Dialectical Behavior Therapy (DBT) Training

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Applications must be received no later than:	2:00 p.m. May 14, 2024
Submit all RFA-related questions to:	Suzanne Heise cbhclinicalprocurements@phila.gov

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

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1. PROJECT OVERVIEW

1.1. Introduction/Statement of Purpose

Community Behavioral Health (CBH), a Behavioral Health Managed Care Organization (BH-MCO) for the Pennsylvania Health Choices and Community Health Choices Program, is soliciting participants for a training and implementation program to build clinical capacity in Philadelphia to provide Dialectical Behavior Therapy (DBT) as part of an ongoing effort to increase the availability of high-quality, evidence-based treatments for adults and adolescents. CBH would like to increase capacity for DBT across the city in Mental Health Outpatient Programs, Substance Use Outpatient Programs, American Society of Addiction Medicine (ASAM) Residential Rehabilitation Programs (3.1, 3.5, 3.7, 4.0), and Psychiatric Residential Treatment Facilities (PRTF). CBH seeks to increase access to DBT for populations requiring more intensive support. This includes adolescents and young adults with intellectual or developmental disability (IDD) diagnoses due to their co-morbid psychiatric disorders, lived experiences, and deficits in adaptive coping skills; therefore, preference will be given to Outpatient, PRTF, and ASAM Residential Rehabilitation providers serving the majority of individuals who have an IDD diagnosis.

Additionally, preference will be given to adolescent outpatient providers located in the following zip codes: 19120, 19121, 19124, 19132, 19138, 19140, 19143, 19150, or 19151. These zip codes have been identified as areas of high utilization of psychiatric inpatient services amongst children and adolescents. Increasing the availability of DBT in these areas could help reduce the need for inpatient hospitalization among adolescents living in these neighborhoods.

Please note application responses should be separate for each level of care and indicate adults and adolescents for outpatient programs. Responses from all applicants who meet RFA qualifications will be considered. There will be no cost to providers for this training, though a significant organizational commitment will be required to successfully implement and sustain this evidence-based practice (EBP). Training in DBT will be provided by the Treatment Implementation Collaborative (TIC), LLC. CBH expects to support training for up to eight programs through this RFA.

1.2. Organizational Overview

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Human Services (PA-DHS) to provide 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 providing innovative and groundbreaking services in Philadelphia for people in recovery, family members, providers, and communities and has become a national model for delivering behavioral health care services in the public sector. The Department envisions a Philadelphia where everyone can achieve health, well-being, and self-determination. The mission of DBHIDS is to educate, strengthen, and serve individuals and 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 self-determination for individuals with intellectual disabilities. Working with an extensive network of providers, DBHIDS provides services to persons recovering from mental health and substance use, individuals with intellectual disabilities, and families to ensure that they receive high-quality services that are accessible, effective, and appropriate.

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DBHIDS is comprised of seven divisions: the Division of Behavioral Health, the Division of Intellectual disAbility Services (IDS), the Division of Community Behavioral Health (CBH), the Division of the Chief Medical Officer, the Division of Planning and Innovation, the Behavioral Health and Justice Division (BHJD), and the Division of Administration and Finance. CBH manages a full continuum of medically necessary and clinically appropriate behavioral health care services for the City's approximately 802,000 Medical Assistance/Medicaid recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. Approximately 35% (n=277,116) of Philadelphia's Medical Assistance recipients are children under 18.

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 and efficient organization driven by quality, performance, and outcomes. We envision 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

DBT is an evidence-based treatment designed specifically for individuals with significant challenges stemming from emotion dysregulation. Randomized trials have associated DBT with a reduction in target behaviors and symptoms, namely suicidal behavior, self-injury, depression, substance dependence, eating disorder behaviors, hopelessness, anger, and impulsiveness, and with increases in social adjustment and positive self-esteem. Dr. Marsha Linehan developed DBT, which has continued to be researched over the last 31 years. Initially designed to treat individuals with borderline personality disorder (BPD), DBT has been applied more generally to individuals with severe and chronic, multi-diagnostic challenges.

DBT is rooted in cognitive behavioral therapy (CBT), which focuses on helping individuals change emotions, thoughts, and actions that interfere with a "life worth living." DBT expands on traditional CBT interventions and includes validation strategies to sustain the engagement of individuals whose struggles with emotion regulation can manifest during sessions as they work through vulnerable material. Validation strategies help keep the therapeutic relationship intact, and the client (and therapists) regulated enough for treatment to work. DBT also applies mindfulness strategies to promote acceptance as an individual simultaneously works toward change. Dialectics reconcile the disparate theories of change and acceptance, help move the therapy when it reaches an impasse, and model fluidity in thinking.

DBT is offered in various settings, from outpatient (standard DBT) to inpatient, intensive outpatient, partial hospitalization, residential, schools, forensics, and corrections. Standard DBT is provided in six-month or twelve-month programs and requires weekly individual psychotherapy, psychoeducational skills training group, and coaching outside of session via approved privacy-protected means of communication (for example, telephone and electronic communication as appropriate). In addition, anyone providing any mode of DBT (individual psychotherapy, skills training, coaching, case management, and prescribing) attends weekly consultation team meetings, considered "therapy for the therapists," to support those working with individuals with emotion regulation challenges.

