TO: All Potential Request for Proposal Respondents

FROM: Jeffery Darling, Manager, Resource Department, San Andreas Regional Center
      Ronco Liem, District Manager, CPP Unit, San Andreas Regional Center

DATE: April 1, 2015

RE: Northern California Crisis Team - Request for Proposal

San Andreas Regional Center
San Andreas Regional Center (SARC) is a community-based, private not for profit corporation that is funded by the State of California to coordinate and fund services for people with developmental disabilities as required by the Lanterman Developmental Disabilities Act. The Lanterman Act is part of California law that sets out the rights and responsibilities of persons with developmental disabilities. San Andreas is one of 21 Regional Centers throughout California serving individuals and their families who reside within Monterey, San Benito, Santa Clara, and Santa Cruz Counties.

Service Description

San Andreas Regional Center is developing a Crisis Team to support intellectually/developmentally disabled individuals in Northern California who need additional supports to;

1. Remain in their current living environment until they are stabilized.
2. Transition to, and/or from, other Northern California living environments including but not limited to;
   a. **Sonoma Developmental Center - Acute Crisis Unit:** Residential unit with stand-alone kitchen, distinct from
other residential units. Serves up to five individuals who are in crisis but who will transition back to their prior community-based residence, or an alternative community-based residence.

b. **Community Crisis Homes:** Two homes each serving up to four adults who are in crisis in Northern CA.

c. **Enhanced Behavioral Supports Homes:** Serves adults with severe maladaptive behaviors (e.g. aggression, self-injury, property destruction, running/wandering away, etc.). The facility is intended to serve individuals long term, individuals who may be coming from long-term institutional settings or from other settings already within the community.

d. **Transition Homes:** Serves adults with severe maladaptive behaviors (e.g. aggression, self-injury, property destruction, running/wandering away, etc.). The facility is intended to serve individuals from; long-term institutional settings, jail, locked psychiatric hospitals or from other settings already within the community. These individuals will be in transition and will need stabilization prior to finding, or returning to, a less restrictive residential environment.

3. Maintain continuity of services and supports both during the time the individual is in crisis and also when the individual is transitioning back into their permanent living environment.

Proposals must address the following areas;

- Focus on intensive crisis prevention for the individual served, delivered face to face initially and then also by video conference and by telephone.
- Emergency response intervention for the individual served, delivered face to face initially and then also by video conference and by telephone to de-escalate and stabilize crisis situations.
- Budget contingency for five to eight days per month of travel by Crisis Team members to the adults, the individuals’ families and/or residential service providers.
- Referral to appropriate follow-up community based services including but not limited to; individual and/or group counseling, competency to stand trial training, addiction counseling / rehabilitation programs, anger management training, etc.
- Proactive outreach to residential care providers to identify and address behavioral needs of consumers at risk of crises.
- Training for residential providers, family members, and county emergency services and mental health personnel.
• Telephone intervention with residential service providers, and family members to assess, avert, and follow-up crises during all phases of intervention.

• Assessment of the adult’s behaviors and analysis of environmental factors during interventions.

• Timely access to consultants to address medical, mental health, and behavioral features of impending or current crisis situations.

• Monitoring and follow up with individuals following stabilization of crises.

• Collaboration and education on intellectual/developmental disability issues with local emergency resources, including Police Departments, Psychiatric Emergency Services, and specialized county crisis services.

• Ability to develop and expand Crisis Team services in the future; i.e. the potential to serve more individuals in crisis who receive services and supports from the following Regional Centers in Northern California; Central Valley Regional Center, San Andreas Regional Center, Golden Gate Regional Center, Regional Center of the East Bay, Valley Mountain Regional Center, North Bay Regional Center, Alta California Regional Center, Redwood Coast Regional Center and Far Northern Regional Center.

Service providers submitting proposals should have experience developing and providing Crisis Team services for adults with intellectual/developmental disabilities who have severe maladaptive behaviors. Proposals must include;

• Provisions for the establishment of an initial Crisis Team office within one or more of the following four counties in the San Andreas Regional Center catchment area; Monterey, San Benito, Santa Clara, Santa Cruz.

• Proposed operating budget incorporating a monthly, per individual served rate.

Start-up funding up to the amount of $100,000 will be available through San Andreas Regional Center’s Community Placement Plan (CPP) approved by the Department of Developmental Services (DDS) for Fiscal Year 2014/2015. Proposals should include a Start-Up Budget. Start-up expenses may include;

• Procurement and build out of office space,

• Hiring and training of staff,

• Purchase of information technology equipment required to serve individuals across regional center catchment areas,

• Initial travel expenses to introduce services prior to working with individuals, etc.
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
2. Appendix B – Proposal Title Page
3. Appendix C – Financial Statement
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 people with intellectual/developmental disabilities, their families and service providers within the Northern California area (area outlined above).
   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 – Estimated Cost Worksheet (As described above; start-up budget and monthly operating budget)
6. Appendix F - Description of Crisis Team service and its proposed; location, cost, design, etc. Proposed timeline for development of Crisis Team services.

Estimated Service Duration
Crisis Team to be contracted with San Andreas Regional Center by June 19, 2015. Start-Up period for Crisis Team will be June 30, 2015 through September 30, 2015. Crisis Team services will begin by October 1, 2015.
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 received by email no later than 5:00PM, May 29, 2015. Hard copies of proposals must also be mailed in and postmarked no later than May 29, 2015. Please email and mail proposals to:
   Jeffery Darling
   Manager, Resource Department
   San Andreas Regional Center
   sadarling@sarc.org
   and
   P.O. Box 50002
   San Jose, CA 95150-0002

Proposals that are late or faxed will not be considered.

Please use Times New Roman font in 12 point.

