Logo

Description automatically generated

**NOTICE OF REQUEST FOR PROPOSAL (RFP)**

**COMMUNITY RESOURCE DEVELOPMENT PLAN (CRDP)**

**FISCAL YEAR 2023-2024 - 2**

**Summary of Project**

San Gabriel/Pomona Regional Center (SG/PRC) is soliciting proposals for the following CRDP contracted service:

**Service Type:** One (1) Enhanced Behavioral Support Home (EBSH) with delayed egress for Children who have significant behavioral challenges and who may also need mental health supports.

**Project #:** SGPRC-23/24 -2

**Census:** 4 individuals (per home)

**Posting Date**: April 11, 2024

**Deadline**: April 29, 2024. 4 pm (no exceptions)

**Start-up Funds Available**: $250,000

**Location:** West Covina, CA

**Development Timeline:** The EBSH should be ready to provide services no later than January 13, 2025. All money allocated towards this project should be claimed by March 13, 2026.

**PROJECT DESCRIPTION**

**Enhanced Behavioral Support Home (EBSH) for Children**

SG/PRC was awarded $250,000 for the selection of a provider to operate an EBSH for children. Based on our needs survey and internal information, there is a need to provide specialized residential services to children who have behavioral challenges. There are children at our regional center who have some significant behavioral challenges, and who are in large temporary housing facilities that are overseen by the Department of Children and Family Services (DCFS). These temporary shelters are not optimum places for these children, and they are not permanent places where they can receive needed services. In addition, most providers through DCFS lack the knowledge and expertise needed to provide quality services to the children with Intellectual Disabilities and Developmental Disabilities (ID/DD). This is a unique need in our area. We currently do not have sufficient capacity in our area to address this need. This proposal will allow for the selection of a residential service provider to develop services in an EBSH that could serve as a permanent home for these children and provide specialized services that each child would need. Trauma Informed Care (TIC) and behavioral intervention by BCBA are two such services. The property for this home has been selected and will be owned by a Housing Developer and the State of California.

Enhanced Behavioral Supports Homes (EBSHs) are adult residential facilities or children’s group homes. EBSHs provide 24-hour non-medical care in a homelike setting to individuals with developmental disabilities with challenging behaviors who require additional supports, staffing, and supervision. The homes have unique characteristics and offer person-centered planning, positive behavior supports, trauma-informed care, and other services and supports which are beyond what is typically available in other community-based homes. EBSHs are certified by the Department of Developmental Services and licensed by the State Department of Social Services.

This EBSH will serve children who have significant behavioral challenges and who may also need mental health supports. This EBSH shall have a maximum capacity of four individuals, all ambulatory rooms, and shall conform to Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations. The EBSH shall be eligible for federal Medicaid home- and community-based services funding unless the State Department of Developmental Services approves the use of delayed egress devices to be utilized at the EBSH pursuant to Section 1531.15 of the Health and Safety Code.

The physical property will be held and available for services to persons referred by SG/PRC in perpetuity from the date of purchase per the housing guidelines issued by the State of California, Department of Developmental Services (see Appendix 1). The property will be leased to a residential service provider who will provide care and supervision to the residents. The selected residential service provider as well as regional center staff will be available to the HDO/architect/building contractor for development team meetings and technical assistance regarding the needs of the individuals referred as well as the requirements of Community Care Licensing.

The provider must meet the standards for licensing by the Department of Social Services of the State of California, Community Care Licensing Division (DSS-CCLD), as an Enhanced Behavioral Supports Home (EBSH) for ambulatory rooms and [Welfare & Institutions Code, Section 4684.80](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4684.80.&lawCode=WIC) [Title 17, Section 59050 – 59072](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I2773F6EAC8AB4FDD85F1DD5697B7A232&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)&bhcp=1)

**TARGET POPULATION**

Clients targeted for this home will be children who are expected to have severe behaviors including, but not limited to, verbal and physical aggression, property destruction, resistive to daily routines, self-injurious behaviors, elopement, forensic backgrounds, and may require mental health supports.

These homes will specialize in serving children with a dual diagnosis (ID/DD and mental health) and who may or may not have forensic concerns and/or risk of criminal involvement. This includes individuals with significant/severe symptoms of autism (unable to use spoken language, extremely sensitive to lights, sounds, crowds and noises, very low comprehensive skills, sleeplessness and aggressive behaviors), developmental and/or intellectual disabilities; and/or mental illness (individuals who are unable to maintain a stable living, lack self-confidence, unable to maintain relationships, and lack ability to adapt).