In residential settings (from this point on residential settings/programs/facilities will refer to both PRTF and ASAM Residential Rehabilitation Programs), all staff members have the potential to fill coaching roles to help instill new behaviors. When enrolled in DBT, individuals attend skills training groups to learn new behaviors to help them regulate their emotions and relationships and tolerate crises and stress. When emotions escalate, those new skills are often complex for individuals to access. Coaching serves to support DBT participants to practice new behaviors during challenging moments. Line staff, education staff, case managers, and psychiatrists all play critical roles in helping transfer what is

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learned in a DBT skills group into day-to-day life. Effective coaching helps everyone by decreasing crises and stress on the individual and their environment. (It should be noted that similar opportunities may exist in outpatient settings for staff to support skills, the specifics of which can be discussed during planning phases.)

Additionally, DBT for adolescents often includes establishing multifamily skills groups to support skill acquisition and generalization. Family members are taught along with the adolescent and expected to complete weekly practice of the behavioral skills in their own lives. Family engagement, especially in skills training, will be necessary to establish adolescent DBT programs. While the adolescent in the program is the primary client for all programming, participating at least one family member or significant adult in a skills training group with the adolescent has demonstrated improved treatment outcomes.

CBH recognizes a need to provide high-quality, evidence-based treatment to its population of adolescents and adults who are experiencing the high-risk and complex symptoms targeted by DBT. As such, CBH is committed to increasing the capacity of its network to provide DBT. As CBH is also aware of the challenges faced by agencies in implementing and sustaining evidence-based clinical programs, this initiative includes both DBT training and the development of sustainable DBT programs.

1.4. Overview of Training and Implementation Program

CBH is sponsoring an innovative training and implementation program for adult and adolescent outpatient, adolescent psychiatric residential treatment providers, and ASAM residential rehabilitation providers. The Treatment Implementation Collaborative (TIC), LLC, a group of experienced DBT clinicians, trainers, and consultants specializing in DBT training and program implementation, will provide the training. The TIC team includes DBT research therapists and supervisors on DBT randomized control trials, raters for the Work Sample Committee on Marsha Linehan's Board of Certification (DBT-LBC), certified DBT therapists, DBT authors, and the developer of DBT-ACES, an extension of standard DBT. *Accepting the Challenges Employment and Self-Sufficiency* is a follow-up program for those who have completed DBT. TIC possesses over 28 years of DBT training and implementation experience within various systems serving many populations, including schools, correctional facilities, and all levels of behavioral health care.

The project is designed to support agencies with lifting off, developing, and sustaining DBT programs through a series of trainings and consultations. The training will include a pre-work/launch phase as agencies prepare to deliver DBT. Teams will then complete a training sequence to support the program and clinical development. The first session will be in person to build a connection. The remaining sessions will be delivered online to maximize access and productivity. Participating teams will attend six separate training sessions that include:

Needs Assessment	1- 2 hours per team	Online	July–August, 2024
Training 1*	2-Day Overview of DBT 1-Day Leadership Planning Meeting	In Person	August 26-27, 2024 August 28, 2024
Training 2*	Skills Training	Online	October 7-10, 2024 Four 4-hour sessions
Training 3*	Direct Care Staff Training	Online	November 18 - 22, 2024

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			4x4-hr sessions
Training 4	Core Clinical Training 1	Online	January 13-16, 2025 Four 4-hour sessions
Training 5	Core Clinical Training 2	Online	March 31–April 3, 2025 Four 4-hour sessions
Training 6	Core Clinical Training 3	Online	June 2 - 5, 2025 Four 4-hour sessions

**All residential programs participating in training should plan to send direct care staff to the Overview of DBT, Skills Training, and Direct Care Staff Training.*

In addition to training, teams will have regular consultations to support program development and clinical application of DBT. Agency leadership and DBT supervisors will be expected to attend quarterly sustainability meetings to support the team and program.

1.4.1. Training Program Goals

This training and implementation program aims to successfully integrate and sustain DBT services in Philadelphia to strengthen adolescents' and adults' resilience, recovery, and functioning across settings. As part of the training and implementation program, providers should demonstrate the capacity to identify and engage appropriate individuals for DBT, deliver the model to fidelity, and sustain comprehensive DBT programs long-term (which includes maintaining a census of individuals involved in DBT).

The training and implementation program will use a comprehensive learning structure that teaches DBT skills and coaching, treatment delivery, engagement in consultation teams to competency, and supporting program implementation. Participating staff will receive regular consultation with a DBT trainer to master and maintain fidelity to the DBT model, apply DBT learning to meet the needs of diverse individuals within their unique service setting, and determine how to use the model with flexibility and fidelity to ensure optimal progress for individuals receiving the treatment. In addition to developing mastery of the clinical model, teams and trainers will focus on program implementation, including the development of referral and intake processes, operational policies, and organizational supports to ensure that individuals who could benefit are engaged in the model and receive comprehensive DBT and that the program is sustained.

