



## Request for Proposals (RFP)

### Community Placement Plan (CPP) & Community Resource Development Plan (CRDP) For Fiscal Year 2025-2026

Alta California Regional Center (ACRC), serving individuals with developmental disabilities, has identified a need for the following:

**ACRC seeks a service provider(s) to take over the operation of two Community Crisis Homes (CCH)** located in ACRC's catchment area. One CCH is located in Herald and the other CCH located in Elverta. Both homes are owned by a Housing Development Organization (HDO) and leased to the service provider. These CCH homes are State resources with clients transitioning from Institute of Mental Disease (IMD). Clients are provided with treatment and stabilization at these IMD stepdown CCHs and then relocate to a lower level of care in their regional center's catchment area.

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 their knowledge and understanding to effectively deliver the service for this CCH. 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](mailto: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 Thursday, January 15, 2026**. Proposals received after this deadline will not be considered. ACRC will send an email confirming the proposal has been received.

**ACRC will not accept any hard-copy proposals.**  
**Please direct any questions to [rfp@altaregional.org](mailto:rfp@altaregional.org).**

# **Part I**

## **Project Description**

# Alta California Regional Center

## Request for Proposal

### CPP Fiscal Year 25-26

Project #: TBD

Project Type: Two **(2)** Community Crisis Home (CCH) - IMD Stepdown

Service area(s): Herald & Elverta

Number served: 4

Provider Start-up funding: Herald CCH: \$135,000 (Provider Funding)  
Elverta CCH: \$80,000 (Provider Funding)

Reimbursement rate: Negotiated

Minimum direct service hours: 356 hours per week plus additional hours determined by each client's individual support needs

Minimum professional consultation: 12 hours per client per month

#### Description of project

Take over the operation of two Community Crisis Homes (CCH), with the goal of taking possession by June 1, 2026. Note: ACRC will choose either one provider to take over both CCHs or one provider for each.

These CCHs provide stepdown services for dual diagnosed adult clients transitioning from an Institution for Mental Disease (IMD) or other emergency facilities to a less restrictive environment. Clients may also have psychiatric diagnoses and will require management of mental health needs. **This home will be a state resource and service clients from multiple regional centers.**

One of the facilities is located in located in Herald (south, about 30 miles from Downtown Sacramento) and the other is in Elverta (north, about 16 miles from Downtown Sacramento).

#### Target Population

Clients identified for this CCH may have or require the following:

- Currently residing in an IMD or at risk of IMD placement
- Severe behaviors including, but not limited to, verbal and physical aggression, property destruction, resistive to daily routines, self-injurious behaviors, sexual maladaptive behaviors, suicidal ideation, and AWOL.
- Mental health disorder(s) requiring treatment and collaboration with a mental health professional.
- A court ordered commitment (i.e. WIC 6500).
- Forensic involvement including, but not limited to assault, sexually related crimes, burglary, theft, criminal threats, and/or drug related crimes.

#### Scope of Service for Service Provider

Stabilize individuals with challenging support needs and assist in the transition to a less restrictive environment. Placement in the CCHs will be no more than eighteen (18) months.

Below is the expected scope of services to be offered (this is not an exhaustive list):

- Develop a transition plan immediately after each client moves into this CCH.
- Collaborate with an Intensive Transition Service (ITS) provider, who may assist clients

moving into and out of this CCH.

- This facility will include psychiatric supports to address mental health needs as well as intensive services and treatment to address developmental needs and prepare individuals for transition to a less restrictive setting.
- Develop and utilize thorough comprehensive assessments including a medical assessment.
- Develop and implement an Emergency Intervention Plan (EIP) and Individual EIPs.
- This home will have extensive behavioral support services utilizing highly trained staff.
- Complete a written medical assessment within 24 hours of client's admission.
- Complete a written Functional Behavior Assessment (FBA) and Individual Behavior Supports Plan (IBSP) within 7 days of each client's admission.
- Provide a comprehensive behavior management service for the reduction and/or elimination of interfering behaviors.
- Clients will receive a minimum of 6 hours of Qualified Behavior Modification Professional (QBMP) consultation as well as a minimum of 6 hours of consulting that the IBST decides is needed for client's stabilization (i.e. RN, OT, PT, RT, LCSW, etc.) every month starting with the first month transitioning into the home.
- Assist clients with increasing their independent living skills, activities of daily living, and appropriate community integration.
- Provider is to develop a schedule of activities for clients who are not in or stay home from day program.
- As necessary, connect clients to local generic resources that address their substance abuse disorders, mental health needs, and other services identified by the Individual Behavior Supports Team (IBST).
- Ensure clients adhere to any court order and attend any court related appointments, if any.

