  
**NOTICE OF REQUESTS FOR PROPOSALS (RFP)**

**COMMUNITY PLACEMENT PLAN (CPP)**

**FISCAL YEAR 2017-18**

**Summary of Project**

San Gabriel/Pomona Regional Center and Alta California Regional Center are soliciting proposals for the following CPP contracted service:

**Service Type:** Intensive Transition Service

**Project #:** SGPRC-SN-1718-11 & ACRC-SN-1718-

**Posting Date**: May 11, 2018

**Deadline**: June 4, 2018

**Start-up Funds Available**: up to $3 million

**Location:** To be determined (within the SG/PRC and ACRC service areas)

**Development Timeline:** The objective is for the provision of intensive transition services to begin by late summer or early fall 2018

**PROJECT DESCRIPTION**

San Gabriel/Pomona Regional Center (SG/PRC) and Alta California Regional Center (ACRC) are jointly soliciting proposals to provide support-focused efforts on transitioning between 20 and 25 individuals per year, placed at Institutions for Mental Diseases (IMDs) into alternative community settings, or who are at risk of being placed in an IMD. The purpose of the contract is to obtain statewide consultation, assessment, training and evaluation services from a nationally recognized Contractor with regional teams in Northern and Southern California. The scope of services to be provided during the contract term include, but are not limited to: conducting risk assessments; developing comprehensive Person Centered Plans; making recommendations to planning teams, providing intensive preparatory services to individuals and their Interdisciplinary Teams (IDTs), training and evaluation pre-transition and during transition as identified in the Individual Program Plan (IPP), consulting with regional centers and the Department of Developmental Services (DDS) to develop model services to support the individual’s and the public’s health and safety; supporting individuals with complex service needs during the transition process (consistent with assessed needs, individual rights, and relevant court orders), training families and community-based service providers. Each individual moving from an IMD into an alternative community setting, who is identified by the IDT as needing intensive individualized support services, will be expected to receive these services as outlined in the IPP. Contractor will also assist the IDT with identifying and/or recommending ongoing service and support needs and participate in the transition of services to the appropriate service providers before intensive individualized transition services conclude. Contractor will deliver services throughout California according to the location of the IMD where the individual is residing and the identified location where they will be transitioning to.

**LEGISLATIVE MANDATE**

The Applicant must have the ability to deploy consultants who are experts in the needs of individuals with developmental disabilities, as defined in California Welfare & Institutions Code section 4512(a), and co-occurring chronic medical, behavioral and/or psychiatric conditions, as well as judicial involvement. The consultants must also be knowledgeable in both California and federal statutory and regulatory laws pertaining to the provision of services and supports for, and the safeguarding of individual rights of, individuals with developmental disabilities, including, but not limited to:

* The Lanterman Developmental Disabilities Services Act (California Welfare & Institutions Code section 4500 et seq.);
* Welfare & Institutions Code section 4648 et seq.;
* Welfare & Institutions Code section 6500 et seq. (judicial commitments of persons with developmental disabilities);
* Centers for Medicare and Medicaid Services regulations for Home and Community-Based Services (42 CFR Parts 430, 431, 442 et seq.);
* Federal Health Insurance Portability and Accountability Act (HIPAA) requirements;
* US Department of Justice Civil Rights of Institutionalized Persons Act (CRIPA);
* California Health and Safety Code and California Code of Regulations (CCR), Title 22, provisions on individual rights in licensed facilities, including Health and Safety Code Division 1.5, Use of Seclusion and Behavioral Restraints in Facilities, and Division 2 Licensing Provisions;
* Department of Developmental Services regulations (Title 17, Division 2), including provisions on clients’ rights (Chapter 1, Subchapter 5);
* California laws related to mandated reporters, including the Elder Abuse and Dependent Adult Civil Protection Act;
* Federal and State anti-discrimination laws, including the Americans with Disabilities Act (ADA), and California Government Code section 11135 et seq.

**TARGET POPULATION**

Throughout California, individuals with severe behavioral and psychiatric conditions are provided emergency services and supports in a secure setting, such as IMDs, for short-term stabilization. The individuals to be served under this contract have been identified as being a danger to self and others and are committed to an IMD under section 6500 of the Welfare & Institutions Code, conservator commitment, or voluntary admission, or are at risk of placement in an IMD. Currently, there are approximately 70 individuals within the DDS regional center system residing at IMDs. The majority of individuals currently placed in IMDs are in the mild to moderate range of intellectual disability, have been determined to be a danger to themselves or others and require a secure setting for stabilization. IMDs provide a structured and restrictive treatment setting. The ratio of males to females is 7:3 and the average age is 30 years old. Individuals can also include minors, typically ages 11 to 17. Approximately 20% are diagnosed with Autistic Spectrum Disorder. Approximately two-thirds of the individuals are diagnosed with a mental health diagnoses, including, but not limited to mood disorders, schizophrenia, post-traumatic stress disorder, and anxiety and impulse control disorders. Behaviors of concern can include, but are not limited to, assault, self-abuse, property destruction, drug abuse and maladaptive sexual behavior. Some individuals have co-occurring chronic medical conditions, such as epilepsy, head injury trauma, and conditions related to substance abuse.

