

SDRC/CPP Project #3

Request for Proposal (RFP)
A Model for Crisis Stabilization
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 has identified a critical need for an evidenced based model of crisis intervention and stabilization. SDRC is looking for a provider who ideally participates in some type of National Network of experts in this specialized area in order to fully support current evidence based practices in all aspects of such a model. The successful provider will have experience with supporting effective implementation in other areas or other states. SDRC is looking for a model that includes trauma informed care, is research based and includes effective data collection and measurement of outcomes. SDRC is looking for a provider who can offer education in such a model, technical assistance, and mentoring to identified programs in San Diego specifically where individuals with complex needs struggle to maintain community tenure.

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 Service 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

Copies of the proposals must be received at the above email address no later than 4:00 p.m. on May 15, 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 not received by SDRC. Please follow up by phone with Peggie Webb if you do not receive a confirmation.

PROJECT DESCRIPTION

San Diego Regional Center (SDRC) is seeking to create a strong foundation for crisis support for individuals across the lifespan. SDRC is seeking a model that provides support to individuals living in the community including those persons living with their families as well as those supported by other providers. In order to effectively educate, train and mentor support in our community, this provider must be well versed in existing evidence based practices, trauma informed care, creating community linkages to other necessary support, and providing direct in home support to families or other providers when such expertise is required to assist an individual with complex needs to be successful in day to day needs. This model will require expertise in co-occurring psychiatric disorders, co-occurring substance use disorders, expertise with sophisticated behavioral interventions as well as expertise in emotion regulation, co-occurring criminogenic needs, skills acquisition and community outreach and education. As such a model is complex and clearly broad in scope requiring multiple areas of expertise in evidence based practices, SDRC is looking for a vetted model with national recognition and national networking capability.

START UP FUNDING \$281,000

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 Ariel 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 (19) pages long. **Each applicant must submit an original proposal in PDF format via email. Hardcopies will not be accepted.**

PROPOSAL CONTENT

Each Proposal will contain the following:

1. **Service Description Summary (12 pages maximum):** Please include all headings and information requested below and provide 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 proposed 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's 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 include 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.** Please 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 San Diego Regional Center (1 page)
7. **Applicant 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, Budget and Info pg 2). 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. 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 (Appendix C, Budget and Info pg 1). (2 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 San Diego Regional Center 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 provide will include the following:

- a) Hold the vendor accountable for the expenditure of funds consistent with the contract terms and or program outcomes;
- b) B) In the event a project cannot be completed with 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) The Department of Developmental Services may request the RC to provide a copy of the fully executed RC/Vendor start-up contracts.

PROPOSAL SELECTION PROCESS

Any proposal may be rejected if it is incomplete or deviates from the specifications in this RFP. **San Diego Regional Center 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% 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 detail in Appendix E, Rating Criteria. 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 the Department of Developmental Services**

(DDS). Any project contractor who fails to develop the service specified will be required to return to the San Diego Regional Center any compensation received for the start-up expenses. All funded must be expended by March 31, 2020.

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 mode.
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.

| Name | Title | Address | SSN | DOB |
|-------------|--------------|----------------|------------|------------|
| | | | | |
| | | | | |
| | | | | |

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.

| Name | Relationship | Address |
|-------------|---------------------|----------------|
| | | |
| | | |
| | | |

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.)

| Name | Address | Vendor Number and Service Code | SSN, NPI and/or EIN |
|-------------|----------------|---------------------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

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.

| Name | Title | Address |
|-------------|--------------|----------------|
| | | |
| | | |
| | | |

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.

| Name | Title | Address | Percentage | SSN, NPI and/or EIN |
|-------------|--------------|----------------|-------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |

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.

| Name | Title | Address | SSN, NPI, and/or EIN |
|-------------|--------------|----------------|-----------------------------|
| | | | |
| | | | |
| | | | |

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.

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

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 START-UP | (_____ | % of Salaries) | | |
| PERSONNEL SERVICES SUBTOTAL | | | | _____ |

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 | _____ | _____ | _____ |
| START-UP OPERATING EXPENSES SUB-TOTAL | | | _____ |

**TOTAL START-UP
BUDGET**

Submitted by

_____ Name

_____ Date

**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 _____

| | Maximum Score | Initial Proposal Score | Final Score |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------|--------------------|
| A. Agency Description | | | |
| 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. Project Description | | | |
| 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 | | |
| C. Work Plan/Timelines | | | |
| 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 | | |
| D. Budget/Finances | | | |
| 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 | | |
| E. Proposal Responsiveness | | | |
| 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 | | |
| TOTAL | 100 | | |

Proposal review completed by: _____ Signature _____ Date _____