

**Prolonged Exposure**

---

<b>Date of Issue:</b>	<b>August 7, 2023</b>
<b>Applications must be received no later than:</b>	<b>2:00 p.m. September 22, 2023</b>
<b>Submit all RFP-related questions to:</b>	<b>Farrah Sloan <a href="mailto:Farrah.Sloan@phila.gov">Farrah.Sloan@phila.gov</a></b>

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

**Prolonged Exposure**

---

**TABLE OF CONTENTS**

1. Project Overview .....4

    1.1. Introduction/Statement Purpose .....4

    1.2. Organizational Overview .....4

    1.3. Project Background .....5

    1.4. Overview of Training and Implementation Program .....6

    1.5. Participating Staff .....11

    1.6. Five Phase Model of Training .....12

    1.7. Continuing Education Credits .....15

    1.8. Sustained Practice .....15

    1.9. Applicant Eligibility: Threshold Requirements .....17

    1.10. General Disclaimer .....19

    1.11. Timetable .....19

    1.12. Monitoring and Reporting Requirements .....19

    1.13. Technological Capabilities .....20

2. Application Format, Content, and Submission Requirements; Selection Process .....20

    2.1. Required Application Format .....20

    2.2. Application Content .....21

    2.3. Terms of Contract .....24

    2.4. Health Insurance Portability and Accountability Act (HIPAA) .....25

    2.5. Minority/Women/People with Disabilities Owned Enterprises .....25

    2.6. City of Philadelphia Tax and Regulatory Status and Clearances Statement .....26

    2.7. Compliance with Philadelphia 21st Century Minimum Wage and Benefits Ordinance .....27

    2.8. Certification of Compliance with Equal Benefits Ordinance .....27

    2.9. City of Philadelphia Disclosure Forms .....28

    2.10. CBH Disclosure of Litigation Form .....28

    2.11. Selection Process and Responses .....29

    2.12. Threshold Requirements .....29

3. Application Administration .....30

**Prolonged Exposure**

---

3.1. Procurement Schedule.....	30
3.2. Info Session.....	30
3.3. Interviews/Presentations .....	30
3.4. Notification .....	31
3.5. Certification.....	31
3.6. Cost Information .....	31
4. General Rules Governing RFAs/Applications; Reservation of Rights; Confidentiality and Public Disclosure .....	31
4.1. Revisions to RFA .....	31
4.2. Reservation of Rights.....	31
4.3. Confidentiality and Public Disclosure .....	32
4.4. Incurring Costs .....	33
4.5. Disclosure of Application Contents .....	33
4.6. Selection/Rejection Procedures.....	33
4.7. Non-Discrimination.....	33

## Prolonged Exposure

---

### 1. PROJECT OVERVIEW

#### 1.1. Introduction/Statement Purpose

Community Behavioral Health (CBH) is seeking participants for a training and implementation program to build clinical capacity in Philadelphia to provide Prolonged Exposure (PE) therapy for post-traumatic stress disorder (PTSD) for both adults and adolescents. The PE initiative is a partnership between the Center for the Treatment and Study of Anxiety (CTSA), which is part of the Department of Psychiatry at the University of Pennsylvania, and the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). Since 2011, the PE initiative has been part of an ongoing effort to increase the availability of high-quality, evidence-based treatments. There will be no cost to providers for this training, but a significant organizational commitment will be required to successfully implement and sustain adult and adolescent PE. Training in adult and adolescent PE will be provided by the CTSA.

PE is an evidence-based practice (EBP) used to treat individuals with PTSD symptoms. PE utilizes exposure-based techniques to reduce avoidance behaviors that maintain PTSD symptoms, helping to decrease trauma-related distress.

Please note application responses should be separate for each level of care and should clearly indicate adult or adolescent focus. CBH expects to support training for up to three providers and a total of 12 clinicians (approximately four clinicians per provider).

Applications from CBH in-network providers of outpatient mental health and/or outpatient substance use services who meet RFA qualifications will be considered.

#### 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 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

## Prolonged Exposure

---

recovery and resilience-focused behavioral health services and on self-determination for individuals with intellectual disabilities. Working with an extensive network of providers, DBHIDS provides services to persons recovering from mental health and/or substance use, individuals with intellectual disabilities, and families to ensure that they receive high-quality services which are accessible, effective, and appropriate.

DBHIDS is comprised of six divisions: the Division of Behavioral Health, the Division of Intellectual disAbility Services (IDS), the Division of Community Behavioral Health (CBH), the Division of Planning Innovation, the Behavioral Health and Justice Division (BHJD), 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 718,000 Medicaid recipients under Pennsylvania's HealthChoices behavioral health managed care program. Approximately 43% (n=312,000) of Philadelphia's Medicaid-eligible individuals are children under 21 years of age.

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. Project Background

PE is an EBP for PTSD developed by Edna Foa, PhD, Founding Director of the CTSA. PE has been empirically validated with more than 25 years of research supporting its effectiveness for treating chronic PTSD and related depression, anxiety, guilt, shame, and anger. PE results in clinically significant improvement in PTSD and related symptoms for approximately 80% of individuals treated. Practitioners worldwide have used PE to successfully treat survivors of many types of traumas, including rape, assault, child abuse, combat, motor vehicle accidents, and disasters. PE has also been shown to be effective for individuals with comorbid diagnoses, such as borderline personality disorder. Additionally, when combined with substance use treatment, PE can be beneficial for those suffering from co-occurring substance use disorders. PE is appropriate for individuals who have experienced a single trauma as well as individuals with histories of multiple traumas.

