



SAN ANDREAS REGIONAL CENTER  
300 Orchard City Drive  
Campbell, CA 95008  
(408) 374-9960

TO: All Potential Request for Proposal Respondents

FROM: Jeffery Darling, Resource Manager, San Andreas Regional Center  
Jim Elliott, Project Manager, San Andreas Regional Center

DATE: December 31, 2015 (Re-Issued, February 4, 2016)

RE: Enhanced Behavioral Supports Home (EBSH) - Request for Proposal  
for Residential Services

San Andreas Regional Center

TYPE OF PROGRAM: One (1) Enhanced Behavioral Supports Home  
(EBSH)

GEOGRAPHIC LOCATION(S): Santa Clara, Santa Cruz, Monterey, or San  
Benito County

CONTRACT AWARD: Startup funding up to \$200,000

SERVICE DESCRIPTION: Enhanced Behavior Support Homes (EBSH) are a pilot program intended to serve a maximum of four (4) residents each of whom require 24-hour non-medical in a homelike setting care due to excessive behavioral impairments. These homes exceed the minimum requirements of level 4I facilities. Such homes will have additional staffing, supervision, consultation, and shall employ enhanced characteristics, such as delayed egress devices and/or secured perimeters, to address challenging behaviors.

Residents of these homes may be dually-diagnosed with mental illnesses or substance abuse issues, may currently or historically face forensic complications, and will primarily be transitioning to community

placement from a developmental center, institute for mental disease, or acute crisis facility. Each resident of the home will have an individual behavior supports plan documenting the individual's behavioral needs and the supports and services to be provided to address those needs. The provider is required by law to have a board-certified behavior analyst or qualified behavior modification professional on-staff or contract for monthly observation and treatment recommendations of the residents, at least four of which per year are to be unannounced. Residents will receive support from the regional center and the clients' rights advocate.

The service provider will be required to obtain a license as an adult residential facility from the California Department of Social Services' Community Care Licensing division and will be answerable to all applicable statutes and regulations, including those currently under development upon their publishing.

APPLICABLE OR RELEVANT STATUTES AND REGULATIONS: California Welfare & Institutions Code Chapter 6, Article 3.6 (§4684.80 through §4684.87) and Article 6 (§4695 - §4695.2); Title 17 California Code of Regulations §§56001 – 56067; and all other applicable federal and California statutes and regulations, including those not yet promulgated.

#### KEY OBJECTIVES:

1. Enter into a start-up and on-going services contract
2. Work collaboratively with non-profit housing corporation(s) to secure and renovate property.
3. Prepare the facility for service and licensure.
4. Submit a full program design for approval by San Andreas Regional Center and the Department of Developmental Services
5. Hire and train staff.
6. Contract with appropriate and approved licensed consultants.
7. Obtain licensure.
8. Be prepared for admission and operation by

#### PREFERRED PROVIDER REQUIREMENTS:

1. Owner/operator of a level 4 adult residential facility or a comparable facility.
2. Previous experience working with mental health, the courts, and/or Community Placement Program.

3. Demonstrated ability to work collaboratively with multi-agency, multi-disciplinary teams in an environment under marked regulatory scrutiny.

PROGRAM DESIGN GENERAL REQUIREMENTS:

1. Licensed as dult residential facility;
2. Maximum of 4 clients;
3. 24-hour non-medical care;
4. Shall exceed minimum requirements for level 4I facility as defined by law;
5. Individual and facility rates:
  - a. Individual rates shall include staffing, consultants, and food costs and incidentals incurred on a per-resident basis;
  - b. Facility rates shall include the lease and constant operation;
6. Behavior supports plan within one week of admission;
7. Monitoring required by regional center qualified behavior modification professional at least monthly, four of which are unannounced;
8. Vendoring regional center and each client's regional center shall have joint responsibility for monitoring and evaluating the services provided;
9. Monthly case management and quarterly quality assurance visits, at minimum, is required;
10. Certified by DDS and licensed by DSS. Must be certified by DDS prior to licensure;
11. DDS and regional centers to provide documentation to DSS;
12. If DDS decertifies a home, DSS shall revoke the license;
13. Must be eligible for federal funding;
14. Delayed egress/secured perimeter for one home;
15. Adherence to forthcoming DSS regulations to address, at minimum, staffing structure, staff qualifications, and training;
16. Health and Safety 1567.64: Requires a minimum of 16 hours of emergency intervention training, including positive behavioral supports and techniques for all staff;
17. Health and Safety 1567.65: If DSS determines that urgent action is necessary to protect a consumer residing in an EBSH, it shall notify DDS. DDS may request that the regional center or centers take action within 24 hours, which may

include, as appropriate, the removal of a consumer from the home or obtaining additional services.

