

October 5, 2012

# **Request for Proposals (RFP)**

# Substance abuse treatment peer mentoring

Alta California Regional Center (ACRC) for individuals with developmental disabilities has identified the need for a resource serving Sacramento and the outlying counties (Alpine, Colusa, El Dorado, Nevada, Placer, Sierra, Sutter, Yolo, and Yuba) to train ACRC clients to serve as peer mentors for other clients in substance abuse recovery. The resource will also develop a peer delivered outreach program to ACRC clients in substance abuse recovery and create linkages between those clients and mentors.

#### APPLICANT ELIGIBILITY

Proposals may be submitted by an individual, a group of individuals, or an agency. The applicant must have experience working with persons with developmental disabilities. Any persons who are employees of a regional center, Area Board, or the State of California are not eligible to apply.

#### SUBMISSION OF PROPOSALS

Please direct all proposals to:

Alta California Regional Center – MHSA Training Project John W. Decker, MSW, Project Manager 2241 Harvard St., Ste 100 Sacramento, CA 95815

The original proposal that includes all required sections as listed in Part II, **must be received at the above address no later than 5:00pm on Monday, December 3, 2012.** Proposals received after this deadline will not be considered. E-mailed attachments and faxed copies of the proposals will not be accepted. Delays in the postal service will not be an acceptable excuse for late proposals.

# Part I: RFP Purpose and Policy

### **PURPOSE**

A Request for Proposal (RFP) is a solicitation to the community to develop a project to meet a specific need for ACRC clients. The RFP is part of ACRC's Mental Health Services Act (MHSA) Training Project Grant. Alta California Regional Center, with the support of Sacramento County Alcohol and Drug Services, Child and Family Mental Health, and the Office of the Public Defender, received a three year grant from the Department of Developmental Services through the Mental Health Services Act to address the needs of individuals with developmental disabilities and a co-morbid substance abuse issue in Sacramento and the surrounding counties. As a part of this project, ACRC anticipates completion of the following in order to address the unique needs of this population:

- Formation of a cooperative multi-agency task force
- Training of professionals in the developmental disabilities and/or substance abuse and mental health treatment fields related to serving those with multiple diagnoses
- Development of a peer mentorship program for individuals with developmental disabilities and substance abuse challenges
- Development of a wellness training curriculum aimed at the prevention of substance abuse involvement

#### APPLICANT ELIGIBILITY

Added to the above applicant eligibility, no applicant with a project currently under development will be selected unless a waiver is granted by the regional center.

#### **SELECTION PROCESS**

All proposals received by the deadline will be reviewed by a selection committee. The selection committee will review all proposals and rate the applicant's experience, strength of proposed services delivered, strength of references, and ability to develop the program. Once all proposals have been reviewed, the selection committee will schedule an interview with the top 25% applicants. At the completion of all interviews, the selection committee will make its final decision. Any proposal may be rejected if it is incomplete or if it deviates from the specifications in the RFP. Alta California Regional Center reserves the right to reject any or all proposals and to cancel the RFP process at its discretion.

#### PROGRAM DESIGN

Proposals submitted in response to this RFP are not intended to be a final program design for the identified need, but a detailed overview of the applicant's intended delivery of services for the specified client profile. A completed program design will be submitted by the selected applicant during the development of the project.

The selected provider will work collaboratively with ACRC in the development of the final program design.

#### EXPECTATIONS OF THE SELECTED PROJECT CONTRACTOR

The selected provider is the applicant chosen by the selection committee to develop the project. It is expected that the selected provider will work diligently to complete the project in a timely manner. The selected provider is required to submit monthly updates and summaries detailing progress made toward meeting the project objectives. It is expected that the selected provider will report any major delays in the project immediately to ACRC.

ACRC will communicate regularly with the selected provider. The selected provider will be required to submit a full program design. ACRC will collaborate with the selected provider in the development of an acceptable program design to meet the needs of the clients and complies with Title 17 regulations.

