sessions should be based on the ESFT model and the understanding that a child's challenging behaviors are symptomatic of the larger systems they are a part of (family, school, community). Thus, interventions should target family members who regularly interact with the identified child, including caregivers, siblings, and grandparents. Clinicians should coach family members to practice productive interaction skills within their larger communities, creating parallel and sustainable changes within these systems.

#### 2.2.3.3. Individual Therapy

When possible, individual therapy should occur in a systemic context with the ultimate goal of moving toward family therapy and other sustainable venues for problem-solving and support. Individual therapy can happen with any family member as needed; however, if more targeted support is required, the FBMHS should refer that individual to separate therapy services, such as specialized outpatient treatment or substance use treatment services. In such a case, the FBMHS team shall remain the driver of treatment and should ensure collaboration and continuity of care.

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### *2.2.3.4. Case Management*

Assertive case management is a core component of FBMHS. FBMHS teams should work closely with families to assess needs and develop connections to the community and other resources (e.g., medical, transportation, legal, etc.) to support further and/or develop families' autonomy, strengths, and skills and bolster effective aftercare planning. Coordination and consistent collaboration with other youth-servicing systems is also required. These linkages include but are not limited to schools, after-school programs, summer camps, spiritual leaders, community activities, outpatient mental health clinics, youth protection, social service agencies, juvenile justice programs, and substance use disorder programs. All teams must coordinate closely with medical providers to work with families regarding the medically complex needs of the youth they serve.

### *2.2.3.5. Crisis Support*

A key component of FBMHS is the 24/7 availability of the FBMHS (or equivalent on-call staff). Staff must be prepared to provide crisis support at any hour of the day to de-escalate the crisis, build skills, and avoid restrictive levels of care or hospitalization if possible.

Best practices for FBMHS include establishing a preventative crisis plan with the family early in treatment. The plan should reflect the family's strengths and preferences for coping and include tools to be used in crisis. FBMHS teams should work from the beginning of treatment to establish trust and confidence with the family so that the family is more likely to access FBMHS's available crisis services when needed.

FBMHS teams should coach families using crises as opportunities to promote growth and change as much as possible. FBMHS programs should establish risk assessment and response protocols to address dangerous situations and standards for workflow and response times.

### *2.2.3.6. Family Support Services*

Per the [Commonwealth of PA Page 1 HealthChoices Behavioral Health Appendix T \(Part B \(2\)\) Program Standards and Requirements](#), the Family Support Services (FSS) are a requirement in the FBMHS Program. FFS are formal and informal services or tangible goods that are needed to enable a family to care for and live with a child who has a serious emotional disturbance. FSS include supportive services and tangible goods, which facilitate achieving the child's treatment goals. Suppose a child is in temporary out-of-home placement. In that case, FSS should be used to facilitate the child's return to the natural family and, in this instance, should be available to both the natural family and the foster family. A cost component for FBMH/FSS is built into the HealthChoices capitation rate. As such, it is recommended that the provider and the BH-MCO agree to a method for setting aside an appropriate percentage of the FBMHS provider fee to purchase services or goods needed to further the child's treatment goals. The FBMHS budget identifies administrative and program costs, which include family support services.

FSS can include concrete services or tangible goods such as food, furniture, clothing, and utilities. It can also include funding for self-help advocacy groups, sibling and/or parent support groups, education and training, respite care, memberships related to a specific treatment plan goal, support for generic community programs,

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support for families utilizing informal systems, special recreational programs, and daycare.

FSS dollars are tied to a specific goal on the identified member's treatment plan. Still, they can also be used for material things that are needed to assist with the child's well-being (such as clothing, groceries, or a utility bill). Though treatment plans may indicate "socialization activities," these activities should be ones that the family can sustain and teach families to use support systems such as food banks and or local church charities. FSS funds should not be used to keep families engaged in treatment. Use of FSS funds for routine dining out with families is not allowed. Routine dining out is neither sustainable nor does it teach a skill. CBH encourages agencies to be cautious when using FSS funds for meals related to socialization goals. FSS funds may never be used to pay for meals for staff or non-family members. Provider staff meetings, supervision, recordkeeping activities, writing of treatment plans and progress notes, and other non-direct services may not be billed as FBMHS units (thus, administrative functions related to FSS funds and the management of these dollars are not directly reimbursable).

