

Behavioral Health Urgent Care Center (BHUCC)

Date of Issue:	June 6, 2023
Applications must be received no later than:	2:00 p.m. July 19, 2023
Submit all RFP-related questions no later than:	To <u>Katherine Spencer</u> 5:00 p.m. June 20, 2023

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

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Behavioral Health Urgent Care Center (BHUCC)

1. PROJECT OVERVIEW

1.1. Introduction; Statement of Purpose

Community Behavioral Health (CBH) is seeking proposals for an adult Behavioral Health Urgent Care Center (BHUCC). The purpose of this RFP is to develop a high-quality BHUCC in Philadelphia to provide comprehensive, timely, and forward-thinking resolution-focused treatment and assessment services seven days per week for individuals 18 years and older experiencing an urgent (non-crisis) behavioral health need. The BHUCC will offer the community “no-wrong-door” access to urgent behavioral health services.

The central BHUCC location, preferably near the Broad Street Corridor, would be accessible to individuals who are reliant on public transportation. The BHUCC will accept walk-ins, individuals transported to the BHUCC by a mobile team, and individuals seeking urgent appointments for mental health services. The proposed services should be individualized, responsive, flexible, and offer a wide variety of resolution-focused clinical interventions to prevent further trauma and provide recovery support.

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

1.2. Organizational Overview

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

DBHIDS has a long history of 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 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.

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DBHIDS is comprised of 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 59% (n=436,225) of Philadelphia's Medicaid-eligible individuals are adults over 18 years of age.

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 and Objective

DBHIDS envisions a crisis system in which there is "no wrong door" to behavioral health treatment, focusing on resolving or ameliorating crises within the community. Creating the BHUCC will expand the DBHIDS continuum of crisis services available to Philadelphians experiencing urgent behavioral health and/or substance use challenges. It will provide additional access points to urgent treatment services that require immediate attention but are not life threatening nor require inpatient admission at the time of presentation. The development of the BHUCC for adults will increase the system's capacity to mitigate and resolve urgent behavioral health needs and reduce bottlenecks at more restrictive, intensive service locations such as crisis response centers (CRCs) and emergency departments (EDs). The service will be recovery-oriented, using a person-centered approach focusing on strength and resiliency in working towards resolution, and a reliance on community-based support.

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 crisis network using a population health approach can positively impact communities by providing effective suicide prevention strategies, promoting alignment of individual needs, reducing hospital use, and engaging families in a way that allows their voices to be heard.

With increasing rates of depression and anxiety attributed to life changes over the course of the COVID-19 pandemic coinciding with increased delays in obtaining appointments with mental health professionals, it is critical that new solutions are developed to bridge current gaps in behavioral health treatment access.

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DBHIDS is working to address gaps in the adult crisis system, including accessibility and availability of community-based behavioral health services, which includes the BHUCC. Adults seeking urgent care for a behavioral health or substance use concern often rely on CRCs or EDs for treatment. Alternatively, adults may avoid or delay treatment because of barriers they face, such as fear of losing control over their own health care decisions and/or long wait times for emergency or community-based behavioral health care services, which can lead to worsening health conditions, poor health outcomes, and potentially avoidable use of emergency or other health care services.

The proposed BHUCC must be developed in a manner that reflects the Philadelphia system's emphasis on recovery transformation, total population health, and the DBHIDS organizing framework of [Trauma, Equity and Community](#) (TEC) - addressing **Trauma** and the social determinants of health along with the multilayered traumas individuals experience, achieving **Equity** at the individual and community level, and engaging **Communities** through inclusion while tapping into the wisdom of our communities. This holistic approach to treatment supports wellness and symptom-management, addresses the social determinants of health and mental health, and empowers individuals to achieve successful community tenure. The BHUCC should partner with community organizations to establish relationships that support maintaining wellness in the community and integration of discharged individuals. The Philadelphia system's population health approach calls for services to be provided in a manner which is also consistent with the system transformation of behavioral health services. The [DBHIDS Practice Guidelines for Recovery and Resilience Oriented Treatment](#) provide a framework for the system transformation.

The physical health urgent care model has proven to be an effective level of care. Philadelphia is striving to establish a behavioral health urgent care to assist individuals with behavioral health and/or substance use episodes that are not imminently life-threatening nor apparently requiring immediate inpatient hospitalization, but that are nonetheless urgent and require immediate care. The role of Philadelphia's crisis system is to mitigate or resolve behavioral health crises, support recovery, center the individual and their culture, experiences, interpretations, preferences, and strengths as the orientation of their crisis care and resolution, and decrease reliance on higher levels of care such as CRCs, EDs, and/or inpatient psychiatric treatment. This vision recognizes the importance of working across systems and addressing the impact of social determinants of health.

This process is designed to identify a provider who can develop innovative programming to treat the whole person, restore a sense of control to the individual, and reduce the likelihood of future crises and hospitalizations. Interventions to calm the individual and ameliorate their urgent behavioral needs and/or precipitating conditions should be actively delivered from engagement to disposition.

Finally, this RFP is being issued to develop a BHUCC whose approach to intervention and stabilization reflects best practices. The statistics presented in the Substance Abuse and Mental Health Services Administration's (SAMHSA) [Practice Guidelines: Core Elements to Responding to Mental Health Crises](#) demonstrate that individuals with mental illnesses, particularly individuals with co-occurring substance use and exacerbating psychosocial challenges that include poverty, unstable housing, exposure to chronic trauma,

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and other health problems, are vulnerable to “repeated clinical and life crises that can have deleterious effects on the individual, family and social networks, and communities.” The *Practice Guidelines* define mental health crises as characterized by a loss of control, citing that research has identified “loss of control” as the most common presenting complaint in CRCs. CBH shares the understanding that crises, while distressing to the individual and ideally prevented by early intervention and support (when possible) are also an opportunity to shape an individual’s experience of behavioral health treatment, with a BHUCC providing a least restrictive point of entry into services.

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

Specific services of the BHUCC will include:

- ➔ Walk-in urgent services for individuals reporting mental health (MH), substance use (SU) and co-occurring conditions.
- ➔ Support for individuals experiencing reentry from incarceration.
- ➔ Ability to address gaps in medication treatment for mental illnesses.
- ➔ Substance use assessments, education, and linkage to substance use treatment.

The addition of a BHUCC provides an alternate, less-restrictive community-based walk-in option for Philadelphians who need urgent care but are not at imminent risk of harm to self or others (see Appendix B). The goal of the BHUCC is to provide stabilization for individuals experiencing a behavioral health episode that requires prompt, but voluntary, and ambulatory intervention. This service will expand Philadelphia’s crisis continuum of services by offering immediate crisis assessment, support, and brief and resolving treatment in a less restrictive setting. The BHUCC will decrease reliance on higher levels of care such as EDs, CRCs, and psychiatric hospitalization when it is not medically necessary.

The BHUCC must be in Philadelphia and be operational within 120 days of the award of this contract. Preference will be given to those providers who offer a continuum of services and are able to open a facility along the Broad Street Corridor (preference given to zip codes: 19140, 19107, 19146).