A cognitive behavioral approach, PE employs interventions designed to help individuals process traumatic events and reduce trauma-induced psychological disturbances. The treatment helps individuals process traumatic events by changing the way they respond to internal and external reminders of traumatic memories. PE therapy has three main components that help individuals gradually become more comfortable with external reminders: using imaginal exposure to revisit and process the trauma memories; in vivo exposures to approach feared, but objectively safe, situations; and psychoeducation about trauma and its impact on people's lives. PE is a flexible therapy that can be modified to fit individual needs. PE instills confidence and a sense of mastery, enhances daily functioning, increases an individual's ability to cope with stress, and improves the ability to distinguish between safe and unsafe situations. PE typically consists of between eight and 15 90-minute sessions.

**Prolonged Exposure**

In 2001, PE for PTSD received an Exemplary Substance Abuse Prevention Program Award from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). PE was selected by SAMHSA and the Center for Substance Abuse Prevention as a model program for national dissemination and was one of two PTSD treatments chosen to be disseminated throughout the Veterans Affairs health system. Additionally, in a 2008 report, the Institute of Medicine wrote that “the evidence is sufficient to conclude the efficacy of exposure therapies in the treatment of PTSD,” further supporting the use of PE for PTSD treatment.

CBH recognizes the need to provide high-quality, evidence-based treatment to its population of adults and adolescents who have experienced various types of trauma. As such, CBH is committed to increasing capacity for the provision of PE within its network. As CBH is also aware of the challenges faced by agencies in implementing and sustaining evidence-based clinical programs, this initiative includes both PE training and consultation to support the development of sustainable PE programs.

**1.4. Overview of Training and Implementation Program**

CBH is sponsoring an innovative training, consultation, and implementation program for adult and adolescent outpatient mental health and/or adult outpatient substance use providers. The training will be provided by the CTSA, an internationally renowned research and clinical facility that offers state-of-the-art treatment programs specifically designed for PTSD and other anxiety disorders. The CTSA is a division of the University of Pennsylvania’s Department of Psychiatry and is located on the campus of the University of Pennsylvania in Philadelphia, Pennsylvania. CTSA faculty are doctoral-level psychologists with extensive experience in diagnosing and treating anxiety disorders and PTSD and in training physicians, psychologists, and other health professionals from around the world.

**1.4.1. Training and Consultation Activities**

**1.4.1.1. pre-training orientation meetings**

Pre-training orientation will provide specific guidance on the implementation of PE. Agencies will be required to establish a PE implementation team, which will include an executive leader, a clinical director or supervisor, intake staff, and three to five participating clinicians.

<b>Activity</b>	<b>Participants</b>	<b>Date/Time</b>	<b>Purpose/Content/Outcomes</b>
pre-training orientation meeting #1	Executive leader, clinical director or supervisor, participating clinicians, intake staff, and CTSA and CBH Staff	Date TBD 2 hours	With the entire PE implementation team in attendance, this meeting will cover an introduction to and overview of training, consultation, and implementation procedures; discussion of necessary technology; a description of the roles and responsibilities of each team member; and specific

## Prolonged Exposure

Activity	Participants	Date/Time	Purpose/Content/Outcomes
			expectations about PTSD screening in the agency, data reporting, and training/consultation requirements.
pre-training orientation meeting #2	Clinical Director or Supervisor, participating clinicians, intake staff, and CTSA and CBH Staff	Date TBD 2 hours	This meeting will cover specifics about PTSD screening and data reporting, the format and requirements of individual and group consultations, and a review of agency progress so far.

### 1.4.1.2. PTSD Screening and Assessment and PE for PTSD Workshops

All agencies will be required to attend the adult screening and four-day workshops; agencies pursuing an adolescent program will also be required to attend the one-day PE workshop for adolescents.

Prior to the four-day workshop, clinicians should identify individuals with PTSD symptoms who are potential candidates for PE to prepare for PE utilization immediately upon completion of the workshop.

Activity	Participants	Date/Time	Purpose/Content/Outcomes
Adult PTSD Screening and Assessment Workshop	<i>Required:</i> Participating clinicians and intake staff <i>Recommended:</i> Clinical director or supervisor and any staff making referrals	1 Day	Participants will receive instruction in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) diagnostic criteria for PTSD as well as on administering the Post-traumatic Stress Scale for DSM-5 (Interview version – PSSI-5) and PTSD Diagnostic Scale for DSM-5 (PDS-5), a self-report measure of PTSD symptoms.
four-day Intensive Workshop in Prolonged Exposure Therapy for PTSD	<i>Required:</i> Participating clinicians <i>Recommended:</i> Clinical director or supervisor	4 Days	Faculty from the CTSA will provide instruction in the use of PE for survivors of trauma, covering the basics of all components of PE, and how to modify PE procedures to tailor treatment to the individual’s response to exposure.
1-Day Workshop in Prolonged Exposure Therapy for Adolescents (PE-A) (required for adolescent program development)	<i>Required:</i> Participating clinicians <i>Recommended:</i> Clinical director or supervisor	1 Day	Participants will receive instruction in the basic differences between PE and PE-A, use excerpts from videotaped sessions to illustrate how to use PE with adolescents, discuss when and how to implement PE-A, and provide guidelines for

## Prolonged Exposure

Activity	Participants	Date/Time	Purpose/Content/Outcomes
			how and when to modify PE techniques to tailor the therapy to adolescents.

### 1.4.1.3. Post-Workshop Case Consultation and PE Therapist Certification

The CTSA will provide participating clinicians with expert individual and group consultation in PE, leading to certification as a PE therapist upon completion of two PE therapy cases.