### 2.3. Individuals Served

Families referred to FBMHS have at least one child (up to 21 years old) who is experiencing severe emotional challenges, placing them at risk for inpatient treatment or out-of-home placement. FBMHS can also be used for children returning home from such settings.

Families referred to FBMHS are comprised of varying racial and socioeconomic backgrounds, and staff must be culturally competent, including experience working with families with diverse backgrounds, identities, and related needs. As emphasized by ESFT, programs must be prepared to treat and support families whose treatment needs are heavily impacted and informed by social determinants and risk factors, including health complications, substance use challenges, poverty, histories of homelessness/unstable or inadequate housing, and violence in their communities. Programs should also be affirming LGBTQIA populations, with an ability to sensitively support families in affirming the gender identity, gender expression, and sexual orientation of their children.

Many families referred to FBMHS are experiencing challenges related to their children's medical needs, including understanding the relationship between physical and mental health. FBMHS teams must be able to coordinate with medical providers, coach caregivers in appointment attendance and medication administration, and support children with physical self-care and behaviors that promote good health.

### 2.4. Personnel and Required Training

Applicants must employ strategic hiring procedures to identify highly qualified candidates who can support the mission of the FBMHS to provide systems-minded, family-centered, growth-oriented treatment. Given the diversity in racial and socioeconomic backgrounds of families who receive FBMHS treatment, hiring strategies should aim to form teams whose diversity reflects that of the individuals served and whose training, background, and approach to working with families aligns with the mission of FBMHS. The requirements listed below are based on state-level regulations. They may be modified within the limits of those regulations,

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pending any updates to the regulations that occur after the publication of this RFP during contract negotiations.

### 2.4.1. Required Personnel

#### *One Program Director with the following:*

- ➔ A graduate degree in psychiatry, psychology, social work, nursing, rehabilitation, education, or a graduate degree in the human services field plus at least three years of direct care experience with children or adolescents in the following CASSP systems: mental health, intellectual disability, education, special education, children and youth, drug and alcohol, juvenile justice, health care, and vocational rehabilitation, including two years of experience in any program of the CASSP system.

OR

- ➔ Supervisory certification from the American Association of Marriage and Family Therapists.

OR

- ➔ A bachelor's degree with a major in a field of human service plus at least three years of direct care experience with children and adolescents in a CASSP system program may direct FBMHS with state approval, and if the service of a clinical consultant is obtained to provide clinical support at least three hours of service per team per week for a program with one team plus one hour per team per week for each additional team. The clinical consultant may not provide direct FBMHS for the provider. The clinical consultant shall:

- » Be a psychiatrist or someone with a graduate degree in human service, plus three years of direct mental health service experience working with children and families.
- » Oversee treatment plans and other direct and indirect clinical support as the program director assigns.

#### *Child Mental Health Professional(s) with the following:*

- ➔ A graduate degree in psychiatry, psychology, social work, nursing, education, rehabilitation, or a graduate degree in the field of human services plus two years of experience in a CASSP system program

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- ➔ Be a licensed registered nurse (RN) with five years of experience, including two years of experience in a CASSP system program, plus have certification by OMHSAS as a mental health family-based worker

OR

- ➔ A bachelor's degree in psychology, sociology, social work, nursing, rehabilitation, education, pre-med, theology, anthropology, or a degree in the field of human services plus certification by OMHSAS as a mental health family-based worker

AND

- ➔ A FBMHS certificate from OMHSAS (able to be obtained over time)

### *Child Mental Health Worker(s) with the following:*

- ➔ A bachelor's degree in psychology, sociology, social work, nursing, rehabilitation, pre-med, theology, or anthropology plus one year of experience in a CASSP system program
- ➔ 12 college-level semester hours in humanities or social services plus one year of experience in a CASSP system program and be enrolled for certification by OMHSAS as a mental health family-based worker
- ➔ Licensed RN plus have one year experience in a CASSP system program and be enrolled for certification by OMHSAS as a mental health family-based worker