1.4.2. Training Model: Overview of Training and Implementation

Activity	Participants	Program Development Between Sessions
Needs Assessment Identifying provider agencies, goals, relevant programs, structural supports and needs for potential and selected teams.	Administrative and clinical leadership for each identified program	Complete preparation steps as needed, to be determined among trainers, agency, and CBH. Primary focus will be where/how to situate a DBT program and who should attend training.

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Activity	Participants	Program Development Between Sessions
Overview of DBT 2-day overview of treatment and training plan.	All staff whose roles connect them to DBT programming (team leaders, clinicians, all other relevant staff)	Identify clinicians and roles, establish consultation team meetings, begin reading treatment manuals, review policies with leadership, identify entrance and exit criteria. Specific team and practice homework assigned at training.
Leadership Planning 1-Day Leadership Planning Session to address goals, barriers, data, sustainment including DBHIDS expectations for EBP Programs.	Administrative and clinical leadership for each identified program	Develop DBT programming by supporting the DBT team identify clinicians and roles, establish consultation team meetings, begin reading treatment manuals, review policies with leadership, identify entrance and exit criteria. Specific team and practice homework assigned at training.
Skills Training Online equivalent of 3 days of training overviewing the four modules of DBT Skills Training – Emotion Regulation, Distress Tolerance, Mindfulness and Interpersonal effectiveness. Content will also focus on structuring and leading groups, therapy interfering behavior, coaching in different contexts (in person, phone, case management, etc.).	All staff	Define and develop skills group plan – Personal practice with skills, content, language. Specific team and practice homework assigned at training.
Residential Direct Care Staff Training Online equivalent of 3 days of training overviewing of DBT skills and a clear, concise method of coaching new behavior.	PRTF and ASAM Residential Rehabilitation Milieu staff	Coach DBT skills in daily life.
Core Clinical Training (CCT) 1 Following the Overview and Skills Training sessions, DBT teams (clinicians and team leaders) will participate in a series of the online equivalent to a 3-day training program for the development of knowledge and skills to provide DBT individual therapy. These Core Clinical Trainings will teach DBT to competency and will occur approximately three months apart to allow time for reading, practicing, completing homework, and delivering DBT.	Team leaders and clinicians (DBT teams)	Continued practice using (self) and teaching skills (others), continued reading of treatment manuals, strengthen and refine consultation team. Specific team and practice homework assigned at training.
Core Clinical Training (CCT) 2	Team leaders and clinicians (DBT teams)	All individual clinicians take on clients, complete pretreatment with all clients, start group for all clients, continued reading of treatment manuals. Specific team and practice homework assigned at training.
Clinical Core Training (CCT) 3	Team leaders and clinicians (DBT teams)	Increase DBT case load, adding groups as needed, finish reading treatment manuals. Specific team and practice homework

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Activity	Participants	Program Development Between Sessions
		assigned at training. Program sustainment, train new therapists as needed, expand to additional locations or populations as needed.
Monthly Phone Consultation Typically, each team receives 1 hour per month for a period of 12 months.	Teams and leadership for each provider	Develop/ support DBT programming.
Quarterly Meetings Key personnel will meet quarterly to discuss progress and barriers related to implementation.	Key personnel in implementation to be determined	Develop/ support DBT programming.

1.5. Participating Staff

This section provides an overview of requirements and recommendations for agencies as they identify staff to participate in DBT training and implementation (see Appendix C for the timeline and benchmarks for each position). It is important to note that clinician participation in the DBT training must be voluntary. Please note that, when mentioned in this text, "administrative staff" refers to each agency's executive director, clinical director, and DBT team leader.

1.5.1. Executive Leader (1)

A salaried or full-time equivalent staff member in a leadership position will oversee the DBT Initiative. The executive leader must ensure the implementation and sustained delivery of comprehensive DBT and identify specific roles and responsibilities among all staff to manage DBT implementation. The executive leader must participate in the Overview of DBT and Quarterly Meetings.

1.5.2. Team Leader (1)

Master's or doctoral level, with preference for licensed or licensed-eligible and salaried or full-time equivalent. The team leader 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 DBT implementation and address potential challenges, implement comprehensive DBT including individual therapy, skills group, team consultation, and phone coaching, carry a caseload of at least two DBT recipients during training, and expand DBT caseload to an average of four to five DBT cases as expertise grows. The team leader must participate in all components of DBT training: Needs Assessment, Overview of DBT, Skills Training, Core Clinical Training, Monthly Consultation, and Quarterly Meetings.