**SCOPE OF SERVICES**

Services to be provided by the applicant under this agreement shall include, but are not limited to the following:

The applicant will provide a wide range of skilled clinical disciplines with expertise in the needs of individuals with developmental disabilities who have a co-occurring mental health diagnosis. The applicant will collaborate and communicate with an array of organizations and individuals including, but not limited to: individuals with developmental disabilities and, as appropriate, their families, conservators, and other legally authorized representatives; regional centers; DDS; courts; regional center clients’ rights advocates; local law enforcement; and community service providers.

The applicant will identify the appropriate consultant, or combination of consultants (employed or subcontracted), to ensure timely implementation of the agreed upon transition plan and intensive individualized support services. The applicant must also recruit enough consultants and/or staff to ensure timely service delivery in community settings throughout the state. This contract does not preclude separate contracts within the state where the applicant provides direct services to the person. The applicant must have consultants who are experienced and available to provide services throughout the state. In addition to demonstrating experience in these areas, the applicant must articulate their vision for the provision of these services including methods of collaborative, innovative service design and delivery.

This RFP seeks to identify one or two successful applicants to develop, deploy and operate this intensive transition service throughout California. The successful applicant(s) will have a Southern and Northern California office, with the Southern California office being vendored with SG/PRC and the Northern California office being vendored by ACRC. In the south, the intensive transition service will serve the following regional centers: San Diego, Inland, Orange County, Eastern Los Angeles, South Central Los Angeles, North Los Angeles County, Westside, Harbor, Frank D. Lanterman, SG/PRC and Tri Counties. In the north, the intensive transition service will serve the following regional centers: Far Northern, Redwood Coast, North Bay, East Bay, Golden Gate, San Andreas, Central Valley, Kern, Valley Mountain and ACRC.

All referrals for the intensive transition service will be screened by SG/PRC (for the south) and ACRC (for the north) and determined as being ready for transition.

The services shall be provided as per the assessed needs of the client in their home community, which includes normal business hours (8:00 AM to 5:00 PM), nights, and weekends. Services may be needed to assist with immediate situations in which a client’s placement in the community is jeopardized. The applicant shall maintain a 24-hour phone line for emergency contact and keep SG/PRC, ACRC and other user regional centers informed of any changes to that number. The applicant must be available to respond to emergency contacts within a half hour and be available if necessary to be on-site with the client as soon as practical, but no later than within the following two calendar days of the request.

As part of this contract the selected applicant will participate in monthly meetings with SG/PRC and ACRC – or more often, as requested by the regional centers– to discuss coordination of services delivered.

The selected applicant shall provide quarterly data to SG/PRC, ACRC and DDS on the type of services delivered to and outcomes for individuals served within the first forty-five (45) days following the date of a fully executed contract in a format agreed upon between applicant and the regional centers. Data to be collected for individuals served under the contract, and analyzed and presented to SG/PRC, ACRC and DDS in the quarterly, report will be determined by SG/PRC, ACRC and DDS and the applicant and may include, but not be limited to: the number of individuals the Proposer supported in transitioning from IMD to the community; the types of community placements to which individuals moved; the number of initial community placements maintained while receiving services from the applicant and data regarding any changes in placement after individuals moved into the community; the average and range of months for which the applicant provided intensive transition services; trainings conducted by the applicant; types of consultation and direct services provided by the applicant; incidents of acute psychiatric placement, emergency room visits, law enforcement involvement, use of restrictive interventions.

**ELIGIBILITY OF APPLICANT**

The prospective applicant must demonstrate a strong understanding of the challenges exhibited by the target client population in order to best serve the client population. In addition, the applicant must be able to work collaboratively with SG/PRC, ACRC and DDS during the development phase of the project and complete the project in a timely manner.

Eligibility:Any individual, partnership, corporation, association or private-for-profit or not-for-profit agency may submit a proposal.

