

Request for Proposals (RFP)- 2nd Announcement

Community Placement Plan (CPP) & Community Resource Development Plan (CRDP) For Fiscal Year 2022-2023

Alta California Regional Center (ACRC), serving individuals with developmental disabilities, has identified a need to develop: (1) American Sign Language (ASL) interpreting service in rural areas and a signing staffing registry (pilot program).

Proposals may be submitted by an individual, a group of individuals, or an agency. The applicant must have relevant experience, including providing care and supervision, as applicable, for persons with developmental disabilities. The applicant should have and demonstrate the knowledge and understanding to effectively deliver the service for which you are applying for. Any person(s) who are employees of another Regional Center or the State of California may apply, but would have to cease their employment upon being selected for the project.

SUBMISSION OF PROPOSALS

Email proposal to: rfp@altaregional.org

Your proposal must include all required sections outlined in Part III ("Proposal Guidelines") below and **must be received no later than 3:00 pm on Monday, April 30, 2023.** Proposals received after this deadline will not be considered. <u>ACRC will send an email confirming proposal has been received.</u>

ACRC will not accept any hard-copy proposals.

We encourage you to contact us with any questions you may have. Please direct any questions to <u>rfp@altaregional.org</u> or the specific email contacts below. If you have questions you would prefer to discuss over the phone, please call the mainline at (916) 978-6400 and ask for one of the following staff members:

Dan Kilmer, <u>dkilmer@altaregional.org</u> DeDe Peters, <u>dpeters@altaregional.org</u> Heather Hollingworth, <u>hhollingworth@altaregional.org</u> Kristi Shaffer, <u>kshaffer@altaregional.org</u> Jordan Eller, <u>jeller@altaregional.org</u> Rima Cornish <u>rcornish@altaregional.org</u>

Part I Project Description

Alta California Regional Center Request for Proposal CPP Fiscal Year 22-23

Project #:	ACRC-2223-7
Project Type:	ASL Registry Staffing
Service Area:	Alpine, Colusa, El Dorado, Nevada, Sierra, Sutter, Yolo, Yuba
Number Served:	TBD
Provider Start-up Funding:	\$25,000

Description of Project

ACRC would use this project for two purposes, (1) secure a vendored American Sign Language (ASL) interpreter agency to ensure the needs of our Deaf and Hard of Hearing Clients (DHH) clients are met in outlying counties (Alpine, Colusa, El Dorado, Nevada, Sierra, Sutter, Yolo, Yuba). And (2) use a portion of the startup funds to pilot a Signing Staff recruitment project in order to increase the number of Signing Direct Support Professionals (DSP) that could work for various vendored programs throughout our catchment area.

Target Population

This project has the potential to help increase access to interpretation services in rural areas and provide an opportunity to increase the DSP workforce that have the ability to sign with DHH clients.

Scope of Service for Service Provider

- 1. <u>Interpreting Service:</u> This would include ASL and Deaf interpreters (including Certified Deaf Interpreter) in the category as interpreters. Part of the startup funds would be used for the awarded applicant to recruit interpreter staff in our outlying service areas and provide them training on working with clients with developmental disabilities.
- 2. <u>Signing Staff Registry (Pilot Program)</u>: Recruit individuals that can sign but do not meet the qualifications to be a certified interpreter. Signing staff are either Deaf or Hearing and know ASL, but does not have specific training. A portion of the startup funds would be used for the awarded applicant to recruit staff and provide them training on providing services to clients with developmental disabilities. With a developed staffing registry, in collaboration with the awarded applicant and ACRC's Deaf and Hard of Hearing Specialist, the individuals could then be referred to vendor programs needing to hire Signing Staff to work directly with DHH clients. If the pilot project is successful, ACRC could explore requesting additional funds in future CRDP's.

Eligibility of Applicant

Applicant must have a strong understanding and demonstrated success serving DHH and/or Deafplus clients. And an ability to successfully collaborate with others agencies and interdisciplinary teams (e.g. other regional centers, mental health systems, healthcare supports, community-based day/work services, etc.)

Expectation of the Service Provider

Awarded applicant will have the ability to provide in-person services in the targeted/identified counties. They will be willing provide services in a variety of community-based settings (homes, work/day programs, community events, etc.) For the interpreting service, the provider will hire certified interpreters (minimum level 3 signers) to work with clients and their support teams. All signers must complete and pass a criminal background check. Adopt or develop training for the signing staff to work with individuals who are DeafPlus.