These individuals will need support in some or all the following areas: anger and aggression management, substance abuse prevention and treatment, mental health challenges, medication management, health care and access to mental health services.

**SCOPE OF SERVICES**

The goal of the EBSHs will be to stabilize individuals with challenging needs and assist in the transition to a less restrictive environment. This facility will include psychiatric supports to address mental health needs as well as intensive services and treatment to address developmental needs and prepare individuals for transition to a less restrictive setting. The home will have extensive behavioral support services utilizing highly trained staff.

The EBSH service provider must be prepared to serve individuals twenty-four hours a day, each day as day service options may not be appropriate or available for residents upon initial placement into the home. In the event an individual is not in a day program/service at the time of transition to the EBSH home, the provider will develop a schedule of activities. The schedule is expected to consist of skill-building/thorough training activities in the areas of, but not limited to; health/self-care, safety, communication, community integration, behavior and social. Service provider will arrange for comfortable, familiar, natural and safe environments so that the individuals are able to engage in the scheduled activities with ease. Activities should allow for individuals to be physically and cognitively active, adjust to their new living environment, adjust to change, learn to refrain from inappropriate behavior, discover new ways of expressing feelings, increase potential awareness, and develop team building skills.

Service provider will be supportive and involved in the process of the individual’s transition with school or to a day program when the individual is prepared to do so. Provider will continue to be involved in the individual’s progress in program.

**APPLICANT ELIGIBILITY**

The prospective applicant must demonstrate a strong understanding of the challenges exhibited by the target client population and the types of renovations that must be made to the property in order to best serve the client population. In addition, the applicant must be able to work collaboratively with a HDO 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.

**APPLICANT INELIGIBILITY**

The following agencies or individuals are not eligible for this provider grant award:

* The State of California, its officers or its employees;
* A regional center, its employees, and their immediate family members;
* Area Board members, their employees or their immediate family members;
* 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.

**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:

* Experience in operating children’s homes.
* A proven history of fiscal responsibility, stability and soundness
* A proven history demonstrating the ability to provide direct supervision or services/supports to persons with developmental disabilities or special needs.
* 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 the applicant is a current vendor, they must be in good standing with the regional center and licensing agency.
* 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 regard 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 contracts for the project will require a service agreement that the grantee will provide, at minimum, 120 months (ten years) of continuous residential care services, based upon the date of the first admission. 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 90% of original start-up grant; 24 months repay 80% of original start-up grant; 36 months repay at 70% of original start-up grant, etc.

The provider is required to keep receipts, cancelled checks, and financial data for 3 years from the date 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 long-term supports that adapt to the needs of the individual. Moving people to the State Developmental Center is no longer considered a viable alternative.

**EXPECTATION OF THE PROGRAM**

Minimum expectations for this program require that direct service hours meet the following criteria: (1) A dedicated administrator on-site 40 hours per week; (2) 24/7 licensed/certified staff (BCBA, LPT, BCaBA, Registered Behavior Technician or similarly qualified staff); (3) Have a least two awake staff on shift each hour of the day when clients are present, including night time hours. Applicant must have a behavior management system that clearly and accurately identifies interfering behaviors, a strong data tracking system, and a system in place to ensure fidelity of behavior management. These homes will be expected to collaborate closely with a client’s psychiatrist and other mental health service providers to address a client’s mental health needs. The EBSH facilities must also provide active programming to keep residents engaged in activities throughout the day. These activities must be meaningful and help develop skills in the residents.

The home will be located in the SG/PRC service area, in West Covina, CA. The home will be owned and renovated by an HDO that will develop the property, under a separate grant process, to the specifications of this regional center and the service provider selected to operate the home. The successful applicant for this CRDP grant will lease the property from the HDO. The start-up funds identified in this RFP are solely for the use of the service provider for activities integral to the establishment of the licensed home, e.g., licensing, household furnishings and supplies, and personnel recruitment and development.

The service provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g., other regional centers, courts, mental health systems, probation) for the successful support of the individual.

