

Request for Proposals (RFP)  
START Crisis Stabilization Team  
**San Diego Regional Center**  
**Community Placement Plan**  
**For Fiscal Year 2018-2019**

## **AUTHORITY**

San Diego Regional Center (SDRC), supporting individuals with Intellectual and Developmental Disabilities (IDD), has identified a critical need for an evidenced based model of crisis intervention and stabilization. SDRC is looking for a provider who will work closely with and be trained in the START model for crisis intervention and stabilization. The Center for START services will pilot this model for adolescents and young adults (ages 14-25) in San Diego County. "The START (Systemic, Therapeutic, Assessment, Resources and Treatment) model serves people diagnosed with intellectual/developmental and co-occurring behavioral health conditions. This comprehensive model of service supports optimizes independence, treatment, and community living for individuals with IDD and behavioral health needs. It promotes person-centered approaches and training for individuals, families and caregivers by applying core principles of positive psychology, utilization of therapeutic tools, provision of multi-modal clinical assessments, promoting enjoyable therapeutic recreational experiences and optimal utilization of existing resources through: Linkages with partners, engagement of service user, family, and other circles of support involvement; promotion of improved expertise across systems of care and the utilization of services designed to fill gaps."<sup>1</sup>

## **APPLICANT ELIGIBILITY**

Proposals can be submitted by service provider entities that can be authorized to conduct business within the State of California. Board members of San Diego-Imperial Counties Developmental Services, Inc., and employees of San Diego Regional Center are prohibited from submitting proposals.

## **SUBMISSION OF PROPOSALS**

Please send all proposals **by email only to:**

**Peggie Webb, Mgr. of Forensic and Behavioral Health Services**  
[pwebb@sdrc.org](mailto:pwebb@sdrc.org)

Copies of the proposals must be received at the above email address no later than 4:00 p.m. on June 5, 2019. Proposals received after this deadline will not be considered. Faxed or hardcopy proposals will not be accepted. You will receive an email reply confirming receipt of your proposal. If you do not receive an email confirmation, your proposal was

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<sup>1</sup> Excerpt from the START Overview updated 3.8.19

not received by SDRC. Please follow up with Peggie Webb, 858-503-4420, if you do not receive a confirmation.

## **PROJECT DESCRIPTION**

SDRC is seeking a provider with expertise in supporting transition age youth with intellectual or developmental disabilities with co-occurring behavioral health needs to pilot the START services model in the northern area of San Diego County. Primary intervention in the model consists of strengthening the service system's ability to successfully engage individuals with IDD by focusing on quality of life, improving access to services, identifying gaps in the system, and improving competencies for all stakeholders. This model includes planning activities that focus on the individual enrolled in START services including ongoing assessment of biopsychosocial factors contributing to challenges, a determination and assessment of strengths of the individual and team, systemic engagement and consultation, cross systems crisis prevention and intervention planning, comprehensive service evaluations, clinical, medical and other interdisciplinary consultation and collaboration and all other planned clinical team activities. This model will include a clearly outline Cross Systems Crisis Prevention and Intervention Plan which will provide a road map to providing emergency response and a working collaboratively across the system to address emergencies as they arise. This will include a 24-hour crisis response emergency therapeutic supports as well as assisting individuals and teams with gaining access to other emergency safety net services when clinically necessary. In addition to emergency assessment, intervention and advocacy, the START team will also provide direction and support in the achievement of stabilization and a return to prior levels of functioning in individuals' home environments. <sup>2</sup>

**START UP FUNDING                    \$285,000**

## **FORMAT AND APPLICATION REQUIREMENTS**

Proposals must comply with the instructions, format and time lines described in this request. Proposals should be written in 12-point font, Times New Roman or Arial preferred. All pages in the proposal must be numbered consecutively and include an identifying footer with the applicant name and project number. The proposal, *including* the required forms and documents, may not be more than (20) pages long. **Each applicant must submit an original proposal in PDF format via email. Hardcopies will not be accepted.**

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<sup>2</sup> Summarized from Excerpt of the START Overview updated 3.8.19

## PROPOSAL CONTENT

Each Proposal will contain the following:

1. **Service Description Summary (12 pages maximum):** Please include all headings and information requested below and provided in the same order in your document.
  - a. **Mission, Vision and Value Statements:** Provide agency MVV statements related to the proposed project.
  - b. **Agency Outcomes:** Describe anticipated outcomes of posed service for people participating in the program and how achievement of outcomes will be measured.
  - c. **Assessment and Planning:** Briefly describe the assessment and planning process for the start up of this model. How will individual goals/objectives be determined and progress measured? How will individual supports and services be determined?
  
