

ParentingWell Learning Collaborative

Date of Issue:	July 19, 2023
Applications must be received no later than:	2:00 p.m. August 29, 2023
Submit all RFA-related questions to:	Farrah Sloan <u>Farrah.Sloan@phila.gov</u>

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

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1. OVERVIEW

Community Behavioral Health (CBH), a Behavioral Health Managed Care Organization (BH-MCO) for the Pennsylvania Health Choices and Community Health Choices Program, is seeking providers to participate in the ParentingWell Learning Collaborative, which brings together practitioners to help address the challenges of adults with mental illness (e.g., schizophrenia, bipolar disorder, major depression, anxiety disorders, and post-traumatic stress disorder) and/or substance use disorders (SUD) who are parents or who may be thinking about becoming parents.

CBH recognizes the importance of the ParentingWell practice approach and its potential to increase the likelihood that behavioral health practitioners working with adults with mental illness and/or substance use disorders will initiate conversations about parenting and family life during routine practice.

The purpose of the RFA is to identify up to five providers to join the ParentingWell Learning Collaborative to bring together practitioners interested in seeking improvement in this focused area.

1.1. Introduction/Statement of Purpose

CBH is soliciting up to five providers to participate in the ParentingWell Learning Collaborative. The National Research Center for Parents with Disabilities at Brandeis University is partnering with CBH to test the relevance and feasibility of the ParentingWell Learning Collaborative, through which practitioners will be trained and share resources to make conversations about family life and childrearing a routine part of service delivery. The aim is to test this approach with a diverse population of vulnerable parents with behavioral health conditions along with practitioners who are also diverse in race, ethnicity, culture, life circumstances, and service setting.

1.2. Organizational Overview

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

DBHIDS has a long history of providing innovative and groundbreaking services in Philadelphia for 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 the following divisions: the Division of Behavioral Health, the Division of Intellectual disAbility Services (IDS), the Division of Community Behavioral Health (CBH), the Division of Planning and Innovation, the Division of Behavioral Health and Justice, and the 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 mandatory managed care program. As a result, CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services.

The mission of CBH is to meet the behavioral health needs of the Philadelphia community by assuring access, quality, and fiscal accountability through being a high performing, efficient, and nimble organization driven by quality, performance, and outcomes. We 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. General Disclaimer

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

1.4. Project Background

The ParentingWell Learning Collaborative (PWLC) model was originally developed and tested with diverse types of practitioners (e.g., social workers, mental health counselors, peer specialists, case managers) working in adult mental health service settings. The PWLC model has been well-specified, both in terms of a theoretical framework as well as behavior change strategies. The original PWLC, implemented in Massachusetts, included an orientation session, three in-person training sessions, monthly virtual coaching sessions, ongoing interaction via Basecamp, a virtual hub, and a debriefing session in the final (sixth) month. In addition to practice skills, significant focus was placed on organizational issues and supports needed to implement and sustain the ParentingWell practice approach. The PWLC was found to be feasible and to impact practitioners' perceptions of their practice as well as their reports of parents' experiences.

A limitation of the initial PWLC study was the homogeneity of the primarily white practitioners. The next step is to test the relevance, feasibility, and impact of the PWLC approach with a group of practitioners who are also diverse in race, ethnicity, culture, life circumstances, and service setting.

1.5. Applicant Eligibility: Threshold Requirements

Threshold requirements provide a baseline for all applications, which means they provide basic information that all applicants must meet. Failure to meet all requirements may disqualify an applicant from consideration through this RFA. Threshold requirements include timely submission of a complete application with responses to all sections outlined in Section 3.1 "Application Process." 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 of Philadelphia and CBH (as applicable).

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2. PARENTINGWELL

2.1. What is ParentingWell?

ParentingWell is a provider-agnostic approach to routine practice that makes talking about parenting, children, and family experiences a natural part of the conversation and of an adult’s recovery process. It promotes opportunities to conduct family-focused conversations, to generate a family-informed service plan, or to simply provide services to an adult living with a mental health or substance use challenge, taking parenting and family circumstances into account. The core elements and activities of the ParentingWell practice approach provide the framework for conversations with parents. The core elements include Engage, Explore, Plan, and Access and Advocate. ParentingWell is a versatile, responsive approach to a parent’s situation and needs across the lifespan – meeting the parent “where they are,” when they’re ready. ParentingWell conversations, focusing on parenting and family life, can be implemented in an initial assessment or in the context of an ongoing relationship when the timing seems right, and the parent is willing and able. The purpose of the ParentingWell practice approach is to acknowledge that parenting is an important life role and to incorporate talking about goals for parenting and family life as part of the relationship routine. At best, ParentingWell becomes a part of the ongoing relationship and service delivery process. Helping a parent succeed in this important life domain contributes to positive recovery outcomes.