**GENERAL REQUIRMENTS**

* Facility will require certification by the DDS and licensure by Community Care Licensing (CCL) prior to vendorization by SG/PRC.
* Facility will support 4 permanent residents.
* Program must meet all applicable Title 17 and Title 22 regulations.
* Facility must meet applicable Americans with Disabilities Act (ADA) standards.
* Administrator must have a minimum of 2 years’ full-time experience in a licensed residential facility (preferably a Level 4 GH or SRF) for children with intellectual and developmental disabilities, mental health, and forensic backgrounds. Administrator and Licensee must possess a current GH Administrator Certificate or demonstrate the ability to obtain a GH Administrator certificate and must be one of the following:
  + A Registered Behavior Technician
  + A licensed psychiatric technician
  + A Qualified Behavior Modification Professional.
* Direct Support Professionals (DSP) must speak the language of the people they support.
* Staffing must include:
  + A direct care lead staff person meeting the following qualifications:
    - Have at least 1-year prior experience providing direct care to individuals with developmental disabilities; and
    - Become RBT certified within 6 months of initial employment; or be either
    - An LPT; or
    - A Qualified Behavior Modification Professional
  + A direct care staff person must:
    - Have 6 months prior experience providing direct care to individuals with developmental disabilities; and
    - Become RBT certified with 12 months of initial employment.
* 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 the 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.

**SUBMISSION OF PROPOSAL**

Response to the Request for Proposals must be received by SG/PRC, no later than 4:00 p.m., April 29, 2024. No exceptions.

All interested Applicants must submit an electronic copy emailed to [resources@sgprc.org](mailto:resources@sgprc.org) and [Storres@SGPRC.org](mailto:Storres@SGPRC.org) .

All inquiries regarding this Request for Proposal and any technical assistance requests should be directed via email to [resources@sgprc.org](mailto:resources@sgprc.org) and [Storres@SGPRC.org](mailto:Storres@SGPRC.org) . Technical assistance is limited to information on the requirements for the preparation of proposals.

**RFP TIMELINE**

|  |  |
| --- | --- |
| April 11, 2024 | Request for proposal release |
| None (please reference RFP) | Applicants conference |
| April 29, 2024 | Deadline for receipt of proposals |
| April 30, 2024 to May 10, 2024 | Evaluation of proposals by selection committee |
| Week of May 13, 2024 | Interviews with highest-ranking applicants, if applicable |
| Week of May 20, 2024 | Notice of selection mailed to applicants |
| No Later than June 15, 2024 | Start-up contract signed |
| No Later than May 24, 2024 | Notification of project award posted on SG/PRC website |

Strict adherence to the deadlines above will be followed.

**SELECTION PROCEDURES**

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete applications will not be accepted for review and rating. The Proposal Review Committee will be seated by SG/PRC. Proposals will be reviewed for completeness, applicant experience and fiscal stability, resources of applicant, reasonableness of costs, and ability of applicant to identify and achieve outcomes of property acquisition and renovation. After preliminary review and scoring, an interview with the finalists will be scheduled.

The final decision of the Proposal Review Committee is not subject to appeal. All applicants will receive notification of SG/PRC’s decision regarding their proposal. This Committee will review, score, rank and prioritize the proposals.

Applicant’s proposals may be rejected for inconsistency with state and federal guidelines, failure to follow RFP instructions, incomplete documents, or failure to submit required documents. To the right of each section is the maximum score than can be obtained. The review committee will use these criteria to rate your proposal. Acceptable proposals will be scored in the following areas:

Applicant Information 10 points

Provider Proposal Overview 80 points

Budget and Finance 10 points

Total 100 points

In addition to evaluation on the merit of the proposal, applicants will be evaluated and selected based on previous performance (including the timely completion of projects, a history of cooperative work with the regional center or other funders, ability to complete projects within budgeted amounts, and a track record consistent with established timelines for development).

**RESERVATION OF RIGHTS**

SG/PRC 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 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 reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. SG/PRC 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. It does not commit SG/PRC 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:

* Send an electronic version to: [resources@sgprc.org](mailto:resources@sgprc.org) and [Storres@SGPRC.org](mailto:Storres@SGPRC.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**

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

[Storres@SGPRC.org](mailto:Storres@SGPRC.org) or [ttravis@sgprc.org](mailto:ttravis@sgprc.org)

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

**SUBMISSION INSTRUCTIONS & APPLICATION**

**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 2-16 provide responses in the provided box. 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. For additional guidance in writing your service summary, please refer to Title 17 regulations. 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. [DS 6023 - Enhanced Behavioral Support Home](http://www.dds.ca.gov/Forms/docs/DS6023.pdf) – Rate Development Facility Costs Attachment F
  7. [DS1891 Applicant Disclosure Form](http://www.dds.ca.gov/Forms/docs/DS1891.pdf) – 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 ongoing services to individuals.

|  |
| --- |
|  |

1. **Background and Experience**:

Summarize education, experience, and knowledge of key personnel in providing services to the target populations.

|  |
| --- |
|  |

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. Also 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 program.

|  |
| --- |
|  |

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.

