



SUMMER 2013 REQUEST FOR PROPOSALS

Tri-Counties Regional Center (TCRC) in partnership with North Los Angeles County Regional Center (NLACRC), Westside Regional Center (WRC), and the Southern California Integrated Health and Living Project (SCIHLP) are soliciting proposals for the following Community Placement Plan (CPP) contracted service(s):

Posting Date: June 2013

Service Type: Specialized Residential Facility (SRF) for Adults with a Day Service Component - Service Code 113

Start-up available: Up to \$125,000

Start-Up funds can only be used for non-recurring costs associated with initially establishing a service, which may include administrative components, licensing, staff recruiting and training, general equipment, and other costs as described per contract. Start-Up funds are not intended to cover 100% of the development costs.

Reimbursement: 113 Negotiated Rates (not to exceed the applicable Median Rate). Additional Day Service and Transportation rates may be negotiated.

Location: Ventura or San Luis Obispo County

Service Description:

An SRF is a Community Care Licensed home which serves the needs of individuals with developmental disabilities. These facilities will serve men and women aged 18 to 59 who have had contact with the court system and may reside in State Developmental Centers (SDCs). Individuals will need support in some or all of the following areas: anger management, developing coping skills to minimize self-injurious behavior, forming and maintaining healthy attachments (including safe/appropriate sexual behavior and boundaries), compliance with probation/diversion plans, substance abuse prevention, medication management, health care and access to mental health services. In addition, a day service / work component will be a part of the services required.

The home will be owned and renovated by a Non-profit Housing Organization (NPO) that will develop the property, under a separate grant process, to the specifications of the regional centers, SCIHLP, and the service provider. The successful applicant(s) for this CPP grant will lease the property from the NPO.

Potential providers must have prior demonstrable experience:

- Supporting individuals with developmental disability, mental health and forensic backgrounds.
- Owning or operating a Level 4 Adult Residential Facility (ARF) or SRF or providing supported living services.
- Working with the court system.
- Developing and implementing day service/ work oriented programs.
- Working with the mental health system.

Provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g. other RC's, MH, and Probation) for the successful support of the individual.

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Individuals to be served currently reside in SDCs or other secured treatment programs or are at risk of entering a SDC from their current community living arrangement. The homes will be a long-term living arrangement but each will include one crisis bed per home.

General Requirements for Each Facility:

- Facility will require licensure by Community Care Licensing (CCL) prior to vendorization by TCRC.
- Facility must support 3 permanent residents, plus 1 bed open to individuals experiencing a crisis (maximum stay 60 days) with 4 private bedrooms and a minimum of 2 bathrooms.
- Program must meet all applicable Title 17 and Title 22 regulations.
- Facility must meet applicable Americans with Disabilities Act (ADA) standards.
- Administrator must have a minimum of 2 years full-time experience in a licensed residential facility (preferably a Level 4 ARF or SRF) for persons with developmental disabilities, mental health and forensic backgrounds. Administrator and Licensee must both possess current ARF Administrator Certification.
- Administrator must have completed DSP I & II.
- Direct Support Professionals (DSP) must speak the language of the people they support.
- DSP (i.e. line staff) must have minimum of 1 year experience in the field of developmental disabilities and have completed DSP I & II.
- Service design will include specification of at least 4 consultant hours per resident per month.
- Applicants must identify types of consultants in their response and must include a forensic psychologist, preferably with experience in risk assessment and treatment of this population.
 - Applicants responding to this RFP who are currently vendored providers for TCRC or any other regional center must have services in good standing. Providers with Substantial Inadequacies (SI) or Type A CCL deficiencies in the past 12 months will not be considered for this service. Providers who have had numerous SI's, deficiencies and/or other disciplinary actions taken against them historically shall not be considered for this service. Applicants must disclose any past, present, or pending licensure revocation, probation or denials, including, but not limited to Community Care Licensing, Public Health Licensing, or any other agency providing services to people with disabilities, children, or the elderly. Provider must agree to a facility that will incorporate 3 permanent beds and 1 crisis bed. Rates will be negotiated that include a permanent rate and a crisis bed rate, and agree that individuals in the crisis bed will be allowed a 60-day stay only, unless extended by the IPP team. After 60 days, the rate will revert to permanent placement rate if approved by Interdisciplinary Team (IDT).
- Project will include, in addition to the residential services, a day service element, that will provide work or small business opportunities for residents in a closely supervised therapeutic environment that ensures community and resident safety. The day services schedule will be individualized for each resident to accommodate medical and therapy appointments.
- Applicants must demonstrate fiscal responsibility by submitting 2 complete fiscal years and current year to date financial statements that detail all current and fixed assets and current and long-term liabilities. In addition, the applicant must document available credit line and provide the necessary information for verification.