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1.4. Applicant Eligibility – Threshold Requirements

To be eligible to respond to this RFP, applicants must be enrolled currently in Medicare and Medicaid programs, Crisis Intervention-Walk In program in the proposed 55 Pa. Code §§ 5240.91. Each applicant must have control of a site located in Philadelphia. Preference will be given to a site within or near the zip codes of 19140, 19107, or 19146 and connection to a continuum of services. Applicants must not be on any of the three Federal and Commonwealth exclusion lists or on a Corporate Integrity Agreement (see Section 2.2. for complete threshold requirements).

1.5. General Disclaimer

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

1.6. Location/Site

The BHUCC must be located in Philadelphia with preference given to applicants with facilities located along or near the Broad Street Corridor (including zip codes: 19140, 19107, 19146) and who offer a continuum of services. For the proposed facility, the applicant is required to provide information on the property's zoning and licensing status as well as describe how it can be configured as a BHUCC. The applicant may own or lease the property. A strong preference will be given to applicants who can secure site control and operationalize the BHUCC as soon as possible. The site should provide a comfortable waiting room space and accommodate the multiple functions of the BHUCC, including private spaces with minimal noise and distractions for triage and for individuals whose distress increases with overstimulation. A tobacco-free policy must be maintained throughout the premises. A policy for maintaining naloxone on-site and ensuring naloxone administration training of staff must be included.

2. SCOPE OF WORK

2.1. Overview of Services

The BHUCC is an innovative, integrated care service which is being developed as part of Philadelphia's adult crisis continuum expansion. It serves individuals whose mental health and/or substance use needs are deemed to be urgent but not imminently life threatening or emergent. It uses person-centered, recovery-oriented, and trauma-informed approaches to urgent treatment with a focus on resolution and stabilization. Treatment includes triage, evaluation, risk assessment, and stabilization. The BHUCC also offers psychiatric services, medication bridge appointments, and physical health screenings. Discharge planning should include identification of familial and/or community-based supports, care coordination, and linkage or referral to

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appropriate aftercare services. The BHUCC is meant to be time-limited and not intended for routine and ongoing treatment. The goal of the BHUCC will be to mitigate urgent behavioral health situations and decrease utilization of higher levels of care.

Essential functions of the BHUCC include:

- ➔ Triage, risk assessment, and evaluation.
- ➔ Brief interventions designed to reduce distress and otherwise relieve immediate behavioral health care need; identify, offer, and restore coping strategies; increase subjective feelings of hopefulness and future orientation; promote higher executive function; and explore and reduce suicide risk.
- ➔ Social determinants of health assessment.
- ➔ Safety planning and counseling to reduce access to lethal means.
- ➔ Trauma-informed de-escalation.
- ➔ Peer support.
- ➔ Warm handoffs for timely referrals and coordination with new and/or existing physical and behavioral health services as appropriate.
- ➔ Bridge medication appointments.
- ➔ Collaboration and follow-up with the individual and family.

The BHUCC is designed to provide immediate treatment to relieve and resolve the individual's mental health or substance use needs promptly. Within 15 minutes of arrival, staff will greet the individual, obtain demographic information, and orient them to the facility's procedures. The BHUCC will employ a Living Room model in which participants are provided a welcoming, safe, and relaxing environment to resolve their immediate behavioral health concerns. A crisis assessment is completed to identify ongoing interventions and potential referrals, with a focus on stabilizing the immediate situation and bridging the individual to more routine care. Additionally, the BHUCC triage protocol will identify and ensure any individual with emergent behavioral health needs receives a formal assessment by a medical professional or clinical staff. In these situations, the BHUCC pathway of care determines whether an ASAM (American Society of Addiction Medicine) assessment or psychiatric evaluation is desired or warranted.

The BHUCC will coordinate support services and create a person-centered disposition plan to strengthen the path to recovery and wellness. There should be a well-developed plan for linkage to community-based treatment centers, recovery houses, and other local resources. Collaboration should occur with identified supports and current treatment providers if the individual is in agreement. For individuals who may require

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more intensive services, CBH or other insurers may need to be contacted for prior authorization. This may also include outreach and referrals to bed-based providers. It is expected that during this process, staff including but not limited to peer specialist staff, will be available to aid, comfort, and advocate both for the individual seeking services and their family members.

The BHUCC will also offer bridge medication appointments for individuals whose primary presenting concern is medication lapse. All staff should be educated regarding the importance of medication consistency in stabilizing individuals and preventing future crises. There should be communication and collaboration with community-based prescribers with the goal of improving continuity of care experience and reducing future medication lapses. Additionally, all staff should also be educated on the benefits of medication-assisted treatment (MAT) to reduce stigma and to ensure appropriate psychoeducation for individuals with an opioid use disorder (OUD).

The BHUCC will improve treatment by:

- ➔ Increasing access to urgent/non-emergent treatment for individuals with mental health and/or substance use concerns in an appropriate setting.
- ➔ Providing more timely care for individuals who may otherwise have to wait for medication management.
- ➔ Reducing the need to seek more restrictive treatment.
- ➔ Providing more coordinated and comprehensive care to improve treatment outcomes.
- ➔ Addressing the stigma associated with mental health and substance use by affording individuals a safe and confidential place to access the care they need.
- ➔ Providing immediate access to more intensive care as necessary.

Staffing will include registered nurses, a master's level clinical navigator, bachelor's level crisis workers, peer support specialists, substance use disorder specialists, psychiatric coverage, and others as determined necessary. In addition to the personnel listed in proposed 55 Pa. Code §§ 5240.31, the BHUCC is required to employ staff who will ensure that the program meets the intent of the Philadelphia system transformation. Peer specialists with lived experience are an integral part of the BHUCC, informing the operations and oversight while promoting a collaborative treatment model.

The BHUCC offers both walk-in availability and appointments for urgent care services. It may act as a receiving point for 988 calls as clinically determined by the Philadelphia Crisis Line (PCL). This may include drop-offs by first responders such as Emergency Medical Services (EMS), Community Mobile Crisis Response Teams (CMCRT), or Crisis Intervention Response Teams (CIRT). It also ensures access to Philadelphians with recent justice system involvement, including drop-offs by law enforcement.

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Distinct from CRCs or EDs, the BHUCC will operate seven days a week during specified hours, with the suggested operational hours of 12:00pm-8:00pm. Applicants should specify expected staffing patterns to address volume as well as appointments with prescribers. There should also be a plan that identifies steps to take if any individual presents within an hour prior to the BHUCC closing time. There will be consideration for adjusting hours based on volume data obtained in the first year, specifically on Sundays or around holidays if low volume is observed.

The BHUCC will be trauma-informed and grounded in integrated care solutions. The BHUCC will employ a Living Room model in which participants are provided a welcoming, safe, and relaxing environment to resolve their immediate behavioral health challenges.

2.2. Individuals Served

The BHUCC must accept individuals 18 and older with no one turned away regardless of type or degree of need, challenges, or insurance status during the initial reinvestment period.

Applicants should submit a plan for monitoring BHUCC utilization data including insurance status and type of insurance enrollment.

2.3. Service Delivery

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

2.3.1. Services

The BHUCC will provide in-person and virtual clinical support to individuals, including proactive follow-up care to reinforce linkages to appropriate social services and behavioral health interventions. The BHUCC will provide stabilization, de-escalation, behavioral health assessment, and respond to a variety of situations including providing bridge medication prescriptions until a follow-up outpatient medication management appointment can occur. Overall, the BHUCC should provide collaborative, strength-based, and resolution-focused services, while also addressing barriers to long-term stabilization.