Part II

Applicant Criterion and RFP Process

A. PURPOSE

The Community Placement Plan (CPP) and the Community Resource Development Plan (CRDP) are designed to assist in the development of the necessary resources for clients who are ready to transition from a State Developmental Center (SDC), Institute of Mental Disease (IMD), or other highly restrictive settings, into the community, or to assist those who are at risk of moving into one of those placements. ACRC solicits the community through a Request for Proposal (RFP) to seek out qualified providers who are able and willing to meet the specialized needs of this population.

B. EXPECTATIONS OF THE SELECTED APPLICANT

It is expected that the selected applicant; (1) work collaboratively and closely with the regional center, (2) provide careful and thorough planning in all aspects of the project, (3) work diligently to complete the project in a timely manner, (4) commit to providing quality services, (5) submit updates and summaries detailing progress made towards meeting the project objectives, and (6) report any major delays with the project immediately to ACRC. For the residential facility, ACRC will communicate regularly with the selected applicant, Community Care Licensing (CCL), Department of Developmental Services (DDS), and other stakeholders who have an interest in the development of the project. Through this RFP process, an applicant must demonstrate strength in the areas of clinical, administrative, and financial responsibility.

C. REFERRALS

For both projects, client referrals are initiated through the Specialized Services and Support Unit (SSSU). For the Forensic/SUD ARF, referrals will be discussed with appropriate interdisciplinary teams within ACRC and PDC (if applicable), and may require the Court's approval prior to any transition activities. ACRC, the PDC Regional Resource Development Project (RRDP), if involved, and/or other involved vendors/agencies work collaboratively to transition a client into the home.

D. WRITTEN PROPOSAL

Proposals submitted in response to this RFP are intended to be an overview of the applicant's expected delivery of service for the targeted client population. A more detailed description of the prospected service plan/program design will be developed during the vendorization process. Proposal must be written in a professional manner and clearly reflect the applicant's intended delivery of service.

E. SELECTION PROCESS

The selection committee will review and score all proposals using a 100-point scale. Top points are given to the various sections of your proposal that reflect the appropriate supports and services offered to the individuals you are planning to serve. The top three applicants with an

average proposal score of 70% or above will be interviewed. ACRC reserves the right to interview other applicants who may not be in the top three or have a score below 70%.

F. RFP TIME LINE

RFP Orientation	March 7, 2023
Proposals Due	April 30, 2023 by 3pm
Applicant Interviews	May 8-12, 2023
ACRC Final Selection	May 19, 2023
Contract Signed	June 30, 2023

*ACRC reserves the right to modify the above timeline.

G. START-UP FUNDING

Start-up funding is available for these projects. Funds are meant to aid in the development of the project, but may not cover the entire cost. The selected applicant is responsible for costs that exceed the available start-up funds. The selected applicant will complete a start-up funds allocation detailing how the funds will be used. Prior to any disbursement of funds, the start-up funds allocation must be approved by ACRC.

H. LICENSURE/VENDORIZATION

The ARF level 4I will be licensed by CCL and vendored by ACRC. The selected applicant must adhere to all the requirements outlined in Title 17, Title 22, and the Welfare and Institution Codes.

The selected applicant for the ARF level 4I will complete ACRC's vendorization process which may include attending the following: Vendor Orientation, Behavior Management Skill Training, program design workshop, medication training, P&I training, record keeping training, SIR training, and accounting (e-billing) training. Prior to vendorization, the selected applicant must have an approved program design and cost data worksheet, and have signed Service Program Agreement with ACRC.

I. NON-DISCRIMINATION

ACRC shall not discriminate in the selection of an applicant on the basis of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age, or sexual orientation.

Part III

Proposal Guidelines

When drafting your proposal, consider how you will effectively meet the unique needs of the targeted client population. Draw on your experience, education, and creativity when deciding what services and supports are necessary. Thoughtfully consider how services will be delivered, and consider how your proposal will stand out from the others. Simple, generic responses or descriptions will hinder your chance of being considered for an interview.

This program summary is NOT meant to highlight every aspect of the program; a full description of the program will be developed in the program plan by the selected applicant.

Format. Double space, 12pt font, Times New Roman, and one-inch margins.