A learning collaborative is a short-term (six to twelve month) professional development approach that brings together teams of participants who are interested in seeking improvement in a focused topic area—in this case, the use of the ParentingWell approach by adult-serving behavioral health practitioners. Learning collaboratives embrace adult learning principles and require focused work by each participant to adapt effective changes to their setting, use methods for accelerating improvement, and capitalize on shared learning and collaboration. The ParentingWell Learning Collaborative is an opportunity for diverse practitioners to gain practice skills pertaining to ParentingWell, to address organizational issues and supports related to implementing and sustaining the ParentingWell practice approach, and to share resources and experiences.

2.2. ParentingWell Practice Objectives

The initial objective of the ParentingWell practice approach is achieved when the practitioner and parent work together to identify a parenting- or family-related goal and develop an action plan with steps for achieving this goal. Together, they monitor progress and adjust the plan as necessary to ensure success. The goal may become part of the larger plan for services that the parent receives. The goal is for parenting and family life to become an ongoing part of the conversation over time. The key underlying principles of ParentingWell reflect a set of values shared by practitioners across service sectors: family-focused, culturally sensitive, strengths-based, and trauma-informed.

2.2.1. Expectations of ParentingWell Providers and Learning Collaborative Participants

It is anticipated that up to five non-profit behavioral health provider agencies will be selected to participate in this project. Preference will be given to a peer-led provider agency. Each provider must identify a team of four or five participants (staff members) from one program area, but no fewer than three, to be trained in the ParentingWell approach. At least one of these staff members must be a supervisor or program manager who will be responsible for leading the implementation at the selected program site. Because ParentingWell is an approach that is useful to all practitioners, participants can be peers, clinicians, parent partners, or case managers. Participants should be interested in actively

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engaging and providing feedback to refine and adapt this practice approach. Peer specialists are encouraged to be nominated.

The participants from each provider agency must be able to identify two parents or adults who are planning to become parents, with whom they are working, to try out the ParentingWell practice approach. For example, if a provider would like to have four staff members participate in the learning collaborative, they must be able to identify eight parents with whom they are working or will be working during the training and coaching period (beginning in the Fall of 2023).

All providers must also identify a senior leader, in addition to the participating supervisor and staff members, who will serve as the “executive sponsor” for this initiative. This person should be a high-level administrator at the organization (i.e., Chief Executive Officer, Executive Director, Chief Operating Officer, Division Director, Vice President). It is expected that this individual will attend the onsite orientation, watch the ParentingWell webinar, and serve as a champion within the agency for ongoing support of the initiative.

2.2.2. Training Model: Overview of Training and Implementation

Participation in the ParentingWell Learning Collaborative involves one in-person orientation session at the providers’ agencies, four to six virtual training sessions (approximately two hours each), one hour monthly virtual coaching sessions for four months following the conclusion of training, and one virtual or in-person debriefing session. These components are described in more detail below.

2.2.2.1. Onsite Orientation

A one-to-two-hour orientation meeting will be arranged prior to the training sessions. This meeting will take place onsite at each provider and will be scheduled during Fall 2023. Attendees must include leadership from the selected program where implementation of this project will occur. All staff members who will be participating in the ParentingWell Learning Collaborative (PWLC) should ideally be able to attend orientation. During this visit, participants will complete a pre-training survey, consider implementation issues, and review the characteristics and attributes of parents who may benefit most from this approach. Given that this is a feasibility study with the intention of obtaining feedback to refine the approach, materials and resources, participants will be asked to consent to participate as volunteers in the PWLC. The goal is to obtain feedback from participants on the ParentingWell practice approach, the training and coaching resources, and the process of implementing ParentingWell, specifically for use in the Philadelphia context.