A priority treatment group will be individuals reintegrating into the community from Philadelphia's Department of Prisons (PDP). A chief concern for this subpopulation is providing bridge medication services while they await connection to an outpatient provider; such connections are often a component of their reentry plan. The BHUCC will also provide warm handoffs to facility-based care as needed, coordinate transportation

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when situations warrant transitions to other locations, and schedule follow-up appointments with preferred providers.

The BHUCC will be a critical component of Philadelphia’s comprehensive continuum of crisis services. The BHUCC will provide a brick-and-mortar location for individuals to receive resolution-focused and recovery-oriented behavioral health assessments and stabilization. A crisis and/or risk assessment will be initiated upon arrival at the BHUCC. Components of the assessment can be gathered through interactions with all BHUCC staff. Clinical staff are required to establish a diagnosis and compile an evaluation that will inform the services.

The BHUCC will employ a person-centered approach that recognizes and prioritizes the individuals’ values, and incorporates shared responsibility (i.e., interventions that are done “with” the individual rather than “to” the individual). Core values include:

- ➔ Everyone will be treated with dignity and respect.
- ➔ The focus is on the whole person, including the impact of social determinants of health.
- ➔ Belief in recovery, resilience, and natural supports.
- ➔ Focus on prevention and harm reduction.

BHUCC Standards of Care will include:

- ➔ Screening and assessing for trauma and implementing trauma-informed resolution-focused crisis interventions.
- ➔ Establishing plans for personal safety, building upon identified strengths and recovery capital of the individual and their family and/or care providers.
- ➔ Ensuring strong consideration of culture, gender, race, age, sexual orientation, cognitive ability, and communication access needs.
- ➔ Providing services in the least restrictive manner while helping the individual regain a sense of stability.
- ➔ Spending adequate time with the individual for meaningful crisis treatment and providing support that is not limited to psychopharmacological activities.

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The following elements must be part of the BHUCC services:

2.3.1.1. Individuals with Special Needs

The BHUCC will be utilized by individuals with a variety of special needs. Treatment procedures must be designed to fit individuals with at least the following needs:

- ➔ Individuals who are older than the age of 65.
- ➔ Individuals with substance use disorders.
- ➔ Individuals with Autism Spectrum Disorder.
- ➔ Individuals with intellectual disabilities.
- ➔ Individuals with concurrent serious medical issues.
- ➔ Individuals and/or families who are not fluent in English.
- ➔ Individuals who are pregnant, including peri/postnatal individuals.
- ➔ Individuals experiencing chronic homelessness and/or whose socioeconomic background causes challenges with accessing mental health care (individuals with limited financial means, limited access to transportation, structural power dynamics creating barriers to trust, and/or cultural norms around mental health).
- ➔ Veterans and individuals who served in active military, naval, or air service.

2.3.1.2. Continuous Quality Improvement (CQI) and Program Monitoring

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

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

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The BHUCC should be outcome-driven, utilizing data to continuously monitor and improve the quality of treatment and the experience of the individuals it serves. This includes evaluating the scope of services provided including initial greeting and triage, urgent care assessment, treatment and supportive services, safety planning and harm reduction, and linkages to whole health resources and/or treatment services. Additionally, assessing its efficiency and impact on providing urgent relief, symptom resolution, and collaborative decision-making as well as ensuring the satisfaction of individuals presenting to the BHUCC is crucial. An essential component of service monitoring is gathering information that includes post-discharge monitoring of individuals who have received services, with particular focus on reduced hospital readmissions and/or reliance on crisis services. The post-discharge monitoring function should include standardized quality of care metrics, tracking the use of involuntary commitment.

Applicants are expected to describe their planned processes to track, evaluate, and report on outcomes at the individual and program levels. The awardee is expected to collect and utilize data that facilitates performance analysis against industry benchmarks/metrics. The merits of each submission will be evaluated based upon its quality and responsiveness to this RFP. This should be included as part of the Applicant's quality assurance plan to assess and strengthen ongoing collaborative services and to follow up on the progress of individuals who received treatment.

2.3.1.3. Trauma-Informed Services

Most individuals who use crisis services have experienced some form of trauma. As a result, the BHUCC must provide trauma-informed treatment and care, with all staffing having sufficient training and knowledge of the impact of trauma. This includes recognizing the signs and symptoms of trauma in individuals and families and integrating knowledge about trauma into current practices, physical spaces, and service pathways. Services should also be responsive, taking great care to reduce the risk of iatrogenic harm in care delivery.

2.3.1.4. Social Determinants of Health Screening and Referrals

Recognition of the role that social determinants of health (SDOH) and racial inequities play in influencing health and quality of life requires careful attention in behavioral health care settings. SDOH are proven to have a significant impact on health outcomes before and after a crisis incident. The challenge has always been identifying multiple domains of social risk/needs, such as food and housing insecurity, financial instability, transportation, childcare, education, employment, exposure to violence, and more recently social isolation, without the ability to offer meaningful resources and supports. Integrating the [Accountable Health Communities \(AHC\) Health-Related Social Needs screening tool](#) can predict future use of crisis services and is an essential first step in facilitating more targeted interventions, averting repeated crisis episodes.

Racial health inequities – the legacy of centuries of systemic racism - persist within Philadelphia, including within service delivery systems. Significant work is required by diverse stakeholders to reach health equity among racial and ethnic minorities. Disparities can lead to significant differences in life expectancy across Philadelphia neighborhoods. Assessment of socioeconomic factors that include where an individual lives,

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their ability to afford treatment/time for treatment, access to treatment, and other barriers will need to be considered to support removal of racial health inequity barriers and promote access to treatment.

2.3.1.5. Rapid Response to Walk-Ins

The BHUCC will provide prompt response to all individuals who walk in without an appointment. Engagement of individuals seeking services should commence upon arrival at the BHUCC. For individuals that present to the BHUCC through the assistance of the Community Mobile Crisis Response Teams (CMCRT), transition to the care of the BHUCC team must include a rapid intake. This intake should be a collaborative, joint effort, allowing the CMCRT transporting the individual to quickly return to community work. Triage must begin after arrival at the BHUCC and ongoing as needed for the duration of services.

Staff will provide services that are engaging and calming, establishing an experience of trust and safety for the individual in need of behavioral health intervention. The BHUCC should provide stabilization through evidence-based and/or evidence-informed interventions. Strength-based engagement is foundational to creating a trusting climate, achieving effective relief, and activating adaptive coping and problem-solving capabilities in a short period of time. Based on the response to the intervention and need for continued support, the staff in collaboration with the individual will determine whether access to other services, such as outpatient care, is needed. Strategies should be collaborative, not coercive. The BHUCC staff should prioritize assisting individuals in obtaining relief and regaining a sense of understanding and control. When sufficient relief/harm reduction is not forthcoming, a collaborative decision may be made to refer to the CRC.

2.3.1.6. Assessment

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

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

When indicated, the assessment should include an American Society of Addiction Medicine (ASAM) assessment by the BHUCC staff and referral to the appropriate ASAM level of care.