2. **Staff Training:** Describe the topics to be covered in staff training, types of training that will occur (i.e. crisis prevention training, trauma informed practices, in-home coaching, provider support, etc.) , who will provide the training, roles of project staff, identified provider staff, SDRC staff, community providers, etc., as you see the model successfully implemented. Include all specialized training you foresee as it relates to mental health treatment, behavior support and crisis intervention.
  
3. **Development Team:** List the members of the proposed Project Development Team including the name, qualifications and title of the team members. At a minimum, this team should include the lead staff that will develop the response to the RFP, the service design and the individuals with the expertise in various evidence based practices outlined in your proposed model of crisis intervention and stabilization.
  
4. **Staff Recruitment and Retention:** Describe your plan to recruit and retain quality staff.
  
5. **Proposed Rate Structure:** Include a line item budget that provides detailed information regarding the cost of implementation of this model in San Diego on a monthly basis.
  
6. **Applicant/Agency Information Form:** Provide a completed and signed Applicant/Agency Information form (**Appendix A**). The information provided should highlight the applicant's ability to implement the proposed project. The form should contain the original signature of an individual with authority to submit the proposal (dated) and enter into a binding contract with SDRC. (1 page)
  
7. **Applicant/Vendor Disclosure Statement:** A completed and signed Applicant/Vendor Disclosure Statement (**Appendix B**). (4 pages)

- 8. Start-Up Budget:** A proposed Start-up Project Budget (**Appendix C**). Start-up funds are intended to assist in the development of new community resources. Start-up funds are not intended to cover 100 percent of the development costs. It is expected that the applicant will identify funds that their agency will provide, along with CPP funds, demonstrating financial capacity to complete the project. The Department of Developmental Services (DDS) may request an estimated and/or final “Sources and Uses” budget outlining the project cost and funding sources of the RC approved project. Include Budget and Financial Information. (3 pages)
- 9. Community Placement Plan:** For reference (**Appendix D**) Proposal Review/Selection Criteria will be used to evaluate the proposal. This does not need to be submitted with your proposal.
- 10. Equity and Diversity:** Each proposal will include a section on issues of equity and diversity. The plan will address diverse populations including, but not limited to, culturally and linguistically diverse populations. You must also include examples of your commitment in addressing the needs of those diverse populations, and include any issues you deem relevant to equity and diversity. Projects developed specifically for identified clients will require plans to provide culturally and linguistically competent services and supports to those specific clients.

## REPORTING REQUIREMENTS

Each selected project contractor will be required to submit monthly summaries describing progress made toward meeting project objectives to SDRC by the third of each month. These summaries will be attached to any monthly invoices submitted by the contractor. The contractor will submit a final report upon completion of the project. The format for the monthly summaries and invoices will be included in each awardee’s contract.

Contracts between SDRC and the selected service provider will include the following:

- a) Hold the vendor accountable for the expenditure of funds consistent with the contract terms and/or program outcomes;
- b) In the event a project cannot be completed within the approved timeframe, the start-up funds must be returned to the State;
- c) Upon completion of the project and the reconciliation of the contract funds, if SDRC determines that the contract amount has not been fully expended, the unexpended contracted funds will be recouped by SDRC and returned to the State; and
- d) DDS may request SDRC provide a copy of the fully executed SDRC/service provider start-up contracts.

## PROPOSAL SELECTION PROCESS

Any proposal may be rejected if it is incomplete or deviates from the specifications in this RFP. **SDRC reserves the right to reject any or all proposals and to cancel the RFP process at its discretion.** Each proposal will be evaluated by an RFP Selection Committee which is an interdisciplinary team of at least 3 members, who will score each proposal individually before coming together as a team to thoroughly review and discuss each

proposal and interview applicant, if applicable, and agreeing on a final score of each proposal. A minimum score of 70 percent is required for the proposal in order to be considered. Proposals will be evaluated in five areas: Agency Description (including history), Project Description, Work Plan/Timelines, Budget/Finances and Proposal Responsiveness. The specific criteria and weighting are detailed in **Appendix D**. Additional information may be required from selected applicants with regard to the proposal submitted prior to the awarding of a contract. References will be contacted and interviews may be conducted, particularly if two or more proposals are closely scored and/or more information is needed. The interview panel will include at least two individuals from the RFP selection committee, using the same questions and each interviewer will score the responses using the same scoring scale for each interview.