AND

- ➔ A FBMHS certificate from OMHSAS

### *FBMHS Teams and Ratios*

FBMHS teams comprise:

- ➔ One Mental Health Professional and one Mental Health Worker

OR

- ➔ Two Mental Health Professionals

Supervision should occur as follows:

- ➔ 1.5 hours per week with individual or FBMHS team

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- ➔ 1.5 hours per week with groups of teams not to exceed a total of 40 families served among the group supervision participants

The maximum caseload for a FBMHS team is:

- ➔ Eight families

The required availability and frequency of contact is:

- ➔ FBMHS teams (or equivalent staff on call) are available to families 24/7

AND

- ➔ At least one hour of face-to-face contact with each family per week

### 2.4.2. Required Training

In addition to participating in all CBH mandatory training, all staff must be trained as follows:

- ➔ All staff (clinical supervisors, mental health professionals, and mental health workers) must attend the DPW-approved FBMHS Ecosystemic Structural Family Therapy (ESFT) training from an approved training center.
  - » Staff must obtain 18 hours during the first year (ESFT FBMHS Orientation for therapy staff or ESFT Orientation to Supervision for supervisory staff).
  - » Staff must obtain 255 hours of Core ESFT FBMHS training provided at 85 hours annually over a three-year period.
  - » Staff must pass an established competency assessment to graduate from the training program.
  - » Please see OMHSAS Policy Clarification 04-2012 for additional information.
- ➔ All direct FBMHS staff must receive trauma-informed training, as discussed in Section 2.2.2.

## 2.5. Requirements for Specialty Teams

In addition to the elements described above, specialty teams must meet the following requirements, which are in addition to the PA Family-Based Regulations.

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### 2.5.1. Autism Spectrum Disorder (ASD)

Applicants who would like to develop specialty FBMHS for families with children who have ASD diagnoses must have staff with the following qualifications:

- ➔ At least one year of experience as a direct clinician, therapeutic support staff (TSS), or higher with children on ASD spectrum
- ➔ At least one year of experience in providing parent training/consultation, preferably Behavioral Skills Training models
- ➔ Preferably, direct experience supervising TSS or other aide/paraprofessional positions
- ➔ Must have one of the following or a clear plan to obtain:
  - » Graduate coursework in Autism and other neurodevelopmental disorders
  - » Graduate coursework in evidence-based treatments for ASD
  - » Graduate coursework in Applied Behavior Analysis
- ➔ Ability to link to ASD-specific resources and supports, including knowledge of Special Education Law, behavioral health continuum, ASD community supports, DBHIDS/BAS waivers, and supports for transition-age youth

### 2.5.2. Deaf/Hard of Hearing

Applicants who would like to develop a specialty FBMHS capable of serving families with deaf and hard-of-hearing members (adults or children) must be able to deliver culturally affirming and linguistically competent services in accordance with established best practices and industry standards, including recommendations from the [National Association of the Deaf](#) for mental health services.

## 2.6. Service Delivery

### 2.6.1. Continuous Quality Monitoring

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



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compliance, and budgetary monitoring by DBHIDS and CBH. On-site reviews, including participation in treatment teams, may occur as CBH deems necessary.

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

### 2.6.2. Technological Capabilities

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

## 2.7. Service Philosophy

The awarded provider's treatment must comply with the [FBMHS Clinical Performance Standards](#), [DBHIDS Practice Guidelines for Recovery and Resilience-Oriented Treatment](#), and [OMHSAS Child and Adolescent Social Service Program \(CASSP\)](#).

## 2.8. Language and Culture

Applicants should develop plans to ensure that the proposed sites welcome people from diverse cultures and have the resources to work with individuals and families who speak languages other than English. The applicant's description of plans for working with people from diverse cultures should include information on service strategies and resources to respond to the cultural needs and preferences of Philadelphians.

In addition to linguistic competence, applicants must consider how FBMS will ensure cultural awareness and sensitivity to the populations the program expects to serve. Applicants must present accurate and current information to show that this program's language and culture plan reflects the population served. Members served are expected to comprise varying racial and socioeconomic backgrounds, and staff must be culturally and linguistically competent, including experience working with members with diverse backgrounds, identities, and related needs.