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

1. **Development Experience**:

Briefly summarize your current and previous development of services and 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 program design, involvement in activities leading to the transition of the individual from a developmental center(s), IMD, (or like placement) and activities related to the licensure and facility opening. Highlight similarities between current or previous program(s) developed and your proposed program for this RFP.

|  |
| --- |
|  |

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.

|  |
| --- |
|  |

1. **Agency Outcomes**:

Describe anticipated outcomes of proposed service for children residing in the home and how achievement of outcomes will be measured.

|  |
| --- |
|  |

1. **Assessment and Person-Centered Planning**:

Briefly describe your agency’s approach to the person-centered planning process. Discuss how individual goals and objectives will be determined and progress measured.

|  |
| --- |
|  |

1. **Administrative and Consultant Roles**:
   1. Describe roles of Licensee, Administrator, additional staff, and proposed involved consultants. Provide qualifications of any certified or licensed staff or consultants. Attach resumes.

|  |
| --- |
|  |

* 1. Indicate whether clinicians and behavior analysis professionals will be employees of the agency or contracted consultants.

|  |
| --- |
|  |

1. **Methods and Procedures:**

Please see list below. Applicants will describe how they will:

* 1. Involve and plan for activities leading to the transition of individuals from Specialized Treatment Residential Programs (STRP), IMDs, Acute Care Hospitals, or other emergency and/or locked settings into the community.

|  |
| --- |
|  |

* 1. Describe your organization’s crisis response plan and how it will be implemented in the event that planned behavioral support strategies are not effective or during unanticipated emergency situations.

|  |
| --- |
|  |

* 1. Address the mental health treatment needs of residents, as well as therapeutic approaches.

|  |
| --- |
|  |

* 1. Describe how psychiatric needs of individuals will be addressed and how staff will be trained to recognize, document, and report symptoms of psychiatric conditions and medication effectiveness.

|  |
| --- |
|  |

* 1. Address the development of positive behavioral support plans for residents. Describe the types of assessments, positive proactive as well as reactive intervention methods that will be used to help reduce the occurrence of challenging behaviors. Include a description of the type of crisis intervention training that will be provided to direct care professionals.

|  |
| --- |
|  |

* 1. Address the close supervision needs of proposed residents with an emphasis on mitigating risk to the individual, the community, and staff.

|  |
| --- |
|  |

* 1. Describe the facility procedure for ensuring that staff who work during the nocturnal shift remain awake and on duty. Provide information on any technology being used.

|  |
| --- |
|  |

* 1. Address education and treatment approaches for trauma informed care, mental health, and substance abuse issues frequently presented by the individuals who will utilize these resources.

|  |
| --- |
|  |

* 1. Address the training techniques and instructional methods that the program will incorporate to achieve successful outcomes for the client population to be served. Describe who will be responsible for developing an active programming schedule and include examples of structured activities that will be provided during programming hours. Discuss how the applicant agency will ensure that staff are implementing active programming.

|  |
| --- |
|  |

* 1. Teach social skill development to assist individuals in learning pro-social behaviors as alternatives to sexual/physical aggressive or assaultive behaviors.

|  |
| --- |
|  |

* 1. Train staff to support individuals who may be involved with the criminal justice system. This will include recognizing and managing the types of manipulative behaviors sometimes presented by the individuals who will utilize these services.

|  |
| --- |
| **f** |

* 1. Systemically address resident motivation issues through the use of incentive systems to promote cooperation and participation in the treatment and educational aspects of the services.

|  |
| --- |
|  |

1. **Staff Recruitment and Retention**:

Describe your plan to recruit and retain quality staff. Include the following:

* 1. Desired characteristics for all staff positions.

|  |
| --- |
|  |

* 1. Health and criminal background screening procedures.

|  |
| --- |
|  |

* 1. Discuss how your organization will meet the requirement to have direct care staff certified as Registered Behavior Technicians (RBT) as required in statute and regulation.

|  |
| --- |
|  |

* 1. Initial and ongoing training, including required certifications. Provide a detailed description of the agency training program for all staff. Discuss how your organization implements competency-based training for staff and ensures retention of training topics by staff. Please provide a proposed training matrix and core training topics. Include any specialized training for providing behavior support and crisis intervention to individuals who have potentially dangerous behaviors.

|  |
| --- |
|  |

* 1. Discuss what typical staff turnover is for your organization/agency.

|  |
| --- |
|  |

* 1. Provide information on salary levels and benefits. Direct care staff must be paid at a set minimum.