The selected provider should have a strong understanding in the areas of clinical, administrative, and financial responsibility.

### TIME LINE

December 3, 2012	Proposals are to be received by ACRC by 4:30pm
December 4, 2012- January 3, 2013	Review proposals by the selection committee
January 4, 2013	Notify applicants chosen to interview.
January 7-January 11, 2013	Interviews with selected applicants.
January 17, 2013	Selected Vendor attends Vendor Orientation
March 15, 2013	Completed Program Design due
June 1, 2013	Training of Peer Mentors begins
September 1, 2013	Development of peer delivered substance abuse
	prevention training and linkages between peers
	and clients in substance abuse recovery

### **NON-DISCRIMINATION**

The regional center 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 II: RFP Guidelines**

### **FORMAT**

All proposals should be written in 12 point font with 1 inch margins on 8 ½ by 11 inch white paper. Each page must be numbered with the number appearing on the lower right hand corner. All headings should be bolded. Each copy of the proposal should be bound using a single staple. Do not use binders or folders. The RFP must be no more than 15 pages long, including all attachments.

### **Proposals must include the following 7 sections:**

- 1. Title Page Attachment A
- 2. Applicant/Agency Information
- 3. Program Design
- 4. List of references Attachment B
- 5. Statement of Obligation Attachment C
- 6. Resume(s)

#### TITLE PAGE

(See Attachment A)

### APPLICANT/AGENCY INFORMATION

The applicant/agency must provide detailed information about their experience and background, as well as the agency they currently work for. Provide information regarding any residential services, medical experience, substance abuse treatment and behavior management experience/expertise in the field of developmental disabilities as relevant and appropriate to the proposal. Describe current and previous development projects, and information highlighting the applicant's ability to implement the proposed projects.

#### PROGRAM DESIGN PROPOSAL

When writing the program design, please keep it relevant to the population and specific need outlined in this RFP. The program design must include all of the following.

# 1. Statement of Purpose

- a. Describe your purpose/intention for providing this service.
- b. Demonstrate your understanding of the issues/challenges of the targeted client population.

### 2. Applicant's Philosophy and Values

- a. Describe your philosophy and/or values as they relate to serving and treating the targeted client population outlined in Part I.
- b. You may give brief examples of how you plan to implement your philosophy and values regarding client care.

#### 3. Entrance/Exit Criteria

- **a.** Describe the entrance criteria used for admitting clients. Include age, gender, disability, behaviors, medical conditions, psychiatric diagnoses, etc. Include conditions that may exclude a client from participating in the program.
- **b.** Describe the exit criteria for which a client would exit out of the program.

### 4. Curriculum/Training Plan

- a. Provide a summary of the training clients would receive to prepare them to mentor their peers.
- b. Describe how you will develop individual service plans. How will you track/monitor a client's competency as a mentor?
- c. Describe how you will develop the peer delivered training plans and how you will link clients to possible mentors. If you have a proposed curriculum please summarize it.
- d. Discuss the process in which you will reimburse mentors for working with mentees. (Using timesheets, tracking time etc.)

### 5. Expected Outcomes

- a. What specific outcomes would clients working as mentors and being mentored receive from this service.
- b. What methodology would you use for measurement of client progress?

### 6. Staff Hiring and Training Plan

- a. (If serving as an agency) describe how you will recruit, hire, and retain staff. Hiring practices or methodology should be in line with the level of care that would be required for the clients identified for the project that is being applied for.
- b. Provide a staff training plan, including amount, by who, type, subject, and frequency of training.

### 7. Structure of Organization

a. List organizational hierarchy.

#### LIST OF REFERENCES

The proposal must include 3 references including name, current addresses, and telephone number(s). The selection committee will contact references. Preferred references are those that are related to developmental disabled experience. (See attachment B)

#### STATEMENT OF OBLIGATION

(See attachment C)

### **RESUME(S)**

Include a resume(s) of the applicant and others who have an interest in the development and ongoing operation of the project.