Clinicians are required to videotape and audiotape all PE sessions. Videotaped sessions are reviewed by the CTSA’s PE consultant, and audio recordings of sessions must be given to individuals as part of treatment.

Activity	Participants	Date/Time	Purpose/Content/Outcomes
Individual PE Consultation	Participating clinicians	Ongoing from conclusion of four-day workshop through completion of 1st PE case  Weekly 30-minute consultation sessions	Individual PE consultation consists of a session review and consultation call or meeting for each PE session. In the pre-training orientation meetings, clinicians will be instructed to identify potential PE candidates prior to beginning the four-day workshop. During the workshop, the CTSA PE consultant will discuss the appropriateness of PE for these potential candidates (i.e., their PTSD symptoms and their appropriateness as a training case). The PE consultant must approve the appropriateness of an individual for PE consultation before the clinician starts PE.  After the four-day workshop, the CTSA PE consultant will prepare clinicians for their first PE sessions and review the procedures of video- and audiotaping. The PE consultant will review recordings of each session prior to the next session and provide PE consultation sessions via Zoom or face-to-face meetings for each session.
Group PE Consultation	Participating clinicians	Ongoing from conclusion of four-day workshop  Weekly 90-minute meetings	CTSA PE consultant and participating clinicians will choose a 90-minute weekly group consultation time. This will be a standing meeting for the first year of participation in the PE initiative. The expectation is that PE group consultation will continue with the PE program leader and/or PE consultant, and that all participating clinicians will attend regularly. During

## Prolonged Exposure

Activity	Participants	Date/Time	Purpose/Content/Outcomes
			weekly group PE consultation meetings, participating clinicians will show video of PE sessions conducted in the previous week for group review and feedback. Note that clinicians’ first cases will be reviewed during group consultation (in addition to the individual consultations outlined above). Clinicians’ second cases will be reviewed only during group consultation. See section 1.8.2 for space requirements.

### 1.4.1.4. Sustainability and Other Trainings

Trainings in this phase will include the certification of a PE consultant, a trauma overview, and psychoeducation.

Activity	Participants	Date/Time	Purpose/Content/Outcomes
5-Day PE Consultant Workshop	Participating certified PE clinicians who have been identified as candidates for PE consultants	Fall 2023 5 Days	To ensure continued sustainability of PE within the agency, select certified PE clinicians will be identified as candidates for PE consultants. Once trained, the agency PE consultant will be expected to provide consultation on PE cases to new trainees. To become a PE consultant, the selected clinician will attend a 5-day Consultant Workshop.
Trauma 101	Case managers, administrative staff, and any other interested staff	Date TBD 2 hours	CTSA has developed a 2-hour “Trauma 101” training, designed for case managers, administrative staff, and other interested staff, to provide an overview of trauma and PTSD, including types of traumas, common reactions and symptoms, prevalence, and other data. This course is intended to equip staff, who may not receive direct PE training, to support and sustain the implementation of PE and enhance the culture of trauma-informed care across the program/organization. This training will occur on-site at the agency during the training phase.
PE Psychoeducation Group Training	Participating certified PE	Dates TBD	One effective referral pathway into PE has been through a PE Psychoeducation Group, a 6-session group developed specifically for the PE initiative and designed to help

**Prolonged Exposure**

<i>Activity</i>	<i>Participants</i>	<i>Date/Time</i>	<i>Purpose/Content/Outcomes</i>
	clinician or consultant	Six 90-minute group sessions	prepare potential PE candidates for PE therapy. Training in how to implement this group can be provided upon request, if the need and resources exist, and includes identification of a group leader (chosen from among the agency’s PE Therapists and Consultants) as well as support from the CTSA PE consultant in preparing and running a cycle of the 90-minute group sessions.
Other Training Opportunities	Participating clinicians	Ongoing throughout the year  Half- and full-day options available	Other training opportunities are available to participating clinicians throughout the year to fulfill sustainability requirements outlined in the Five Phases of Training (see below). These include offerings such as Cultural Considerations in Providing PE, PE for Adolescents, PE Case Consultation workshops, PE Special Topics workshops, and PE Advanced Skills workshops, among others.

**1.4.1.5. Implementation Meetings**

These meetings serve to facilitate full implementation of the PE program.

<i>Activity</i>	<i>Participants</i>	<i>Date/Time</i>	<i>Purpose/Content/Outcomes</i>
PE initiative Administrative Implementation Meetings	Administrative staff	Biannually	Administrative members of the PE implementation team (executive director, clinical director or supervisor, and agency PE consultants) will participate in two implementation meetings per year to review training and implementation status and to address any challenges that may arise.
PE initiative annual meeting	Executive leader, clinical director or supervisor, participating clinicians, intake staff, and CTSA and CBH Staff	Annually	All members of the PE implementation team will participate in a yearly meeting to celebrate the accomplishments of the initiative, including recognizing newly certified PE Therapists and Consultants.

## Prolonged Exposure

---

### 1.5. Participating Staff

This section provides an overview of requirements and recommendations for agencies as they identify staff to participate in PE training and implementation. It is important to note that clinician participation in the PE training must be voluntary. Please note that, when mentioned in this text, “administrative staff” refers to the executive director, the clinical director, and agency PE consultants.

#### 1.5.1. Executive Leader (1)

A salaried or full-time equivalent staff member in a leadership position will oversee the PE initiative. The executive leader must have clinical and administrative decision-making authority to ensure implementation and sustained delivery of comprehensive PE and identify specific roles and responsibilities among staff to manage PE implementation. The executive leader must participate in Pre-Training orientation and PE initiative implementation meetings.