Proposals may be submitted by for-profit or non-profit corporations.

Board members and employees of regional centers are prohibited from submitting proposals. Refer to Title 17 regulations, Section 54314 for a complete list of ineligible applicants.

#### Proposal Requirements

1. Appendix A – San Andreas RFP Service Description (from above)
2. Appendix B – Proposal Title Page
3. Appendix C – Financial Statement (please submit in Excel format as well)
4. Resumes, Statement of Qualifications and References including Appendix D – Statement of Obligations.

Should include

- a. Evidence that the applicant possesses the organizational skills, education and/or experience necessary to complete a project of the scope for which they are applying.
  - b. List of professional references with name, address, and phone number of at least one person/agency to verify fiscal stability and at least one person/agency to verify program/administrative experience.
  - c. Statement with evidence of ability to work interactively and cooperatively with San Andreas and the diverse population of families with in the San Andreas catchment area.
  - d. Statement of evidence of ability to work within the scope of Title 17 regulations governing vendorization and SARC policies and procedures.
5. Appendix E –
    - a. Estimated Cost Worksheet for per person, per month residential services rate
    - b. Proposed Start-Up Budget not to exceed \$200,000
    - c. Proposed Timeline for development of residential services
  6. Appendix F - Description of residential services.

#### Estimated Service Duration

House to be ready by Nov 1, 2016. Residential Services will begin by January 1, 2017.

### Assumptions and Agreements

Proposals will not be returned to the submitter. SARC reserves the right to dismiss any proposal if it does not meet the criteria established in this RFP.

### Submission Information

Proposals must be post marked or emailed by **5:00PM on February 12, 2016**.

Please mail proposals to:

Jeffery Darling  
Manager, Resource Department  
San Andreas Regional Center  
P.O. Box 50002  
San Jose, CA 95150-0002

Or email them to: [sadarling@sarc.org](mailto:sadarling@sarc.org)

Proposals that are late or FAXED will not be accepted.

Please use Times New Roman font in 12 point.

Contact Persons For Additional Information or Clarification, including Word and Excel copies of RFP document templates

Jeffery Darling - [sadarling@sarc.org](mailto:sadarling@sarc.org)

Jim Elliott - [saelliott@sarc.org](mailto:saelliott@sarc.org)

Tom Yetter - [satom@sarc.org](mailto:satom@sarc.org)

### Basis for Award of Contract

Criteria	Percentage	Score
Agency Experience and Background (including Attachment D – Statement of Obligations)	25%	
Fiscal Responsibility (including Attachment C – Financial Statement)	15%	
Budgets (including Attachment E – Estimated Cost Worksheet)	25%	
Proposal Narrative (including Attachment F - Program Design Checklist)	25%	
Interview	10%	

#### Anticipated Selection Schedule

1. RFP Orientation for Potential Respondents: Monday, January 11, 2016, 2:00-3:00pm  
San Andreas Regional Center  
300 Orchard City Drive, Suite 170  
Campbell, CA 95008  
Or by phone conference: 888-636-3807  
access code: 6778458
2. Initial review period: February 13 to March 10, 2016
3. Announcement of those proposals moving to interview phase: February 26, 2016.
4. RFP Review Committee interview: March 11, 2016, starting at 1:00pm at  
San Andreas Regional Center  
300 Orchard City Drive, Suite 170  
Campbell, CA 95008
5. Notification of selected service provider: March 14, 2016
6. Award of contract: March 18, 2016.
7. Residential Services will begin by January 1, 2017.



## Appendix A

### Service Description

San Andreas Regional Center (SARC) has identified a resource need for individuals served.

**SARC may elect to vendor all, part, or none of the project, depending on:**

- 1. Funding availability as approved by Department of Developmental Services (DDS) and**
- 2. Quality of proposals received.**

Proposals submitted after the indicated timelines will **NOT** be considered.