Contact persons for additional information or clarification, including Word / Excel copies of RFP document templates:
Jeffery Darling - sadarling@sarc.org
Tom Yetter – satom@sarc.org
Basis for Award of Contract

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Percentage</th>
<th>Score</th>
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<tr>
<td>Fiscal Responsibility (including Attachment C – Financial Statement)</td>
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<tr>
<td>Budgets (including Attachment E – Estimated Cost Worksheet)</td>
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<tr>
<td>Proposal Narrative (including Attachment F - Program Design Checklist)</td>
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<td></td>
</tr>
<tr>
<td>Interview</td>
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</tr>
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Anticipated Selection Schedule

1. RFP Orientation for Potential Respondents: Monday, May 11, 2015
   San Andreas Regional Center
   300 Orchard City Drive, Suite 170
   Campbell, CA 95008
   or
   By phone conference at: 888-636-3807, Access Code: 6778458
   **Please RSVP for RFP Orientation** by emailing Jeffery Darling at sadarling@sarc.org

2. Initial review period: May 29 to June 5, 2015
4. RFP Review Committee interview: Friday June 12, 2015 at
   San Andreas Regional Center
   300 Orchard City Drive, Suite 170
   Campbell, CA 95008
7. Crisis Team start-up period will be June 30 through September 30, 2015.
8. Crisis Team services will begin by October 1, 2015.
San Andreas Regional Center

Requests for Proposal
Fiscal Year 2014 – 2015

Appendix A

Service Description

San Andreas Regional Center is developing a Crisis Team to support intellectually/developmentally disabled individuals in Northern California who need additional supports to;
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2. Transition to, and/or from, other Northern California living environments including but not limited to;
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• Hiring and training of staff,
• Purchase of information technology equipment required to serve individuals across regional center catchment areas,
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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.
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

Program Title (Please Print)

Name of Individual or Organization Submitting Proposal (Please Print)

Address of Individual or Organization Submitting Proposal (Please Print)

Signature of Person Authorized to Bind Organization

Contact Person for Project (Please Print)

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:

Author of Proposal if Different from Individual Submitting Proposal
# Appendix C

**FINANCIAL STATEMENT**

All applicants must complete this statement.

## CURRENT ASSETS

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<td>Cash in Bank</td>
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<td>Accounts Receivable</td>
</tr>
<tr>
<td>Notes Receivable</td>
</tr>
<tr>
<td>Equipment / Vehicles</td>
</tr>
<tr>
<td>Inventory</td>
</tr>
<tr>
<td>Deposits/ Prepaid Expenses</td>
</tr>
<tr>
<td>Life Insurance (Cash Value)</td>
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<tr>
<td>Investment Securities</td>
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**TOTAL CURRENT ASSETS =**

## FIXED ASSETS

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<tbody>
<tr>
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<tr>
<td>Long Term Investments</td>
</tr>
<tr>
<td>Potential Judgements and Liens</td>
</tr>
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**TOTAL FIXED ASSETS =**

**TOTAL CURRENT AND FIXED ASSETS =**

## CURRENT LIABILITIES

<table>
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<tr>
<th>Liability</th>
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<tr>
<td>Accounts Payable</td>
</tr>
<tr>
<td>Notes Payable</td>
</tr>
<tr>
<td>Taxes Payable</td>
</tr>
</tbody>
</table>

**TOTAL CURRENT LIABILITIES =**

## LONG TERM LIABILITIES

<table>
<thead>
<tr>
<th>Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes / Contracts</td>
</tr>
<tr>
<td>Real Estate Mortgages</td>
</tr>
</tbody>
</table>

**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

<table>
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<th>Amount Available</th>
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Appendix C - Page 1 of 1
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:


D. Describe other professional / business obligations. Include the following:
Name:
Location:
Type of Service
Capacity

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:


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:


______________________________
Signature of Applicant or Authorized Representative

______________________________
Date
## Appendix E

### ESTIMATED COST WORKSHEET

All applicants must complete this worksheet.

<table>
<thead>
<tr>
<th>Staff and Administrative Costs</th>
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<tbody>
<tr>
<td>Staff Salaries and Wages: Specify details- attach details if needed</td>
<td>$</td>
</tr>
<tr>
<td>Staff Benefits including Workman’s Compensation: Specify details-</td>
<td>$</td>
</tr>
<tr>
<td>attach details if needed</td>
<td></td>
</tr>
<tr>
<td>Administrative Overhead</td>
<td>$</td>
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<tr>
<td>Program Consultant Fees</td>
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<tr>
<td>Staff Training Costs</td>
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<tr>
<td>Travel Expenses</td>
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</table>

<table>
<thead>
<tr>
<th>Business/ Office Related Costs</th>
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<tbody>
<tr>
<td>Communication Costs</td>
<td>$</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Office Equipment/ Rental &amp; Maintenance Costs and Supplies</td>
<td>$</td>
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### Building and Facility Program Related Costs*

| Space Costs-Rental or lease                                        | $     |
| Utilities Costs                                                    | $     |
| Insurance Costs                                                    | $     |
| Fire Safety Costs/Maintenance                                      | $     |
| Facility Maintenance                                                | $     |

### Specific Training Costs: Specify                                | $     |

### Other Costs: Specify                                             | $     |

### TOTAL MONTHLY COSTS                                              | $     |

*If necessary, please feel free to 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 will also be used by the RFP Review Committee to determine reasonable reimbursement amounts for the service(s).
Appendix F

Description of Proposed Northern California Crisis Team Services

1. Location

2. Monthly, per person cost (per Appendix E)

3. Design features, including details regarding the provision of crisis team services remotely; e.g. phone calls, video conference etc.

4. Proposed timeline for development