#### 1.5.2. Clinical Director or Supervisor (1)

A master’s or doctoral level clinician, with preference for licensed or licensed-eligible and salaried or full-time equivalent, will oversee the clinical team, address implementation issues, ensure fidelity and sound clinical decision-making throughout training and implementation, maintain access to agency leadership to coordinate PE implementation and address potential challenges, champion PE, and assist with integration within the agency, and oversee monitoring and reporting procedures. The clinical director or supervisor must participate in the pre-training orientation and implementation meetings. The clinical director or supervisor is encouraged to participate in the PTSD Screening and Assessment Workshop and to audit the four-day PE workshop.

#### 1.5.3. Clinicians (3-5)

Three to five clinicians at the master’s or doctoral level, with preference for licensed or licensed-eligible and salaried or full-time equivalent, should be identified and invited for voluntary participation in the PE initiative. The participating clinicians must have a desire to do trauma work and ideally have demonstrated potential for longevity within the organization. The clinicians will implement comprehensive PE through individual therapy, carrying a caseload of at least two PE recipients during training, and will eventually expand PE caseload to an average of three to five individuals as expertise grows. The clinicians will participate in the pre-training orientation, PTSD Screening and Assessment Workshop, four-day PE workshop, post-training individual consultation, ongoing group consultation, the PE initiative annual meeting, and at least one other annual training opportunity offered within the PE initiative.

#### 1.5.4. Intake Staff

Any support or clinical staff involved in the intake and referral process must participate in the pre-training orientation and the PTSD Screening and Assessment Workshop, as well as any other trainings and meetings as needed (possibly Trauma 101 and the PE initiative annual meeting). Intake staff can have any educational or full-time/part-time status. Their participation in the workshop will equip them to support the identification

## Prolonged Exposure

---

of PE candidates during referral processes, as well as bolster the referral and assessment infrastructure to sustain PE over time.

### 1.5.5. Ancillary/Support Staff

Other staff in positions that will support sustained PE implementation should attend the Trauma 101 training. This can include case managers and administrative staff.

## 1.6. Five Phase Model of Training

Recognizing that it takes more than a single training or workshop to implement new practices and programs, the PE training model consists of five phases: preparation, training, clinical sustainability, consultant training, and program sustainability.

### 1.6.1. Phase 1: Preparation (1-2 months before workshop)

Agency Expectations

- ➔ Agency planning regarding ability to provide time, resources, and support for clinicians throughout implementation so that they are able to provide PE therapy and attend the necessary consultation meetings and trainings
- ➔ Leadership identifies implementation team, which includes an executive leader, a clinical director or supervisor, intake staff, and three to five clinicians. One member of the team should be designated as the PE program leader (who will be point person for communication and oversee the PE program in the agency).
- ➔ Complete and submit application to PE initiative
- ➔ Intake staff and participating clinicians attend the PTSD Screening and Assessment Workshop (clinical director or supervisor is also encouraged to attend)
- ➔ PE implementation team members attend two-hour pre-training orientation meeting #1
- ➔ Clinical director or supervisor, intake staff, and participating clinicians attend pre-training orientation meeting #2

### 1.6.2. Phase 2: Training (9-12 months)

Agency Expectations

- ➔ Agency provides time, resources, etc. for clinicians and staff to complete this phase

## Prolonged Exposure

---

- ➔ Intake staff implements use of PDS-5 as a PTSD screener and supplies screening data to CTSA monthly
- ➔ PE program leader oversees screening procedures and data management, creates a procedure for PE assignment, and provides PE caseload and outcome data to the CTSA monthly
- ➔ Participating clinicians attend four-day intensive workshop in PE for PTSD

### Clinician Expectations

- ➔ Participating clinicians complete one PE case with weekly individual consultation from CTSA PE consultant
- ➔ Participating clinicians complete second PE case through consistent attendance at weekly agency group PE consultation meetings, led by CTSA PE consultant
- ➔ Completion of this phase results in certification as a PE therapist

### 1.6.3. Phase 3: Clinical Sustainability (at least three months)

#### Agency Expectations

- ➔ Agency provides time, resources, etc. for clinicians and staff to complete this phase
- ➔ Agency supports continued use of PDS-5 as a PTSD screener; intake staff continues to implement use of PDS-5 as a PTSD screener
- ➔ Agency applies for EBP program designation through the EPIC
- ➔ PE program leader oversees screening procedures and data management, the PE assignment procedure, and provides PE caseload and outcome data to CTSA monthly

#### Clinician Expectations

- ➔ Certified PE therapists consistently use PE (carrying at least two cases at all times)
- ➔ All participating clinicians consistently attend weekly agency group PE consultation meetings
- ➔ Certified PE therapists attend at least one PE initiative training offering per year, including the Cultural Considerations in Providing PE workshop
- ➔ Certified PE therapists attend PE initiative annual meeting

## Prolonged Exposure

---

### 1.6.4. Phase 4: PE consultant Training (1 year)

#### Agency Expectations

- ➔ Agency provides time, resources, etc. for PE consultants and staff to complete this phase
- ➔ Agency attains and maintains EBP program designation through EPIC
- ➔ Agency supports continued use of PDS-5 as a PTSD screener; intake staff continues to implement use of PDS-5 as a PTSD screener
- ➔ PE program leader oversees screening procedures and data management, the PE assignment procedure, and provides PE caseload and outcome data to the CTSA monthly