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1.5.3. Clinicians (4-8)*

Four to eight master's or doctoral-level clinicians should be identified and invited for voluntary participation in the DBT initiative. Preference will be given to licensed or license-eligible and salaried or full-time equivalent clinicians. The clinicians will implement comprehensive DBT, including individual therapy, skills group, team consultation, and phone coaching, carry a caseload of at least two DBT recipients during training, and expand the DBT caseload to an average of four to five DBT cases as expertise grows. The clinicians will participate in the Skills Training, Core Clinical Trainings, and Monthly Consultation.

**Applicants can propose larger team sizes to accommodate more extensive programs and higher numbers of anticipated DBT referrals. Justification for proposed team sizes must be included in the response.*

1.5.4. Residential DBT Skills Lead (PRTF and Residential Rehab Only)

An individual for this position will be selected based on agency structure and ability to fulfill the role in DBT implementation. The DBT Skills Lead will take the lead on integrating DBT skills throughout the program (or agency) and supporting a DBT culture among staff, regardless of clinical expertise. The DBT Skills Lead will attend the DBT Overview and two 3-day training sessions for the milieu staff.

1.5.5. Residential Milieu Staff (PRTF and Residential Rehab Only)

Any milieu staff member may be selected to help transfer skills to daily life. The residential milieu staff will attend two 3-day trainings for milieu staff focused on DBT skills, identifying principles that increase behavioral changes for individuals engaged in DBT through coaching, and a clear, concise method of coaching new behavior. They will also participate in ongoing education and training on coaching DBT skills.

1.6. Continuing Education Credits

Continuing Education Credits (CEUs) will be provided through the Behavioral Health Education and Training Network (BHTEN). See below for the types of credits offered.

- International Association for Continuing Education and Training (IACET) credits will be provided as BHTEN is an Accredited Provider.
- Social Work (SW) credit hours awarded. This conference is co-sponsored by Bryn Mawr College Graduate School of Social Work and Social Research (GSSWSR) for a maximum of 5 credit hours. Bryn Mawr College GSSWSR, as a Council of Social Work Education (CSWE) accredited School of Social Work, is a pre-approved provider of continuing education for Social Workers in PA and many other states.
- CE credit hours for Psychologists awarded. The American Psychological Association approves BHTEN to sponsor continuing education for psychologists. BHTEN maintains responsibility for the program and its content.
- Participants must attend the entire length of each training to receive CEUs and submit a completed course evaluation through the DBHIDS Learning Hub. CEUs will not be provided for the 1-day Leadership Planning

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session. Participants must attend the entire series to receive CEUs for all remaining trainings. No partial credit will be given.

1.7. Sustained Practice

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

DBHIDS/CBH has developed an EBP Program Designation to identify providers that sustain high-quality EBP programs. The criteria for EBP program designation include:

- Training and consultation
  - Intensive training by a qualified treatment expert
  - Case-specific consultation to translate knowledge into practice
- EBP service delivery
  - Strategies for receiving referrals, assessment, and connecting individuals with EBP-trained counselor
  - Maintaining EBP service volume to meet referral needs and maintain proficiency with the practice
- EBP quality assurance
  - Documentation of the use of EBP in treatment plans and notes
  - Supervision the EBP, including the use of EBP-specific tools 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 DBT Initiative via an EBP Program Designation application. Providers are expected to demonstrate sustained capacity for the DBT 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 can receive the enhanced rate following EBP Program Designation in DBT. Please see the **Guidelines for Evidence-Based Practice (EBP) Program Designation Provider Notice**.

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

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

1.8. Applicant Eligibility: Threshold Requirements

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

Eligible applicants must be Mental Health Outpatient Programs, Substance Use Outpatient Programs, ASAM Residential Rehabilitation Facilities, or PRTFs 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.

Although not required for applicants, preference will be given to adolescent providers located in the following zip codes: 19120, 19121, 19124, 19132, 19138, 19140, 19143, 19150, or 19151. Increasing the availability of DBT in these zip codes may help reduce the need for inpatient hospitalization amongst adolescents, as these zip codes have been identified as areas of high utilization of psychiatric inpatient services for this age group. Preference will also be given to providers who primarily serve individuals with an IDD diagnosis to increase access to more intensive, evidence-based services.

1.8.1. Enrollment in Medicaid and Medicare Licensure Requirements

Applicants must be enrolled as licensed clinical social workers, psychologists, or psychiatrists at their primary practice location in Pennsylvania Medicaid. Licensed professional counselors and licensed marriage and family therapists who

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meet the criteria of this RFA are encouraged to apply. If selected to enter the network, CBH will assist 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. The state regulations for social workers, marriage and family therapists, and professional counselors can be found here. For psychologists, the state regulations can be found here.

1.8.2. Program Requirements

As DBT programs are established, programmatic census levels will be determined and maintained with a thoughtful approach to caseloads. Teams will be expected to work collaboratively with CBH to be available to receive CBH members identified by CBH. To be eligible for the DBT training, Residential Facilities must, on average, have 50% of their census be CBH members, and outpatient programs must demonstrate that an adequate number of CBH members will benefit from implementing a DBT program at the proposed location.