2.2.2.2. Training

- ➔ 8-12 hours of training for program supervisors and staff. This training will take place virtually during four to six sessions during the Fall of 2023. Social workers and licensed professional counselors will receive continuing education units (CEUs) for this time. Applicants will be notified as soon as possible if CEUs are approved.
- ➔ A brief ParentingWell orientation webinar will be available to all participants prior to the first training session. Participants will be expected to review the ParentingWell practice profile and complete a brief practice self-assessment.
- ➔ There will be assigned reading and homework between each training session, along with emailed or text messaged practice tips.

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- ➔ Participants will be encouraged to actively engage in an online group, in the Basecamp virtual hub that will be created for this project, to support learning in between training sessions.

2.2.2.3. Coaching

Virtual coaching sessions will occur monthly for four months following the conclusion of the training, at conveniently scheduled times, with consideration for the workloads and workflow of staff participants. Each coaching session will be approximately one hour in length. Participants will be asked to address a topic or theme, specified in advance, using experiences with the parents they work with currently. Depending on the number of participants per provider, these sessions may be held with a single provider or with several providers together. Coaching tips will be provided via email or text message between coaching sessions. Opportunity for peer support and sharing will be established in an online group.

2.2.2.4. Debriefing

A two-hour wrap-up, feedback, and sustainability group meeting will include all participants, including supervisors and the senior leader/executive sponsors for this project. It will take place virtually or in-person depending on group preferences and availability. Participants will complete a post-survey and have the opportunity to provide feedback in the group session.

2.2.3 Continuing Education Credits

Continuing education credits are being applied for and participants will be notified of the outcome of the application.

3. INFORMATION PROPOSAL FORMAT AND SUBMISSION REQUIREMENTS

3.1. Required Proposal Format

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

- ➔ [CBH Clinical RFA Response Cover Sheet](#)
- ➔ Proposal Content: Narrative response and any required attachments to 3.2
- ➔ [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)

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➔ Participating Staff Attachment

Proposals must be prepared simply and economically, providing a straightforward, concise description of the applicant's ability to meet the requirements of the RFA. Each proposal must provide all the information detailed in this RFA using the format described below. The narrative portion of the proposal must be presented in print size of 12, using Times New Roman font, single-spaced, on 8.5" by 11" sheets of paper 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 RFA. Answers to each question must be numbered/lettered and correspond to the numbered/lettered questions in this RFA. Failure to number and letter the questions or to respond to all questions may result in the proposal being considered non-responsive. Each attachment, appendix, or addendum must reference the corresponding section or subsection number.

Applicants are required to limit their General Narrative Description to 2-3 single-spaced pages, excluding required attachments. Applications should not exceed 3 pages. As a general comment, if you have responded to a requirement in another part of your proposal, make reference to that section and do not repeat your response. Applicants whose narrative exceeds the page limit may have their proposals considered non-responsive and be disqualified.

3.2. Proposal Content

3.2.1. Introduction/Executive Summary

1. Provide a brief, one-paragraph description of your organization including years in operation, mission, client population, numbers served, ages, and the current range of services and/or activities provided.
2. Describe why your organization is interested in participating in the ParentingWell Learning Collaborative.
3. Which of your adult-serving programs will send its staff/supervisor to participate in the ParentingWell training and coaching?
 - » Outpatient Program
 - » Inpatient Program
 - » Partial Program
 - » Other (please specify)
4. What percent of your agency's overall adult population are parents, to your knowledge? Please estimate. Describe the ways in which adults who are parents are currently served within your organization. Parents are considered to be persons who have ever given birth to, fathered, adopted, fostered, step-parented - officially or informally or served as a long-term caregiver to a child of any age; or persons who are considering becoming a parent or currently pregnant.
5. How many parents does your team/group currently serve?

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6. Identify more than one challenge or problem you foresee relative to staff participation in the initiative and how your organization intends to address these issues.
7. Please describe what challenges your members face as parents.

Please complete Participating Staff attachment to submit your answers for Questions 8 and 9.

8. Please provide the names and contact information for:
 - » The agency senior leader (e.g., CEO, Executive Director, Division Director, etc.) who will serve as executive sponsor for this initiative.
 - » The program, team, or unit supervisor who will be participating.
9. Please provide the name and role of the staff who will participate in the ParentingWell Learning Collaborative.

4. ELIGIBILITY REQUIREMENTS AND EXPECTATIONS

4.1. Licensure and Good Standing

Eligible applicants must be outpatient mental health service providers located in Philadelphia County under contract with CBH. These services must also have current relevant licenses from the Pennsylvania Department of Human Services (PA-DHS) and be a service provider in good standing with the City and CBH. 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-DHS.

