



WESTSIDE
REGIONAL CENTER

Announcement of

**Request for Proposals:
Specialized Therapeutic Services**

Fiscal Year 2014-15

Westside Regional Center
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Request for Proposals:
Specialized Therapeutic Services
Fiscal Year 2014-15
\$50,000.00 Start up Award

Summary of Project

The Lanterman Act, as interpreted by the California Supreme Court in *ARC-CA vs. DDS*, determined that a primary function of regional centers is to “prevent or minimize the institutionalization of developmentally disabled persons”. To this end, Westside Regional Center (WRC) will use Community Placement Plan (CPP) funds to develop Specialized Therapeutic Services to meet the needs of individuals with severe behavioral, psychiatric and emotional issues that jeopardize their home situation and put them at risk of placement in more restrictive settings. Applicants must have the qualifications to design and provide behavior supports, have access to psychiatric and other clinical consultants and be willing to hire, train and supervise specialized direct support staff in a home environment up to 24 hours per day.

This new innovative service is being designed to support individuals in the community who have unique needs that require expertise in multiple areas to support them. These individuals present with aggressive behaviors, psychiatric issues and possible substance abuse tendencies. This service option must be multi-faceted to provide meaningful options and supports to meet the medical, physical and behavioral challenges of the individuals referred. Service has potential to expand to other regional centers.

Interested parties are invited to submit a proposal in accordance with the specifications contained in this Request for Proposal (RFP) to develop Specialized Therapeutic Services as described above.

APPLICANT INELIGIBILITY

The following agencies or individuals are **not** eligible for this RFP development award:

1. The State of California, its officers or its employees;
2. A regional center, its employees, and their immediate family members;
3. Area Board members, their employees or their immediate family members;
4. Any agency with a conflict of interest in either board members or employees.

SUBMISSION OF PROPOSAL

The Response to the Request for Proposals must be received by WRC, **no later than 4:00 p.m., June 22, 2015. No exceptions. Faxes will not be accepted.**

All interested Applicants must submit an original and four copies of their proposal by mail or in person to:

Mary Lou Weise-Stusser, Director of Community Services
Westside Regional Center
5901 Green Valley Circle, Suite 320
Culver City, CA 90230

All inquiries regarding this proposal and technical assistance requests should be directed via e-mail to Marylou@westsiderc.org or ericar@westsiderc.org Technical assistance is limited to information on the requirements for preparation of proposals.

TIMELINE

Request for proposals release.....June 11, 2015

Deadline for receipt of proposals.....June 22, 2015 at 4:00pm
 Evaluation Interview and Selection of Proposals.....June 24-26, 2015
 Notice of Selection Committee Decisions.....June 26, 2015
 Contract negotiations complete.....June 30, 2015

Strict adherence to the deadlines above will be followed.

SELECTION PROCEDURES

All proposals received by the deadline will undergo a preliminary screening. Late or incomplete proposals will not be accepted for review and rating. The Proposal Review Committee will be seated by WRC. After preliminary review and scoring, an interview with the finalists may be scheduled. The final decision of the Proposal Review Committee shall be approved by the WRC Executive Director, and is not subject to appeal. All applicants will receive notification of WRC’s decision regarding their proposal.

The Proposal Review Committee will review, score, rank and prioritize the proposals. Proposals will be reviewed for philosophy, values, and content by a WRC review team made up of representatives of the Community Services Unit, Client Services Unit and others as appropriate. Supplemental information may be requested. Applicants may be requested to participate in an interview to review project proposals with a team of interested stakeholders, which may include clients, parents, vendors, the WRC Board of Directors and WRC staff.

Applicant’s proposals may be rejected for inconsistency with state and federal guidelines, failure to follow RFP instructions, incomplete documents, or failure to submit required documents.

To the right of each section is the maximum score that can be obtained. The review committee will use these criteria to rate your proposal. Acceptable proposals will be scored in the following areas:

Project Design	50 points
Applicant Qualifications and Philosophy	25 points
Project Budget and Timeline	25 points

RESERVATION OF RIGHTS

WRC reserves the right to request or negotiate changes in a proposal, to accept all or part of a proposal, or to reject any or all proposals. WRC may, at its sole and absolute discretion, select no provider for these services if, in its determination, no applicant is sufficiently responsive to the need. WRC reserves the right to withdraw this Request for Proposal (RFP) and/or any item within the RFP at any time without notice. WRC reserves the right to disqualify any proposal which does not adhere to the RFP guidelines. This RFP is being offered at the discretion of WRC. It does not commit WRC to award any grant.

COSTS FOR PROPOSAL SUBMISSION

Applicants responding to the RFP shall bear all costs associated with the development and submission of a proposal.

CONTENT OF PROPOSAL

The proposal must be typed on standard white paper using standard size 12 font. In addition, the applicant must complete and include Attachments A-E found at the end of this RFP document.

