

SAN GABRIEL/POMONA REGIONAL CENTER

REQUESTS FOR PROPOSALS (RFP) COMMUNITY PLACEMENT PLAN (CPP) FOR FISCAL YEAR 2014 - 2015

DATE: August 18, 2014

TO: Grant Applicants/Interested Parties

FROM: San Gabriel/Pomona Regional Center (SG/PRC)

RE: START-UP FUNDS AVAILABLE – Announcement & Proposal Writing Guidelines
Request for Proposal (RFP) application deadline **October 13, 2014**

AUTHORITY

- [The State of California Budget Act of 2012, including Trailer Bill AB 1472](#)
- [The State of California Budget Act of 2014, including Trailer Bill SB 856](#)

The State of California has enacted significant policy changes that focus on reducing the reliance on developmental centers, locked mental health facilities ineligible for federal financial participation and out-of-state placements. The primary goal of these policy changes is to provide services in the least restrictive environment while achieving General Fund savings to the State.

The San Gabriel/Pomona Regional Center (SG/PRC) in meeting this mandate has identified the need for a variety of community living options for clients currently residing in developmental centers, locked mental health facilities and in out-of-state placements. These service needs are identified in this announcement of start-up funding availability. **SG/PRC may elect to fund all, part, or none of the projects, depending on funding availability as approved by Department of Developmental Services (DDS), and the quality of proposals received.** Please refer to the attached project list, which briefly describes the service concept and start-up funding availability. Proposals submitted after the indicated timelines will not be considered.

PROJECT SUMMARY

SG/PRC is seeking development of the following projects:

Project#	Type	Amount	Description
1	Specialized Residential Facility - Adults	\$125,000.00	<ul style="list-style-type: none"> • 4 individual bedrooms with max capacity of 4 residents • 2 non-ambulatory rooms • Rate negotiated up to median • Delayed egress • Secured perimeters

1 – Specialized Residential Facility – Adults
1 – Enhanced Behavioral Support Home - Adults

2	Enhanced Behavioral Supports Home - Adults	\$250,000.00	<ul style="list-style-type: none"> • Delayed egress • Secured perimeters; • 4 individual bedrooms with max capacity of 4 residents • 2 non-ambulatory rooms • DDS certification • Enhanced behavioral supports, staffing & supervision • Regulations pending • Rate methodology to be determined by DDS
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These facilities shall be developed in the SG/PRC catchment area (**Attachment A**). These facilities are being developed for individuals currently residing in developmental centers, being deflected from placement in a developmental centers, currently residing in locked mental health facilities or currently placed in out-of-state facilities or programs.

Only applicants with previous experience as administrator/licensee of Alternative Residential Model (ARM) 4G-I services or Specialized Residential Facility for behaviorally involved clients will be considered.

The rate of reimbursement for on-going services will be negotiated based on projected reasonable cost for the facility up to the allowable median rate for a 4-bed facility. In determining projected costs, applicants must ensure that administrative overhead costs are maintained at 15% or less, per Welfare and Institutions Code, section 4629.7.

The acquisition of properties for this grant will be completed through SG/PRC’s Nonprofit Housing Corporation partner. The successful applicant(s) shall work collaboratively with the Housing Corporation in selecting the property for this project and will lease the selected property from the Housing Corporation.

ELIGIBLE APPLICANTS

Proposals may be submitted by for-profit or non-profit corporations, or by individuals. The applicant must have experience in providing services to persons with developmental disabilities. Board members and employees of regional centers are prohibited from submitting proposals. Refer to section 54314 of Title 17 regulations for a complete list of ineligible applicants.

APPLICANT PARTNERSHIPS AND MATERIAL SUBMITTED

Partners may apply; however, all partners should have full knowledge of the contents of the proposal packet. Also, individuals who apply as partners must demonstrate commitment to the project during the start-up phase, as well as ongoing operations. However, if a partner’s sole purpose is to provide financial support to the project, the partner need only show financial commitment.

INQUIRIES/REQUEST FOR ASSISTANCE

1 – Specialized Residential Facility – Adults
 1 – Enhanced Behavioral Support Home - Adults

An **Applicants Conference** will be held on **Tuesday, September 16, 2014** at San Gabriel/Pomona Regional Center, Conference C, from 11 a.m. to 12 p.m. All interested parties are strongly encouraged to attend or to send a representative to this meeting. During this session you will have the opportunity to ask questions about the proposed operation of the residential facilities, as well as the application process.

Additional inquires regarding the application or requesting technical assistance should be directed to one of the following SG/PRC Resource Developers:

- Nora Perez-Givens (909) 868-7504 nperez-givens@sgprc.org
- Benilda Glen (909) 868-7512 bglen@sgprc.org

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

Applicants are expected to prepare the documentation. If an applicant chooses to retain assistance from another party, the applicant must be able to thoroughly address all sections of the proposal during the interview process and/or demonstrate that the party assisting with the application will have a continuing role in the ongoing operation of the program. In addition, the party that assisted in the preparation of the application must be clearly identified on the cover page of the application.

SUBMISSION OF PROPOSALS

To be considered by the selection committee, a proposal must be submitted before the deadline and must follow the Proposal Writing Guidelines. To be considered, five (5) copies must accompany an original proposal (six (6) in total).

Each proposal must include responses to all items on the attachments and a narrative addressing all of the sections specified in the Content Requirement of the Proposal Writing Guidelines. **The proposal is due to SG/PRC by 4:00 p.m. on Monday, October 13, 2014.** The proposal (and all required copies) is to be delivered by mail prior to the due date to:

San Gabriel/Pomona Regional Center
Resource Developer
75 Rancho Camino Dr.
Pomona, CA 91766

No FAX copies will be accepted.