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2.3.1.7. Access to Medication-Assisted Treatment

To employ a comprehensive response to opioid use disorder, the BHUCC will ensure access to medication-assisted treatment (MAT). All staff should be educated on the benefits of MAT to reduce stigma and to ensure appropriate psychoeducation including the importance of medication consistency in stabilizing individuals in crisis and preventing future crises. The BHUCC will need to develop a strong relationship with at least two community MAT providers. Applicants should provide a strategy for the development of this relationship within the proposal.

2.3.1.8. Medication Lapse

The BHUCC should address medication needs of individuals waiting for an outpatient psychiatry or substance use disorder appointment and, if needed, the BHUCC should connect individuals to a psychiatry or substance use disorder appointment for follow-up care. Bridging medication needs will allow for stabilization of the individual to return to the community and may support a decreased need for immediate acute care.

2.3.1.9. Young Adults with Special Needs

BHUCC services will be used by individuals 18 years and older. The expectation for the BHUCC will be to serve all classifications of behavioral health needs, including individuals with intellectual disabilities and co-occurring mental illness. Individuals ages 18-21 with other system involvement (i.e., Department of Human Services (DHS), IDS, school) may present at the BHUCC. There should be collaboration with treatment providers and identified supports for individuals who are aging out of child and adolescent services, including identifying a plan to bridge services for youth into adulthood.

2.3.1.10. Linkages

The BHUCC will maintain updated information regarding accessibility of aftercare treatment, community support partnerships, and other relevant services, which will be utilized to connect individuals and families with needed and desired services. The BHUCC will support the individual by assisting with stabilization, coordinating with existing service providers, and identifying appropriate connections. Linkages and warm handoffs to services will be a component of the BHUCC through the duration of the BHUCC treatment.

The BHUCC Clinical Navigator will assist in the coordination of services and making any necessary referrals as part of the warm handoff. This position will also coordinate care with the reentry population's case manager and/or peer specialist, helping to ensure successful reentry into the community. The Clinical Navigator will also be responsible for providing individual follow-up seven days post-discharge from the BHUCC service.

2.3.1.11. Crisis Stabilization Plan and Safety Planning

A crisis stabilization plan will be completed with each individual and should be tailored to their needs, strengths, and abilities. Strategies that have historically or presently aided in crisis resolution should be listed

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in a clear, written plan. With consent, the plan should be shared with the family or household members as well as other involved service providers to ensure consistency.

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

2.3.1.12. Peer Support and Peer Integration into Program Operations

Peer engagement is a critical component of intervention and engagement at the BHUCC. The selected applicant will demonstrate innovation through a peer-rich staffing model and peer-guided service design and oversight. Peer specialists are part of the multidisciplinary team whose expertise should be sought as the team endeavors to understand the lived experience and care experience of those with behavioral health needs. Individuals with lived experience may be qualified to deliver several services, not limited to peer support positions. Lived voice are sought at all levels of the organization and on all committees charged with quality, outcomes, practice design, etc.

Peer specialists will play a significant, direct service role in the BHUCC, including offering peer-to-peer crisis support and intervention to individuals and family members. Additional roles may include welcoming all walk-ins, supporting individuals as they enter the waiting area, providing BHUCC orientation and regular status updates, educating, supporting, and facilitating shared decision-making, identifying techniques that have been previously successful, and assisting the individual in exploring resources, including family and community support. Peer specialists provide education regarding BHUCC services, empowering individuals to select behavioral health resources for themselves.

Inclusion of peers in the workforce can help with addressing the need for resources and referrals following SDOH screening. There is no one better equipped to navigate Philadelphia's robust system of SDOH resources than individuals who have had to navigate it for themselves. Peers can support individuals in seeking housing, transportation, employment, food, or other community-based resources at the time of discharge from the BHUCC.

2.3.1.13. Diversity and Inclusion

It is important to emphasize the cultural competency of staff and programming to be able to sensitively and proficiently meet the needs of a diverse population, including lesbian, gay, bisexual, transgender, questioning, queer, intersex, and asexual (LGBTQIA+) individuals, using inclusive language and addressing medical needs of individuals who are transgender; individuals who are multilingual/multicultural, calling for

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the ability to provide/procure interpretative services for individuals who are deaf, blind, and/or have limited-English speaking proficiency; and individuals of varying racial and socioeconomic backgrounds, with many having experienced living in circumstances of poverty/low income. Individuals admitted to BHUCCs often have histories of trauma, incarceration/justice system involvement, difficulty sustaining community placements, and other psychosocial barriers to health. Applicants should describe plans (hiring, training, programming, etc.) to support diverse populations including non-English speaking members.

2.3.1.14. Psychiatric Advance Directives

The BHUCC will accept Psychiatric Advance Directives (PAD) and other safety/crisis plans as well as provide education on PADs to individuals presenting to the BHUCC. The BHUCC will support PADs and strive to deliver care consistent with any PAD instructions of an individual presenting to the BHUCC.

2.3.1.15. Discharge/Continuing Care

Discharge Planning, or continuing support planning, is provided to ensure the individual served through the BHUCC is linked to the least restrictive and most appropriate level of care. The care transition occurs when the individual has de-escalated, and all components of disposition plans are understood by the individual. Care transition coordination and continuing support planning from the BHUCC includes the use of person-centered strategies and processes that:

- ➔ Includes an individual crisis plan, focusing on prevention and safety
- ➔ Facilitates engagement and coordination with natural supports whom the member deems to be “family”
- ➔ Coordinates care with other care management entities, including communication with current community providers (i.e., primary care and/or making referrals with written consent); warm handoffs for individuals served through the BHUCC by scheduling timely follow-up appointments with the appropriate level of care; facilitation of admission, and transportation to bed-based programs, when clinically indicated
- ➔ Provides prescriptions as a sufficient bridge to routine outpatient care
- ➔ Provides medication education and facilitates linkages to pharmacies to ensure timely access to medications
- ➔ Provides education and information regarding community services and resources
- ➔ Assists with housing and transportation

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The BHUCC must have established procedures and partnerships with lab vendors and an ability to collect labs and samples to relay there for prompt processing. This will ensure that bridge prescription and treatment plans that warrant labs samples of any kind are not hindered due to a processing delay of results.

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

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

2.3.1.16. Community Outreach

The BHUCC will be responsible for education and promotion of the program to obtain referrals from local hospitals, clinics, police departments, family support programs, substance use treatment programs, community-based organizations, probation officers and shelters, and families in the assigned region. The program should develop relationships with surrounding provider agencies (for example, psychiatry and outpatient treatment services) and other community-based organizations. The BHUCC should ensure there is access to a continuum of crisis services. In keeping with a population health approach, outreach should aim to promote increased wellness and stability among populations served in each region.

2.3.1.17. Technological Capabilities

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

2.3.1.18. Transportation Capabilities

Applicants will be required to have a vendor account with a transportation company or ride share to perform the activities proposed in this RFP. Applicants should utilize a vendor with ADA capabilities for individuals who may require this assistance. The mode of transportation that will be utilized for individuals and/or family members will be determined on a case-by-case basis, with consideration for other, appropriate methods of

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transportation, such as providing passes or offering ride share services. Including transportation capabilities will guarantee a warm handoff to the next level of care, if appropriate.