1.8.3. Personnel and Training

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

1.8.4. 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 (most requested to least requested). CBH members also requested interpretation services for Chinese Cantonese, Haitian Creole, Russian, Burmese/Karen, French, Farsi, and Nepali.

1.8.5. Documentation

All service providers must follow Federal, State, and CBH requirements for documentation.

1.9. General Disclaimer

This RFA does not commit CBH to award a training opportunity to any program. This RFA and the process it describes are proprietary and are for the sole and exclusive benefit of CBH. No other party, including any Respondent, is intended to be granted 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.

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1.10. Timetable

Preparation begins in July 2024, and the first training is scheduled for August 2024. Providers applying for this RFA are expected to attend the relevant training based on each staff's role and all quarterly meetings.

1.11. Monitoring and Reporting Requirements

Tracking change is an integral part of DBT and essential to understanding what works well within the training and implementation. TIC will partner with the selected agencies to develop an outcome-monitoring plan. Support will be provided in developing the operational procedures for collecting and regularly reporting/reviewing data with CBH and TIC. A single point person within each agency will be responsible for DBT monitoring and reporting. At a minimum, programs that are selected through this RFA process will be required to meet the following monitoring and reporting requirements:

- Documented processes for accepting referrals/ assessing the appropriateness of EBP/scheduling with EBP therapists
- Roster of therapists/supervisors and tracking of caseload
- Documentation of delivery of EBP components (e.g., DBT skills groups, individual therapy and team consultation, phone coaching, session structure)
- Documented supervision to the model and peer supervision
- Documented use of EBP-specific fidelity tools
- Integration of model into treatment plan and session documentation
- Documented use of clinical measures appropriate to EBP

These reporting requirements may be used to determine if programs are sustaining the DBT model. If programs do not adequately sustain the model, they may no longer be eligible for an enhanced DBT rate, where applicable, and included on DBHIDS rosters of DBT providers.

1.12. Technological Capabilities

Most DBT training will be provided via Zoom to improve participants' accessibility. Awarded providers must be able to use the DBHIDS virtual platform if deemed feasible and access 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. Further technological information will be determined with trainers.

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1.13. Expectations for Recording Requirements

To best support clinician skill development, a review of clinical activities is a part of consultation and training. It is expected that participating teams will be able to record and share segments of or full sessions using a HIPAA-compliant version of Zoom (or similar). Sessions will be shown during consultation or training and not distributed beyond the clinician's control. If clinical sessions are conducted in person, the agency must support the DBT team with equipment capable of recording the clinician and client (typically a webcam connected to a computer).

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:

- Attachment A: **CBH RFP Response Cover Sheet**
- Attachment B: **City of Philadelphia Tax and Regulatory Status and Clearance Statement**
- Attachment C: **City of Philadelphia Disclosure Forms**
- Attachment D: **City of Philadelphia Disclosure of Litigation Form**
- Attachment E: **Participating Staff**
- Attachment F: **Potential Participant Questionnaire**

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.

Applicants are required to limit their General Narrative Description to nine 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.

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2.2. Application Content

2.2.1. Introduction/Executive Summary

Provide a summary of why your agency should be selected to participate in the training and provide DBT.

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 you serve (e.g., IDD population, primarily Spanish speaking, geographic location, etc.).

- Agencies applying for DBT for their adult population should include the number of adults served (age 18+); agencies applying for DBT for their adolescent population should indicate the number of adolescents served (ages 13-17). Agencies applying for DBT for adult and adolescent programming should provide these numbers separately.

- On average, what percentage of individuals served in your outpatient or residential program are CBH members? If your organization serves individuals who are part of the IDD population, please specify the percentage of individuals served who have an IDD diagnosis.

- Describe the need for specialized treatments and interventions for adolescents or adults in your program, particularly those who are experiencing complex symptoms associated with emotion regulation challenges (i.e., the symptoms targeted by DBT which include but are not limited to suicidality, self-harm, frequent emotional dysregulation, intense anger, etc.).

- Explain your rationale for the number of clinicians you have identified (e.g., requesting training for more clinicians to support many anticipated referrals).

- Detail how your organization incorporates cultural or community practices into your care model. Specifically, elaborate on the strategies, protocols, and initiatives to ensure that the care you provide is culturally sensitive and aligned with the diverse backgrounds and practices of the individuals you serve. Highlight any partnerships with community organizations or leaders contributing to culturally competent care. Additionally, describe how you engage with the community to gather insights and feedback on your practices, ensuring ongoing responsiveness to cultural nuances.

- Please provide detailed information on your organization's capacity and experience serving individuals with IDD diagnoses. This should include the range of services offered, the expertise of staff members working directly with the IDD population, and any specialized programs or accommodations designed to meet the unique needs of individuals with IDD.