EVALUATION CRITERIA

Each proposal shall be organized into the following four (4) sections, which is described in the attached Proposal Writing Guidelines. To the right of each section is the maximum score that can be obtained. The selection committee will use these criteria to rate your proposal.

Agency/Individual Experience and Background	30 points
Timeline of Start-up/Project Activities	15 points
Program Design Narrative	40 points

1 – Specialized Residential Facility – Adults
1 – Enhanced Behavioral Support Home - Adults

Budget & Finance -- Start-up	15 points
TOTAL	100 points

TIMELINE

Applicants' Conference	Tuesday, September 16 from 11 a.m. to 12 p.m. @ SG/PRC Conference C, 75 Rancho Camino Dr. Pomona, 91766
Deadline for submitting proposal	Monday, October 13, by 4 p.m. SG/PRC Reception Area, 75 Rancho Camino Dr. Pomona, 91766
Evaluations of proposals by Committee	October 13 through November 3, 2014
Interviews of highest ranking applicant(s)	November 3, 2014 through November 10, 2014
Written notification of award	November 10, 2014
Completion of start-up contract	November 28, 2014
Acceptance of first client	April 1, 2016

Award of these start-up funds is at the sole discretion of the selection committee and SG/PRC. If there is no appropriate applicant, the funds will not be awarded. The decision of the selection committee is final and not subject to appeal.

SAN GABRIEL/POMONA
REGIONAL CENTER
COMMUNITY PLACEMENT PLAN PROJECT DESCRIPTION
2014 – 2015

COMMUNITY PLACEMENT PLAN – PROJECT 1
SPECIALIZED RESIDENTIAL FACILITY - ADULTS

SERVICE NEED

SG/PRC is seeking the development of one (1) quality facility, licensed and vendored as Adult Residential Facilities (ARF) to serve a maximum of four (4) adults. The adults to be considered for admission are first and foremost individuals residing at Fairview or Porterville Developmental Centers, or at locked mental health facilities or in out-of-state facilities/programs. Prospective individuals for these homes may also be in the process of being deflected from being placed in SDC's. These individuals have been identified through the Community Placement Plan (CPP).

The facility is to be prepared to serve both male and female adults, ambulatory and non-ambulatory, from eighteen (18) through fifty-nine (59) years of age. At a minimum, two (2) of the beds in the facility must be licensed to serve clients utilizing wheelchairs. Each resident is required to have his or her own room.

The contract developed from this RFP will be based on the provider's commitment to the long-term success of clients living in the community. The provider must demonstrate an understanding of how to access mental health system and should be familiar with mental health resources in the community. The provider must also incorporate psychiatric consultation as part of the on-going consultation services offered by the facility. Furthermore the program will maintain policies and procedures that exemplify a "no-reject/no-eject" approach to client services.

The provider selected for this CPP grant must demonstrate the ability and commitment to work closely with the various project partners, including the families of the clients. The selected provider must also show compassion and understanding towards the families as they navigate through the relocation process.

The admission criteria also includes the following:

- Each adult meets the eligibility criteria as a resident of a community care facility;
- Each adult's service needs are compatible with the service needs of any current resident at the time placement is being considered;
- Adults with acute or active mental health diagnoses, including those with suicidal tendencies, delusional ideations and hallucinations are to be considered for admission;
- Adults may have special nutritional/dietary needs;
- Adults may have visual and/or hearing impairments;
- Adults are admitted with a history of severe behavioral issues that may include, but are not limited to:
 - self-abuse
 - elopement
 - PICA
 - biting
 - head banging
 - property destruction
 - tantrums
 - stealing

1 – Specialized Residential Facility – Adults
1 – Enhanced Behavioral Support Home - Adults

- physical and verbal aggression
- fire setting
- resistiveness
- disrobing/exposing self to others
- inappropriate sexual behavior
- smearing feces
- impulsivity
- Adults may have a history of repeated psychiatric hospitalizations
- Adults may be forensically involved and have felonies and misdemeanors including:
 - Assault causing injury
 - Gang activity
 - Drug & alcohol use
 - Aggressive sexual behavior, including attempted rape
 - Vandalism
 - Arson
- Adults may require a restrictive health plan to address the allowable conditions as determined in Title 22 and other medical conditions necessitating a health care plan
- may have a diagnosis of Traumatic Brain Injury (TBI)
- may have a history of violent behavior
- may have medical/nursing needs (requiring licensed nursing consultation)
- may require physical assistance with self-care tasks
- may not participate in structured outside day activities on a consistent basis

COMMUNITY PLACEMENT PLAN – PROJECT 2 ENHANCED BEHAVIORAL SUPPORT HOME - ADULTS

SG/PRC is seeking the development of an enhanced behavioral support home for adults. This is a new service model approved in the State of California Budget Act of 2014 through Trailer Bill Language SB 856. Regulations pertaining to the development and operation of this model of home are pending and expected to be proposed in late 2014 or early 2015.

“Enhanced behavioral supports home” means a facility certified by the State Department of Developmental Services and licensed by the State Department of Social Services pursuant to Section 1567.2 of the Health and Safety Code as an adult residential facility that provides 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting. An enhanced behavioral supports home shall have a maximum capacity of four clients.

“Enhanced behavioral services and supports” means additional staffing supervision, facility characteristics, or other services and supports to address a consumer’s challenging behaviors, which are beyond what is typically available in other community facilities licensed as an adult residential facility to serve individuals in a community setting rather than an institution.