#### **Eligibility of Applicant**

Applicant must demonstrate a strong understanding of the challenges exhibited by the target client population and the types of services necessary to address those challenges to transition clients out of the CCH within 18 months. Applicant must be able to work collaboratively with ACRC, DDS, CCLD, and the HDO to complete their responsibilities in a timely manner. Applicant must have knowledge of the laws and regulations regarding the development and operation of a CCH.

Be willing to enter into a management agreement to operate the CCH under the current provider's CCL license, if needed.

### **Expectation of the Service Provider**

The service provider of this CCH is expected to:

- Work closely with a QBMP, client's psychiatrist, and other medical and mental health service providers to address a client's needs.
- Provide direct service hours that must meet the minimum criteria.
  - Ensure an administrator is on site at least 20 hours per week.
  - Ensure one Direct Care Staff (DCS) and one DCS-Lead are awake and on-duty 24 hours per day.
  - Provide additional DCS hours, as identified in each client's individual budget.
- Ensure all DCS-Leads complete the Registered Behavioral Technician (RBT) certification within 60 days of employment.
- Ensure all Direct Care Staff (DCS) complete the Registered Behavioral Technician (RBT) certification within 12 months of employment.
- Ensure all DCS and DCS-Leads complete the Direct Support Professional Training (DSPT) year 1 and year 2 within the first 12 months of employment.
- Hire an administrator with a minimum of two years of prior experience providing direct care or supervision to individuals with developmental disabilities and be one of the following (1) a Registered Behavior Technician, (2) a Licensed Psychiatric Technician, or (3) a Qualified Behavior Modification Professional.
- Develop a comprehensive emergency evacuation plan to ensure the safety of the clients, staff, and any other person who may be present at the facility.
- Develop a behavior management system that clearly and accurately identifies interfering behaviors, a strong data tracking system, and ensure fidelity of behavior management.
- Work collaboratively with the HDO to ensure the home is maintained and any physical plant concerns are addressed quickly.

## **Part II**

### **Applicant Criterion and RFP Process**

#### **A. PURPOSE**

The Community Placement Plan (CPP) and the Community Resource Development Plan (CRDP) are designed to address and develop unmet and under met needs of regional center clients. It includes the development of the necessary community 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 or have unique support needs. 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. ACRC will communicate regularly with the selected applicant, licensing/certification agencies (i.e. Community Care Licensing, etc.), 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.

Selected provider must complete an Applicant Vendor Disclosure screening (DS1891 form), through the U.S. Department of Health and Human Services Office of the Inspectors' General (OIG), to ensure they have no history of Medicare or Medicaid fraud. The applicant must be found to have no exclusions prior to being awarded a project.

#### **C. REFERRALS**

Client referrals are initiated through the appropriate interdisciplinary teams (i.e. Intensive Transition Services (ITS), DDS, IMD, client's planning team, etc.).

#### **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 prospective 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 TIMELINE**

- |                               |                             |
|-------------------------------|-----------------------------|
| • RFP Orientation             | December 19, 2025           |
| • Proposals Due               | January 15, 2026            |
| • Read and Score Proposals by | January 22, 2026            |
| • Applicant Interviews        | January 26-30, 2026         |
| • ACRC Final Selection        | February 2, 2026            |
| • Contract Signed             | No later than June 30, 2026 |

**\*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**

Selected applicant must have/acquire and maintain all appropriate licenses and certifications for the program/service and/or the individuals operating and providing the services which are required to operate the program/service.

Selected provider will become vendored under service code 999 (start up funds) and then become vendored under the appropriate service code for the program. Selected applicants will complete all requirements to become vendored including completion of ACRC's vendor training applicable to the service [i.e. Vendor Orientation, Behavior Management Skill Training, program design workshop, medication training, P&I training, record keeping training, special incident report (SIR) training, and accounting (e-billing) training]. Prior to vendorization, the selected applicant must have an approved program design, approved fee schedule, if applicable, and execute a Service Provider 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.

