



**SAN ANDREAS REGIONAL CENTER**  
6203 San Ignacio Ave, Ste 200  
San Jose, CA 95119  
(408) 374-9960

**TO:** All Potential Request for Proposal Respondents

**FROM:** Mia Garza, Associate Director of Community Services  
Gina Jennings, CRDP Specialist

**DATE:** February 10, 2023

**RE:** Enhanced Behavioral Day Program

**Geographic Location:** Santa Cruz County

**Start-Up Funds:** \$125,000.00

**San Andreas Regional Center**

San Andreas Regional Center (SARC) is a community-based, private nonprofit corporation that serves individuals and their families residing within Monterey, San Benito, Santa Clara, and Santa Cruz Counties. It is one of 21 Regional Centers in California. The State of California funds SARC to serve people with developmental disabilities as required by the Lanterman Developmental Disabilities Act. The Lanterman Developmental Disabilities Services Act, known as the "**Lanterman Act**," is an essential piece of legislation passed and became law in 1969. This law declares that people with developmental disabilities and their families have the right to receive the services and support they need to live like people without disabilities.

**Service Description**

SARC has determined a need for an Enhanced Behavioral Day Program (EBDP) service provider to serve Santa Cruz County. This service provider has vast experience in providing day services designed to provide day support to individuals in Santa Cruz County who are (1) severely impacted by autism and intellectual/developmental disabilities and (2) unable to access traditional Behavior Management Programs due to the need for increased levels of support. Utilizing principles of applied behavior analysis (ABA), an EBDP service provider serves individuals who require a highly specialized program to address complex communication and behavioral needs. An EBDP employs an evidence-based methodology and uses person-centered thinking practices and a trauma-informed approach to produce measurable and lasting improvements in the lives of the individuals served.

Individuals served may include individuals who may have:

1. Autism and/or intellectual/developmental disabilities resulting in significant delays in adaptive skills, including language and communication, social and recreation skills, and daily living skills.
2. Pervasive ritualistic and repetitive behaviors that profoundly impact the individual's adaptive functioning and ability to access a traditional behavior management program.
3. Co-occurring diagnoses that makes service delivery challenging.
4. Been assessed, and the Individual Interdisciplinary Team (IDT) agrees that enhanced behavioral day services are needed.
5. Documented behavioral challenges, which may include but are not limited to:
  - Intensive challenging behaviors, including severe aggression, self-injurious behavior, and propensity for significant property damage.
  - Elopement, feeding disorders, or pica resulting in the need for an enhanced level of support and supervision.

The EBDP is an organization contracted to and vendored by a Regional Center. The EBDP will provide specialized assessment, considering trauma-informed care and person-centered planning. Ongoing services would be provided by a highly qualified administrator/Program Director, a BCBA, and direct support professionals with extensive initial and ongoing training to meet the unique needs of the individuals served.

SARC will work closely with the EBDP service provider and the Department of Developmental Services to request a 637 waiver to the current Behavioral Day Program median rates with justification for an enhanced rate.

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

**Please refer to the Request for Proposal and Submission Guidelines below for proposal requirements, timelines for submission, the basis for the award, the anticipated selection schedule, etc.**

**San Andreas RFP Service Description**  
**Request for Proposal and Submission Guidelines – Fiscal Year 2022-2023**

**RFP Orientation:** Provided upon request via email to [gjennings@sarc.org](mailto:gjennings@sarc.org) to schedule before February 17, 2023.

**Proposal Requirements**

1. Appendix A – Proposal Title Page
2. Appendix B – Financial Statement
3. Appendix C – Statement of Obligations
4. Appendix D – Estimated Cost Worksheet
5. Appendix E - Resumes, Statement of Qualifications, and References. Please include:
  - a. Evidence that the applicant possesses the organizational skills, education, and experience necessary to complete a project of this scope.
  - 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 within the San Andreas catchment area. Statement outlining the ability to work within the scope of Title 17 regulations governing vendorization and SARC policies and procedures.
6. Appendix F – Program Summary

**Contract Requirements**

The EBSH service provider must enter into a contract by **June 30, 2023**, or they will not have access to the start-up funds. The contract execution goal is **April 30, 2023**.

**Estimated Service Duration**

Service is expected to begin by **October 2, 2023**.

**Assumptions and Agreements**

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

**Submission Information**

Proposals must be **emailed** to [gjennings@sarc.org](mailto:gjennings@sarc.org) by **March 10, 2023**. Submissions must be on time, mailed, or faxed to be accepted.