Key Objectives of this project:

1. Enter into a Start-up and On-going Services Contract with SG/PRC.
2. Work collaboratively with the non-profit housing corporation to secure a property.
3. Work collaboratively with the non-profit housing corporation to renovate the property.
4. Prepare the facility for licensure.
5. Submit a full program design to SG/PRC.
6. Hire and train staff.
7. Obtain the services of appropriate licensed consultants.
8. Obtain appropriate licensure for the facility.
9. Be licensed and ready for client admission by April 1, 2016



PROPOSAL WRITING GUIDELINES

A. FORMAT REQUIREMENTS/INSTRUCTIONS

The applicant is required to submit one (1) original proposal plus five (5) copies that complies with the following instructions:

- Standard size (8 x 11) paper except for special charts or schedules that require larger paper
- Typed using a standard pitch (11 or 12)
- Each proposal must be bound (no paperclips or loose leaf in envelope)
- Double spaced
- Every page numbered consecutively
- **Table of Contents – proposal should be in sequential order according to these guidelines**
- Original proposal must have original signatures on all attachments
- Identifying footer with the applicant name and project being proposed
- Title page (Attachment B) placed on top of each proposal copy, indicating which program to be developed and the proposed city where the facility may be located
- Statement of Obligations (Attachment C)
- Verified Financial Statement (Attachment D) or most recent Independent Audit/Review
- Projected Start-up Budget (Attachment E)
- Projected On-going Service Budget (Attachment F)
- DS1891 Applicant/Vendor Disclosure (<http://www.dds.ca.gov/Forms/docs/DS1891.pdf>)
- Appendices for documents, such as resumes, certificates, curricula, schedules, letters of recommendation, letters of support from agencies, consultants expected to provide program services, etc.

Applicant proposals will be rejected for failure to follow instructions, incomplete documents, and failure to submit required documents. Applicants are urged to design and develop their proposal to fully address each of the scoring criteria, in the same order as the writing guidelines.

B. APPLICANT INFORMATION

1. Complete Attachment B. This is the cover page of your proposal.
 - a) Name, address and telephone number of the applicant. If the applicant is a corporation, list the principal members of the corporation and **include verification of incorporation in California.**
 - b) Name(s) of the author(s) of the proposal. List any parties who participated in writing all or part of the proposal. Any proposal written by a consultant or grant writer must demonstrate a commitment by the writer to provide ongoing technical assistance during the implementation stage. The proposed budget should reflect this.

2. Agency/Individual Experience and Background Information

- a) Current Resume including the facility names, address, phone numbers and names of contacts for all work positions in licensed, vendored residential facilities. Along with the Resume, provide a summary of qualifications which details education, knowledge and experience in services to individuals with developmental disabilities, specifically to the population being targeted by the project. Provide as much information as possible about experience providing residential services and crisis intervention services to individuals with developmental disabilities. Describe how the documented experience, education and knowledge will be a good fit for developing this program.
- b) Description of current and previous developments. Provide a listing of all licensed homes and/or programs currently operated. Highlight similarities between current or previous program(s) and the proposed program. Include the **Statement of Obligation (Attachment C)** in this section.
- c) List of current references (within one year) and/or letters of recommendations. The proposal must include at least two (2) references with addresses and telephone numbers. Applicants should be aware that the selection committee will contact references or other sources to corroborate any information provided in the proposal. Letters of recommendation should be letters that recommend the individual/company for this specific project(s). References should not include employees of San Gabriel/Pomona Regional Center.
- d) Include experience collaborating with various agencies (Department of Mental Health, etc.) that serve the target population or other similar collaborative projects. Discuss your approach to the transition and relocation process and efforts that will be made to include the families in the process.

NOTE: *Providing falsified information will be grounds for immediate disqualification of the application.*

3. Agency Fiscal Responsibility

Applicants must demonstrate fiscal responsibility by submitting their most current year independent audit/review or a current, verified financial statement, which details all current and fixed assets and all current and long-term liabilities. In addition, the applicant must document available credit line, and provide the necessary information for verification. The selection committee will substantiate information. **Attachment D** can be used as a reference for the information requested. For applicants who are existing vendors, and are required to submit an Independent Review or Audit per the requirements of the Welfare and Institutions Code, Section 4652.5 a copy of the most recent fiscal year end report will suffice.

4. Agency Organization

- a) Provide an Organizational chart of members and the supervisory hierarchy and a completed DS1891 form (<http://www.dds.ca.gov/Forms/docs/DS1891.pdf>)
- b) The chart must include any governing board members and advisory boards. If the applicant's mailing address is outside of the Los Angeles County area, the name and qualifications of the person who will be physically located in the Los Angeles County

area and responsible for managing the proposed project, should be included.

C. TIMELINE OF PROJECT ACTIVITIES

1. Provide a schedule of start-up activities for the project. (If more time is needed, all parties will agree upon an extension of start-up activities). This schedule should include, but not be limited to the following:
 - securing the location of the facility collaboratively with the non-profit housing corporation and SG/PRC;
 - development of renovation plans/scope of renovation work;
 - identification of qualified construction contractors and obtaining bids;
 - starting date of renovation;
 - introduction and maintenance of positive and responsive relations with neighbors;
 - submission of complete program design to regional center;
 - completing life-safety and non-ambulatory renovations;
 - fire marshal pre-inspection & SG/PRC pre-site check;
 - applying for a license through Community Care Licensing;
 - completing required Community Care Licensing components
 - referral packets from SG/PRC;
 - scheduled visits to meet with clients and staff at the current living location;
 - recruiting, hiring and training staff and identifying licensed professionals for consultant services
 - acquiring equipment;
 - completing essential training and continuing education
 - working collaboratively with the identified project partners;
 - leasing vehicles;
 - negotiating on-going reimbursement rate and finalizing service agreement
 - accepting first resident
 - other pertinent events;
2. Applicants should 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. **The schedule will include monthly reports to SG/PRC documenting achievement of objectives and barriers to progress, as well as adherence to timelines.**