## **J. ACRC CONTACTS**

[rfp@altaregional.org](mailto:rfp@altaregional.org)

# Part III

## Proposal Guidelines

When drafting your proposal, consider what will be enhanced/specialized based on the targeted client profile of the project you are applying for. Draw on your experience, education, and creativity when deciding what services and supports you need/want for the home you are applying for. 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. ACRC discourages the use of artificial intelligence (AI) to draft your proposal.

It is expected that this program summary highlights the specialties and enhancements of the facility you are applying for. 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 design of the selected applicant.

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

**Service Provider applicant's proposal must include all of the following eight (8) items:**

1. Title page (Attachment A)
2. Applicant/Agency information (maximum 2 pages) (10pts)
3. Program summary (maximum 15 pages) (90pts)
  - a. Describe your plan to provide community access/integration. (7pts).
  - b. Describe your plan to ensure all staff implement the Individual Behavioral Support Plan (IBSP) correctly (Fidelity). (8pts).
  - c. Describe your plan to ensure DSP complete RBT certification within 12 months of hire and Leads within 60 days of hire?
  - d. Describe your plan to ensure DSP complete 25 hours of continuing education annually? Provide a sample list of CEU trainings.
  - e. What are the minimum requirements for staff to work in your home? What qualities and experience do you look for when hiring staff? (8pts).
  - f. Describe the role and responsibility of the QBMP. (8pts).
  - g. Describe the role and responsibility of the Lead DSP.
  - h. Describe your plan to effectively transition clients into your home and prepare your staff for a new client. (7pts).
  - i. Describe when a client should transition out of the home and how do you plan to facilitate the transition of a client (**who is not a client of ACRC**) out of the home. (8pts).
  - j. Describe your plan to ensure a positive working environment (culture) and your plan to retain staff.
  - k. What is your plan in serving diverse populations, included, but not limited to, culturally and linguistically? Provide an example. (7pts)
4. Sample staff schedule (Attachment B)
5. Projected ongoing costs (Attachment C)



6. References (Attachment D)
7. Statement of Disclosure (Attachment E)
8. Resume(s)

# Attachments

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

1. Proposal Title Page (Attachment A)
2. Sample Staff Schedule (Attachment B)
3. Projected On-going Costs (Attachment C)
4. References (Attachment D)
5. Statement of Disclosure (Attachment E)
6. Resume(s)

Attachment A

**Proposal Title Page**

**CPP/CRDP Fiscal Year 2025/2026**

**December 2025 RFP**

To: Specialized Services & Supports Unit

Attention: CPP/CRDP Resource Developers  
Alta California Regional Center  
Community Service & Supports Department

**Proposal must be emailed  
to: [rfp@altaregional.org](mailto:rfp@altaregional.org)**

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Project Number and Description (*please print*)

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Name of Applicant or Organization Submitting Proposal (*please print*)

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Signature of Person Authorized to Bind Organization

Date

---

Contact Person for Project (*please print*)

( )

Telephone Number

( )

Fax Number

E-mail Address

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Name of Parent Corporation (*if applicable*)

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Mailing Address (*please print*)

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Author of Proposal,  
*If different from person submitting proposal*

Date Submitted

## Attachment B

### Sample Staff Schedule

Facility: \_\_\_\_\_

Week of: \_\_\_\_\_

Number of clients: 4 or as identified

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1:00am							
2:00am							
3:00am							
4:00am							
5:00am							
6:00am							
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00pm							
11:00pm							
12:00am							
TOTAL							

Weekly Total: \_\_\_\_\_

Direct Care Staff:

#1: (Admin) \_\_\_\_\_

#2: \_\_\_\_\_

#3: \_\_\_\_\_

#4: \_\_\_\_\_

#5: \_\_\_\_\_

#6: \_\_\_\_\_

#7: \_\_\_\_\_

#8: \_\_\_\_\_

#9: \_\_\_\_\_

#10: \_\_\_\_\_

#11: \_\_\_\_\_

#12: \_\_\_\_\_

Instructions: Place each staff member's name on a number. Then use the assigned number to fill out the staff schedule.

## **Attachment C**

### **Projected On-Going Costs (DS6023)**

## 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).

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Signature of Applicant or Authorized Representative Date