



**SAN ANDREAS REGIONAL CENTER**  
**6203 San Ignacio Ave, Ste. 200**  
**San Jose, CA 95119**

**TO:** All Potential Request for Proposal Respondents  
**FROM:** Mia Garza, Associate Director of Community Services  
Gina Jennings, CRDP Specialist  
**DATE:** 3/27/2024

**RE:** Behavioral Respite  
Request for Proposal SARC 2324-4

**Geographic Location(s):** Santa Cruz, Monterey, and San Benito Counties.

**Contract Award:** Startup funding up to \$150,000

**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.

**Type of Program:** Behavioral Respite service is defined as intermittent or regularly scheduled non-medical care and/or supervision/support provided in-home for children through adulthood with I/DD who have behavioral support needs.

This service provider provides services that align with Title 17, Sections 56780 – 56802 and the Lanterman Act, meeting all standard functions of a Respite Services agency.

The service provider may have to address the following, including:

- Provider will have well-trained staff who can provide support to behaviors of concern that may occur frequently and can range in intensity. The behaviors that may be encountered are;
  - physical aggression towards
  - property destruction,
  - elopement,
  - pica,
  - self-injurious behavior.
- Provide appropriate care and supervision.
- Attend to the basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines, which the family members would ordinarily perform.
- Design and implement the individual behavior intervention plans. Sometimes, the family may be working with a BCBA and have a home plan. In those cases, the agency will collaborate with and incorporate elements of the plan already in place.

The service provider will provide specialized assessment considering trauma-informed care of those served, and extensive initial and ongoing training to meet the unique behavioral needs of the individuals served. The service provider must also recruit and train staff to address the behavioral and supervision needs of those receiving the service. Ongoing services would be provided by a highly qualified Director/Manager, BCBA/BCaBA, and direct support professionals with at least six months prior experience providing direct care with behavioral support to those with a developmental disability.

The outcome of this service will be to reduce out-of-home placement and provide enhanced support to families of individuals with increased behavioral needs.

The age range is 7 to 21 years of age.

Potential providers must have prior demonstrable experience, including:

- Supporting families with children/youth with I/DD, particularly those who have children who engage in aggression, self-injurious behavior, and property damage.
- Supporting people with I/DD, particularly with co-occurring mental health diagnoses.
- Working with social service community-based agencies and resources.
- Working with families who are in crisis.

The provider must have experience working directly with families and be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g., other regional centers, service providers, schools, etc.) for the successful support of the individual.

**Preferred Provider Requirements:**

1. Experienced Respite Care Service Provider.
2. Experience with developing program designs.
3. Experience working with behavioral issues and demonstrated interventions.

4. Experience with budget development.
5. Demonstrated ability to work collaboratively with multi-agency, multi-disciplinary teams in a highly regulated environment with regular quality reviews with SARC and DDS.

**EQUITY & DIVERSITY:** For this RFP, culturally and linguistically diverse populations include, but are not limited to, Individuals of varying race, ethnicity, preferred language, sex, sexual orientation, gender identity, religion, age, physical disability, or mental disability.

All RFP submissions must include the following:

- A statement outlining the applicant's plan to serve diverse populations, including, but not limited to, culturally and linguistically diverse populations.
- Examples of the applicant's commitment to addressing the needs of those diverse populations.
- Any additional information the applicant deems relevant to issues of equity and diversity.

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.

***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 2023-2024**

**RFP Orientation:** Provided upon request via email to [gjennings@sarc.org](mailto:gjennings@sarc.org) to schedule before **April 5, 2024**.

**Proposal Requirements**

1. Appendix A – Proposal Title Page
2. Appendix B – Financial Statement
3. Appendix C – Statement of Obligations
5. Appendix D – 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 E - Proposed Milestones for Start-Up Funds
7. Appendix F – Proposal Narrative Program Plan Summary for Behavioral Respite.

**Contract Requirements**

The selected Service provider must enter into a contract by June 30, 2024, to access start-up funding. The contract execution goal is **May 31, 2024**.

**Estimated Service Duration**

Start-Up will begin on **July 1, 2024**.

Direct services are expected to begin by **October 1, 2024**.

**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 5 pm on **April 12, 2024**. Submissions must be on time. Late submissions will not be accepted.

Please use readable 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 Appendix C - Statement of Obligations & Appendix E – Resumes, Qualifications, References)	20%	
Fiscal Responsibility (including Appendix B- Financial Statement)	20%	
Budgets (including Appendix E1 and E2 DS 6023/DS 6024)	20%	
Proposal Narrative (including Appendix F - Program Summary)	20%	
Interview	20%	

### **Anticipated Selection Schedule**

1. Proposals are due to San Andreas via email by 5:00 pm on **April 12, 2024**
2. Initial review period: **April 12, 2024 – April 17, 2024**
3. Announcement of those proposals moving to the interview phase:  
On or before **April 19, 2024**.
4. RFP Review Committee interview (held via the virtual Zoom platform):  
**May 1, 2024**, between 2pm and 5 pm.
5. Notification of selected service provider: **May 1, 2024**
6. Contract fully executed: **May 31, 2024**
7. The anticipated date start-up service will begin: **July 1, 2024**

*Note: Applicants responding to this RFP who are currently vendored providers for San Andreas or any other regional center **must have services in good standing**. Providers with Substantial Inadequacies (SI's) or Type A deficiencies with Community Care Licensing in the past 24 months shall provide a written description of the SI(s) and/or Type A deficiencies and all corrections made. Applicants must also disclose any past, present, or pending licensure revocations, probation, or denials, including but not limited to CCL, Public Health Licensing, or any agency providing services to people with disabilities, children, or older adults.*

**Appendix A**

**TITLE PAGE**  
**Request for Proposal – Fiscal Year 2023/2024**

TO: Selection Committee

Please place a copy of Attachment B on top of the original and each of the (insert number here) copies.

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

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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

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Fax Number of Contact Person

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Email Address of Contact Person

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

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Applicant or Organization Contact Person:

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Author of Proposal if Different from Individual Submitting Proposal

## Appendix B

### FINANCIAL STATEMENT

FINANCIAL STATEMENT		
All respondents must complete this statement for last complete fiscal year <u>and</u> 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 grant(s)/funds from any source to develop services for Fiscal Year 2020 – 2021?

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 2020 – 2021?

No       Yes



If **Yes**, provide details:

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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:

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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

\_\_\_\_\_  
Date

**Appendix D**

**Statement of Qualifications/Resumes/References  
Request for Proposal – Fiscal Year 2023/2024  
(Submit full resumes and reference list as attachments here.)**

## Appendix E

### Proposed Milestones for Start-Up Funds

	Description of Task/Milestone	Task Completion Date (Projected)	Amount of Payment Earned Upon Completion of Task
1.			
2.			
3.			
4.			
5.			

**Appendix F –**

**Proposal Narrative Program Plan Summary Innovative Behavioral Intervention  
Training to Support Families with Children**