* For partnership submissions, all partners should have full knowledge of the contents of the proposal submitted and must demonstrate commitment to the project during start-up as well as on-going operations.
* Applicants, including members of the governing board, must be in good standing in regard to all services vendored with any regional center.

Ineligibility: Under the following conditions, and individual or entity is ineligible to be regional center vendor, and therefore may not submit a proposal.

Conflict-of-Interest**:** Any individual or entity that has a conflict-of-interest as established in DDS Regulations, Title 17, Sections 54314 and 54500 et seq., unless a waiver is permitted and obtained, including:

* + Regional center employees, board members, and their family members.

**GENERAL REQUIRMENTS**

The following general requirements will apply to this RFP and the development of the intensive transition service:

* Applicants must demonstrate fiscal responsibility by submitting 2 complete fiscal years and current fiscal year to date financial statements that detail all current and fixed assets and current and long-term liabilities. In addition, the applicant must document available credit line and provide necessary information for verification.
* Development of Service Design: The selected applicant will be required to complete a service design within ninety (90) days of award of the contract.
* Proof of Liability Insurance: The selected applicant will be required to maintain general and professional liability insurance for all work performed on behalf of regional center clients and their families and to name the regional center as an additional insured on all such policies.

**Deadline of Submission:** Proposals must be received at SG/PRC and ACRC by 4:00 p.m. on Monday, June 4, 2018 (Pacific Daylight Time).

Applications that are submitted after the deadline or that are incomplete, or proposals that do not meet the requirements will be disqualified. No proposals will be returned.

This RFP does not commit SG/PRC and ACRC to procure or contract for services or supports. SG/PRC and ACRC may elect to fund all, part, or none of the project, depending on funding availability as approved by the Department of Developmental Services and the quality of the proposals received.

The rate methodology for the intensive transition service will be based on the identified service needs of each individual referred for the service. The allocation of funds for this project are intended to be used for the start up of the service and for the initial provision of service. The applicant shall propose the breakdown and amount of funds that will be distributed between start-up and the on-going service. Funding for the intensive transition service, after the allocated funds for this project have been exhausted, will be based on the submission of individual transition cost sheet, that establishes an hourly/monthly cost.

**APPLICANT QUALIFICATIONS**

The following qualifications will be sought in a potential provider and will be assessed by evaluating the applicant’s proposal and responses to interview questions, if applicable. For finalists, assessment of these qualifications will also include the collection and evaluation of additional information utilizing, but not limited to, the evaluation procedures listed below:

Qualifications Sought in a Provider.Applicant must demonstrate the following:

* A proven history of financial responsibility, stability and soundness
* A proven history demonstrating the ability to provide intensive services and supports to persons with developmental disabilities or special needs who have a co-occurring mental health diagnosis
* Proven credentials, licenses, training and/or skills required and/or preferred for the proposed project or service.
* A proven history of positive working relationships with the community and applicable government agencies. If applicant is a current vendor, applicant must be in good standing with the regional center and/or other state agencies.
* A proven history in the area of project development, including the ability to complete projects, meet project timelines and manage a project of this size and scope.
* The administrative capacity to complete the project and/or implement the service in a timely fashion.

Both not-for-profit and proprietary organizations are eligible to apply. Employees of regional centers are not eligible to apply. Applicants must disclose any potential conflicts of interest per [Title 17, Section 54500](https://govt.westlaw.com/calregs/Document/I0337B7208F9C11E3B63682B3E5501547?originationContext=Search+Result&listSource=Search&viewType=FullText&navigationPath=Search%2fv3%2fsearch%2fresults%2fnavigation%2fi0ad720f20000015f408ea99fd4390855%3fstartIndex%3d1%26Nav%3dREGULATION_PUBLICVIEW%26contextData%3d(sc.Default)&rank=1&list=REGULATION_PUBLICVIEW&transitionType=SearchItem&contextData=(sc.Search)&t_T1=17&t_T2=54500&t_S1=CA+ADC+s). Applicants, including members of governing boards, must be in good standing in regards to all services vendored with any regional center.

Successful applicants to this RFP project must adhere to the RFP writing guidelines outlined in this RFP and complete each attachment enclosed in this RFP.

The contract for the project will require an agreement that the grantee will provide, at minimum, 60 months (five years) of continuous services. Failure to meet this term of service will require the awardee to repay a portion of the original start-up grant, i.e. 12 months of service, repay 80% of original start-up grant; 24 months repay 60% of original start-up grant; 36 months repay at 40% of original start-up grant, etc.

The provider is required to keep receipts, cancelled checks, and financial data for 5 years from the date of final payment of contract.