Examples of findings from these oversight functions that could disqualify a provider from being in good standing may include but are not limited to:

- ➔ Level II Quality Improvement Plan (QIP) (CBH);
- ➔ Consecutive Network Improvement and Accountability Collaborative (NIAC) credentialing statuses of 1 year or less (DBHIDS);
- ➔ Provisional licensure (State). In addition, CBH will evaluate other commitments between the provider and CBH that may render a provider unable to dedicate the necessary time and resources to this project. Finally, neither the vendor nor its staff, 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 \(SAM\) \(formerly EPLS\)](#)

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» [Department of Human Services’ Medichex List](#)

In each case, CBH will review the findings and make a final determination of standing for the purpose of the provider's eligibility to apply for the RFA.

4.2. Monitoring and Reporting Requirements

There is no monitoring or reporting for CBH. The practice approach is an integral part of ParentingWell, as well as essential to understanding what is working well within the training and implementation. ParentingWell will partner with the selected providers to develop an outcome monitoring plan. Support will be provided in the development of the operational procedures for collecting and regularly reporting data.

4.3. Technology Capabilities

Until further notice, trainings will be provided virtually. This will require access to Zoom including the use of cameras. Additionally, telehealth adaptations and training supports will be provided. Site visits will occur both via Zoom and in-person.

4.4. Submission

Completed application documents must be submitted to Provider Network Development Specialist, Farrah Sloan on Tuesday, August 29, 2023 by 2:00 p.m. Please email completed applications to Farrah.Sloan@phila.gov. Submissions should be marked “ParentingWell RFA.” Responses submitted after the deadline will not be considered. Responses will also not be considered from agencies that are ineligible to apply because they do not have a current contract with CBH for the level of care noted in section 3.1.

<i>RFP Event</i>	<i>Deadline Date</i>
RFA Issued	July 19, 2023
Information Session	July 25, 2023
Deadline to Submit Questions	August 4, 2023
Answers to Questions on Website	August 15, 2023
Application Submission Deadline	2:00 p.m. ET on August 29, 2023
Applicants Identified for Contract Negotiations	September 21, 2023

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4.5. Questions about the RFA

All questions regarding the RFA must be sent via email and directed to Provider Network Development Specialist, Farrah Sloan at Farrah.Sloan@phila.gov. No phone calls will be accepted. The deadline for submission of questions is Friday, August 4, 2023. Answers to all questions will be posted on the CBH website on Tuesday, August 15, 2023.

4.6. Information Session

CBH will hold a ParentingWell RFA Information Session for all interested providers. Any provider who is interested should plan to have a representative in attendance at the information session. Please note that attendance at this session is optional; however, encouraged. The Information Session will be hosted virtually via [Zoom Webinar](#) on Tuesday, July 25, 2023 at 10:00 AM. All updates and documents, including the Q&A and negotiation announcement, will be posted to the [CBH Clinical Procurements webpage](#).

4.7. Interviews/Presentations

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

4.8. Notification

Applicants will be notified if they have been selected or not via email by Farrah.Sloan@phila.gov. A list of selected applicants will be posted on the CBH website below the original RFA posting.

4.9. Cost Information, Agency Stipends

Participating agencies will receive a stipend of \$2,750 per agency, in acknowledgment of participation in the pilot initiative and the provision of feedback, funded by the National Institute on Disability, Independent Living and Rehabilitation Research. This stipend is in recognition of staff participation at the agency level and will be provided at the completion of the program.

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

5.1. Revisions to RFA

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

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5.2. Reservation of Rights

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

5.2.1. Notice of Request For Applications (RFA)

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

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

5.2.2. Miscellaneous

5.2.2.1. 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 RFA, the terms of this Reservation of Rights shall govern.

5.2.2.2. 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.

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5.3. Confidentiality and Public Disclosure

The successful applicant shall treat all information obtained from CBH and DBHIDS which is not generally available to the public as confidential and/or proprietary to CBH and DBHIDS. 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 and DBHIDS, 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 submission of an application, 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 thereunder. Without limiting the foregoing sentence, CBH'S legal obligations shall not be limited or expanded in any way by an Applicant's assertion of confidentiality and/or proprietary data.

5.4. Incurring Costs

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

5.5. Disclosure of Application Contents

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

5.6. Selection/Rejection Procedures

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

5.7. Non-Discrimination

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

The provider 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.