# **Part III: Needs**

This part lists the project to be developed for this MHSA Training Project Grant.

We at ACRC thank you for taking the time to review this RFP, and welcome your participation in the RFP process. Remember this RFP is a solicitation to the community; therefore, if there is an individual you know who would be willing to submit a proposal we encourage you to let them know.

# Alta California Regional Center MHSA Training Project 2012-2013 Fiscal Year

Training Program for ACRC clients to become peer mentors to ACRC clients with substance abuse issues

#### **Service Need:**

Agency or individual to train ACRC clients to work as peer mentors with ACRC clients in alcohol and drug recovery. The clients conducting and receiving the mentoring may have criminal court involvement and mental health issues. The program is envisioned to be for adults ages 18+ but consideration may be made after review of the program design for peer mentoring for clients ages 13 to 17 years.

Agency or individual to develop a peer delivered substance abuse prevention training to distribute to the community and assist in facilitating linkages between clients with substance abuse issues and mentors.

## **Key Objectives of this project:**

- Attend the Residential Vendor Orientation provided by ACRC on January 17, 2013.
- Submit full program design for services to be provided to ACRC by March 15, 2013
- Training to begin with first ACRC client by June 1, 2013.

## **Rate Structure of this project:**

In order to assist in conceptualizing the program, note that funding for the program will be delivered in a three tiered manner:

- 1. Payment for initial group training of mentors.
- 2. Payment for ongoing case management (monthly staff meetings w/ mentors, client linkages, monitoring of mentors, ongoing training, etc.).
- 3. Payment to vendor to reimburse mentors at an hourly rate for their hours worked with mentees.

# **Attachments**

# **Attachment A**

# **Proposal Title Page**

Training Program for ACRC clients to become peer mentors to ACRC clients with substance abuse issues

PLEASE PLACE A COPY

10:	Selection Committee	OF THIS ATTACHMEN ON THE TOP OF THE
Attention:	John W. Decker, MSW	ORIGINAL AND EACH OF FIVE (5) COPIES
	Alta California Regional Center	
	2241 Harvard St., Ste. 100	
	Sacramento, CA 95815	
Project num	ber and description (please print)	
Name of Ap	pplicant or Organization submitting propose	al (please print)
Signature of	Person authorized to bind organization	Date
Contact pers	son for Project (please print)	
Telephone N	Number/ Fax Number/	e-mail address
Name of Par	rent corporation (if applicable)	
Address (ple	ease print)	
Author of Pr	1	Date Submitted
if different fi	rom person submitting proposal	

# **Attachment B**

# References

Refer	rence 1:			
	Name:			
	Title:			
	Agency:			
	Address:			
		Street Number		
		City	State	Zip Code
	Phone Numb	er:		
Refer	ence 2:			
	Name:			
	Title:			
	Agency:			
	Address:			
		Street Number		
		City	State	Zip Code
	Phone Numb	er:		
Refer	rence 3:			
	Name:			
	Title:			
	Agency:			
	Address:			
		Street Number		
		City	State	Zip Code
	Phone Numb	er:		

# **Attachment C**

# Statement of Obligation

Please circle the correct re	sponse, as applicable	
The applicant is presently pof the community.	providing social services to region	onal center clients or other members
Yes	No	
The applicant is currently r develop a social service pro		or grants/funds from any source to
Yes	No	
	o expand existing services (with Regional Center during Fiscal Y	n or without grant funds) from a source fear 2012/2013.
Yes	No	
	of applicant's organization or s hysical, sexual, fiduciary, negle	staff has received a citation from any eta)?
Yes	No	
		zation received a Corrective Action tion from a Regional Center of State
Yes	No	
Has the applicant had to fil	e for bankruptcy for any reason	?
Yes	No	
including name, location, ty	I/business obligations held by the proposal prop	ne Licensee and Administrator, nent of each obligation (Do not include
Signature of Applicant or A	Authorized Representative	Date