Please use Times New Roman font in 12 point.

**Contact Persons For Additional Information or Clarification**

Gina Jennings – [gjennings@sarc.org](mailto:gjennings@sarc.org)

Mia Garza – [mgarza@sarc.org](mailto:mgarza@sarc.org)

### **The Basis for Award of Contract**

| Criteria  | Percentage | Score |
|---|------------|-------|
| Agency Experience and Background (including Attachment C - Statement of Obligations & Attachment E – Resumes, Qualifications, References) | 20%        |       |
| Fiscal Responsibility (including Attachment B- Financial Statement)   | 20%        |       |
| Budgets (including Attachment D - Estimated Cost Worksheet)   | 20%        |       |
| Proposal Narrative (including Attachment F - Program Summary)   | 20%        |       |
| Interview   | 20%        |       |

### **Anticipated Selection Schedule**

1. Proposals are due to San Andreas via email by 5:00 pm on **March 10, 2023**.
2. Initial review period: **March 13, 2023 – March 17, 2023**.
3. Announcement of those proposals moving to the interview phase:  
**March 20, 2023**
4. RFP Review Committee interview (held via the virtual zoom platform):  
**March 28, 2023**  
**12:00 pm - 5:00 pm**
5. Notification of selected service provider: **On or before March 31, 2023**
6. Contract fully executed: **April 30, 2023**
7. Date service expected to begin: **October 2, 2023**

# Appendix A

## RFP TITLE PAGE Request for Proposal – Fiscal Year 2022-2023

TO: Selection Committee

San Andreas Regional Center  
6203 San Ignacio Ave, Ste.200  
San Jose, CA. 95119  
ATTENTION: Gina Jennings, CRDP Specialist

---

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

---

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 B

| <b>FINANCIAL STATEMENT</b>   |                |                   |
|--|----------------|-------------------|
| Please complete this statement for the last complete fiscal year <b>and</b> current fiscal year to date. |                |                   |
| <b>CURRENT ASSETS</b>  | <b>Last FY</b> | <b>Current FY</b> |
| Cash in Bank   |                |                   |
| Accounts Receivable  |                |                   |
| Notes Receivable   |                |                   |
| Equipment / Vehicles   |                |                   |
| Inventory  |                |                   |
| Deposits/ Prepaid Expenses   |                |                   |
| Life Insurance ( Cash Value)   |                |                   |
| Investment Securities  |                |                   |
| <b>TOTAL CURRENT ASSETS =</b>  |                |                   |
| <b>FIXED ASSETS</b>  |                |                   |
| Buildings and /or Structures   |                |                   |
| Long Term Investments  |                |                   |
| Potential Judgements and Liens   |                |                   |
| <b>TOTAL FIXED ASSETS =</b>  |                |                   |
| <b>TOTAL CURRENT AND FIXED ASSETS =</b>  |                |                   |
| <b>CURRENT LIABILITIES</b>   |                |                   |
| Accounts Payable   |                |                   |
| Notes Payable  |                |                   |
| Taxes Payable  |                |                   |
| <b>TOTAL CURRENT LIABILITIES =</b>   |                |                   |
| <b>LONG TERM LIABILITIES</b>   |                |                   |
| Notes / Contracts  |                |                   |
| Real Estate Mortgages  |                |                   |
| <b>TOTAL LONG TERM LIABILITIES =</b>   |                |                   |
| <b>TOTAL CURRENT AND LONG TERM LIABILITIES =</b>   |                |                   |
| <b>Equity =</b>  |                |                   |
| <b>TOTAL LIABILITIES AND EQUITY =</b>  |                |                   |
| <b>OTHER INCOME - Revenue from other Sources</b>   |                |                   |
| (Specify)  |                |                   |
|  |                |                   |
| <b>LINE OF CREDIT</b>  |                |                   |
| Amount Available   |                |                   |

# Appendix C

## 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 a grant(s)/funds from any source to develop services for the current Fiscal Year?  
 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 the current Fiscal Year?  
 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, Notice of Immediate Danger, an A or B citation, 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 staff member 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 D

## ESTIMATED COST STATEMENT

### Service Provider Cost Estimate

Please refer to Title 17 for descriptions of the expense and income items listed in this document. The text of Title 17 is available on the Department of Developmental Services (DDS) website at <https://www.dds.ca.gov/>. If you need assistance, you may contact your Resource Specialist. NOTE: A separate cost statement must be submitted for each vendor number. Do not combine costs and/or income for separately vendored services.