### Service Description

Enhanced Behavior Support Homes (EBSH) are a pilot program intended to serve a maximum of four (4) residents each of whom require 24-hour non-medical care in a homelike setting due to excessive behavioral impairments. These homes exceed the minimum requirements of level 4I facilities. Such homes will have additional staffing, supervision, consultation, and shall employ enhanced characteristics, such as delayed egress devices and/or secured perimeters, to address challenging behaviors.

Residents of these homes may be dually-diagnosed with mental illnesses or substance abuse issues, may currently or historically face forensic complications, and will primarily be transitioning to community placement from a developmental center, institute for mental disease, or acute crisis facility. Each resident of the home will have an individual behavior supports plan documenting the individual's behavioral needs and the supports and services to be provided to address those needs. The provider is required by law to have a board-certified behavior analyst or qualified behavior modification professional on-staff or contract for monthly observation and treatment recommendations of the residents, at least four of which per year are to be unannounced. Residents will receive support from the regional center and the clients' rights advocate.

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PROGRAM DESIGN GENERAL REQUIREMENTS:

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2. Maximum of 4 clients;
3. 24-hour non-medical care;
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5. Individual and facility rates:
  - a. Individual rates shall include staffing, consultants, and food costs and incidentals incurred on a per-resident basis;
  - b. Facility rates shall include the lease and constant operation;
6. Behavior supports plan within one week of admission;



7. Monitoring required by regional center qualified behavior modification professional at least monthly, four of which are unannounced;
8. Vendors regional center and each client's regional center shall have joint responsibility for monitoring and evaluating the services provided;
9. Monthly case management and quarterly quality assurance visits, at minimum, is required;
10. Certified by DDS and licensed by DSS. Must be certified by DDS prior to licensure;
11. DDS and regional centers to provide documentation to DSS;
12. If DDS decertifies a home, DSS shall revoke the license;
13. Must be eligible for federal funding;
14. Delayed egress/secured perimeter for one home;
15. Adherence to forthcoming DSS regulations to address, at minimum, staffing structure, staff qualifications, and training;
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17. Health and Safety 1567.65: If DSS determines that urgent action is necessary to protect a consumer residing in an EBSH, it shall notify DDS. DDS may request that the regional center or centers take action within 24 hours, which may include, as appropriate, the removal of a consumer from the home or obtaining additional services.

## Appendix B

# **RFP TITLE PAGE** **Request for Proposal – Fiscal Year 2014 – 2015**

TO: Selection Committee

Jeffery Darling  
San Andreas Regional Center  
300 Orchard City Drive  
Campbell, CA. 95008

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Program Title (Please Print)

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Name of Individual or Organization Submitting Proposal (Please Print)

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Address of Individual or Organization Submitting Proposal (Please Print)

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Signature of Person Authorized to Bind Organization

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Contact Person for Project (Please Print)

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Telephone Number of Contact Person

---

Fax Number of Contact

Person

---

Email Address of Contact Person

---

Name of Parent Corporations (If Applicable) (Please Print)

---

Applicant or Organization Contact Person:

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Author of Proposal if Different from Individual Submitting Proposal

## Appendix C

### FINANCIAL STATEMENT

All respondents must complete this statement for last complete fiscal year and  
current fiscal year to date.

#### **CURRENT ASSETS**

Cash in Bank

Accounts Receivable

Notes Receivable

Equipment / Vehicles

Inventory

Deposits/ Prepaid Expenses

Life Insurance ( Cash Value)

Investment Securities

**TOTAL CURRENT ASSETS =**

#### **FIXED ASSETS**

Buildings and /or Structures

Long Term Investments

Potential Judgements and Liens

**TOTAL FIXED ASSETS =**

**TOTAL CURRENT AND FIXED ASSETS =**

#### **CURRENT LIABILITIES**

Accounts Payable

Notes Payable

Taxes Payable

**TOTAL CURRENT LIABILITIES =**

#### **LONG TERM LIABILITIES**

Notes / Contracts

Real Estate Mortgages

**TOTAL LONG TERM LIABILITIES =**

**TOTAL CURRENT AND LONG TERM LIABILITIES =**

**Equity =**

**TOTAL LIABILITIES AND EQUITY =**

#### **OTHER INCOME - Revenue from other Sources**

(Specify)

#### **LINE OF CREDIT**

Amount Available

## Appendix D

### STATEMENT OF OBLIGATIONS

All applicants must complete this statement.