2.3.1.19. Scope Limitations

The BHUCC's scope of services will be limited in the following ways:

- ➔ The BHUCC will not provide involuntary emergency examinations; however, if upon assessment an individual appears to be in imminent risk of danger and requires psychiatric hospitalization, the BHUCC staff should assist in facilitating a 302.
- ➔ The BHUCC will not induct SUD medication requiring observation or ongoing monitoring.
- ➔ The BHUCC will not be open 24/7 or provide 23-hour beds.
- ➔ The BHUCC will not provide continuous outpatient psychiatric services.
- ➔ The BHUCC will not provide SDOH resources directly.

2.4. Service Philosophy

It is of paramount importance that the BHUCC is developed with thoughtful and evidence-based approaches that move away from reactive and cyclical crisis treatment to interventions that treat the whole person, aim to restore a sense of control, and reduce the likelihood of future crises throughout the entire scope of the program. This extends beyond the interventions delivered and includes the culture of leadership, practices related to hiring, training, and staff retention, and the development of the physical site and setting. Services must align with the essential values and principles outlined by the [SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit](#).

All components of the BHUCC from engagement to disposition should focus on resolving the immediate behavioral need and precipitating event as soon as possible. This requires a cohesive and well-organized approach to milieu management, with staff providing active support and intervention throughout the individual's time in the BHUCC. Timely engagement and treatment should be prioritized, with well-established referral pathways and connection to community supports; this ensures successful dispositions to immediate and continuous treatment. Services should be flexible and individually tailored, with assessments and interventions being administered in a manner dictated by individual need.

2.5. Personnel and Required Training

It is critical that applicants employ strategic hiring procedures to identify highly qualified candidates who can provide individualized and strengths-based treatment at the BHUCC seven days a week. Requirements listed below are based on state-level regulations and may possibly be modified within the limits of those regulations.

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2.5.1. Required Personnel

The BHUCC must have licensed staff available during all hours of operation to complete urgent care assessments seven days per week, with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community.

The staffing pattern for the BHUCC should be as follows:

- ➔ BHUCC Director
- ➔ Advanced Practice Provider/Board Eligible Psychiatrist
- ➔ Registered Nurses (RNs)/Licensed Practical Nurses (LPNs)
- ➔ Certified Peer/Recovery Specialists
- ➔ Clinical Navigator
- ➔ Behavioral health support staff
- ➔ Designated administrative staff
- ➔ Security

The assessment and diagnosis must be completed by the licensed clinician on site. At a minimum, a qualified nursing staff member (RN or LPN) must be onsite during operational hours. The qualified nursing staff must complete the medical screening, biometric assessments, vital signs, coordinate with medication prescribers, and administer medication as needed. Telehealth can be utilized for psychiatry and/or by additional licensed clinicians, with the Director's approval, for immediate short-term staffing needs. Consultation staffing can include a Board-Certified Psychiatrist, a Physician's Assistant who is supervised by a psychiatrist, or a Certified Registered Nurse Practitioner (CRNP).

The applicant should preferably have a CRNP onsite and a board-eligible attending physician available on an on-call basis both for consultation with onsite staff and to provide supervision. The applicant must provide a protocol for floating staff who can work at the BHUCC on short notice when the *onsite* staff are fully committed to providing services and additional support is required. The staff of the BHUCC must also include peer specialist staff and substance use disorder specialists. The BHUCC would also be staffed with an Intake Specialist (possibly a peer) to welcome and engage individuals and family members to the BHUCC, provide an expected wait time, provide expectations for the services, and answer any initial questions the individual may have. Provisions should be made to include a Clinical Navigator who will work directly with families and assure their inclusion in decisions concerning treatment and next steps for the individual with an immediate behavioral health need. This position would also assist in connecting the individuals seen at the

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BHUCC with necessary follow-up services. The applicant must note and respond to the training requirements listed in the state regulations.

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

2.5.2. Required Training

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

- ➔ All non-clinical staff must be trained in Mental Health First Aid (MHFA).
- ➔ All staff must be trained in trauma-informed care.
- ➔ All staff must complete ongoing CBH and [Network Improvement and Accountability Collaborative](#) (NIAC) required trainings
- ➔ All staff must have prior experience working with Severe Mental Illness (SMI) and Alcohol and Other Drugs (AOD).
- ➔ Clinical staff must have American Society of Addiction Medicine (ASAM) Criteria training.
- ➔ Clinical staff must complete all required Department of Drug and Alcohol Programs (DDAP) trainings.
- ➔ Clinical staff must be trained in structured tools and other quality measures as applicable.
- ➔ Clinical staff must be trained in Motivational Interviewing.
- ➔ All staff must receive monthly or quarterly in-service training on topics relevant to trends and population.
- ➔ All staff must be trained in the effectiveness of MAT.

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- ➔ All staff must be trained in naloxone administration.
- ➔ Peer specialists must receive state-sponsored crisis training.
- ➔ Staff will participate in Safety Planning Intervention Training, Health Insurance Portability and Accountability Act (HIPAA) training, Drug and Alcohol Confidentiality training through the Department of Drug and Alcohol Programs (DDAP), and trauma training.

2.5.3. Language and Culture

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

2.6. Timetable

It is expected that services requested through this RFP will be fully operational by October 2023.

2.7. Monitoring

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

2.8. Performance Metrics, Standards and Reporting Requirements

The successful Applicant will agree to comply with the evaluation, future performance standards and reporting requirements of CBH. Any awarded Applicant because of this process will be expected to work in accordance with emerging performance standards. The Awardee will agree to supply all the required data necessary for CBH and DBHIDS evaluation purposes and to participate in required assessments. At a minimum, all presently available encounter data gathered from CBH claim forms will be collected. To fulfill the data reporting requirements, the successful Applicant must work with CBH and, where applicable, the CBH Claims, Program Evaluation, and Information Technology Departments to ensure the quality and completeness of data.

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

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

- ➔ Percentage of individuals who discharged in a satisfactory time frame (identified as 2-6 hours) which is measured by length of time spent at the BHUCC from arrival to departure
- ➔ Satisfaction survey outcomes
- ➔ Percentage of individuals who initiated the enrollment process within 15 minutes upon arrival
- ➔ Percentage of SDOH assessments completed prior to discharge
- ➔ Percentage of individuals who received a follow-up outreach call within 2 business days
- ➔ Percentage of individuals who received a bridge medication prescription
- ➔ Percentage of individuals admitted to acute inpatient level of care
- ➔ Applicants should also track the following and will be required to report upon request:
 - » 30-day representation to BHUCC
 - » Successful linkages to referrals: 7- and 30-day follow-up rates to outpatient services
 - » Demographics of presenting individuals

2.9. Compensation/Reimbursement

The BHUCC service funding streams will be comprised of operational startup costs through HealthChoices Reinvestment funding and HealthChoices Medicaid. Treatment services for individuals enrolled in HealthChoices will be submitted as claims to CBH.

Applicants will be required to submit an operations budget. This budget must include all start up and ongoing operating costs such as staff, administrative costs, ongoing supplies, ongoing building expenses including rent and maintenance, etc. for the BHUCC. The Applicant is to use the budget forms which are provided separately on the CBH website to develop the budget. The Applicant should submit this budget form as an unlocked excel document.

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2.10. Technological Capabilities

Applicants must have the technological capabilities required to perform the proposed activities in this RFP. At a minimum, applicants must have electronic claims submission and an electronic health record (EHR) system ready for use.