#### Clinician Expectations

- ➔ All participating clinicians consistently attend weekly agency group PE consultation meetings
- ➔ To ensure program sustainability, candidates for PE consultants are identified and attend the five-day PE consultant workshop
- ➔ New agency PE consultant participates in weekly check-in with CTSA PE consultant for duration of first consultee's case
- ➔ CTSA PE consultant attends agency PE group consultation meetings weekly for the first six months, then biweekly for the next six months
- ➔ New agency PE consultant consistently uses PE (carrying at least two cases at all times)
- ➔ New agency PE consultant attends at least one one-day PE initiative training offering per year
- ➔ New agency PE consultant attends PE initiative annual meeting
- ➔ New agency PE consultant attends at least one PE consultant refresher course per year
- ➔ Agency consultants begin to take responsibility for all consultation procedures within the agency

### 1.6.5. Phase 5: Program Sustainability (ongoing)

#### Agency Expectations

- ➔ Agency provides time, resources, etc. to sustain PE program
- ➔ Agency maintains EBP program designation through EPIC

## Prolonged Exposure

---

- ➔ Agency supports continued use of PDS-5 as a PTSD screener; intake staff continues to implement use of PDS-5 as a PTSD screener
- ➔ PE program leader oversees screening procedures and data management, the PE assignment procedure, and provides PE caseload and outcome data to the CTSA monthly
- ➔ Executive leadership attends the PE initiative annual meeting

### Clinician Expectations

- ➔ Agency PE consultant independently leads weekly agency PE group consultation meetings
- ➔ All participating clinicians consistently attend weekly agency group PE consultation meetings
- ➔ CTSA PE consultant attends agency PE consultation meetings monthly
- ➔ Agency PE consultant consistently uses PE (carrying at least two cases at all times)
- ➔ Agency PE consultant attends at least one 1-day PE initiative training offering per year
- ➔ Agency PE clinicians and consultant attend PE initiative annual meeting
- ➔ Agency PE consultant attends at least one one-day PE consultant refresher course per year

## 1.7. Continuing Education Credits

Continuing Education Credits (CEUs) for the workshops will be provided through the Philadelphia Behavior Therapy Association (PBTA). PBTA is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists, professional counselors, marriage and family therapists, and clinical social workers licensed in the state of Pennsylvania. PBTA maintains responsibility for this program and its content. Each program provides three hours of CE credits for psychologists.

To receive continuing education credits, program participants must:

- ➔ attend each hour of the workshop (no late arrivals or early departures)
- ➔ complete a course evaluation

## 1.8. Sustained Practice

Following the completion of the full training and implementation program, providers will be expected to independently sustain PE, including facilitating ongoing referrals and engagement, delivering PE to an

## Prolonged Exposure

---

adequate volume of individuals, maintaining proper documentation and use of measures, and developing strategies to support staff through supervision and to address staff attrition.

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

- ➔ Training and consultation
  - » Intensive training by qualified treatment experts.
  - » Case-specific consultation to translate knowledge to practice.
- ➔ EBP service delivery
  - » Strategies for receiving referrals, assessment, and connecting individuals with an EBP-trained counselor.
  - » Maintaining EBP service volume to meet referral needs and maintain proficiency with the practice.
- ➔ EBP quality assurance
  - » Documentation of use of EBP in treatment plans and notes.
  - » Supervision of the EBP, including use of EBP-specific tools and/or checklists.
  - » Collection of clinical outcome measures appropriate for the EBP, including:
    - ➔ Measures of improved function or quality of life improvement
    - ➔ Developing systems for ongoing collection and reporting

Providers who participate in this initiative are expected to develop these capacities and procedures during the initiative and to obtain the EBP program designation at the end of the PE initiative via an EBP program designation application. Providers are expected to demonstrate sustained capacity for the PE program via annual resubmission of the EBP program designation application. Achieving and maintaining EBP program designation status will be required for inclusion in DBHIDS/CBH rosters for EBP providers. Mental health outpatient and substance use programs are eligible to receive the enhanced rate following EBP program designation in PE. Please see the [Guidelines for Evidence-Based Practice \(EBP\) Program Designation Provider Notice](#).

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

## Prolonged Exposure

---

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

### 1.9. Applicant Eligibility: Threshold Requirements

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

#### 1.9.1. Enrollment in Medicaid and Medicare and Licensure Requirements

Applicants must be enrolled, at their primary practice location, in Pennsylvania Medicaid as licensed clinical social workers, licensed psychologists, or licensed psychiatrists. Licensed professional counselors and licensed marriage and family therapists who meet the criteria of this RFA are encouraged to apply, and, if selected to enter the network, CBH will aid in enrolling those licensed professionals in Medicaid as needed.

Enrollment in Medicaid requires that practitioners adhere to the PA Code relevant to their licensing entities. For social workers, marriage and family therapists, and professional counselors, the state regulations can be found [here](#). For psychologists, the state regulations can be found [here](#).

#### 1.9.2. Program Requirements

Programs should create screening and referral processes to efficiently identify individuals with PTSD symptoms and appropriately match them to clinicians. Importantly, programs should be able to support the time requirements of PE implementation, including:

- ➔ Time spent by clinicians preparing for PE or videotaping sessions (90+ minutes per session).

## Prolonged Exposure

---

- ➔ Weekly 30-minute individual consultation sessions for the duration of the first case of PE.
- ➔ Ongoing weekly 90-minute group consultation meetings for the duration of participation in the PE initiative.