Applicants must adopt a *“no-reject” /no failure* policy toward individuals and a commitment to modifying supports to ensure continued stability without requesting additional funding from the regional center. Responses to this RFP must communicate a vision dedicated to providing effective intensive transition services that adapt to the needs of the individual.

**SELECTION PROCEDURES**

All proposals received by the deadline will undergo a preliminary screening. Late incomplete applications will be not accepted for review and rating. Any proposal may be disqualified if it deviates from the submission instructions in the RFP.

SG/PRC and ACRC will seat the RFP Selection Committee. The evaluation process will include individual committee member evaluation and rating for each proposal, followed by committee discussion and ranking of proposals.

Proposals will be reviewed and evaluated for:

* Completeness and responsiveness of the proposal;
* Relevant experience and qualifications of the applicant;
* Reasonableness of timeline and cost to complete each project;
* Demonstrated financial responsibility, stability and soundness of the applicant.

Proposals may be eliminated from further consideration due to inconsistency with state and federal guidelines, failure to follow RFP instructions, incomplete documents, or failure to submit required documents.

In addition to evaluating the merit of the proposal, applicants will be evaluated and selected based on previous performance, including timely completion of projects and a history of cooperative work with the regional center. (Please refer to the section titled Applicant Qualifications for details.)

After preliminary rating and ranking of proposals, interviews may be scheduled with finalists, particularly if two or more proposals are closely rated and/or more information is needed. References will be contacted for all finalists. All finalists will be required to complete and submit a budget and financial statement(s). (Please see section titled Applicant Qualifications for details.).

The final selection of the RFP Selection Committee is not subject to appeal. All applicants will receive written notification of SG/PRC’s and ACRC’s decision regarding their proposal and an announcement of the applicant awarded the project will be posted on the Centers’ web sites: [www.sgprc.org](http://www.sgprc.org) and [www.altaregional.org](http://www.altaregional.org). All applicants will receive notification of SG/PRC’s an ACRC’s decision regarding their proposal.

Additional information may be required from the selected applicant prior to the awarding of the project. Any information withheld or omitted, or failure to disclose any history of deficiencies or client abuse shall disqualify the applicant from award of the project and/or contract.

SG/PRC and ACRC reserves the right not to select an applicant for project implementation if, in its determination, no qualified applicant has applied or is sufficiently responsive to the service need.

In the event that no proposal is selected, SG/PRC and ACRC may elect to either not develop the service pending further analysis of alternatives to meet the expressed need, or to issue a new RFP to attempt to expand the pool of potential respondents.

**RESERVATION OF RIGHTS**

SG/PRC and ACRC reserves the right to request or negotiate changes in a proposal, to accept all or part of a proposal, or to reject any or all proposals. SG/PRC and ACRC may, at our sole and absolute discretion, select no provider for these services if, in its determination, no applicant is sufficiently responsive to the need. SG/PRC and ACRC reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. SG/PRC and ACRC reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This RFP is being offered at the discretion of SG/PRC and ACRC. It does not commit SG/PRC and ACRC to award any grant.

**COSTS FOR PROPOSAL SUBMISSION**

Applicants responding to the RFP shall bear all costs associated with the development and submission of a proposal.

**FORMATTING REQUIREMENTS FOR THE PROPOSAL**

Applicants must adhere to the following formatting requirements when submitting the proposal application:

* All submissions must be on white, standard size (8 ½” x 11”) paper, single-sided only, in hard-copy to:
  + Nora Perez-Givens, Resource Developer at SG/PRC. Address provided below.
  + Dan Kilmer at ACRC. Address provided below.
* All submissions must also include an electronic version sent to: [resources@sgprc.org](mailto:resources@sgprc.org) and [rfp@altaregional.org](mailto:rfp@altaregional.org)
* An email acknowledgement of each submission received will be sent to the applicant.
* Attachments/Forms must be type written. Include additional pages as needed. All proposals must be complete, typewritten, collated, and page numbered.
* Questionnaire must be type written in 12-point Times New Roman or Arial font.
* The “Application/Proposal Coversheet” (see Attachment – A) must be the first page of the proposal.
* As applicable, include appendices for documents, such as resumes, certificates, curricula, schedules, letters of recommendation, letters of support from agencies, consultants expected to provide program services, etc.
* Fax copies will NOT be accepted.
* Submissions will NOT be returned.
* No proposals will be accepted after the deadline.

**INQUIRIES/REQUEST FOR ASSISTANCE**

An Applicants Conference will be held on Monday, May 21, 2018 at SG/PRC, Conference Room C, from 1 p.m. to 2 p.m. All interested parties are strongly encouraged to attend or to send a representative to this conference. During this session the applicant will have the opportunity to ask questions about the intensive transition service, as well as the application process.