|  |
| --- |
|  |

* 1. Attach an organization chart that includes this project and maps the supervisory hierarchy. The chart must include the names of any governing board members and advisory boards, as well as other programs/facilities operated by the applicant.

|  |
| --- |
|  |

* 1. Provide job descriptions and qualifications for the primary staff and consultant positions necessary for this project, including Administrator/Program Manager, Lead Staff, Direct Support Professionals, Behavioral Interventionist, Mental Health Professional, and other consultants. It is your responsibility to ensure that the qualifications for each staff person or consultant meet the criteria set forth in both the California Code of Regulations and the corresponding project description.

|  |
| --- |
|  |

1. **Staffing Schedule**:

Provide a sample one-week staffing schedule including the administrative staff, lead staff, direct support professionals and consultant(s). The schedule should also indicate when the Administrator will be present to provide training and supervision.

|  |
| --- |
|  |

1. **Transportation**:

Describe how transportation will be provided for school/day program services, therapy and medical appointments, court requirements, or recreation and other activities.

|  |
| --- |
|  |

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.

|  |
| --- |
|  |

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 program is ready to begin actual services to clients. As part of start-up costs, the applicant must allot a certain amount of funds for transition expenses. There are expenses incurred after the facility is licensed and while the vendor is completing transition visits and activities with the identified resident.

Using the attached Budget Form for Start-up Costs (Attachment E), and the Guidelines for the Use of CPP Funds (Attachment G), 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. Start-up costs

**On-going Funding**: In accordance with existing statutory requirements, the on-going reimbursement rate of payment for an EBSH is based on a two-tiered system. The rate methodology includes a fixed facility component for residential services and an individualized services and supports component based on each client’s needs as determined through the individual program plan process.

This EBSH will be vendored and funded under service code 900 and 901. Each proposal must include preliminary, projected cost components and the method of calculating of each component, respectively. The administrative overhead must not exceed 15% of the revenues. Please use the attached DS 6023 entitled “Enhanced Behavioral Support Home – Rate Development Facility Costs” for On-going Costs (Attachment F).

1. **Continuous Quality Improvement (CQI) System**:

CQI System means a process to ensure systematic improvement of services to increase positive outcomes for the clients being served. Describe how the service agency will use data, such as agency outcomes, stakeholder satisfaction, or other existing data (e.g. incident reports, medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g. supervision, medication management, recruiting, etc.). 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.

|  |
| --- |
|  |

1. **Home and Community-Based Setting (HCBS) Requirements**

Acknowledge awareness and commitment to developing the SRF service to meet the new HCBS requirements. The HCBS Residential Provider Self Survey can be found at <http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx> (Attachment V). Describe any areas in the Provider Self Survey where you feel additional technical assistance or guidance will be needed by your organization.

|  |
| --- |
|  |

APPLICANT/AGENCY INFORMATION - PROPOSAL COVER SHEET

COMMUNITY RESOURCE DEVELOPMENT PLAN (CRDP)PLAN 2023-2024

**PLEASE PLACE A COPY OF THIS ATTACHMENT ON THE TOP OF THE ORIGINAL AND EACH OF THE FIVE (5) COPIES**, if submitting hard copies.

❑ 1 EBSH - Childrens($250k)(Development Area is West Covina, CA)

|  |
| --- |
|  |

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: |  |  |
| 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 2023-2024?   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 2023/2024:   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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Facility Name | Current Status | Characteristics of home | Time to develop | Barriers (if any) | Organization that owns home |
| *EX. ABC Home* | *Licensed/Rehab/In escrow/Site search* | *Behavioral; males* | *18 mo* | *City permits* | *Non-profit Organization* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialized Household Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Staff Recruitment Costs

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

Residential Lease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensing Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Furniture \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kitchen Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kitchen Appliances \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Linens \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities

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

Insurance (vehicle,

fire, household, worker’s comp, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Supplies/Recreational & Adaptive Equip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Fire and Safety Costs (sprinkler, alarms) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other General 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**

**DS 6023 – ENHANCED BEHAVIORAL SUPPORT HOME – RATE DEVELOPMENT FACILITY COSTS**

<https://www.dds.ca.gov/wp-content/uploads/2022/06/DS6023_Rev_9_21.pdf>

**ATTACHMENT G**

**DS1891 – APPLICANT DISCLOSURE STATEMENT**

<https://www.dds.ca.gov/wp-content/uploads/2019/05/DS1891.pdf>

**Appendices for the Project**

* Conflict of Interest Statement <https://www.dds.ca.gov/wp-content/uploads/2019/02/CPP_HousingGuidelines_AppendixJ.dotx>