Additionally, programs should be able to support space and equipment requirements for PE therapy sessions and for group consultation meetings. Necessary technological equipment for PE therapy (video cameras, digital voice recorders), PE group consultation meetings (laptops, projector, laptop speakers), and videoconferencing or telehealth capabilities (Zoom, etc.) should also be available.

The goal of the PE initiative is to build a sustainable PE program within the agency that has the capacity to engage at least 10-15 individuals at a time. The long-term sustainability of a PE program requires that agencies are thoughtful in clinician and consultant selection processes (to combat excessive turnover), that clinicians and consultants have both administrative and clinical support around the PE program, and that participation in the initiative is a continuing commitment to training, fidelity to the model, and provision of PE. To aid in the achievement of these goals, participating clinicians are expected to attain PE therapist certification within one year of participating in the four-day intensive workshop in PE. Following PE therapist certification, participating clinicians are expected to maintain a caseload of one to three PE clients on a consistent basis.

### 1.9.3. Personnel and Training

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

### 1.9.4. Language and Culture

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

Applicants should present cultural competency plans that align with the National CLAS Standards. According to the most recent data, CBH members most often requested interpretation services for Arabic, Portuguese, Chinese Mandarin, Spanish, and Vietnamese (in order of most requested to least requested). CBH members also requested interpretation services for Chinese Cantonese, Haitian Creole, Russian, Burmese/Karen, French, Farsi, and Nepali.

### 1.9.5. Documentation

All service providers must follow federal, state, and CBH requirements for documentation.

## Prolonged Exposure

---

### 1.10. 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.

### 1.11. Timetable

Training is set to begin in fall 2023. It is expected that providers applying for this RFA will be in attendance for the pre-training orientation and all implementation meetings.

### 1.12. Monitoring and Reporting Requirements

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

#### 1.12.1. PTSD Screening Data

The CTSA will provide the selected agencies with a template for reporting monthly screening data. Support will be provided in the development of the operational procedures for collecting and reporting this data. Each agency must identify a method for PTSD screening data reporting, which will include identifying a PE implementation team member to enter and report all PTSD screening data. Email reminders to send the data will also be provided by the CTSA.

#### 1.12.2. PE Outcomes Data

The CTSA will provide the selected agencies with a template for reporting monthly outcomes data. Support will be provided in the development of operational procedures for collecting and regularly reporting this data. Each agency must identify a method for PE outcomes monitoring and reporting, which will include identifying a PE implementation team member to enter and report PE caseload and pre- and post-treatment scores on clinical measures. Email reminders to send the data will also be provided by the CTSA.

#### 1.12.3. Clinician Data

The CTSA will administer questionnaires designed to assess clinicians' attitudes and beliefs about PE prior to the four-day workshop, at the end of the four-day workshop, and at three-month intervals over the two years after the four-day workshop. Questionnaires can be administered electronically or on paper. Clinicians must complete these questionnaires at the requested intervals.

## Prolonged Exposure

---

### 1.13. Technological Capabilities

PE training will be provided virtually via Zoom for the foreseeable future due to COVID-19 safety precautions. Awarded providers must be able to use the DBHIDS virtual platform, if deemed feasible, and have access to Zoom for virtual events. Applicants must have the technology capabilities required to perform the proposed activities in this RFA. Additionally, selected agencies will need to have the capacity to audio or video record sessions to support expert consultation. Details to consider include obtaining member consent, identifying appropriate technology, and ensuring privacy protection in recording, storing, and transmitting electronic records (to expert trainers, for example). Details will be determined with trainers.

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

### 2.1. Required Application Format

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

- ➔ [CBH Clinical RFA Response Cover Sheet](#)
- ➔ [City of Philadelphia Tax and Regulatory Status and Clearance Statement](#)
- ➔ [City of Philadelphia Disclosure Forms](#)
- ➔ [City of Philadelphia Disclosure of Litigation Form](#)
- ➔ [CBH Provider Rate Request Certification Statement](#)
- ➔ [CBH Provider Rate Request Supporting Documentation](#) (*xls*)
- ➔ Proposal Content: Narrative response and any required attachments to 2.2
- ➔ [Potential Participant Questionnaire](#)
- ➔ [Participating Staff Attachment](#)

Applications must be prepared simply and economically, providing a straightforward, concise description of the Applicant's ability to meet the requirements of the RFA. Each application must provide all the information detailed in this RFA using the format described below. The narrative portion of the application must be presented in font size 12, using Times New Roman or Calibri font, and single-spaced on 8.5" by 11" sheets of paper with minimum margins of 1". The applicant must address each item listed below in Section 2.2., Application Content, to be considered a complete submission.

## Prolonged Exposure

---

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

## 2.2. Application Content

### 2.2.1. Introduction/Executive Summary

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

### 2.2.2. Population Served

Describe the population served at your agency. Include the number of individuals served annually. Indicate any unique characteristics of the population (e.g., primarily Spanish speaking, geographic location, etc.).

- ➔ What percentage of your population has experienced trauma? How many individuals have diagnoses of PTSD?
- ➔ On average, what percentage of individuals served in your outpatient program are CBH members?

### 2.2.3. Treatment Program

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

- ➔ Primary theoretical model(s) of treatment currently offered.
- ➔ How individuals are engaged in the treatment process, including strategies currently used or that will be deployed to engage individuals in trauma treatment.
- ➔ Other services and supports provided to support engagement of individuals/families in treatment, including support/psychoeducation groups.
- ➔ Process for monitoring symptom change and treatment progress, including the use of standardized measures in intake, treatment planning, or program evaluation.
- ➔ Describe how PE will be incorporated into your current array of services in the level of care for which you are applying. Indicate how the program will ensure family systems work is able to occur.