D. PROPOSED PROGRAM DESIGN NARRATIVE

Provide a summary description of a program plan for providing a specialized residential services for the target population. This summary description will serve as the basis for the complete program design to be submitted within 160 days of the grant award. At a minimum, the narrative is to address each of the following:

1. Statement of purpose to include the applicant(s) philosophy regarding services to persons with developmental disabilities and their understanding of the Regional Center System.
2. Statement regarding special considerations in locating and selecting the facility site and:
 - Acknowledgement that the applicant will work collaboratively with SG/PRC's

- Housing Corporation partner in selecting, leasing and renovating the site.
- Discuss the need for the facility to have secured perimeters and delayed egress devices, but also elaborate on other innovative ideas or technology that will provide additional support in monitoring the residents and ensuring their health and safety.
 - Include program efforts to maintain positive relations with neighbors and participation with the community while utilizing surrounding resources.
3. Statement of entrance and exit criteria, including intake procedure and screening process. Please include a statement that screening of potential residents and intake is a collaborative effort with the regional center and staff associated with the State Developmental Center (SDC) Regional Resource Development Project (RRDP) or staff from the current residential placement. Include a description of residents to be served, including ambulatory and non-ambulatory status, self-help skills, mental health diagnosis, behavioral characteristics and restricted health conditions. Also, include a commitment to provide services and access supports that will reduce or prevent the need for acute psychiatric hospitalization or other precipitous discharge from the facility.
 4. Detailed description of the program, including description of services offered and expected service outcomes. Please address the following areas in detail:
 - a) Planned activities, including the use of music, art, physical/recreational activity, community activities and other learning opportunities (include sample monthly activity schedule). State, specific examples of functional and age-appropriate activities in natural environments;
 - b) Individual treatment plans including involvement with family members, if appropriate;
 - c) Community support system;
 - d) Client advocacy and self-advocacy, including client education, as described below;
 - e) Development, refinement or acquisition of resident's interpersonal and activities of daily living skills;
 - f) Advocacy at the school level and through the Individualized Education Plan (IEP);
 - g) Linkage to Mental Health Services.
 5. Description of medical component:
 - a) Written medical and psychiatric policies;
 - b) Plan for monitoring medication by personnel licensed to prescribe or dispense prescribed drugs. Please include the name of person, qualifications, frequency of monitoring, and procedures;
 - c) Plan for screening medical complications. Please include who will screen for complications and the procedures for follow up. Please indicate documentation process and time schedule for follow up;
 - d) Client Education - Please indicate who will address client education regarding the role of medications and side effects. Please address what steps will be taken to keep resident and family (if applicable) part of the treatment team;
 - e) Process to document all prescription and non-prescription medication in resident charts;
 - f) Staff Consultation - indicate which staff member and how staff will discuss medication issues and procedures;
 - g) Central storage of medications;
 - h) Training on reducing dependency on medications as sole tool of treatment.

6. Individualized Service Plan (ISP), Health Care & Behavior Management Plan - describe the team approach for the development of treatment plans including the process, implementation and ensuring the rights of residents' regarding resident involvement in decision-making. Please address the following areas:
 - a) Written assessments (include what type of information the assessment will address and how program will obtain consents for assessment and treatment plans). Include a sample behavior assessment;
 - b) Development of the written treatment plan specifying goals and objectives and how they will be created, implemented and evaluated;
 - c) Documentation if another agency or program is providing services and how communication between programs will be maintained (e.g., mental health services, school, day program, mobility training);
 - d) Client involvement in development and implementation of his/her treatment plan; and
 - e) Description of behavior and psychiatric consultant services and other needed consulting services. Prior to the day of admission, an interim transition/crisis/emergency intervention plan and preliminary behavior intervention plan must be developed. Following the first week of admission, a minimum of four (4) hours per client per first, four weeks (16 hours total in the first month) is required to evaluate the effectiveness of the plan and to assist the staff in the implementation of the behavioral plan. Include a description of behavior intervention plan including the development of the behavior plan from intake, pre-placement, design of treatment plan, data collection, target behaviors, baselines, etc. On-going behavior consultation will be at a rate of four (4) hours per month. A complete assessment including a Functional Behavioral Analysis Report must be completed by the Behavior Consultant within 30 days of a client's placement into the facility.
 - f) Description of the data collection system.
 - g) Discuss the agencies ability to provide alternative consulting services (i.e. nursing, occupational therapy, etc.) in the event that behavioral services are not warranted at the level required. Indicate that the provision of any other type of consulting services will only be done with prior written approval of the individuals Interdisciplinary Team.
7. Describe the Crisis Response Plan when planned behavioral programs are not effective. Detail the step-by-step process that will be followed when a client has been identified as being in crisis. Discuss resources that will be accessed and steps that will be taken to avoid involuntary psychiatric hospitalization (5150).
8. Describe instructional methods in adaptive skill training addressing choice and natural environments. Describe documentation process in measuring client progress in meeting IPP objectives.
9. Provide a detailed description of training plan for staff, during both start-up and on-going services including amount, type, subject, training curriculum and techniques.
 - a) Complete Year 1 and Year 2 DSP training and certification, as specified in Title 17 prior to accepting the first resident into the facility; and
 - b) As a part of start-up training and prior to working with the residents, DSP's are to successfully complete and maintain current the following:

- First aid and CPR training with certification, including training in the abdominal thrust maneuver;
 - Professional Assault Crisis Training (PRO-ACT), Crisis Prevention Institute (CPI) Training or Professional Crisis Management Association (PCMA); and
 - Any other training deemed necessary for the successful implementation of the program or services.
- c) Address orientation, on-the-job training and continuing education, including the following areas:
- Training Topics, for example, assessment, treatment plan, discharge summary, development, and preparation for these documents.
 - Indicate that during the first year of employment DSP's will receive 30 hours of training. Training in subsequent years will be at a level of 20 hours per year.
 - Presentation methods of training (DVD, web-based oral instruction, etc.).
 - Potential trainers for various topics
 - Plan of supervision for staff.
 - Competency based training.
 - Quality assurance of training component.
10. Provide minimum qualifications and proposed staffing data. Include job duties for all of the various staff and consultant positions necessary to meet the specific diagnostic and treatment needs of the residents. Staffing to include but not limited to the following:
- a) **Administrator**
- 1) Current Adult Residential Facility Administrator certificate from Community Care Licensing.
 - 2) Specify required qualifications, knowledge and experience. Must have demonstrated 2 years of experience as an Administrator of a Group Home for developmentally disabled children Level 4-G and above (individuals with 2 years experience in another type of licensed, residential setting and demonstrated experience working with developmentally disabled may be considered).
 - 3) Completed DSP Year 1 & 2 training and certification.
 - 4) Regional Center, Residential Services Orientation (RSO) certificate
 - 5) Cannot oversee, as administrator, more than 2 licensed facilities.
 - 6) Include job duties. (Minimum of 20 hours per week is required.)
 - 7) Indicate that Administrator will not oversee more two homes.
 - 8) For Project# 2: Administrator shall meet one or more of the following qualifications:
 - A. Be a licensed psychologist; or
 - B. Board Certified Behavior Analyst (BCBA); or
 - C. Licensed Clinical Social Works (LCSW); or
 - D. Licensed Marriage and Family Therapist; or

NOTE: Pursuant to the SG/PRC Board approved policy resolution, the Executive Director/Licensee must qualify to act as Administrator of the facility, should it become necessary. Both partners in a partnership or at least 2 members of a board of directors in a corporation must qualify as Administrator.

b) **Alternate Administrator**

- 1) Current Adult Residential Facility Administrator certificate from Community

Care Licensing.

- 2) Specify required qualifications, knowledge and experience. Must have demonstrated 2 years of experience as an Administrator of Group Home for developmentally disabled children Level 4-G and above.
- 3) Completed DSP Year 1 & 2 training and certification.
- 4) Regional Center, Residential Services Orientation (RSO) certificate
- 5) Include job duties. (Minimum of 20 hours per week is required.)

c) **Lead Staff – Licensed Psychiatric Technician (LPT); Psychological Assistant; or Associate Licensed Clinical Social Worker; or an individual with a combination of experience and education working with the developmentally disabled and mentally ill**

- 1) Current license or certification
- 2) Specify required qualifications, knowledge and experience. (The minimum staff qualifications are two (2) years experience as an LPT in a secured setting and demonstrated experience working with developmentally disabled individuals.
- 3) For Psychological Assistance or Associate LCSW: Twelve (12) semester units in applied behavior analysis and one year of experience in designing and/or implementing behavior modification intervention services;
- 4) For Psychological Assistance or Associate LCSW: two (2) years experience in designing and/or implementing behavior modification intervention services)
- 5) Specify that DSP Year 1 & 2 training course and certification required prior to working in the home with individuals
- 6) Include job duties.

d) **Direct Support Professionals (DSP)**

- 1) Specify required qualifications, knowledge and experience. (The minimum staff qualifications are one (1) year experience as a DSP in a service level 4-G or higher and high school diploma or equivalent).
- 2) Specify that DSP Year 1 & 2 training course and certification required prior to working in the home with individuals
- 3) Starting wage must be 150% of minimum wage.
- 4) Include job duties.

e) **Consultants, such as board certified behavior analyst, behavior management consultant, registered nurse, licensed psychiatrist, forensic psychiatrist, licensed pharmacologist, etc.**

- 1) Specify the consultant services that the facility will provide.
- 2) Specify for each consultant the required qualifications, knowledge and experience. Include job duties and number of hours to be provided each week/month, based on each discipline.
- 3) Consultants must meet Title 17 requirements for their specific discipline, and must have a current California State license in their area of practice.

11. Document your plan to obtain, secure and retain quality staff. This should include the hiring and screening process; proposed pay scale and benefits; orientation and training plan; staff recognition and reward programs; etc.

12. Provide a detailed staffing pattern for a census of 1, 2, 3 and 4 residents, which at a minimum includes the following:
 - a) Minimum of two (2) staff are awake and on duty 24 hours per day, seven days per week upon the first client placement.
 - b) Licensed Psychiatric Technician (LPT) is awake and on duty 24 hours per day, seven days per week.
 - c) Administrator is on duty at least 20 hours per week to ensure effective operation of the facility.

E. **BUDGET & FINANCE**

1. Using the attached Budget Form for Start-up Costs (**Attachment E**), and Guidelines for the Use of CPP Funds (**Attachment F**), as a reference, display all costs associated with the start-up of the project. A proposed budget should be developed which details start-up costs and ongoing operational costs to cover the facility 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 program/services to be offered in relation to income. The budget must demonstrate the financial viability of the proposal.
 - a) 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.
 - b) The applicant must allot a certain amount of funds for transitions expenses. These are expenses incurred after the facility is licensed and while the vendor is completing transition visits and activities with the identified resident.
2. Using the attached Budget Form for On-going Service Costs (**Attachment G**) as a reference, display all costs associated with the on-going operation of the facility. Direct versus administrative costs need to be clearly identified, with no more than 15% of costs attributed to administrative overhead, per legislation adopted in March 2011 (SB74).
3. A budget narrative describing how each budget line item was calculated is required to sufficiently define all terms and areas of the budget.
 - a) The budget should be realistic in terms of the types of program activity/services to be offered in relation to expenditures versus income.
4. Demonstrate the ability to keep adequate fiscal records in accordance with all State and local requirements. Applicant may submit evidence of passing an Independent Audit.