2.2.3. Treatment Program

Describe the programming in your outpatient or residential program and the current treatments offered at your agency. Please be sure to include information about each of the following:

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- Primary theoretical model(s) of treatment currently offered
- How individuals are engaged in the treatment process; for adolescent outpatient and residential settings, strategies currently used or will be deployed to engage families in DBT
- Other services or supports are provided to increase the engagement of individuals and families in treatment
- Process for monitoring symptom change and treatment progress, including using standardized measures during intake, treatment planning, or program evaluation.
- How DBT will be integrated into the service array at your agency
- A detailed overview of your organization's current community partnerships, if any, aimed at addressing social determinants of health (SDOH)
    - Specifically, outline the nature of these partnerships, the key stakeholders involved, and the strategies employed to collaboratively tackle socio-economic and environmental factors affecting behavioral health outcomes within the community. Be sure to highlight any successful initiatives or innovative approaches that have emerged from these partnerships, demonstrating a positive impact on the targeted social determinants of health.
- Please describe how your agency or program fosters a supportive and inclusive atmosphere, promoting the mental and emotional health of those you serve. Be sure to describe:
    - The environment and culture are created to support the well-being and healing of individuals under your care.
    - The key components of your therapeutic approach, including the integration of EBP and the qualifications and training of your staff
    - Any innovative or specialized therapeutic modalities employed.

2.2.4. Referral Pathways/Identification of DBT Recipients

Describe current sources of referrals for your program. Describe proposed strategies for creating and sustaining referral pathways for DBT, ensuring minimum caseloads for clinicians and team leaders (e.g., connections with inpatient and partial hospitals, other treatment providers, and adult and child systems, such as child welfare, probation, etc.). Describe strategies to identify DBT recipients, including methods to provide education about the services and screening and intake processes.

2.2.5. Evidence-Based Practice

DBHIDS/CBH strongly focuses on using EBPs for all levels of care throughout its 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 specific successes and challenges your agency has had with EBPs. Describe how you plan to support and integrate

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multiple EBPs. If you have not implemented specific EBPs before, discuss some of the anticipated challenges associated with this practice change and how your agency intends to address them.

2.2.6. Participating Staff

Participating clinicians and the DBT Team Leader will dedicate time to training and implementation of DBT, including commitment to attending the entire sequence of training between August 2024 and June 2025, monthly expert DBT consultation, and participation in meetings as needed to support the implementation and sustainability of the DBT program. The participating Executive Leader and DBT Team Leader will oversee program implementation and ongoing support, including participating in a 2-Day Overview of DBT followed by a 1-Day Leadership Planning Meeting, addressing program development and challenges, and attending quarterly leadership meetings. Describe how leadership responsible for DBT programming will support proposed methods to support staff in managing these responsibilities and ensuring time to engage in key activities.

Although not part of the core DBT team, direct care/ancillary staff play integral roles in supporting the integration of DBT programming into the agency. Outpatient examples include psychiatrists and intake coordinators. Residential examples include direct care staff, education staff, and psychiatrists. Describe the proposed method(s) to educate/ train and include these staff in DBT implementation.

2.2.7. Physical Environment

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

2.2.8. Sustainability

As noted, the capacity to sustain the implementation of DBT in your setting will be strongly considered in the RFA selection. Sustainability requires the full engagement of leadership, policies that support the EBP practice, and efficient staff retention methods, among other strategies. Please describe your current staff retention rate (or turnover rate) and strategies to support staff retention. Please describe the plan to ensure that the implementation of DBT can be sustained in the long term, addressing the commitment of the executive director and other agency leaders, policies, staff retention strategies, and continued education/training for all ancillary staff to maintain the model.

2.2.9. License

Please indicate if your agency has a current license from the Department of Human Services (DHS) for Mental Health Outpatient, Substance Use Outpatient, ASAM Residential Rehabilitation (3.1, 3.5, 3.7, 4.0), or PRTF levels of care. Please submit copies of your most recent licensure certificates. Providers with provisional licenses may not be eligible for DBT 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:

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- Tax Identification Number

- An overview of your agency's financial status, including 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 nor a review report is available, please explain and submit a compilation report by a CPA firm. These submissions must be for the most recently ended corporate fiscal year. Submit the report for the prior corporate fiscal year if it is unavailable. Please note that the most recent report must be submitted before contract negotiations. Please provide a business plan for a start-up with no financial activity, including a three-year financial projection of Cash Flow, Income Statement, and Balance Sheet.

- Federal Income Tax returns for for-profit agencies, or IRS Form 990 (Return of Organization Exempt from Income Tax) for non-profit agencies. Either of these 23 submissions must be for the most recently ended corporate fiscal year. If the tax return is not yet available, submit the return for the prior corporate fiscal year. Please note that the most recent tax return must be submitted before contract negotiations. In the case of a start-up, provide proof of corporate charter, corporate tax status, and individual tax return(s) of principal(s)/owner(s).

- Proof of payment of all required federal, state, and local taxes (including payroll taxes) for the past twelve (12) months. If pre-operational, provide proof of deposits to cover initial operations.

- Provide proof of an adequate line of credit demonstrating funds are 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 agency over the past five years, please include an attestation indicating that this is the case, signed by either your Chief Executive Officer or Chief Financial Officer.

- Certificates of insurance. Certificates of insurance with the named insured entity being the same name and address as the provider contracting with CBH.