## **FUNDS**

Project descriptions indicate the total amount of funds available for each project. **Actual amount awarded will be contingent upon the budget submitted by DDS. Any project contractor who fails to develop the service specified will be required to return to the SDRC any compensation received for the start-up expenses.** All funded must be expended by March 31, 2021.

### **Objectives of this project:**

1. Collaborate with SDRC to ensure that the requirements of this RFP are met.
2. Develop a comprehensive service design that specifies evaluation and assessment procedures, education, training, mentoring and community outreach strategies to ensure effective implementation of nationally recognized evidence based model.
3. Execute a service contract with SDRC to be signed no later than June 30, 2019.
4. Recruit and hire necessary staff for effective implementation of the model.

APPLICANT/AGENCY INFORMATION

Applicant/Agency Name \_\_\_\_\_ CPP Project # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- Non-Profit Corporation       For-Profit Corporation
- Educational Institution
- Local Government Agency     Individual
- Other(\_\_\_\_\_)

Contact Person's Name and Job Title: \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

A. List up to four current or previous services implemented by the applicant/agency that provide evidence of experience related to your proposal. Include the service name, the dates that services started (and ended if not currently being provided), and a one sentence description of the type/purpose of the indicated service:

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_
- 4. \_\_\_\_\_  
\_\_\_\_\_

B. List two references that can be contacted in regards to applicant's experience, qualifications and ability to implement this proposal:

- 1. \_\_\_\_\_  
Name and Title Agency Affiliation  
\_\_\_\_\_ Address Phone
- 2. \_\_\_\_\_  
Name and Title Agency Affiliation  
\_\_\_\_\_ Address Phone

Application submitted by \_\_\_\_\_  
Signature Date

## **APPLICANT/VENDOR DISCLOSURE STATEMENT**

### **GENERAL INSTRUCTIONS**

Every applicant or vendor must complete and submit a current Applicant/Vendor Disclosure Statement, DS 1891 (disclosure statement) as part of a complete application packet for vendorization or upon request of the vendoring regional center. The following instructions are designed to clarify certain questions on the form. Instructions are listed in order of question for easy reference. See 42 CFR 455.101 for additional definitions.

**Overall Authority: Code of Federal Regulations (CFR), Title 42, Part 455; California Code of Regulations, Title 17, Section 54311. Welfare and Institutions Code, Section 4648.12.**

#### **Important:**

- **IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.**
- **Parents and consumers of Vouchers, Participant-Directed Services, or Purchase Reimbursements:** Complete Part 1 on page 2 and Part 3 on page 3, then proceed to **Applicant/Vendor Signature** on page 4 to sign and date.
- Failure to disclose complete and accurate information will result in a denial of enrollment and/or may be cause for termination of vendorization.
- Read **ALL** instructions when completing the disclosure statement.
- Type or print clearly in ink.
- If applicant or vendor must make corrections, please line through, date, and initial in ink. Do not use correction fluid.
- Answer all questions as of the current date.
- If additional space is needed, attach a sheet referencing the part and question being completed.
- Return this completed statement with the complete application package to the regional center to which you are applying.

### **Part 1: Identifying Information**

- A. Specify name of the applicant or vendor, agency, facility or organization, vendor number and service code, business address, and telephone number of applicant or vendor submitting the vendor application.
- B. Specify in what capacity the applicant or vendor is doing business. For example: The name of the corporation under which they are doing business. This name must match the license name, if applicable.
- C. List the National Provider Identifier, of the applicant or vendor, if any.
- D. List the Social Security Number, Date of Birth, and/or the Federal Employer Identification Number (EIN) of the applicant or vendor, if any. Enter Vendor's nine-digit EIN assigned by the IRS in the following format: XX-XXXXXXX.
  - An EIN is used to identify the accounts of employers and certain others who have no employees.
  - For more information about an EIN, please check <http://www.irs.gov> for "Employer Identification Numbers" or "EIN". Whenever this Disclosure Statement requests an EIN about an individual or entity, it has the same meaning.
- E. Check the entity type that best describes the structure of your organization.