Providers must be prepared to treat and support members whose treatment needs are heavily impacted and informed by social determinants and risk factors, including health complications, substance use challenges, poverty, histories of homelessness/unstable or inadequate housing, and violence in their communities. Programs should also be affirming of LGBTQIA populations, with an ability to sensitively support members

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in asserting their gender identities, gender expressions, and sexual orientations and relay this information to clinical management in the utilization review process.

### 2.9. Timetable

Responses should include a clear timeline and plan for when the services requested through this RFP can be expected to be fully operational. This includes strategies for recruiting staff, developing teams, and outlining training schedules. It may also be helpful to consider that during a typical calendar year, the number of FBMHS referrals ebbs and flows, mostly in relation to the start of the academic year.

### 2.10. Monitoring

Awarded providers will be evaluated, program compliance monitored, and budgetary monitoring conducted by DBHIDS and CBH. As CBH deems necessary, on-site reviews, including participation in the treatment team, may be required.

### 2.11. Performance Metrics, Standards, and Reporting Requirements

The selected applicant(s) must comply with CBH's evaluations, credentialing, compliance, future performance standards, and reporting requirements during the contract term. Reporting requirements may be modified before or during the contract award period. The applicant will be expected to have a compliance plan and all other required documents for CBH initial credentialing.

### 2.12. Compensation/Reimbursement

A Family Based Services Value Based Payment (VBP) Arrangement is in effect for all FBMHS providers in CBH's Network. Please reference [Provider Bulletin 24-26](#) for information on the VBP. Specialty teams may be eligible to receive a higher rate of payment.

## 3. PROPOSAL FORMAT, CONTENT, AND SUBMISSION REQUIREMENTS; SELECTION PROCESS

### 3.1. Required Proposal Format

Please make sure to include completed and signed (where applicable) attachments with your submission:

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- ➔ Attachment: [CBH RFP Response Cover Sheet](#)
- ➔ Attachment: [City of Philadelphia Tax and Regulatory Status and Clearance Statement](#)
- ➔ Attachment: [City of Philadelphia Disclosure Forms](#)
- ➔ Attachment: [City of Philadelphia Disclosure of Litigation Form](#)
- ➔ Attachment: [CBH Provider Rate Request Certification Statement](#)
- ➔ Attachment: [CBH Provider Rate Request Supporting Documentation](#) (xlsx)  
*Please Note: This Excel file contains three sheets: Expenditure Summary, Personnel Invoice Schedule, and Miscellaneous Item Detail.*

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 one inch. For each section where it is required, the applicant must fully answer all the listed questions in the outline form in which they are presented in the RFP. Answers to each question must be numbered/lettered and correspond to the numbered/lettered questions in this RFP. Failure to number and letter the questions or to respond to all questions may result in the proposal being considered non-responsive. Each attachment, appendix, or addendum must reference the corresponding section or subsection number. Applicants are required to limit their general narrative description to eight single-spaced pages, excluding required attachments. As a general instruction, 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. Introduction; Executive Summary

- ➔ Provide a brief overview of your organization (not to exceed one page), including a general description of your understanding of the proposed project's scope and complexity.
- ➔ Indicate the scope of services your organization intends to develop, including types and numbers of teams (general vs. ASD; indicate if there is a plan for a general team that also can accept referrals for members and/or families who are deaf and/or hard of hearing; indicate if the general or specialty teams can provide Spanish-speaking services.
- ➔ Provide information on the continuum of services offered by your organization. Describe previous work and experience providing services similar to those requested in this RFP. This may include being an EPIC-designated EBP provider or any additional family treatment or community-based children's services your organization provides.

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- ➔ Describe your organization's intent to plan and support the long-term sustainability of FBMHS.
- ➔ Provide a detailed timeline for service implementation, including strategies for hiring and maintaining staff.

### 3.3. Licensure and Location

- ➔ Applicants should indicate their licensure status and ability to obtain the required credentials/license.
- ➔ The applicant must also be able to provide documentation of the availability of an appropriate base facility for the services. The facility's availability must be documented through ownership or lease documents included in the response to this RFP.
- ➔ Applicants should affirm their ability to provide services to members throughout Philadelphia without limits.