    - The insurance company providing coverage must be certified to do business in Pennsylvania or be otherwise acceptable to CBH. The 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; a two-year tail is required if claims are made.

        - Automobile Liability with a minimum combined single limit of $1,000,000.

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- Workers Compensation/Employer Liability with a $100,000 per Accident; $100,000 Disease-per Employee; $500,000 Disease Policy Limit.

» Regarding your General Liability Policy, CBH, the City of Philadelphia, and the Commonwealth of Pennsylvania Department of Public Welfare must be named as additional insured. The certificate holder must be Community Behavioral Health. Further, for applicants that have passed all threshold review items 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.), show them qualified, responsible, and capable of performing the work required in the RFA. The selected applicants shall maintain total responsibility for maintaining such insurance as 24 may be required by law of employers, including (but not limited to) Worker's Compensation, General Liability, Unemployment Compensation, Employer's Liability Insurance, and Professional Liability and Automobile Insurance.

2.4. Health Insurance Portability and Accountability Act (HIPAA)

The work to be provided under any contract issued under this RFA is subject to the federal Health Insurance Portability and Accountability Act (HIPAA), as amended, and other state or federal laws or regulations governing the confidentiality and security of health information. The selected applicant(s) must 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 Disabled (DSBE) Owned Business Enterprise and certified as such by an approved certifying agency and identified in the City of Philadelphia Office of Economic Opportunity (OEO) Certification Registry. If the applicant is

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M/W/DSBE certified by an approved certifying agency, a copy of the certifications should be included with the application. Any certifications should be submitted as hard copy attachments to the original application, and copies should be forwarded 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, women, and people with disabilities.
  - A female minority individual or person with a disability must hold the highest position in the company.
  - Minority groups eligible for certification include African Americans, Hispanic Americans, Native Americans, and Asian Americans.
  - Citizenship and legitimate minority group membership must be established through birth certificates, military records, passports, or tribal cards.
- Not-for-profit organizations may have sub-contracting relationships with certified M/W/DSBE for-profit organizations. Not-for-profits should include a listing of their M/W/DSBE-certified sub-contractors and 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 specific City of Philadelphia requirements. It is the policy of the City of Philadelphia to ensure that each contractor and subcontractor has all required licenses and permits and is current concerning the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation of other regulatory provisions contained in The Philadelphia Code. To assist the City in determining this status, through its Department of Revenue and Department of Licenses and Inspections, each applicant must complete and return with their application a City of Philadelphia Tax and Regulatory Status and Clearance Statement Form (see Attachment B). If the applicant does not comply with the City's tax and regulatory codes, an opportunity will be provided to enter into satisfactory arrangements with the City. Suppose satisfactory arrangements cannot be made within a week of being notified of their non-compliance. In that case, applicants will not be eligible for the contract award contemplated by this RFA. All selected applicants will also be required to assist the City in obtaining the above information from its proposed subcontractors (if any). Suppose a proposed subcontractor does not comply with City Codes and fails to make satisfactory arrangements with the City. In that case, 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 consider these City policies when entering contractual relationships with proposed subcontractors. Applicants need not have a City of Philadelphia Business Privilege Tax Account Number and 26 Business Privilege License Number to respond to this RFA. Still, in most circumstances, they will be required to obtain one or both if selected for the contract award 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 Service site and clicking "Register Your Business." If you have specific questions, call the Department of Revenue at 215-686- 6600 for questions related to the City of Philadelphia Business Privilege Tax Account Number or the Department of Licenses and Inspections at 215-686-2490 for questions related to the Business Privilege License.

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

Applicants are advised that any contract awarded under 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 Chapter 17-1300 purposes. If any such Service Contractor (i.e. applicant and subcontractors at any tier) is also an "Employer," as that term is defined in 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 outlined 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 the 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 links on the eContract Philly home page for further details concerning the applicability of this Chapter to, and obligations it imposes on, certain City contractors and subcontractors at any tier. In addition to the enforcement provisions contained in Chapter 17-1300, the successful applicant's failure or the failure of any subcontractor at any tier to comply (absent an approved waiver) with the provisions of Chapter 17-1300 or any discrimination or retaliation by the successful applicant or applicant's subcontractors at any tier against any of their employees on account of having claimed a violation of Chapter 17-1300, shall be a material breach of any Service Contract resulting from this RFA. By applying 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 under this RFA. Applicants further acknowledge that they will notify any subcontractors at any tier proposed to perform services related to this RFA of Chapter 17-1300 requirements.