Additional inquiries regarding the application or requesting technical assistance should be directed to:

San Gabriel/Pomona Regional Center Alta California Regional Center

Attn: Nora Perez-Givens, Resource Developer Attn: Dan Kilmer

75 Rancho Camino Dr. 2241 Harvard St., Suite 100

Pomona, CA 91766 Sacramento, CA 95815

(909) 868-7504 (916) 978-6228

[ngivens@sgprc.org](mailto:ngivens@sgprc.org) [dkilmer@altaregional.org](mailto:dkilmer@altaregional.org)

Technical assistance is limited to information on the requirements for preparation of the application packet.

**Timeline**

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| May 10, 2018 | Request for proposal release |
| May 21, 2018 | Applicants conference (Time: 1:00 to 2:00 p.m.) |
| June 4, 2018 | Deadline for receipt of proposals |
| June 4th through June 11th | Evaluation of proposals by selection committee |
| June 11th though June 15th | Interviews with highest-ranking applicants (if applicable) |
| June 18,2018 | Notice of selection mailed to applicants |
| June 29, 2018 | Start-up contract signed |
| July 30, 2018 | Notification of project award posted on SG/PRC website |

**SUBMISSION INSTRUCTIONS & APPLICATION**

Please use the following application to submit your proposal. Please check the boxes, and provide information as applicable and requested. In addition, please complete and attach the identified Attachments (A-G) in Section 1. For Sections 2-15 provide responses in the box below each area. If you are providing additional information or attachments, please identify the attachment in the response and label the attachment with the Section number being responded to.

**Proposal Content and Service Summary Content Guidelines**

1. **Required Proposal Documents**

Please include all information requested below and submit your proposal in the same order. Check each box to confirm that the item is included in the proposal. Each proposal must be comprised of (6) complete sets of the following components:

* 1. Application/Proposal Coversheet – Attachment A
  2. Statement of Obligation – Attachment B
  3. Comparable Project(s) Listing – Attachment C
  4. Most Recent Independent Audit or Verified Financial Statement – Attachment D
  5. Budget Form for Start-up Costs – Attachment E
  6. Individual Costs Associated with Transition - Attachment F
  7. DS1891 – Applicant Disclosure Statement – Attachment G

1. **Mission, Vision and Value Statements**

Provide the agency MVV statements and how these were developed for your agency. Include the program components and strategies that you will use to serve individuals who are dual diagnosed and who may or may not have forensic concerns and/or risk of criminal involvement. Provide a statement regarding your organization’s “no-reject” approach when evaluating individuals for this service and while providing transition services to individuals.

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1. **Background and Experience**

Summarize education, experience, and knowledge of key personnel who will be involved with the development of the service and in providing services to the target populations.

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Describe any experience you have had with serving individuals who are or have resided in an Institute for Mental Disease (IMD), Acute Care Hospital or other emergency facility. Provide details of any transition activities in which you were involved. Describe how the documented education, knowledge, and experience will be a good fit for developing this service.

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1. **Equity & Diversity Statement**

Please see list below. Applicants must:

* 1. Provide a statement outlining applicant’s plan to serve diverse populations, including, but not limited to, culturally and linguistically diverse populations.

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* 1. Provide examples of applicant’s commitment to addressing the needs of those diverse populations.

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* 1. Provide any additional information that the applicant deems relevant to issues of equity and diversity.

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1. **Development Experience**

Briefly summarize your current and previous development of services/programs. Discuss your experience and provide a step-by-step action plan to achievable measurable, time-limited objectives that will result in obtaining a submission and approval of a final service design, involvement in activities leading to the transition of the individual from an IMD, (or like placement) and activities related to the provision of contracted service. Highlight similarities between current or previous service(s) developed and your proposed service for this RFP.

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1. **Timeline of Project Activities**

Provide a descriptive, step-by-step action plan to achieve measurable, time-limited objectives. The project objectives should be realistically achievable within the time frame. If more time is needed, all parties will agree upon an extension of start-up activities.

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1. **Agency Outcomes**

Describe anticipated outcomes of proposed service for people receiving the intensive transition service and how achievement of outcomes will be measured.