ASL Interpreting Services & Signing Staffing Registry

An applicant's proposal must include all of the following items:

- 1. <u>Title Page</u> (Attachment A)
- 2. <u>Applicant/Agency Information</u> (Maximum 2 Pages)
- 3. <u>Program Summary</u> (Maximum 15 Pages)
 - a. What staff will you need to employ to offer this service? Briefly discuss their duties, qualifications, and/or certifications. (10 pts)
 - b. For recruitment efforts, describe how you plan on finding qualified interpreters and signing staff in the rural area. (10 pts)
 - c. What experience do you have evaluating individuals in language and behavior? (10 pts)
 - d. Hours of operation. What are your regular hours of operation? How will you meet the needs of the clients when services need to be delivery outside these hours (planned)? How will you meet the needs of any client(s)who may need this service on an emergency basis (unplanned)? (10 pts)
 - e. Describe your approach to matching appropriate signing staff to a client with known challenging behaviors. (10 pts)
 - f. How you will provide the initial support for clients, including those with communication limitations? (10 pts)
 - g. How are you planning to provide training for signing staff to be prepared to work with the Deafplus population? (10 pts)
 - h. How can you prioritize the interpreters and signing staff to work with Deafplus that Alta California Regional Center serves? (10 pts)
 - i. Describe other areas of service that will complete your program. (10 pts)
 - j. What is your plan in serving diverse populations, including, but not limited to, culturally and linguistically? Provide an example. (5pts)
 - k. Describe how you plan to deliver the service in more remote/rural areas? Are there any counties/areas which you are unable to provide services? If so, why? (5 pts)

Attachments

The following attachments must be completed and received with your proposal:

- **1.** Proposal Title Page (A)
- 2. Weekly Staff Schedule (B)- this attachment is not required for this project.
- 3. Projected Ongoing Costs (Usual & Customary or Cost Data Worksheet) (Attachment C)
- **4.** References (Attachment D)
- **5.** Statement of Disclosure (Attachment E)
- **6.** Resume(s)

Attachment A

Proposal Title Page

CPP/CRDP Fiscal Year 2022/2023 April 2023 RFP

To:	o: Specialized Services & Supports Unit			Proposal must be emailed to: <u>rfp@altaregional.org</u>
Attention: CPP/CRDP Resource Developers Alta California Regional Center Community Service & Supports Department		nt		
Project Num	ber and Descrip	tion (<i>please p</i>	print)	
Name of Ap	plicant or Organ	ization Subm	itting Proposal (please print)
Signature of	Person Authori	zed to Bind C	Organization	Date
Contact Pers	on for Project (olease print)		
()		()	
Telephone N			Number	E-mail Address
Name of Par	ent Corporation	(if applicable	e)	
Mailing Add	lress (<i>please pri</i>	nt)		
Author of Pr If different fr	oposal, com person subr	nitting propos	sal	Date Submitted

Attachment C

Complete & Submit Cost Data Workbook (Electronic version will be emailed to each applicant.)

Complete the Cost Data Workbook to show the total estimated costs for operating the facility at full capacity. Provide detail for each operating and administrative cost. When completing the Cost Data Workbook, consider the costs of the enhancements and specializations for the home (i.e. staff wage and training, consultation, programming, etc.).

NOTE. The Cost Data Workbook submitted with the proposal is reviewed and analyzed during the selection process only. Selection of an application shall not constitute as ACRC's approval of any or all aspects of the Cost Data Workbook.

For ASL Interpreting Service. If you have established fees for service, provide documentation of those fees in lieu of a Cost Data Workbook.

Attachment D

References

References for: (Applicant's Name)

List three references who we may contact and who will be able to attest to your experience, as well as if they can attest to your experience working with underserved communities in a professional capacity.

Reference No. 1			
Name of Reference:	Title:	Agency:	
Address:	City:	State:	Zip Code:
Phone:	Email:		

Reference No. 2			
Name of Reference:	Title:	Agency:	
Address:	City:	State:	Zip Code:
Phone:	Email:		

Reference No. 3			
Name of Reference:	Title:	Agency:	
Address:	City:	State:	Zip Code:
Phone:	Email:		

Attachment E

Statement of Disclosure

Please circle the correct response, as applicable. Briefly explain any "yes" answers. If a corporation, "Applicant" for the purpose of this Statement of Obligation means any entity for which the "Person Authorized to Bind Organization" as identified on the cover page is affiliated.

- 1. The applicant is currently providing services to regional center clients.
- Yes No
- 2. The applicant is currently receiving or planning to apply for other grants/funds from any source to develop a social service program(s)?

Yes No

- 3. The applicant is vendored with another regional center.
 - Yes No If yes, which regional center(s):
- 4. The applicant, a member of applicant's organization, or staff has received a citation from any agency for suspected abuse (verbal, physical, sexual, fiduciary, neglect)?

Yes No

5. Has the applicant or any member of the applicant's organization received a Corrective Action Plan, Sanction, a notice of Immediate Danger, or other citation from a regional center or State licensing agency?

Yes No

6. Has the applicant had to file for bankruptcy for any reason?

Yes No

7. (ARF Level 4I only) Has the applicant been convicted of a crime that would prevent them from becoming licensed or would require an exemption from a licensing agency?

Yes No

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

Signature of Applicant or Authorized Representative Date