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 result in a Service Contract in an amount

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over $250,000, under Chapter 17-1900 of the Philadelphia Code (1 A link to the Philadelphia Code is available on the City's official web site, www.phila.gov. Click on "City Code and Charter," located at the bottom right of the Welcome page under the box "Transparency."), the successful Applicant shall, for any of its employees who reside in the City, or any of its employees who are non-residents subject to City wage tax under Philadelphia Code Section 19- 1502(1)(b), be required to extend the same employment benefits the successful applicant extends to spouses of its employees to life partners of such employees, absent a waiver by the City under Section 17-1904. By submission of their applications in response to this RFA, all applicants so acknowledge and certify that, if awarded a Service Contract under 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 under Chapter 17- 1900. Following the award of a Service Contract subject to Chapter 17-1900 and before 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 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 for having claimed a violation of Chapter 17- 1900 shall be a material breach of 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 links 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 separate website Attachment) 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 the applicant or any representative of the 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 on the website posting. 28 3.10. 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 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 the CBH Disclosure of Litigation Form (see Attachment C) with your application.

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 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 the CBH Disclosure of Litigation Form (see Attachment C) with your application.

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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 best meet the goals of the RFA. Submissions will be reviewed based on the merits of the written response to the RFA.

2.12. Threshold Requirements

Threshold requirements provide a baseline for all applications, providing essential 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. State licensure status will also be reviewed, considered, and discussed with the PA Department of Human Services when applicable.

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' Medicheck List

3. APPLICATION ADMINISTRATION

3.1. Procurement Schedule

The anticipated procurement schedule is as follows:

RFA Event	Deadline Date
RFA Issued	April 4, 2024
Information Session	April 17, 2024
Deadline to Submit Questions	April 25, 2024

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RFA Event	Deadline Date
Answers to Questions on Website	April 30, 2024
Application Submission Deadline	2:00 p.m. ET on May 14, 2024
Applicants Identified for Contract Negotiations	June 25, 2024

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

Questions related to this RFA should be submitted via email by April 25, 2024, to **CBHClinicalProcurements@phila.gov**. Answers to all questions will be posted on the **CBH website** by April 30, 2024.

This RFA is issued on April 4, 2024. To be considered for selection, completed applications must be submitted via email by 2 p.m. on May 14, 2024, to **CBHClinicalProcurements@phila.gov**. Submissions should include "DBT RFA" as the subject of the email. Responses submitted after the deadline will not be considered.

3.2. Information Session

CBH will hold a **Dialectical Behavioral Therapy RFA Information Session** on April 17, 2024, at 2:30 p.m. for all interested providers. It will be hosted via Zoom; all interested parties should register via the above link. After registering, you will receive a confirmation email containing information about joining the webinar. Attendance at the information session is optional.

3.3. Interviews/Presentations

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

3.4. Notification

Applicants will be emailed about their acceptance for training and posted under the **Clinical Procurements Page**. Applicants who have been accepted will be given additional information about the training and expectations via an orientation session.

3.5. Certification

Participating in the training and implementation program will make all selected clinicians eligible to pursue DBT certification through the Linehan Board.

3.6. Training Costs

CBH is pleased to cover the initial start-up manual and workbook costs, along with the expenses for printing materials during in-person training sessions. However, it is expected that any subsequent costs associated with training materials incurred beyond the initial start-up phase and initial training sessions will be the providers' responsibility.

By participating in the initiative, providers understand they will bear the costs associated with subsequent manual updates, additional workbooks, and further printing requirements for training sessions and service delivery.

Providers are encouraged to budget and plan accordingly for these ongoing expenses related to materials and printing. CBH reserves the right to modify or update this policy at its discretion, and any changes will be communicated to the providers promptly.

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

4.1. Revisions to RFA

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

4.2. Reservation of Rights

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

4.2.1. Notice of RFA

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

- to reject any applications and to reissue this RFA at any time;
- to issue a new RFA with terms and conditions substantially different from those outlined in this or a previous RFA;

- to issue a new RFA with terms and conditions that are the same or similar as those outlined in this or a previous RFA to obtain additional applications or for any other reason CBH determines to be in CBH's best interest;
- to extend this RFA to allow for time to obtain additional applications before the RFA deadline or for any other reason CBH determines to be in CBH's best interest
- to supplement, amend, substitute, or otherwise modify this RFA at any time before issuing a notice of intent to develop a provider agreement or consultant contract to one or more Applicants
- to cancel this RFA at any time before the execution of a final provider agreement, whether or not a notice of intent to develop a provider agreement has been issued, with or without issuing, in CBH's sole discretion, a new RFA for the same or similar services
- to do any preceding without notice to Applicants or others, except such notice as CBH, in its sole discretion, elects to post on its website.

4.2.2. Miscellaneous Interpretation; Order of Precedence

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

4.3. 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 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 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 preceding sentence, CBH'S legal obligations shall not be limited or expanded by an Applicant's assertion of confidentiality and proprietary data.

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.

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4.5. Disclosure of Application Contents

Application information will be confidential and will not be revealed or discussed with competitors. All material submitted as part of the RFA process becomes the property of CBH 14 and will only be returned at CBH's option. Applications submitted to CBH may be reviewed and evaluated by anyone other than competing applicants. CBH retains the right to use any/all ideas presented in any reply to this RFA. Selection or rejection of an application does not affect this right.

4.6. Selection/Rejection Procedures

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

4.7. 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, at this moment 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.