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1. **Person-Centered Thinking and Planning**

The applicant must demonstrate experience in using person-centered practices to achieve a balance between an individual’s personal preferences (e.g., relationships, rituals and routines, things to have) and health, safety and social rules and laws. The expected focus will be on the strengths, preferences, needs (clinical and support), and desired outcomes of the individual, as well as risk factors and plans to minimize them. Prior to the person’s transition to the identified community setting, the applicant must assure the completion of a comprehensive Person Centered Plan that takes into account the complex components and skill sets needed to support individuals who have dual diagnoses and significant behavior challenges. Information gathered through this planning process will be used to inform the IPP and transition plan. Briefly describe your agency’s approach to the person-centered planning process. Discuss how individual goals and objectives will be determined and progress measured.

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1. **Risk Assessments**

Risk assessments must be completed by applicants qualified professional(s) within forty-five (45) days after the applicant begins working with the individual and before the transition from the IMD to alternative community settings. The results of the risk assessment will be shared with the IDT to inform the Individual Program Plan (IPP) and transition plan. The risk assessment will evaluate an individual’s risk for relapse with tools validated for individuals with developmental disabilities (though due to the lack of standardized psychiatric screening tools for this population, some standard psychiatric screenings may be used). Standardized risk assessments such as the Static-99, ARMADILLO-R, or V-Risk 10 may be used. The applicant must describe their experience conducting risk assessments for individuals with behavioral and psychiatric conditions.

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1. **Positive Behavior Supports**

Within the context of positive behavior supports, the primary focus of the plans should emphasize alternatives to restraint, including medication or chemical restraint. As individuals transition to community living arrangements, the applicant will train the chosen provider as indicated to implement the individual’s program plan and support the program plan implementation. The applicant must describe experience in developing and implementing Behavior Support Plans that include functional behavioral assessments and positive behavior support (PBS) strategies that include proactive support and positive consequence strategies with valued outcomes, as well as individualized crisis management plans that include a continuum of non-aversive reactive strategies for rapid de-escalation of behaviors that pose a significant risk to self or others.

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1. **Trauma Informed Care**

The applicant must demonstrate knowledge of trauma-informed care and utilize it in developing support plans that recognize the sources of trauma for individuals with developmental disabilities, the consequences of trauma in an individual’s life and that facilitate healing. The applicant will provide training to selected community providers on trauma-informed care. Describe your understanding and knowledge of trauma informed care, how it will be utilized to develop support plans for individuals and how community providers will be trained on trauma-informed care.

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1. **Psychiatric and Behavioral Supports**

The applicant must demonstrate experience in providing comprehensive services to individuals with developmental disabilities who have mental health needs. This includes services and supports designed to increase independent skills (which address coping skills, management of day-to-day stressors) and reduce or eliminate behaviors and reduce psychiatric symptoms that may lead to further use of crisis responses or placements in acute psychiatric facilities (e.g. IMDs, 5150 acute psychiatric holds). The applicant must demonstrate experience in understanding the needs of individuals who have been living within IMD’s and how to reestablish life after an IMD. The applicant must demonstrate experience in assuring the health and safety of the individuals being served as well as the community-at-large. Describe how the applicant will provide guidance and direction to selected community providers in the development of training and support plans that will assist individuals in maintaining success in a less restrictive environment within the following domains, including, but not limited to:

* 1. Follow-through with prescribed medication and other health-related regimens;

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* 1. Psychotropic medication compliance training, including an individual’s right to refuse medications and the legal requirements governing the use of involuntary or psychotropic medications;

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* 1. Advanced arrangements and established protocols for psychiatric (including telepsychiatry, as appropriate), behavioral and nursing issues and crisis management that result in a crisis plan, including known antecedent events, replacement behavior and other coping strategies, effective de-escalation methods, and a list of designated emergency strategies and contacts for support;

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* 1. The development of partnerships with community supports, which includes local mental health agencies (to access psychiatrists, therapists and support groups), private psychiatric hospitals and emergency rooms, community service boards, representatives from law enforcement, local departments of Social Services;

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* 1. The applicant may provide, or cause to be provided, training to selected families and community providers in the development of psychiatric support and individualized health care plans and assist them in accessing psychiatric and medical services;

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* 1. Outpatient Mental Health Treatments, including individual, group therapy and support groups;

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* 1. Anger management;

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* 1. Substance abuse recovery/treatment;

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* 1. Sex education/healthy relationship building;

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* 1. Employment;

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* 1. Self-advocacy;

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* 1. Consent issues;

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* 1. Access and community integration;

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* 1. Development of individualized re-integration plan from an IMD (re-establishing life after an IMD) to include: structure, boundaries, emotional needs, exercises/healthy diet, allowance to have fun, building coping skills, identifying triggers (manage the day-to-day stressors and minimize);

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1. **Transition Planning**

Describe the applicant’s experience in assessing individual’s needs for transition services, reviewing availability of community services, and the development of individualized transition plans. Within the scope of services, the applicant will provide training to selected families and community providers and provide oversight.