Please note that the budgets are examples of how the monies will be utilized in start up and on-going costs. The selected applicant will modify the budgets according to changes in the program design and evaluation of generic resources to be utilized for the project.

It is imperative that all above areas be addressed in your proposal. An applicant will receive zero points for any section not addressed. This could drastically affect the final scoring.

REPORTING REQUIREMENTS

Each selected project contractor will be required to submit monthly summaries describing progress made toward meeting project objectives and barriers to progress to the San Gabriel/Pomona Regional

Center by the third of each month. The contractor will submit a final report upon completion of the project. The format for the monthly summaries and invoices will be included in each awardees' contract.

PROPOSAL SELECTION PROCESS

Any proposal may be rejected if it is incomplete or deviates from the specifications in this RFP. **The San Gabriel/Pomona Regional Center reserves the right to reject any or all proposals and to cancel the RFP process at its discretion.** Each proposal will be evaluated by an RFP selection committee which is an interdisciplinary team of at least 5 members, who will score each proposal individually before coming together as a team to thoroughly review and discuss each proposal and interview, if applicable, and agreeing on a final score for each proposal. A minimum score of 70% is required for the proposal to be considered. Proposals will be evaluated in 4 areas: Agency Description/Background/Experience, Timeline of Project Activities, Program Design Narrative/Project Description and Budget/Finances. The proposals responsiveness to the provided guidelines will also be strongly considered.

The evaluation will be based on responsiveness, innovation, previous experience of applicant, and demonstrated applicant financial responsibility. Additional information may be required from selected applicants with regard to the proposal submitted, prior to the awarding of a contract. References will be contacted and interviews may be conducted, particularly if 2 or more proposals are closely scored and/or more information is needed. The interview panel will include at least 2 individuals from the RFP selection committee and each interviewer will score the responses using the same scoring scale for each interview.

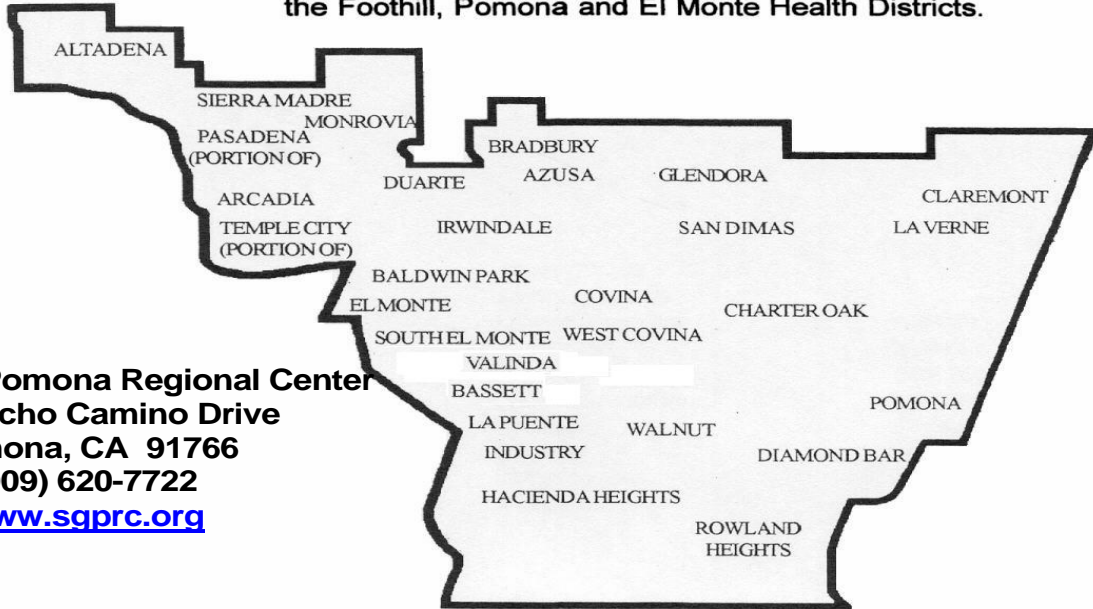
FUNDS

Project descriptions indicate the total amount of funds available for each project. **Actual amount awarded will be contingent upon the budget submitted by the Department of Developmental Services (DDS).** Any project contractor who fails to develop the services specified will be required to return to the San Gabriel/Pomona Regional Center any compensation received for start-up expenses. All funds must be expended by April 2017.

REQUIRED ATTACHMENTS FOR PROJECTS ATTACHMENT A

SAN GABRIEL/POMONA CATCHMENT AREA

San Gabriel/Pomona Regional Center serves 30 cities in the Foothill, Pomona and El Monte Health Districts.



San Gabriel/Pomona Regional Center
75 Rancho Camino Drive
Pomona, CA 91766
(909) 620-7722
www.sgprc.org

SG/PRC is a Private Non-Profit Agency Serving Persons with Developmental Disabilities

These include the following cities, communities and postal zip codes:

Altadena -	91001	La Puente -	91744, 91745
Arcadia -	91006, 91007	La Verne -	91750
Azusa -	91702	Monrovia -	91016
Baldwin Park -	91706	Pasadena -	91104, 91107
Bassett -	91746	Pomona -	91766, 91767, 91768 (91766 known as Phillips Ranch)
Bradbury -	91010	Rowland Heights -	91748
City of Industry -	91744, 91745, 91746	San Dimas -	91773
Charter Oak -	91724	Sierra Madre -	91024
Claremont -	91711	South El Monte -	91733
Covina -	91722, 91723, 91724	*Temple City -	91780 (Portion)
Diamond Bar -	91765	Valinda -	91744
Duarte -	91010	Walnut -	91789
El Monte -	91731, 91732	West Covina -	91790, 91791, 91792
Glendora -	91740, 91741	Whittier -	90601
Hacienda Heights -	91745	*Whittier -	90601 (Portion)
Irwindale -	91706		