Please complete fields in Sections A, B, C, and D. You must ensure that the costs and wages you are entering are consistent with the rate type, i.e., hourly, monthly, etc.

### SECTION A: DIRECT SERVICE STAFF COSTS (HOURLY)

|   |  |
|---|--|
| Labor: Proposed Wage - Direct Support Staff         |  |
| Labor: Mandated Payroll Tax Deductions (FICA, etc.) |  |
| Labor: Benefits Cost (Medical Insurance, etc.)      |  |
| <b>TOTAL DIRECT SERVICE STAFF EXPENSES</b>          |  |

### SECTION B: OPERATING COSTS (MONTHLY)

|  |  |
|--|--|
| Consultant (Non-Administrative Duties Only)                        |  |
| Staff Recruitment, Background Checks, Physical Exams               |  |
| Professional Licensing, Certification, Permits                     |  |
| Non-Administrative Training  |  |
| Non-Administrative Lease Costs                                     |  |
| Non-Administrative Equipment                                       |  |
| Non-Administrative Repair and Maintenance                          |  |
| Non-Administrative Transportation Costs                            |  |
| Non-Administrative Program Supplies                                |  |
| Other Direct Operating Expenses (Must Identify in the Space Below) |  |
| <b>TOTAL OPERATING EXPENSES</b>                                    |  |

### SECTION C: ADMINISTRATIVE COSTS (MONTHLY)

Senate Bill 74 (Chapter 9, Statutes of 2011), enacted as of March 24, 2011, adds Section 4629.7 to the Welfare and Institutions Code (WIC) and expressly requires that for services where rates paid to vendors are considered to be "negotiated" rates, not more than 15% of Regional Center purchase of service (POS) funds may be spent on vendor administrative costs.

|  |  |
|--|--|
| (1) Salaries, wages, and employee benefits for managerial personnel whose primary purpose is the administrative management of the entity, including, but not limited to, directors and chief executive officers. |  |
| (2) Salaries, wages, and benefits of employees who perform administrative functions, including, but not limited to, payroll management, personnel functions, accounting, budgeting, and facility management.     |  |
| (3) Facility and occupancy costs, directly associated with administrative functions.   |  |
| (4) Maintenance and repair.  |  |
| (5) Data processing and computer support services.   |  |
| (6) Contract and procurement activities, except those provided by a direct service employee.   |  |
| (7) Training directly associated with administrative functions.  |  |
| (8) Travel directly associated with administrative functions.  |  |
| (9) Licenses directly associated with administrative functions.  |  |
| (10) Taxes.  |  |
| (11) Interest.   |  |
| (12) Property insurance.   |  |
| (13) Personal liability insurance directly associated with administrative functions.   |  |
| (14) Depreciation.   |  |
| (15) General expenses, including, but not limited to, communication costs and supplies directly associated with administrative functions.  |  |
| <b>Total Administrative Costs</b>  |  |
| <b>Comments:</b>   |  |

If necessary, adjust the above worksheet to your program needs but address the requested line items. If the cost does not apply to your program, please state N/A.

This information is requested to ensure that potential vendors have fully considered estimates on all possible costs that might arise in this program's development and operation.

## Appendix E

### **Statement of Qualifications/Resumes/References Request for Proposal – Fiscal Year 2022-2023**

**(Submit full resumes and reference list as attachments hereafter statement of qualifications.)**

## Appendix F

### **Program Summary Enhanced Behavioral Day Program Services**

As this service will be a project in development concurrent with this Request for Proposal, SARC requests a Program Summary rather than a Program Design at this time.

Please prepare a program summary that includes the following;

- Description of Individuals Served
- Entrance, Exit, and Exclusion Criteria
- Description of Services
  - The description should demonstrate how the services incorporate/address the following:
    - Person Centered Thinking
    - Positive Behavioral Supports
    - Trauma Informed Care
    - Cultural Diversity
- Referral Process
- Individualized Assessment Process
- Consultant(s) Roles and Requirements
- Staff Training Plan
  - Onboarding
  - Ongoing

Include the following appendices:

- Organizational Chart
- Qualifications Duty Statements:
  - Program Administrator
  - BCBA
  - Direct Support Professional/RBT
  - Consultants