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1. **Individual Progress and Outcome Data Analysis and Reporting**:

Describe how the applicant will use data, such as agency outcomes, stakeholder satisfaction, or other existing data (e.g. incident reports, the number of individuals supported in transitioning from IMDs, the average number of months of support provided, etc.) to identify service problems pursuant to corrective changes such as training procedures. Providers shall describe the feedback loop by which problem procedures will be identified, corrected through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.

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1. **Budget and Finance**:

Discuss what financial resources you bring to the project (e.g. line of credit, cash or fluid capital reserves, etc.). Provide the most recent fiscal year independent audit or review for your organization.

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Provide a proposed budget, which details on-going operational costs of the service being proposed by applicant. The budget should be concise with all expenses sufficiently defined. The budget should be realistic in terms of the type of services to be offered in relation to income. The budget must demonstrate the financial viability of the proposal.

**Start-up Funds**: Start-up costs are costs which are necessary for the implementation of the service but not its on-going operation. Start-up costs are usually incurred before the service is ready to begin actual services to clients.

Using the attached Budget Form for Start-up Costs (Attachment E), as a reference, display all costs associated with the start-up project. A proposed budget should be developed which details start-up costs. The budget should be concise with all expenses sufficiently defined.

**Individual Transition Service Funding/On-going**: As previously indicated, the total funds available for this project include allocating a percentage of the funds to start-up the service and utilizing the remaining amount of funds to begin providing the actual intensive transition service.

Using the attached Individual Costs Associated with Transition (Attachment F), as a reference, display all costs associated with providing the individualized intensive transition service to an individual. The individual can be someone that the applicant previously provided a similar service to.

APPLICANT/AGENCY INFORMATION - PROPOSAL COVER SHEET

COMMUNITY PLACEMENT PLAN 2017-18

**PLEASE PLACE A COPY OF THIS ATTACHMENT ON THE TOP OF THE ORIGINAL AND EACH OF THE FIVE (5) COPIES**

❑ Intensive Transition Services ($1.5 million – Northern CA)

❑ Intensive Transition Services ($1.5 million – Southern CA)

❑ Intensive Transition Services ($3 million – develop both Northern and Southern California)

|  |
| --- |
|  |

NAME OF INDIVIDUAL OR ORGANIZATION SUBMITTING PROPOSAL (Please print)

|  |
| --- |
|  |

CONTACT PERSON FOR PROJECT / JOB TITLE (Please print)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

TELEPHONE NUMBER / FAX NUMBER / E-mail address

|  |
| --- |
|  |

NAME OF PARENT CORPORATION (IF APPLICABLE) (Please print)

|  |
| --- |
|  |

ADDRESS (Please print)

|  |
| --- |
|  |

AUTHOR OF PROPOSAL, IF DIFFERENT FROM INDIVIDUAL SUBMITTING PROPOSAL

Knowingly and willfully failing to fully and accurately disclose the information requested may result in rejection of proposal.

1. 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 short description of the type/purpose of the indicated service:

|  |  |
| --- | --- |
| 1. |  |
|  |
| 2. |  |
|  |
| 3. |  |
|  |
| 4. |  |
|  |

**ATTACHMENT A (Continued)**

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

|  |  |  |
| --- | --- | --- |
| 1. |  |  |
| Name & Title | Agency Affiliation |
|  | Address | Phone |
| 2. | Name & Title | Agency Affiliation |
| Address | Phone |

By signing, 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 Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