*** Portions of Pasadena, Pomona, Temple City and Whittier according to the L. A. County Health Districts: El Monte, Foothill & Pomona, are shared with another Regional Center.**

ATTACHMENT B

COMMUNITY PLACEMENT PLAN 2014-2015
 PROPOSAL TITLE PAGE

TO: SELECTION COMMITTEE

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

San Gabriel/Pomona Regional Center
75 Rancho Camino Dr.
Pomona, California 91766
ATTENTION: Benilda Glen

APPLYING FOR: (*Please check one*)

- ONE SPECIALIZED GROUP HOME (\$125K) (Proposed Development Area _____)
- ONE ENHANCED BEHAVIORAL SUPPORT HOME (\$250K) (Proposed Development Area _____)
- BOTH PROJECTS (Proposed Development Area _____)

PROGRAM TITLE (Please print)

NAME OF INDIVIDUAL OR ORGANIZATION SUBMITTING PROPOSAL (Please print)

CONTACT PERSON FOR PROJECT (Please print)

(_____) / (_____) / _____
TELEPHONE NUMBER / FAX NUMBER / E-mail address

NAME OF PARENT CORPORATION (IF APPLICABLE) (Please print)* (*must identify, if any, excluded individuals-attach additional sheet*)

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.

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 ORGANIZATION

DATE

**ATTACHMENT C
STATEMENT OF OBLIGATION**

(please attach additional pages if needed)

1. The applicant is presently providing services to individuals with developmental disabilities:

- 1 – Specialized Residential Facility – Adults
- 1 – Enhanced Behavioral Support Home - Adults

No Yes

If **Yes**, indicate name, location, type and capacity of service(s). _____

2. The applicant is presently providing services to individuals other than those with developmental disabilities in residential settings or other related services: No Yes

If **Yes**, indicate name, location, type and capacity of service(s) _____

3. Is the applicant currently receiving grant/funds from any source to develop services for individuals with developmental disabilities? No Yes

If **Yes**, indicate funding source and scope of grant project. _____

4. Is the applicant currently applying for grant/funds from any source to develop services for Fiscal Year 2014/2015? No Yes

If **Yes**, indicate funding source and scope of grant project. _____

5. 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 2014/2015: No Yes

If **Yes**, please provide details. _____

6. 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.
- _____

7. Has the applicant or any member of the applicant's organization a citation from a regional center or State Licensing agency within the last 2 years? No Yes

If **Yes**, explain in detail. _____

8. Has the applicant or member of the applicant's organization or staff ever received a citation from any agency for abuse? No Yes

If **Yes**, explain in detail. _____

9. 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. Yes

Signature of Applicant or Authorized Representative

Date

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	_____

3. 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

Modifications of facility	_____
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 Equipment	_____
Vehicle Lease	_____
Vehicle Maintenance (gasoline, etc.)	_____
Fire and Safety Costs (sprinkler, alarms, etc.)	_____
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
SAMPLE BUDGET FORM FOR ON-GOING COSTS**

The budget must demonstrate the financial aspects of the proposal. The projected costs cannot exceed 15% administrative overhead.

<u>ITEM</u>	<u>PROJECTED COST (MONTHLY)</u>
Staff Wages (specify details, i.e. starting wage)	_____
Staff Benefits (specify details)	_____
Administrator Salary	_____
Office Equipment	_____
Communication	_____
Program Consultants	_____
Travel Expenses	_____
Staff Recruitment Costs (e.g., advertising, finger printing)	_____
Facility Lease (including property taxes)	_____
Licensing Fees	_____
Furniture	_____
Program Equipment	_____
Utilities (trash, gas, water, electricity, telephone)	_____
Insurance (vehicle, fire, household, worker’s comp, etc.)	_____
Program Supplies/Recreational & Adaptive Equipment	_____
Vehicle Lease	_____
Vehicle Maintenance (gasoline, etc.)	_____
Facility Maintenance	_____
Ongoing Training Expenses	_____
Payroll/Bookkeeping	_____
Other General Expenses (Specify)	_____
TOTAL PROJECTED MONTHLY ONGOING COSTS	_____
BASED ON 4 RESIDENTS	_____
PROPOSED REIMBURSEMENT RATE P/CLIENT, P/MONTH	_____

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 item.)

ATTACHMENT G
GUIDELINE FOR USE OF START-UP FUNDS

I. General Budget Provisions

1 – Specialized Residential Facility – Adults
1 – Enhanced Behavioral Support Home - Adults

- A. Payment provisions in Start-Up Funds (SUF) contracts are on a cost-reimbursement or a fixed unit rate basis, with a ceiling specified on the maximum dollar amount payable by the regional center for each milestone identified in this Agreement.
- B. The SUF contract sets forth the type of facility, service, or program to be developed and may indicate, as well, additional provisions or limitations on reimbursable items specific to that type of service. The SUF contract takes precedence over this guideline.
- C. Reimbursement on SUF contracts commence by submitting a signed "Exhibit B" and verification of paid expenditure to the SUF Liaison, the designated Resource Developer. Verification of expenditures consists of copies of receipts indicating payment in full by cash or credit card purchase. Lay-away items may only be reimbursed for the amount of the deposit or payments made. In the case of personnel costs, a copy of the payroll record or check for salary paid will be acceptable. For lease or rent payments, copies of the signed lease/rental agreement will also be needed.
- D. Milestone contracts are occasionally completed for specific projects. The contract specifies the tasks to be completed for each milestone. Requests for payment may be made after each milestone is completed using the Exhibit B invoice form. Payment is made after the form and verification of milestone is received. Expenditures need to follow the SUF guideline and contract specifications.
- E. The regional center needs an original signature (no copies or faxes) on the Exhibit B invoice.