### 3.4. Corporate Status

Please indicate whether you are a for-profit or not-for-profit organization and attach legal documentation of that status to your proposal. Preference will be given to minority, women, or disabled-owned business enterprises (M/W/DSBE).

### 3.5. Government 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.

### 3.6. 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 Clinical Performance Standards for FBMHS will inform the development and implementation of FBMHS. This section should also describe how person-first (culturally competent) and trauma-informed practices and approaches are incorporated into the applicant organization and the proposed program. Please include the plan and timeline for bringing your team online.

## **Family-Based Mental Health Services (FBMHS)**

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### **3.7. Evidence-Based Practices**

Please describe your organization's plan to implement and sustain EBPs (ESFT) (i.e., how will you ensure training, staff buy-in, supervision, assessment treatment delivery to fidelity, address staff turnover, etc.). See section 2.1.

### **3.8. Service Requirements**

Please describe how your organization will ensure components of FBMHS are delivered, including family, individual therapy, school-based services, crisis response, and family support funds. Include any strategies for scheduling and meeting the team-delivered and weekly family and school-based requirements. See section 2.2.1 and 2.2.3.

### **3.9. Trauma-Informed Practices**

Please describe how your organization will meet the expectations outlined in Section 2.2.2, including the trauma training that staff will receive.

### **3.10. Individuals Served**

Please describe your organization's understanding of the needs of families to be served, addressing the details in 2.3. Include any previous experience and strategies used in working with particular groups.

### **3.11. Personnel and Required Training**

Please describe strategies for hiring, training, and supporting the required personnel, including the trauma-informed training requirement. Include a plan to provide psychiatric services (whether through direct staffing or MOUs). Please include a plan for retaining staff and share if there are any opportunities within the organization to support staff in receiving additional education for professional advancement.

### **3.12. Specialty Team**

If your organization intends to develop any specialty teams, please describe strategies to meet the requirements listed in Section 2.5, including any previous experience working with identified populations.

### **3.13. Reporting**

Please describe strategies for an outcome-monitoring program component, particularly your organization's ability to implement the MFAF tool.

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### 3.14. 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 organization's financial status, including 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 nor a review report is available, please explain and submit a compilation report by a CPA firm. These submissions must be for the most recently ended corporate fiscal year. Submit the report for the prior corporate fiscal year if it is unavailable. Please note that the most recent report must be submitted before contract negotiations. Please provide a business plan for a startup with no financial activity, including a 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 that the most recent tax return must be submitted before contract negotiations. In the case of a startup, provide proof of corporate charter, corporate tax status, and individual tax return(s) of principal(s)/owner(s).
- ➔ Proof of payment for all required federal, state, and local taxes (including payroll taxes) for the past 12 months
  - » If pre-operational, provide proof of deposits to cover initial operations.
- ➔ Provide proof of an adequate line of credit demonstrating funds available to meet operating needs. (If they are not available, please explain.)
- ➔ Disclosure of any bankruptcy filings or liens placed on your organization over the past five years

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- » Please include explanations. If your organization has not been subject to bankruptcy filings or liens over the past five years, please include an attestation signed by either your chief executive officer or chief financial officer indicating this.
- ➔ 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 are 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, and \$500,000 disease policy limit
  - » Regarding your general liability policy, CBH, the City of Philadelphia, and the Commonwealth of Pennsylvania Department of Public Welfare must be named as additional insureds. CBH must also be the certificate holder.
  - » To be considered for contract negotiations for this RFP, applicants who have passed all threshold review items recommended by the review committee must provide a statement from an independent CPA attesting to the applicant organization's financial solvency.

### 3.15. Terms of Contract

The contract CBH enters into due to this RFP will be designated as a Provider Agreement. CBH will only negotiate with applicants whose applications, including all appropriate documentation (e.g., audits, letters of

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credit, past performance evaluations, etc.), show them to be qualified, responsible, and capable of performing the work required in the RFP.

The selected applicant(s) must maintain full responsibility for the maintenance of such insurance as may be required by the law of employers, including (but not limited to) worker's compensation, general liability, unemployment compensation, employer's liability insurance, professional liability, and automobile insurance.