### **Part 2: Ownership and Control Interests. Use the following definitions to identify the individuals you should enter in A, B and C of this section. See 42 CFR 455.101 for additional definitions.**

- "Indirect Ownership Interest" means an ownership interest in an entity that has an ownership interest in the applicant or vendor. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or vendor;
- "Managing Employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, agency or business entity;
- "Ownership Interest" means the possession of equity in the capital, the stock, or the profits of the applicant or vendor.
- "Person with an Ownership or Control Interest" means a person or corporation that:
  - A) Has an ownership interest totaling 5 percent or more in an applicant or vendor;
  - B) Has an indirect ownership interest equal to 5 percent or more of an applicant or vendor;
  - C) Has a combination of direct or indirect ownership interests equal to 5 percent or more in an applicant or vendor;
  - D) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the applicant or vendor if that interest equals at least 5 percent of the value of the property or assets of the applicant or vendor;
  - E) Is an officer or director of an applicant or vendor that is organized as a corporation; or
  - F) Is a partner in an applicant or vendor that is organized as a partnership.
- "Significant Business Transaction" means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of an applicant or vendor's total operating expenses.



**Part 2. Ownership, indirect ownership, and managing employee interests (If not applicable, please indicate.)**

**A.** List the name(s), title(s), address(es), SSNs, and DOBs of individuals for organizations having direct or indirect ownership interests, and/or managing employees in the applicant/vendor (see instructions for definitions). Also list all members of a group practice. Attach additional pages as necessary to list all officers, owners, management and ownership individuals and entities.

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>SSN</b>	<b>DOB</b>

**B.** List those persons named in ‘A’ above or ‘Part 4. A’ below, that are related to each other as spouse, parent, child, or sibling.

<b>Name</b>	<b>Relationship</b>	<b>Address</b>

**C.** List the name, address, vendor number and service code, SSN, NPI and/or EIN of any other applicant or vendor in which a person with an ownership or controlling interest in the applicant or vendor also has an ownership or control interest of at least 5 percent or more. For example: Are any owners of the applicant or vendor also owners of Medicare or Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.)

<b>Name</b>	<b>Address</b>	<b>Vendor Number and Service Code</b>	<b>SSN, NPI and/or EIN</b>

**Part 3. Excluded Individuals or Entities (If not applicable, please indicate.)**

List the name, title, and address of any person, as applicant or vendor, or entity with an ownership or control interest, any agent, director, officer, or managing employee of the applicant or vendor who is an excluded individual or entity, as defined on page 2.

<b>Name</b>	<b>Title</b>	<b>Address</b>

**Part 4. Subcontractor (If not applicable, please indicate.)**

**A.** List the name, title, address, SSN, NPI and/or EIN of each person or entity with an ownership or control interest in any **subcontractor** in which the applicant or vendor has direct or indirect ownership of 5 percent or more. State percentage.

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>Percentage</b>	<b>SSN, NPI and/or EIN</b>

**B.** List the name, title, address, SSN, NPI and/or EIN of each **subcontractor or wholly owned supplier** in which the applicant or vendor has had any significant business transactions within 5 years of the application or request.

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>SSN, NPI, and/or EIN</b>

**APPLICANT/VENDOR SIGNATURE**

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become vendored, or if the service provider already is vendored, a termination of its vendorization.

By signing this disclosure statement, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the vendoring Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

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**Name of Applicant/Vendor or Authorized Representative** **Title**

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**Signature** **Date**

**Recordkeeping and Access to Records**

Subject to the provisions of Title 17, California Code of Regulations, Section 54311 and Code of Federal Regulations, Title 42, Part 455.105, an applicant or vendored provider agrees to provide access for the review of any and all ownership disclosure information and/or documentation upon written request by the vendoring regional center, the Department of Developmental Services, the State Medicaid Agency, Department of Health Care Services, any State survey team, the Secretary of the United States Department of Health and Human Services, or any duly authorized representatives of the above named entities.

**Privacy Statement**

All information requested on the application and the disclosure statement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department of Developmental Services pursuant to 26 USC 6041. This information is required by the authority of Welfare and Institutions Code, Section 4648.12 and Title 17, California Code of Regulations, Section 54311. The consequences of not supplying the mandatory information requested are denial of vendorization as a regional center vendor or termination of vendorization. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, or licensing programs in other states.