II. Personnel Services

- A. A maximum of three (3) months of identified and reasonable direct personnel and overhead costs, including employee fringe benefits, may be reimbursed. Where salaries and wages are a reimbursable item, the following information should be included:
 - monthly, weekly, or hourly rate, as appropriate
 - personnel classification
 - number of hours worked
 - period worked (example: August 1 - 15, 2004)
 - If the employee has other duties with the organization, a percentage of personnel time to be charged to the contract needs to be specified.

III. Administrative Overhead

- A. Administrative overhead is an allowable cost **only** if there is a parent/corporate organizational staff involved with the project who will be expending staff time and resources not covered elsewhere in the project budget.
- B. If administrative overhead is claimed, the administrative overhead shall not exceed 13 percent of the total SUF amount.

IV. Consultants

- A. Proposals submitted and accepted must state the rate of compensation to be paid to consultants. The rate shall be an hourly rate with a ceiling on the total amount. Consultants must be qualified to perform the stated service and services must be applicable to the development of the project.
- B. Consultants' rates must conform to either:
 - (1) Schedule of Maximum Allowances (Medi-Cal rate) for positions covered by that schedule; or
 - (2) Comparable State Civil Service positions; or
 - (3) The going (usual and customary) rate for similar work outside state service.
- C. If Option 3 is applicable, the amounts to be paid consultants depend upon the complexity and difficulty of the projects, the ongoing rate for similar work, and the qualifications and reputation of the individual(s) or firm being awarded the contract. The rates paid to consultants under Option 3 must have prior written approval of the regional center.

V. Real Property

- A. Payments are not permitted for purchase or for construction, renovation, alteration, improvement, or repair of privately owned property which would enhance the value to such property to the benefit of the owner. SUF monies cannot be used for modifications that are solely aesthetic in nature or are not necessary to meet fire and life safety requirements.
- B. SUF monies may be used to modify residential and day program facilities to meet fire and life safety requirements of the fire marshal and/or the local licensing agency. Proposals requesting facility modifications must include three bids to be considered for reimbursement. If a site requires extensive modification, another location should be considered. The following are examples of fire and life safety modifications: Wheelchair ramps; Handrails; Bedroom exit doors; Bathroom fixtures designed for non-ambulatory individuals; Widening of hallways and doors; Installing fireproof doors; Fire alarms; Fire sprinkler systems; Exit alarms or delayed egress devices; and Fencing around swimming pools. Licensed contractors shall be utilized for all fire and life safety modifications/improvements.
- C. Four months' rent or lease payments for a facility site is a reimbursable expense. The rent should not exceed the rental rates for an equivalent site/facility in the area where the program will be situated. A signed copy of the lease or rental agreement needs to be submitted with the request for reimbursement. Security or cleaning deposits are not a reimbursable item.

VI. Equipment

- A. Examples of equipment which may or may not be purchased or purchased only with prior written approval from the regional center, or leased include:

ITEM	PURCHASE MAY BE ACCEPTABLE	3 MONTH LEASE	COMMENTS/EXCEPTIONS
Motor vehicles	NO	YES	May be leased for 3 months during development of project
Computers	NO	YES	May be purchased only if part of a training program for clients, the approved proposal, and the approved program design.
Camcorders, cameras, fax machines, slide projectors, copy machines	NO	YES	May be purchased only if part of a training program for clients, the approved proposal, and the approved program design.
Wall-to-wall carpeting	NO	N/A	
Area rugs	YES	N/A	
Shipping of furniture or truck rental	NO	N/A	
*Furniture, household appliances, linens, household supplies	*YES	YES	*Furniture needs to be new, sturdy, well-built, and appropriate for residential facility or day program.
*Recreational equipment (games, TV, VCR, exercise equipment, mats)	* YES	N/A	*If for use in the facility/program and if appropriate for the type of service and clients served.
Warranties on appliances	NO	N/A	

- B. All approved equipment of any kind purchased from funds reimbursed under the terms of the SUF contract is the property of the State of California. For the purpose of any SUF contract, “equipment” is considered any item purchased with SUF which has a unit acquisition cost of at least \$5,000.00 or a normal useful life of at least three years. The Contractor must submit to the regional center a detailed inventory, including serial numbers, of any equipment that meets the above criteria. This inventory (“Items Acquired Under Start -Up Fund Contracts”) is due within 30 days of the end of the project’s completion. The final SUF reimbursement will not be distributed until the regional center’s receipt of the inventory.

- C. As a general rule, it can be assumed that equipment with a value under \$5,000.00 will be amortized and no longer be regional center property after three years. For purposes of the SUF contract, equipment/item costs must be considered the sum of the costs of the items functioning together; e.g., mattress, box springs and frame. For questions concerning specific items over \$5,000.00, please contact the regional center’s SUF Liaison

- D. Written pre-approval from the regional center is required for reimbursement of any article, supplies, or equipment exceeding \$1,000.00 in cost (per unit). A justification, including the reasonableness of the cost, should be submitted prior to purchasing any such article.

- E. Equipment that is approved for lease may not be leased with an option to purchase. The provider shall provide the regional center with copies of signed leases for any equipment using SUF.

- F. All furniture, mattresses sets, and appliances purchased with SUF shall be new, sturdy and well-built. Written pre-approval from the regional center shall be obtained before purchasing previously owned furniture. Household supplies such as linens must be high quality. Comforters and bedspreads must cover the entire bed and coordinate with the room decor (e.g., no partial or non-matching sets).