The written proposal should include the following:

- A. Narrative Proposal of the Project, including the information below, should be 3-5 pages in length:
 1. A statement of your interest in serving adults with developmental disabilities, who require pervasive supports due to significant behavior and psychiatric challenges that details the basis of your commitment to this population.
 2. The services you plan to provide, assessment process, and how you will provide them.
 3. A description of how you will address challenges that may arise with the individuals you serve.
 4. A description of your philosophy, values and service approaches toward providing the indicated service for the individuals you serve.
 5. A plan for on-going collaboration with outside agencies, including community medical and mental health providers.

6. A plan for time limited, outcome based goals and objectives, and the methods by which the outcomes will be documented (provide a sample of two possible goals and objectives).
 7. Any other information to describe how your services will meet the needs and enhance the lives of the individuals served in this program.
- B. Resume(s) for identified staff and consultants.
1. Resumes should include qualifications, including education, life experiences and skills demonstrated in working with adults with pervasive support needs.
- C. Specific timeline for the development. Please cover all major steps in the process leading up to the start day of services.
- D. Letters of support, along with phone numbers. Applicants are advised that WRC will contact references and other regional centers to corroborate any of the information provided in your proposal.
- E. Description of any other services you currently provide for people with developmental disabilities and severe behavioral, psychiatric and emotional challenges. Please include how your current services could enhance this new proposed service.

ATTACHMENTS

- A. Title Page
- B. Statement of Obligation
- C. Financial Statement
- D. Budget Form for Start-Up Costs
- E. Budget Form for Ongoing Services

ATTACHMENT A

TITLE PAGE
SPECIALIZED THERAPEUTIC SERVICES
DEVELOPMENT FOR FISCAL YEAR 2014-2015

TO: SELECTION COMMITTEE
Westside Regional Center – Community Services Department
5901 Green Valley Circle #320
Culver City, CA 90230
ATTENTION: Mary Lou Weise-Stusser

PROGRAM TITLE *(please print)*

NAME OF APPLICANT or ORGANIZATION SUBMITTING PROPOSAL *(please print)*

SIGNATURE OF PERSON AUTHORIZED TO BIND ORGANIZATION DATE

CONTACT PERSON FOR PROJECT *(please print)*

TELEPHONE NUMBER /FAX NUMBER /e-mail address

NAME OF PARENT CORPORATION; if applicable *(please print)*

ADDRESS *(please print)*

AUTHOR OR PROPOSAL, DATE
IF DIFFERENT FROM PERSON SUBMITTING PROPOSAL

ATTACHEMENT B

STATEMENT OF OBLIGATION

1. The applicant is presently providing support to persons who have a developmental disability. No Yes
If yes, indicate name, location, and number of people you support.

2. The applicant is currently receiving or planning to apply for grants/funds from any source to develop social services program? No Yes
If yes, indicate name, location, type and capacity of service(s).

3. The applicant is planning to expand existing service (with or without grant funds) from a source other than Westside Regional Center during Fiscal Year 2015-16: No Yes
If yes, indicate funding source and scope of grant project.

4. The applicant or member of the applicant's organization or staff has received a Citation from any agency for abuse (verbal, physical, sexual, fiduciary, neglect): No Yes
If yes, indicate agency, type of citation and outcome of investigation.

5. Has the applicant or any member of the applicant's organization received a Corrective Action Plan (CAP), Sanction, a notice of Immediate Danger, or an "A" or "B" citation, or any other citation from a regional center or State Licensing agency? No Yes
If yes, explain in detail.

6. Describe all other professional/business obligations held by the Applicant, including name, location, type, and capacity (time commitment) of each obligation.
Do not included services you propose to provide through this proposal.

Signature of Applicant or Authorized Representative

Date

ATTACHMENT C

SAMPLE FINANCIAL STATEMENT

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 (specify)

ATTACHMENT D
BUDGET FORM FOR START-UP COSTS
SPECIALIZED THERAPEUTIC SERVICES

Specialized Therapeutic Services

<u>ITEM</u>	<u>PROJECTED COST</u>
Administrative Overhead (include description)	_____
Office Equipment/Supplies (include description)	_____
Communication (include description)	_____
Program Consultants (include description)	_____
Travel Expenses (include description)	_____
Staff Recruitment Costs (advertising, fingerprint) (include description)	_____
Insurance (vehicle, fire, building, etc.)	_____
Other General expenses (Specify)	_____
TOTAL PROJECTED START-UP COSTS	_____

In addition to the projected cost for each item, be sure to include a detailed breakdown or the calculation used to arrive at your figures.

<p><u>ATTACHMENT E</u> BUDGET FORM FOR ONGOING SERVICES SPECIALIZED THERAPEUTIC SERVICES</p>

<u>ITEM</u>	<u>PROJECTED COST</u>
Staff Salaries (specify details)	_____
Staff Benefits (specify details)	_____
Administrative Overhead	_____
Office Supplies	_____
Office Equipment/Supplies	_____
Communication	_____
Ongoing Training Expenses	_____
Program Consultants	_____
Travel Expenses	_____
Staff recruitment Costs (advertising, fingerprinting)	_____
Insurance (vehicle, fire, building, etc.)	_____
Other General Expenses (Specify)	_____
TOTAL PROJECTED ONGOING MONTHLY COSTS	_____