## Prolonged Exposure

---

### 2.2.4. Referral Pathways/ Identification of PE Recipients

Describe current sources of referrals for your program. Describe proposed strategies for creating and sustaining referral pathways for PE, ensuring minimum caseloads for clinicians. Describe strategies to identify PE recipients and match with appropriate clinicians, including methods to provide education about the services and screening and intake processes.

### 2.2.5. Evidence-Based Practice

DBHIDS/CBH have a strong focus on the use of EBPs for all levels of service throughout their provider network. Describe any additional EBP initiatives or research activities your organization (not just the level of care being applied for in this RFA) has been involved in or is currently enrolled in (both DBHIDS-sponsored and independent enrollments). Describe some of the specific successes and challenges your agency has had with EBPs. Describe how you plan to support and integrate multiple EBPs. If you have not implemented specific EBPs before, discuss some of the anticipated challenges associated with this kind of practice change and how your agency intends to address them.

### 2.2.6. Participating Staff

Participating clinicians and supervisors will dedicate time to training and implementation of PE for the initial training and implementation as outlined above. Describe proposed methods to support staff in managing these responsibilities and ensuring time to engage in key activities. Please reference specific strategies to ensure that participating clinicians will have the appropriate time allocated to PE implementation (i.e., time spent preparing for PE or videotaping sessions [90+ minutes per session], weekly 30-minute individual consultation sessions for the duration of the first PE case, ongoing weekly 90-minute group consultation meetings for the duration of participation in the PE initiative).

### 2.2.7. Physical Environment

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

### 2.2.8. Sustainability

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

- ➔ Leadership's role in ensuring a culture that integrates PE into standard practices.
- ➔ Strategies to address turnover and increase utilization of PE practices into the organization.
- ➔ Plan to provide continued PE training within the organization after the completion of the training of trainers.

## Prolonged Exposure

---

- ➔ Integration of PE into the organization's policies and practices.

### 2.2.9. License

Indicate if your agency has a current license from the Department of Human Services (DHS) for outpatient care. Copies of your agency's most recent licensure certificates should be included in your submission. Providers with provisional licenses are eligible for PE training.

### 2.2.10. Operational Documentation and Requirements

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

- ➔ Tax Identification Number
- ➔ An overview of your agency's financial status, which will include submission of a certified corporate audit report (with management letter where applicable). If this is not available, please explain and submit a review report by a CPA firm. If neither a certified corporate audit report nor review report is available, please explain and submit a compilation report by a CPA firm. Any of these submissions must be for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year. Please note, the most recent report must be submitted prior to any potential contract negotiations. In the case of a start-up with no financial activity, please provide a business plan, including three-year financial projection of Cash Flow, Income Statement, and Balance Sheet.
- ➔ Federal Income Tax returns, for for-profit agencies, or IRS Form 990 (Return of Organization Exempt from Income Tax), for non-profit agencies. Either of these submissions must be for the most recently ended corporate fiscal year. If the tax return is not yet available, submit the return for the prior corporate fiscal year. Please note, the most recent tax return must be submitted prior to any potential contract negotiations. In the case of a start-up, provide proof of corporate charter, corporate tax status, and/or individual tax return(s) of principal(s)/owner(s).
- ➔ Proof of payment of all required federal, state, and local taxes (including payroll taxes) for the past 12 months. If pre-operational, provide proof of deposits to cover initial operations.
- ➔ Proof of an adequate line of credit demonstrating funds available to meet operating needs. If not available, please explain.
- ➔ Disclosure of any bankruptcy filings or liens placed on your agency over the past five years. Please include an explanation of either. If there were no bankruptcy filings or liens placed on your

## Prolonged Exposure

---

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 with the named insured entity being the same name and address as the provider contracting with CBH.
  - » The insurance company providing coverage must be certified to do business in Pennsylvania or be otherwise acceptable to CBH. The insurance certificate must include the following coverage:
    - ➔ General Liability with a minimum of \$2,000,000 aggregate and a minimum of \$2,000,000 per occurrence
    - ➔ Professional Liability with a minimum of \$1,000,000 aggregate and a minimum of \$3,000,000 per occurrence. Professional liability policy may be per occurrence or claims made; if claims made, a two-year tail is required
    - ➔ Automobile Liability with a minimum combined single limit of \$1,000,000
    - ➔ Workers Compensation/Employer Liability with a \$100,000 per Accident; \$100,000 Disease-per Employee; \$500,000 Disease Policy Limit
  - » CBH, the City of Philadelphia, and the Commonwealth of Pennsylvania Department of Public Welfare must be named as an additional insured with respect to your General Liability Policy. The certificate holder must be Community Behavioral Health. Further, for applicants that have passed all threshold review items and are recommended by the Review Committee to be considered for contract negotiations for this RFA, each applicant will be required to provide a statement from an independent CPA attesting to the financial solvency of the applicant agency.

### 2.3. Terms of Contract

The contract entered into by CBH as a result of this RFA 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 RFA.

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.