Service Summary Content Guidelines:

Please include all information requested below and provide in the same order in your document. For additional guidance in writing your Service Summary, please refer to Title 17 and Title 22 regulations and to the TCRC website (www.tri-counties.org) for information on Universal Service Expectations and the Person Centered Thinking Initiative.

- a) **Mission, Vision, and Value Statements:** Provide any agency MVV statements and how these were developed for the agency.
- b) **Current Commitments:** Provider will include a complete description of current and completed projects and describe their plan for how to manage this project in light of these other commitments.
- c) **Agency Outcomes:** Describe anticipated outcomes of proposed service for people residing in the home and how achievement of outcomes will be measured.
- d) **Assessment and Planning:** Briefly describe the planning process. How will individual goals/objectives be determined and progress measured?
- e) **Administrative / Consultant Roles:** Describe roles of licensee, administrator, assistant administrator, and consultants.
 - Provide qualifications of Board Certified Behavior Analyst (BCBA) behavior consultant and any other licensed professionals who will assist with clinical services implemented in the home. Attach résumés. (See Item 7 of Statement of Obligation form.)
 - Include a brief description of theoretical orientation(s) utilized by counseling consultant and how this aligns with agency mission, vision, and values.
- f) **Methods and Procedures:** Under a “Methods and Procedures” section of the RFP response, applicants will describe how they will:
 - Address the mental health treatment needs of the residents. Therapeutic approaches, use of trauma focused or other evidence-based therapies will be described.
 - Address the development of positive behavioral support plans for residents with an emphasis on functional behavioral analysis and evidence based practices.
 - Provide the close supervision these residents will require with an emphasis on mitigating risk to the community, the individual and to staff.
 - Address education and treatment approaches for substance abuse issues frequently presented by the individuals who will utilize these resources.
 - Teach social skills to assist the individual in learning pro-social behaviors as alternatives to sexual/physical aggressive or assaultive behaviors.
 - Train staff to support individuals who have involvement with the criminal justice system. This will include recognizing and managing the types of manipulative “grooming” behaviors sometimes presented by the individuals who will utilize these services.
 - Systematically address resident motivation issues through the use of incentive systems to promote cooperation and participation in the treatment and educational aspects of the services.
 - Utilize the delayed egress and controlled perimeter features that will be built into the physical plant, as a part of the therapeutic milieu of the residence.

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- Describe how psychiatric needs of individuals will be addressed, and how staff will be trained to recognize, document and report symptoms of psychiatric conditions and medication effectiveness
- g) **Staff Recruitment and Retention:** Describe your plan to recruit, and retain quality staff. Include:
- Desired characteristics for all staff positions.
 - Health and criminal background screening procedures.
 - Initial and ongoing training, including required certifications. Include any specialized training for providing behavior support and crisis intervention to individuals who have potentially dangerous behaviors.
 - Direct care staff must be paid a minimum of 150% of minimum wage (approximately \$12.50 per hour).
- h) **Staffing Schedule:** Provide a sample one-week staffing schedule including Administrator/Assistant Administrator, direct support professionals, consultant(s), and program prep time.
- i) **Transportation:** Describe how transportation will be provided for day / work services, therapy and medical appointments, recreation and other activities.
- j) **Continuous Quality Improvement (CQI):** Describe how the service agency will use data, such as agency outcomes, stakeholder satisfaction, or other existing data (e.g. incident reports, medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g., using competency based teaching methods), agency practices and procedures or other operations (e.g., supervision, medication management, recruiting, etc.). Providers shall describe the feedback loop by which problem procedures will be identified, corrected through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.