BUDGET AND FINANCIAL INFORMATION

Applicant/Agency Name \_\_\_\_\_ CPP Project # \_\_\_\_\_

FINANCIAL STATUS AS OF \_\_\_\_\_, 20\_\_\_\_

Line of Credit Available?  Yes  No Amount \_\_\_\_\_

ASSETS

Cash on hand and in commercial and savings accounts \_\_\_\_\_

Notes and Receivables \_\_\_\_\_

Inventory, Equipment, Furniture and Furnishings \_\_\_\_\_

Real Estate (Market Value) \_\_\_\_\_

Other Assets: \_\_\_\_\_

TOTAL ASSETS ..... \_\_\_\_\_

LIABILITIES

Accounts and Notes Payable (Balance Due) \_\_\_\_\_

Salaries and Wages Payable \_\_\_\_\_

Real Estate Loans or Mortgages (Balance Due) \_\_\_\_\_

Payroll and Real Estate Taxes Payable \_\_\_\_\_

Other Liabilities: \_\_\_\_\_

TOTAL LIABILITIES ..... \_\_\_\_\_

Reference who may be contacted regarding applicant's/agency's qualifications and experience in financial management:

Name/Title \_\_\_\_\_ Agency/Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Budget/Financial Information Submitted by \_\_\_\_\_

Name

Date

**BUDGET FOR PROJECT START-UP**

**PERSONNEL SERVICES (Staff and Consultants)**

Job Title	Number (or %) FTE	FTE Monthly Salary with Fringe Benefit	Number of Months	TOTAL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
Employee Fringe Benefits <b>START-UP</b>	( _____	% of Salaries)		
<b>PERSONNEL SERVICES SUBTOTAL</b>				_____

**OPERATING EXPENSES**

	Monthly Amount	Number of Months	TOTAL
Office and/or Facility Lease	_____	_____	_____
Insurance	_____	_____	_____
Utilities	_____	_____	_____
Travel	_____	_____	_____
Purchased Equipment and Supplies (list)			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
Other-	_____	_____	_____
Administrative Overhead	_____	_____	_____
<b>START-UP OPERATING EXPENSES SUB-TOTAL</b>			_____

**TOTAL START-UP  
BUDGET**

Submitted by

\_\_\_\_\_ Name

\_\_\_\_\_ Date

**Proposed BUDGET Ongoing Monthly Operating Costs**

<b>ITEM</b>	<b>PROJECTED COSTS</b>
Salaries/Wages	
Fringe Benefits	
Administrative Overhead	
Consultant(s)	
General Expenses	
Rent	
Staff Training	
Utilities	
Equipment	
Office Supplies	
Travel	
Other (Specify)	
Total Projected	\$ _____ <u>Costs</u>
	_____
	_____
	_____

**In addition to the projected cost for each line item, be sure to include a narrative detailed breakdown (on a separate sheet of paper) of how each line item was constructed.**

**COMMUNITY PLACEMENT PLAN REQUEST FOR PROPOSAL  
PROPOSAL REVIEW/SELECTION CRITERIA**

*(The minimum requirement will be 70% of the total possible points)*

Project Number \_\_\_\_\_ Applicant /Agency \_\_\_\_\_

	<b>Maximum Score</b>	<b>Initial Proposal Score</b>	<b>Final Score</b>
<b>A. Agency Description</b>			
1. Proposal demonstrates applicant/agency's experience, skills, philosophy of service in the field of developmental disabilities and/or mental health.	10		
2. References provide reliable evidence of applicant/agency's qualifications, quality of services and ability to maintain positive working relationships.	5		
3. The applicant/agency's history indicates the capability of developing, managing, and operating the proposed project in San Diego County.	10		
<b>B. Project Description</b>			
1. Proposal describes the training techniques and instructional methods that the program will incorporate to achieve successful outcomes for the clients served.	5		
2. The proposed use of personnel (direct care staff and consultants), including the selection, management and training of staff should ensure quality outcomes in the project.	10		
3. Proposal includes sound program components and strategies that will be used to serve the clients highlighted in the RFP. The proposal includes a plan to ensure the health and safety of those served.	5		
<b>C. Work Plan/Timelines</b>			
1. The work plan indicates a thorough knowledge of the processes and procedures needed to complete the project.	10		
2. Applicant/agency included realistic objectives and timelines to achieve measurable objectives that will result in the completion of the project.	10		
<b>D. Budget/Finances</b>			
1. The applicant/agency's financial statement reflects sound fiscal practices. Assets are sufficient to undertake the proposed project.	10		
2. The start-up budget is reasonable and demonstrates a good appraisal of actual costs involved in completing the project.	5		
3. The estimate for on-going service rate is cost-effective and consistent with funding for similar programs.	5		
<b>E. Proposal Responsiveness</b>			
1. The overall proposal indicates an ability to follow directions and is an appropriate response to the RFP	10		
2. The proposal provides evidence of innovative practices in providing services.	5		
<b>TOTAL</b>	<b>100</b>		

Proposal review completed by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_