### 3.16. 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(s) and CBH.

### 3.17. Minority/Women/Disabled-Owned Business Enterprises (M/W/DSBE)

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 should be included with the proposal. Any certifications should be submitted as hard copy attachments to the original application, and copies should be 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 requirements must be satisfied):



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- » 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.

### 3.18. City of Philadelphia Tax and Regulatory Status and Clearance Statement

As CBH is a quasi-governmental, city-related agency, prospective applicants must meet specific 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 must complete and return a [City of Philadelphia Tax and Regulatory Status and Clearance Statement](#) with its proposal.

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

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 should consider these city policies when entering 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. Still, in most circumstances, they will be required to obtain one or both if selected for the contract award contemplated by this RFP. Proposals for a Business Privilege

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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.

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

### 3.20. 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

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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 before 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 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 for 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](#).

### 3.21. 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.

### 3.22. 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](#).

### 3.23. 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 best meet the RFP's goals.

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Submissions will be reviewed based on the merits of the written responses to the RFP.

### 3.24. Threshold Requirements

Threshold requirements provide a baseline for all proposals, which means they provide basic information that all applicants must meet. Failure to meet 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: recredentialing status history, compliance error rate history, quality improvement plan status, and financial solvency. When applicable, state licensure status will also be reviewed, taken into consideration, and discussed with the PA Department of Human Services.

Neither the provider nor its staff, contractors, subcontractors, or vendors may be on any of these 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](#)

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 screenings of its staff, contractors, subcontractors, and vendors for excluded individuals on the three Excluded Individuals and Entities lists.

## 4. APPLICATION ADMINISTRATION

### 4.1. Procurement Documents and Schedule

<i>RFP Event</i>	<i>Deadline Date</i>
RFP Issued	January 7, 2025
Deadline to Submit Questions	January 28, 2025

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Answers to Questions on Website	February 4, 2025
Application Submission Deadline	2:00 p.m. ET on February 25, 2025
Applicants Identified for Contract Negotiations	April 15, 2025

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

This RFP is being issued on January 7, 2025. To be considered for selection, all applications must be emailed to [CBHClinicalProcurements@phila.gov](mailto:CBHClinicalProcurements@phila.gov) no later than 2:00 p.m. on February 25, 2025.

- ➔ The subject line of the email should be “FBMHS 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. The cover sheet of the application must be signed by an official of the submitting organization authorized to bind the organization to all provisions noted in the application.

All questions concerning this RFP must be submitted in writing to the Provider Network Development Team at CBH at [CBHClinicalProcurements@phila.gov](mailto:CBHClinicalProcurements@phila.gov). Questions should have the subject line “FBMHS RFP Questions.” Only requests submitted by February 25, 2025, will be addressed in the FAQ. Questions submitted after the deadline date may result in no response. CBH will respond to questions it considers appropriate to the RFP and of interest to all applicants but reserves the right, at its discretion, not to respond to any question. Responses will be posted on the [CBH Clinical Procurements](#) page. Posted responses become part of the RFP upon posting. CBH reserves the right, at its discretion, to revise responses to questions after posting by posting a modified response. No oral response to any applicant question by any DBHIDS or CBH employee or agent shall be binding to CBH or in any way considered a commitment by CBH.

### 4.1.1. Bidder's Conference

A FBMHS [RFP Bidder's Conference](#) will be hosted via Zoom on January 16, 2025, at 11:00 a.m. Interested parties must register in advance via the link (Passcode: 423115). After registering, you will receive a confirmation email containing information about joining the webinar. Attendance is optional.

### 4.2. Interviews/Presentations

Applicants may be required to make an oral presentation concerning various aspects of their application to CBH. Such presentations allow applicants to clarify their application to ensure a thorough and mutual understanding. CBH will schedule such presentations on an as-needed basis.

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### 4.3. Terms of Contract

CBH reserves the right to set the rates for this service, budgets 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 organization's chief executive officer and CBH's chief executive officer. CBH reserves the right to reissue all or part of the RFP if it cannot 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 will be posted on the [CBH Clinical Procurements](#) page with the original RFP. The applicant must 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 applying 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 that violates these conditions may be rejected based on CBH's sole judgment.