## Prolonged Exposure

---

### 2.4. Health Insurance Portability and Accountability Act (HIPAA)

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

### 2.5. Minority/Women/People with Disabilities Owned 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 RFA 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 application. Any certifications should be submitted as hard copy attachments to the original application and copies that are submitted to CBH.
- ➔ Not-for-profit applicants cannot be formally M/W/DSBE-certified. CBH does utilize adapted state definitions to determine the M/W/DSBE status. Criteria are applied to not-for-profit entities to determine M/W/DSBE status in the CBH provider network, as follows (all criteria must be satisfied):
  - » At least 51% of the board of directors must be qualified minority individuals and/or women and/or people with disabilities
  - » A woman or minority individual or person with a disability must hold the highest position in the company
  - » Minority groups eligible for certification include African Americans, Hispanic Americans, Native Americans, and Asian Americans

## Prolonged Exposure

---

- » Citizenship and legitimate minority group membership must be established through birth certificates, military records, passports, or tribal cards
- Not-for-profit organizations may have sub-contracting relationships with certified M/W/DSBE for-profit organizations. Not-for-profits should include a listing of their M/W/DSBE certified sub-contractors, along with their certification information.
- For additional information regarding the Commonwealth of Pennsylvania's M/W/DSBE certification process, [visit this website](#).

## 2.6. City of Philadelphia Tax and Regulatory Status and Clearances Statement

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

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 RFA.

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 RFA and the selected applicant may find it necessary to replace the non-compliant subcontractor with a compliant subcontractor. Applicants are advised to take these City policies into consideration when entering into their contractual relationships with proposed subcontractors.

Applicants need not have a City of Philadelphia business privilege tax account number and business privilege license number to respond to this RFA, but will, in most circumstances, be required to obtain one or both if selected for award of the contract contemplated by the RFA.

Applications for a business privilege tax account number or a business privilege license may be made online by visiting the [City of Philadelphia Business Services website](#). If you have specific questions, call the Department of Revenue at 215-686-6600 for questions related to City of Philadelphia business privilege tax

## Prolonged Exposure

---

account number or the Department of Licenses and Inspections at 215-686-2490 for questions related to the business privilege license.

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

Applicants are advised that any contract awarded pursuant to this RFA 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 RFA 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 RFA.

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” link on the [eContract Philly homepage](#) 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 RFA.

By submitting an application in response to this RFA, 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 RFA. Applicants further acknowledge that they will notify any subcontractors at any tier proposed to perform services related to this RFA of the requirements of Chapter 17-1300.

### 2.8. Certification of Compliance with Equal Benefits Ordinance

If this RFA 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

## Prolonged Exposure

---

result in a Service Contract in an amount in excess of \$250,000, pursuant to Chapter 17-1900 of the Philadelphia Code,

- 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)
- 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 applications in response to this RFA, all applicants so acknowledge and certify that, if awarded a service contract pursuant to this RFA, 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 RFA. 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" link on the eContract Philly home page.

### 2.9. City of Philadelphia Disclosure Forms

Applicants and subcontractors are required to complete the City of Philadelphia Disclosure Forms (see attachments) to report campaign contributions to local and state political candidates and incumbents; any consultants used in responding to the RFA 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 application. The forms are attached as a separate PDF.

### 2.10. 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

## Prolonged Exposure

---

orders, or agreements between any local, state, or federal regulatory agency and the applicant or any subcontractor the applicant intends to use to perform any of the services described in this RFA.

Failure to disclose any of the proceedings described above may be grounds for disqualification of the applicant's submission. Complete and submit with your application the CBH Disclosure of Litigation Form (see attachment).

### 2.11. Selection Process and Responses

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

### 2.12. Threshold Requirements

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

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

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

**Prolonged Exposure**

**3. APPLICATION ADMINISTRATION**

**3.1. Procurement Schedule**

The anticipated procurement schedule is as follows:

<i>RFP Event</i>	<i>Deadline Date</i>
RFP Issued	August 7, 2023
Information Session	August 15, 2023
Deadline to Submit Questions	August 31, 2023
Answers to Questions on Website	September 14, 2023
Application Submission Deadline	2:00 p.m. ET on September 22, 2023
Applicants Identified for Contract Negotiations	October 17, 2023

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

Questions related to this RFA should be submitted via email by 2:00 p.m. on August 31, 2023, to [Farrah Sloan](#). Answers to all questions will be posted on the CBH website by Thursday, September 14, 2023.

This RFA is issued on Monday, August 7, 2023. To be considered for selection, completed applications must be submitted via email by 2:00 p.m. on Friday, September 22, 2023, to [Farrah Sloan](#). Submissions should include “PE RFA” as the subject of the email. Responses submitted after the deadline will not be considered.

**3.2. Info Session**

The PE Information Session will be hosted virtually via [Zoom Webinar](#). Please note that attendance at this session is optional; however, encouraged. All updates and documents, including the Q&A and negotiation announcement, will be posted to the [CBH Clinical Procurements webpage](#).

**3.3. Interviews/Presentations**

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

## Prolonged Exposure

---

### 3.4. Notification

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

### 3.5. Certification

Prolonged Exposure certification is coordinated through CTSA. All selected clinicians will be eligible for PE certification through the training and implementation program.

### 3.6. Cost Information

There will be no cost to providers for this training.

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

### 4.1. Revisions to RFA

CBH reserves the right to change, modify or revise the RFA 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.

### 4.2. 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.

#### 4.2.1. 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

## Prolonged Exposure

---

- ➔ 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 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

### 4.2.2. Miscellaneous Interpretation; Order of Precedence

In the event of conflict, inconsistency, or variance between the terms of this Reservation of Rights and any term, condition, or provision contained in any RFA, the terms of this Reservation of Rights shall govern. 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.

### 4.3. 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.

## **Prolonged Exposure**

---

### **4.4. Incurring Costs**

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

### **4.5. 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.

### **4.6. 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.

### **4.7. 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.