|  |  |  |
| --- | --- | --- |
|  |  |  |

SIGNATURE OF PERSON AUTHORIZED TO BIND DATE

ORGANIZATION

**ATTACHMENT B**

**STATEMENT OF OBLIGATION**

*(please attach additional pages if needed)*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. The applicant is presently providing services to individuals with developmental disabilities and/or individuals with mental health needs: |  |  |
| 1. The applicant is presently providing services to individuals other than those with developmental disabilities in residential settings or other related services.   If **Yes,** indicate name, location, type & service(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Is the applicant currently receiving grant/funds from any source to develop services for individuals with developmental disabilities?   If **Yes**, indicate funding source and scope of grant project.\_\_\_\_\_\_ |  |  |
| 1. Is the applicant currently applying for grant/funds from any source to develop services for Fiscal Year 2017/2018?   If **Yes,** indicate funding source & scope of grant project.\_\_\_\_\_\_\_\_ |  |  |
| 1. The applicant is planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than San Gabriel/Pomona Regional Center during Fiscal Year 2017/2018:   If **Yes**, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Describe other professional/business obligations. Include name, location, type and capacity of service/obligation. Do not include services you expect to provide through this grant.(PLEASE USE SEPARATE SHEET OF PAPER) |  |  |
| 1. Has the applicant or any member of the applicant’s organization received a corrective action plan from a regional center or citation from State Licensing agency within the last 2 years?   If **Yes**, explain in detail. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Has the applicant or member of the applicant’s organization or staff ever received a citation from any agency for abuse?   If **Yes**, explain in detail. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. The applicant understands that all referrals for this project will be individuals that have been previously identified by SG/PRC as ready to transition to the community from identified settings. |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant or Authorized Representative Date

**ATTACHMENT C**

**COMPARABLE PROJECTS LISTING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Name | Current Status | Type of Project | Time to develop | Barriers (if any) |
| *EX. ABC Home* | *Licensed/Rehab/In escrow/Site search* | *Behavioral; males* | *18 mo* | *City permits* |
|  |  |  |  |  |
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**ATTACHMENT D**

**SAMPLE FINANCIAL STATEMENT**

*(for reference purposes only – verified financial statement required)*

**1. CURRENT ASSETS:**

Cash in Banks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounts Receivable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes Receivable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment/Vehicles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inventories \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposits/Prepaid Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Insurance (Cash Value) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investment Securities (Stocks and Bonds) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. FIXED ASSETS:**

Buildings and/or Structures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Real Estate Holdings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long Term Investments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Potential Judgments and Liens \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CURRENT LIABILITIES:**

Accounts Payable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes Payable (Current Portion) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxes Payable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. LONG-TERM LIABILITIES:**

Notes/Contracts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Real Estate Mortgages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Other income, wages, or revenues from other sources**

(Specify)

**6. Line of credit amount available**

**ATTACHMENT E**

**BUDGET FORM FOR START-UP COSTS**

ITEM PROJECTED COST

Office Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Consultants \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recruitment Costs

(e.g., advertising, finger printing) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Lease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities

(trash, gas, water, electricity, telephone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance (vehicle,

professional, general, worker’s comp, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Lease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Maintenance (gasoline, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Service Expenses (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Overhead \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL PROJECTED START-UP COSTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In addition to the projected cost for each item, be sure to include a detailed breakdown/description of how each line item was constructed. (If necessary, adjust outline to your program needs, but address requested line items.)

**ATTACHMENT F**

**INDIVIDUAL COSTS ASSOCIATED WITH TRANSITION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **CONTACT INFORMATION:** | | | | | |
| Client Name: | | | UCI# | | |
| Vendor Name: | | | Vendor# | | |
| Vendor Address: | | | | | |
| City: | State: | | | Zip: | |
| 1. **CATEGORIES AND DESCRIPTIONS OF COSTS** | | | | | |
|  | **Unit Cost** | **Total Daily Cost** | | | **Notes** |
| 1. **Salaries and Wages** | | | | | |
| Total Wages – Hourly Direct Care Staff |  |  | | |  |
| 1. Direct Care Staff |  |  | | |  |
| 1. Behaviorist |  |  | | |  |
| 1. Other Costs: Describe in Notes |  |  | | |  |
| **Total Salaries & Wage Costs** |  | **$** | | |  |
| 1. **Payroll Taxes, Workers Compensation, and Fringe Benefits** | | | | | |
| 1. Payroll Taxes |  |  | | |  |
| 1. Workers Comp |  |  | | |  |
| 1. Benefit Allowance:   Medical, dental, etc. |  |  | | |  |
| 1. Other Costs: Describe in Notes |  |  | | |  |
| **Total Taxes & Benefits Costs** |  | $ | | |  |
| **Total Personnel Costs**  **(Combine Totals from Section 1 & 2 above)** |  |  | | |  |
| 1. **Program Costs – Client Specific** | | | | | |
| 1. Consultant |  |  | | |  |
| 1. Transportation |  |  | | |  |
| 1. Other Costs: |  |  | | |  |
| 1. Other Costs: |  |  | | |  |
| **Total Program Costs** |  | $ | | |  |
| **TOTAL INDIVIDUAL TRANSITION COSTS – DAILY RATE** |  | $ | | |  |
| **C. ADDITIONAL NOTES** | | | | | |
|  | | | | | |

**ATTACHMENT G**

**DS1891 – APPLICANT DISCLOSURE STATEMENT**

<http://www.dds.ca.gov/Forms/docs/DS1891.pdf>