2.11. Required Proposal Format

Proposals should include:

- ➔ [CBH Clinical RFP Response Cover Sheet](#)
- ➔ Proposal Content: Narrative response to Section 2.1.
- ➔ Operational documents listed in Section 2.12.7.
- ➔ [City of Philadelphia Tax and Regulatory Status and Clearance Statement](#)
- ➔ [City of Philadelphia Disclosure of Litigation Form](#)
- ➔ [City of Philadelphia Disclosure Forms](#)
- ➔ [CBH Provider Rate Request Certification Statement](#)
- ➔ [CBH Provider Rate Request Supporting Documentation](#) (*xls*)
- ➔ [Statement Regarding Exclusion Lists](#)

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

Applicants are required to submit a General Narrative Description of up to 8 single-spaced pages, excluding required attachments. Applications should not exceed 8 pages. As a general comment, if you have responded to a requirement in another part of your proposal, refer to that section and do not repeat your response.

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Applicants whose narrative exceeds the page limit may have their proposals considered non-responsive and be disqualified.

2.12. Proposal Content

2.12.1. Introduction/Executive Summary

Prepare a very brief introduction, including a general description of your understanding of the scope and complexity of the proposed project and the innovation in practice that is sought.

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

2.12.2. Licensure and Location

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

2.12.3. Corporate Status

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

2.12.4. Governance Structure

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

2.12.5. Program Philosophy

This section provides the opportunity to describe the vision, values, and beliefs that will be evident in the design and implementation of the proposed services. The applicant should explain how the values of the DBHIDS Practice Guidelines, State regulations, and guiding documents will inform the development and implementation of the service. This section should also demonstrate commitment and adherence to the System of Care guidelines with an emphasis on TEC. Additionally, this section should include a description of how person-first (culturally and linguistically competent) and trauma-informed practices and approaches are incorporated into the applicant organization and into the proposed program. Please include the plan for bringing your services online by October 2023.

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2.12.6. Service Requirements

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

2.12.7. Individuals Served

Please describe your understanding of the needs of individuals to be served, addressing the details in Section 2.2 and 2.3.1.a. Include any previous experience and strategies used with individuals in crises and rapid, brief, resolution-focused interventions.

2.12.8. Personnel and Required Training

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

Provide a proposed staffing pattern for services to be provided seven days a week, 8 hours per day. Provide job descriptions for all positions outlining their functions. Provide an organizational chart illustrating the key functional areas, staff roles, and the anticipated number of staff (FTEs) for each position.

2.12.9. Operational Documentation and Requirements

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

- ➔ Tax Identification Number
- ➔ An overview of your agency's financial status, which will include submission of a certified corporate audit report (with management letter where applicable). If this is not available, please explain and submit a review report by a CPA firm. If neither a certified corporate audit report nor review report is available, please explain and submit a compilation report by a CPA firm. Any of these submissions must be for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year. Please note, the most recent report must be submitted prior to any potential contract negotiations. In the case of a start-up with no financial activity, please provide a business plan, including a three-year financial projection of Cash Flow, Income Statement, and Balance Sheet.

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

2.13. Terms of Contract

The contract entered into by CBH as a result of this RFP will be designated as a Provider Agreement. Negotiations will be undertaken only with the successful applicants whose applications, including all appropriate documentation (e.g., audits, letters of credit, past performance evaluations, etc.) shows them to be qualified, responsible, and capable of performing the work required in the RFP.

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

2.14. Health Insurance Portability and Accountability Act (HIPAA)

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

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

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

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

- ➔ **For-profit applicants** should indicate if their organization is a Minority (MBE), Woman (WBE), and/or Disabled (DSBE) Owned Business Enterprise and certified as such by an approved certifying agency and/or identified in the City of Philadelphia Office of Economic Opportunity (OEO) Certification Registry. If the applicant is M/W/DSBE certified by an approved certifying agency, a copy of certifications should be included with the proposal. Any certifications should be submitted as hard copy attachments to the original application and copies that are submitted to CBH.
- ➔ **Not-for-profit applicants** cannot be formally M/W/DSBE certified. CBH does utilize adapted state definitions to determine the M/W/DSBE status. Criteria are applied to not-for-profit entities to determine M/W/DSBE status in the CBH provider network, as follows (all criteria must be satisfied):

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- » At least 51% of the board of directors must be qualified minority individuals and/or women and/or people with disabilities.
 - » A woman or minority individual or person with a disability must hold the highest position in the company.
 - » Minority groups eligible for certification include African Americans, Hispanic Americans, Native Americans, and Asian Americans.
 - » Citizenship and legitimate minority group membership must be established through birth certificates, military records, passports, or tribal cards.
- ➔ **Not-for-profit organizations** may have sub-contracting relationships with certified M/W/DSBE for-profit organizations. Not-for-profits should include a listing of their M/W/DSBE certified subcontractors, along with their certification information.
 - ➔ For additional information regarding the Commonwealth of Pennsylvania’s M/W/DSBE certification process, see the [Pennsylvania Department of General Services Bureau of Diversity, Inclusion, and Small Business Opportunity webpage](#).

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

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

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

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

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City policies into consideration when entering into their contractual relationships with proposed subcontractors.

Applicants need not have a City of Philadelphia Business Privilege Tax Account Number and Business Privilege License Number to respond to this RFP, but will, in most circumstances, be required to obtain one or both if selected for award of the contract contemplated by the RFP. Proposals for a Business Privilege Tax Account Number or a Business Privilege License may be made online by visiting the [City of Philadelphia Business Service site](#) and clicking on “Register Your Business.” If you have specific questions, call the Department of Revenue at 215-686-6600 for questions related to City of Philadelphia Business Privilege Tax Account Number or the Department of Licenses and Inspections at 215-686-2490 for questions related to the Business Privilege License.

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

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

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2.18. Certification of Compliance with Equal Benefits Ordinance

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

2.19. City of Philadelphia Disclosure Forms

Applicants and subcontractors are required to complete the City of Philadelphia Disclosure Forms (see separate website Attachment) to report campaign contributions to local and state political candidates and incumbents; any consultants used in responding to the RFP and contributions those consultants have made; prospective subcontractors; and whether applicant or any representative of applicant has received any requests for money or other items of value or advice on particular firms to satisfy minority-, woman-, or disabled-owned business participation goals. These forms must be completed and returned with the proposal. The forms are attached as a separate PDF on the website posting.

2.20. CBH Disclosure of Litigation Form

The applicant shall describe any pending, threatened, or contemplated administrative or judicial proceedings that are material to the applicant’s business or finances including, but not limited to, any litigation, consent orders, or agreements between any local, state, or federal regulatory agency and the applicant or any

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subcontractor the applicant intends to use to perform any of the services described in this RFP. Failure to disclose any of the proceedings described above may be grounds for disqualification of the applicant's submission. Complete and submit with your proposal the CBH Disclosure of Litigation Form (see Appendix C).

2.21. Selection Process and Responses

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

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

2.22. Threshold Requirements

Threshold requirements provide a baseline for all proposals, which means they provide basic information that all applicants must meet. Failure to meet all of these requirements may disqualify an applicant from consideration through this RFP. Threshold requirements include timely submission of a complete proposal with responses to all sections and questions outlined herein. In addition, all required attachments must be submitted. Threshold requirements include having the requisite experience and licenses to implement the program and being a service provider in good standing with the City and CBH (as applicable).