### 5.3. Proposal Binding

By signing and submitting a proposal, each applicant agrees that the contents of its proposal are available for the 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 that reflects the terms and conditions of this RFP or the applicant's proposal may, at the sole discretion of CBH, result in the rejection of the applicant's proposal.

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### 5.4. Reservation of Rights

By submitting responses to this notice of request for proposals as posted on the CBH website, applicants accept and agree 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 concerning this RFP.

#### 5.4.1. Notice of Request for Proposals (RFP)

CBH reserves the right and may, at its sole discretion, exercise any one or more of the following rights and options concerning this notice of request for proposals:

1. to reject any and all applications and to reissue this RFP at any time;
2. to issue a new RFP with terms and conditions substantially different from those set forth in this or a previous RFP;
3. 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 to obtain additional applications or for any other reason CBH determines to be in its best interests;
4. to extend this RFP 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 interests;
5. 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;
6. 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, at CBH’s sole discretion, a new RFP for the same or similar services; and
7. to do any of the foregoing without notice to applicants or others, except such notice as CBH, at its sole discretion, elects to post on the CBH website.

#### 5.4.2. Proposal Selection and Contract Negotiation

CBH may, at its sole discretion, exercise any one or more of the following rights and options concerning application selection:

1. to reject any application if CBH, at 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 interests to reject the application;



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2. to reject any application if CBH, at its sole discretion, determines 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, concerning 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 the applicant; is financially or technically incapable; or is otherwise not a responsible applicant;
3. to waive any defect or deficiency in any application, including, without limitation, those identified in the preceding subsections, if, at CBH's sole discretion, the defect or deficiency is not material to the application;
4. to require, permit, or reject, at 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;
5. 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, at its sole discretion, determines to be in CBH's best interests;
6. 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;
7. 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 allowing them to revise their applications in light thereof, unless CBH, at its sole discretion, determines that doing so is in CBH's best interests;
8. 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, at its sole discretion, determines it is in the best interests of CBH to do so;
9. to rescind, at any time prior to the execution of a provider agreement or consultant contract, any notice of intent to develop a provider agreement or consultant contracted to an applicant, and to issue or not issue a notice of intent to develop a provider agreement or consultant contract to the



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- same or a different applicant and enter into negotiations with that applicant, if CBH, at its sole discretion, determines it is in the best interests of CBH to do so;
10. 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 of this RFP, if CBH, at its sole discretion, determines that it is in CBH's best interests to do so;
  11. to require any one or more applicants to make one or more presentations to CBH at CBH's offices or other locations 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;
  12. to conduct on-site investigations of the facilities of any one or more applicants (or the facilities where the applicant performs its services);
  13. 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;
  14. to conduct such investigations concerning the financial, technical, and other qualifications of each applicant as CBH, at its sole discretion, deems necessary or appropriate;
  15. 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
  16. to do any of the foregoing without notice to applicants or others, except such notice as CBH, at its sole discretion, elects to post on its website.

### 5.4.3. Miscellaneous

1. *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.
2. *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 provisions and are not part of this Reservation of Rights.

## 5.5. Confidentiality and Public Disclosure

The selected applicant(s) shall treat all information obtained from CBH that is not generally available to the public as confidential and/or proprietary to CBH. The selected applicant(s) shall exercise all reasonable

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precautions to prevent any information derived from such sources from being disclosed to any other person. The selected applicant(s) 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 selected applicant(s) or any person acquiring such information, directly or indirectly, from the selected applicant(s).

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 by an applicant's confidentiality and/or proprietary data assertion.

### **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. Primary Contractor Responsibility**

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

### **5.8. Disclosure of Proposal Contents**

Application information will be confidential and will not be revealed or discussed with competitors. All material submitted during the RFP process becomes CBH's property 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 RFP. Selection or rejection of an application does not affect this right.

### **5.9. Selection/Rejection Procedures**

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

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### **5.10. Non-Discrimination**

The selected applicant(s), 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 applicant(s) due to this RFP within approximately 90 days of the submission deadline. However, submitted proposals may be considered for selection up to 180 days following the submission deadline. By submitting a proposal, respondents agree to hold the terms of their proposal open to CBH for up to 180 days following the submission deadline.