- A. 1. Is the applicant currently providing services to people with developmental disabilities?  
[ ] No [ ] Yes  
If **Yes**, indicate the following:  
Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Type of Service \_\_\_\_\_  
Capacity \_\_\_\_\_
2. Is the applicant currently providing related services to people other than those with developmental disabilities?  
[ ] No [ ] Yes  
If **Yes**, indicate the following:  
Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Type of Service \_\_\_\_\_  
Capacity \_\_\_\_\_
- B. 1. Is the applicant currently receiving grant(s)/funds from any source to develop services for people with developmental disabilities?  
[ ] No [ ] Yes  
If **Yes**, indicate the following:  
Funding Source \_\_\_\_\_  
Scope of Grant Project \_\_\_\_\_
2. Is the applicant currently applying for grant(s)/funds from any source to develop services for Fiscal Year 2014 – 2015?  
[ ] No [ ] Yes  
If **Yes**, indicate the following:  
Funding Source \_\_\_\_\_  
Scope of Grant Project \_\_\_\_\_
- C. Is the applicant planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than San Andreas Regional Center during Fiscal Year 2014 – 2015?  
[ ] No [ ] Yes

If **Yes**, provide details:

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- D. Describe other professional / business obligations. Include the following:

Name:

---

Location:

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Type of Service

---

Capacity

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- E. Has the applicant, or any member of the applicant's organization, received a Corrective Action Plan (CAP), Sanction, a Notice of Immediate Danger, an A or B Citations or any other citation from a Regional Center or state licensing agency?

☐ No ☐ Yes

If **Yes**, explain in detail:

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- F. Has the applicant, or any member or staff of the applicant's organization, ever received a citation from any agency for abuse?

☐ No ☐ Yes

If **Yes**, explain in detail:

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Signature of Applicant or Authorized Representative

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Date

## Appendix E

### 1. ESTIMATED MONTHLY COST WORKSHEET

All applicants must complete this worksheet.

<b>Monthly Staff and Administrative Costs</b>	
Staff Salaries and Wages: Specify details- attach details if needed	\$
Staff Benefits including Workman's Compensation: Specify details- attach details if needed	\$
Administrative Overhead	\$
Program Consultant Fees	\$
Staff Training Costs	\$
Travel Expenses	\$
<b>Monthly Business/ Office Related Costs</b>	
Communication Costs	\$
Office Supplies	\$
Office Equipment/ Rental & Maintenance Costs and Supplies	\$
<b>Monthly Building and Facility Program Related Costs*</b>	
Space Costs-Rental or lease	\$
Utilities Costs	\$
Insurance Costs	\$
Fire Safety Costs/Maintenance	\$
Facility Maintenance	\$
<b>Specific Training Costs: Specify</b>	\$
<b>Other Costs: Specify</b>	\$
<b>TOTAL MONTHLY COSTS</b>	\$

If necessary, adjust the above schedule to your program needs but address requested line items. If the cost is not applicable to your program, please state N/A and provide reasons for its being not applicable.

In addition to the projected cost for each line item, be sure to include a detailed breakdown/description of how each line item total was arrived at. Additional schedules may be submitted for this purpose.

This information is being requested for the purposes of ensuring that potential vendors have fully considered estimates on all possible costs that might arise in the development and/or operation of this program. It may also be used by the RFP Review Committee to determine reasonable reimbursement amounts for the service(s).

2. PROPOSED START-UP BUDGET NOT TO EXCEED \$200,000
3. PROPOSED TIMELINE FOR DEVELOPMENT OF RESIDENTIAL SERVICES



Appendix F  
Description of Proposed Residential Services

In narrative form, please describe how residential services will be provided in this Enhanced Behavioral Supports Home (EBSH); mainly how the home will assist people with intense behavioral issues to live and thrive in the community. Please address the following topics;

1. Reception of person into the EBSH.
2. Residential services to be provided in the EBSH to enhance the capabilities of the residents; behavior modification, ADL training, etc.
3. Day services internal and/or coordination with external day services.
4. Roles of consultants on contract to help with above.
5. Organizational chart for agency and for the home.
6. Community resources to be utilized.
7. Minimum qualifications for Administrator and Direct Support Staff.
8. Training plans for staff including crisis intervention training such as Mandt, CPI, etc.
9. Etc.