CBH will determine if a provider is in good standing by reviewing information gathered through various departments across DBHIDS. A determination is based on, but not limited to, the following criteria: re-credentialing status history, compliance error rate history, quality improvement plan status, and financial solvency. When applicable, state licensure status will also be reviewed and taken into consideration and discussed with PA Department of Human Services.

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

- ➔ [List of Excluded Individuals and Entities \(LEIE\)](#)
- ➔ [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 screening of its own staff, contractors, subcontractors, and vendors for excluded individuals on the three Excluded Individuals and Entities lists.

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3. APPLICATION ADMINISTRATION

3.1. Procurement Schedule

The anticipated procurement schedule is as follows:

<i>RFP Event</i>	<i>Deadline Date</i>
RFP Issued	June 6, 2023
Bidder’s Conference	June 12, 2023
Deadline to Submit Questions	June 20, 2023
Answers to Questions on Website	July 7, 2023
Application Submission Deadline	July 19, 2023
Applicant Identified for Contract Negotiations	September 2023
Service Implementation	January 2024

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

This RFP is issued on June 6, 2023. To be considered for selection, all applications must be emailed to Katherine Spencer at Katherine.Spencer@phila.gov no later than 2:00 p.m. on July 19, 2023.

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

All questions concerning this RFP must be submitted in writing via email to Katherine Spencer at Katherine.Spencer@Phila.gov with the subject line “**BHUCC RFP Questions**” no later than 5:00 p.m., June 20, 2023, and may not be considered if not received by then. DBHIDS will respond to questions it considers appropriate to the RFP and of interest to all Applicants, but reserves the right, in its discretion, not to respond to any question. Responses will be posted on the [CBH Clinical Procurements webpage](#).

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Responses posted on the CBH website become part of the RFP upon posting. DBHIDS and CBH reserve the right, in its discretion, to revise responses to questions after posting, by posting the modified response. No oral response to any Applicant question by any DBHIDS or CBH employee or agent shall be binding on DBHIDS or CBH or in any way considered to be a commitment by DBHIDS or CBH.

3.1.1. Bidder's Conference

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

When: June 12, 2023

Time: 3:00 p.m.

Topic: Bidder's Conference: Adult Behavioral Health Urgent Care Center

Register in advance via Zoom. After registering, you will receive a confirmation email containing information about joining the webinar.

Attendance at the pre-proposal meeting is optional.

3.2. Interviews/Presentations

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

3.3. Term of Contract

CBH reserves the right to set the rates for this service, budgets, and rates notwithstanding. Continuation of funding is contingent upon the availability of funds, quality of service being provided, and contract compliance. CBH reserves the right to continue subsequent yearly contracts. All contracts become binding on the date of signature by the provider agency's chief executive officer and Community Behavioral Health's chief executive officer. CBH reserves the right to reissue all or part of the RFP if it is not able to establish acceptable providers for any or all services. CBH also reserves the right to amend contracts throughout the contract period and to renegotiate the contract length as needed.

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

4.1. Revisions to RFP

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

4.2. City/CBH Employee Conflict Provision

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

4.3. Proposal Binding

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

4.4. Reservation of Rights

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

4.4.1. Notice of Request for Proposals (RFP)

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

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;

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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 in order to obtain additional applications or for any other reason CBH determines to be in their best interest;
4. to extend this RFP in order to allow for time to obtain additional applications prior to the RFP application deadline or for any other reason CBH determines to be in its best interest;
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, in CBH's sole discretion, a new RFP for the same or similar services; or
7. to do any of the foregoing without notice to applicants or others, except such notice as CBH, in its sole discretion, elects to post on the CBH website.

4.4.2. Proposal Selection and Contract Negotiation

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

1. to reject any application if CBH, in its sole discretion, determines the application is incomplete, deviates from or is not responsive to the requirements of this RFP, does not comply with applicable law, is conditioned in any way, or contains ambiguities, alterations or items of work not called for by this RFP, or if CBH determines it is otherwise in its best interest to reject the application to reject any application if, in CBH's sole judgment, the applicant has been delinquent or unfaithful in the performance of any contract with CBH or with others; is delinquent, and has not made arrangements satisfactory to CBH, with respect to the payment of City taxes or taxes collected by the City, or other indebtedness owed to the City; is not in compliance with regulatory codes applicable to applicant; is financially or technically incapable; or is otherwise not a responsible applicant;
2. to waive any defect or deficiency in any application, including, without limitation, those identified in subsections 1) and 2) preceding, if, in CBH's sole judgment, the defect or deficiency is not material to the application;
3. to require, permit, or reject, in CBH's sole discretion, amendments (including, without limitation, information omitted), modifications, clarifying information, and/or corrections to their applications by some or all of the applicants at any time following application submission and before the execution of a final provider agreement or consultant contract;

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4. to issue a notice of intent to develop a provider agreement or consultant contract and/or execute a provider agreement and/or consultant contract for any or all of the items in any application, in whole or in part, as CBH, in its sole discretion, determines to be in CBH's best interest;
5. 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;
6. to enter into simultaneous, competitive negotiations with multiple applicants or to negotiate with individual applicants, either together or in sequence, and to permit or require, as a result of negotiations, the expansion or reduction of the scope of services or changes in any other terms of the submitted applications, without informing other applicants of the changes or affording them the opportunity to revise their applications in light thereof, unless CBH, in its sole discretion, determines that doing so is in and CBH's best interest;
7. to discontinue negotiations with any applicant at any time prior to the execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to the applicant, and to enter into negotiations with any other applicant, if CBH, in its sole discretion, determines it is in the best interest of CBH to do so;
8. to rescind, at any time prior to the execution of a provider agreement or consultant contract, any notice of intent to develop a provider agreement or consultant contract to an applicant, and to issue or not issue a notice of intent to develop a provider agreement or consultant contract to the same or a different applicant and enter into negotiations with that applicant, if CBH, in its sole discretion, determines it is in the best interest of CBH to do so;
9. to elect not to enter into any provider agreement or consultant contract with any applicant, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued and with or without the reissuing this RFP, if CBH determines that it is in CBH's best interest to do so;
10. to require any one or more applicants to make one or more presentations to CBH at CBH's offices or other location as determined by CBH, at the applicant's sole cost and expense, addressing the applicant's application and its ability to achieve the objectives of this RFP;
11. to conduct on-site investigations of the facilities of any one or more applicants (or the facilities where the applicant performs its services);
12. 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;

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13. to conduct such investigations with respect to the financial, technical, and other qualifications of each applicant as CBH, in its sole discretion, deem necessary or appropriate;
14. 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; or
15. to do any of the foregoing without notice to applicants or others, except such notice as CBH, in its sole discretion, elects to post on its website.

4.4.3. 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 in any way define, limit, describe, or amplify the provisions of this Reservation of Rights or the scope or intent of the provisions, and are not part of this Reservation of Rights.

4.5. Confidentiality and Public Disclosure

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

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

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4.6. Incurring Costs

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

4.7. Prime Contractor Responsibility

The selected contractor will be required to assume responsibility for all services described in their applications whether they provide the services directly. CBH will consider the selected contractor as its sole point of contact regarding contractual matters.

4.8. Disclosure of Proposal Contents

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

4.9. Selection/Rejection Procedures

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

4.10. Non-Discrimination

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

The contractor does not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap, or disability in providing services, programs, or employment or in its relationship with other contractors.

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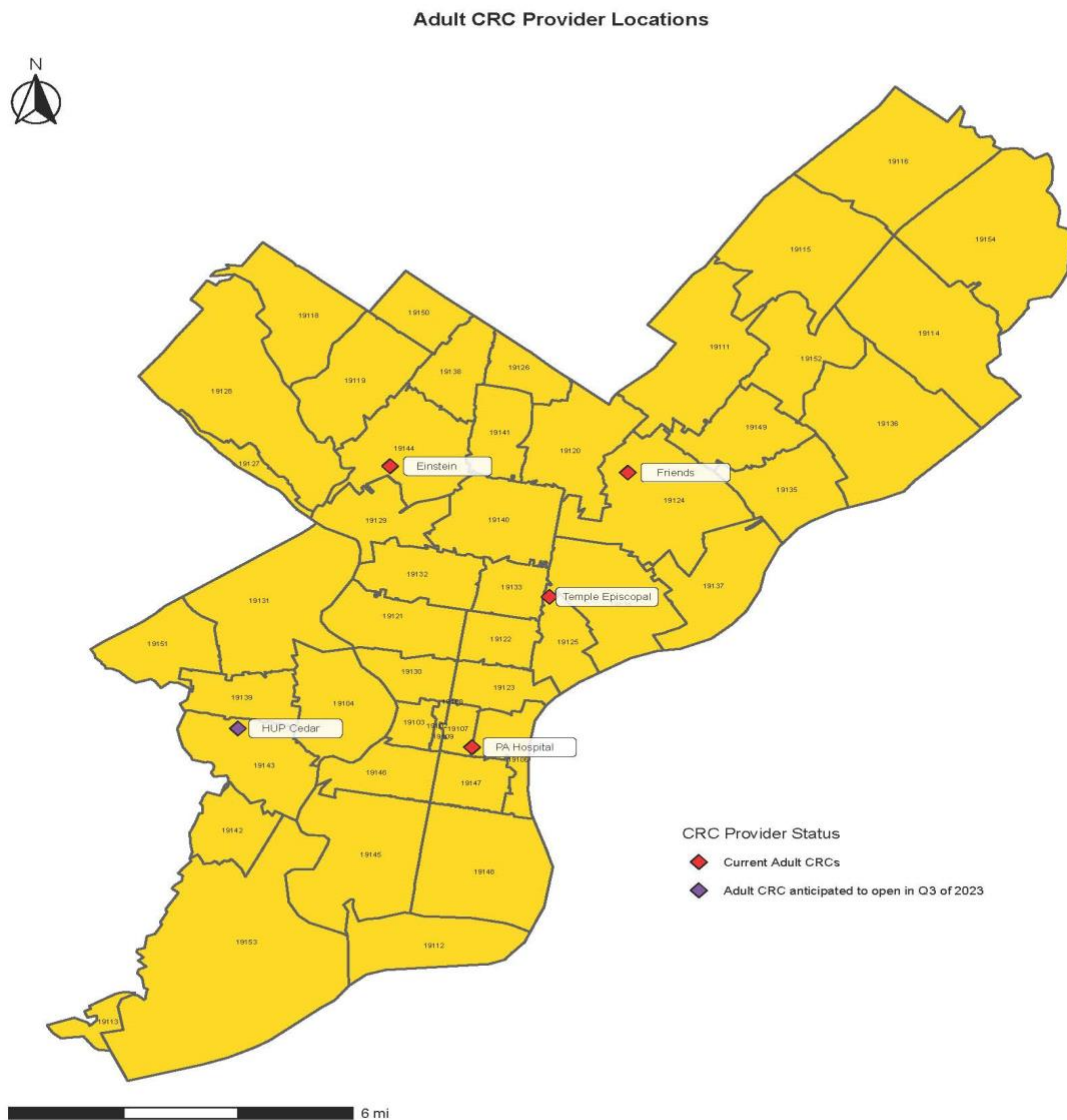
4.11. Life of Proposals

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

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APPENDICES

Appendix A: Philadelphia Adult Crisis Response Center Locations



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Appendix B: Chart of Philadelphia’s Behavioral Health Urgent and Emergency Care

Distinguishing between Philadelphia’s Behavioral Health Urgent and Emergency Care Services

When experiencing a mental health crisis or if in need of substance use treatment, it can be hard to know where to go. This factsheet can help.

- ➔ **Crisis Response Centers (CRCs)** are designed to provide around- the- clock care for **severe** psychiatric and/or substance use concerns, especially when there is consideration around the need for hospitalization or when there is a threat to the safety of the patient or to the family/community due to the patient’s acute illness. CRCs are staffed with highly trained emergency staff available to recognize, diagnose and assess a range of severe mental health challenges.
- ➔ A **Behavioral Health Urgent Care Center (BHUCC)** provides an additional resource to complement the safety net within the community behavioral health system. The BHUCC is a less intensive alternative to CRCs and can engage and support individuals with urgent (non-crisis) behavioral health needs.

BHUCC	CRC
<ul style="list-style-type: none"> ➔ Operates 12 p.m. to 8 p.m. 	<ul style="list-style-type: none"> ➔ Operates 24/7
<p>Can Address:</p> <ul style="list-style-type: none"> ➔ Worsening depression, anxiety ➔ Traumatic stress 	<p>Can Address:</p> <ul style="list-style-type: none"> ➔ Thoughts of self-harm or persistent thoughts of harming others ➔ Acute agitation, aggression toward others, self-harming behaviors or experiencing psychotic symptoms including worsening hallucinations or command hallucinations telling the individual to harm self/others ➔ Substance intoxication or withdrawal associated with potential safety issues ➔ Inability to care for self ➔ Family seeking involuntary hospitalization for loved one who is posing a safety risk to self/others
<p>Can Offer:</p> <ul style="list-style-type: none"> ➔ Level of Care Determination ➔ Mental Health Assessment 	<p>Can Offer:</p> <ul style="list-style-type: none"> ➔ Mental Health Assessment ➔ Substance Use Assessment

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<i>BHUCC</i>	<i>CRC</i>
<ul style="list-style-type: none"> ➔ Substance Use Assessment ➔ Connection to Substance Use Treatment ➔ Crisis Counseling ➔ Care Coordination ➔ Benefit Enrollment Assistance ➔ Information and Referral ➔ Solution-Focused Brief Therapy ➔ Onsite Pharmacy ➔ Medication Assessment (new and refill) ➔ Caring Contact Calls 	<ul style="list-style-type: none"> ➔ Level of Care Determination ➔ Facilitation of acute inpatient psychiatric hospitalization ➔ Crisis Counseling ➔ Care Coordination ➔ Information and Referral ➔ Caring Contact Calls

ATTACHMENTS

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

- ➔ [CBH Clinical RFP Response Cover Sheet](#)
- ➔ [City of Philadelphia Tax and Regulatory Status and Clearance Statement](#)
- ➔ [City of Philadelphia Disclosure of Litigation Form](#)
- ➔ [City of Philadelphia Disclosure Forms](#)
- ➔ [CBH Provider Rate Request Certification Statement](#)
- ➔ [CBH Provider Rate Request Supporting Documentation](#) (xls)
- ➔ [Statement Regarding Exclusion Lists](#)