

Request for Proposal (RFP)  
For a  
Mental Health Transitional Residential Treatment Center  
for Individuals with Complex Service Needs

**San Diego Regional Center  
Community Placement Plan  
For Fiscal Year 2013-2014**

**AUTHORITY**

The San Diego Regional Center (SDRC) for the Developmentally Disabled, in collaboration with the Southern California Integrated Health and Living Project (SCIHLP) and nine other regional centers, has identified a need for a residential treatment center that will be used to house a total of 14 individuals served by regional centers that are exiting State Developmental Centers (DC) or at risk of entering a DC from their current living arrangement. **SDRC/SCIHLP may elect to fund all, part, or none of this project, depending on funding availability as approved by the Department of Developmental Services, and the quality of proposals received. SDRC/SCIHLP reserves the right to withdraw this RFP and/or disqualify any proposal which does not adhere to the RFP guidelines. Please note: Proposals submitted after the indicated timelines will not be considered.**

**APPLICANT ELIGIBILITY**

Proposals may be submitted by service provider entities that are authorized to conduct business within the state of California. Board members of San Diego-Imperial Counties Developmental Services, Inc. and employees of San Diego Regional Center are prohibited from submitting proposals.

**SUBMISSION OF PROPOSALS**

Please send all proposals **by email only** to:

Lori Blair, Resource Coordinator  
[Sdrc.lblair@gmail.com](mailto:Sdrc.lblair@gmail.com)  
858-576-2872

Electronic copies (PDFs) of the proposals must be *received* at the above email address **no later than 4:00 p.m. on Friday March 28, 2014**. Proposals received after this deadline will not be considered. Faxed or hardcopy proposals will not be accepted. You will receive an email reply confirming receipt of your proposal. **If you do not receive email confirmation, your proposal**

**may not have been received by SDRC.** Please follow up by phone with Ms. Blair if you **do not** receive email confirmation of receipt of your proposal.

## **PROJECT DESCRIPTION**

San Diego Regional Center in collaboration with other Southern California regional centers has identified the need to create a residential treatment center for 14 individuals served by regional centers. The center will be owned by a Non-Profit Housing Corporation (NPO) and leased to a service provider who will be selected through this Request for Proposal (RFP) process. The treatment center will serve individuals exiting State Developmental Centers (DC) or at risk of entering a DC from their current living arrangement. The Treatment Center will provide residential services as well as vocationally oriented day and work services. The service provider's development team will need to work with the NPO and regional center staff to develop specifications for the physical plant structure to support the anticipated behavioral, physical, security and supervision needs of the individuals that will reside at the residential treatment center. The service provider's development team will also need to work with the NPO and SDRC staff to ensure that the physical plant requirements of Community Care Licensing are met.

The successful service provider applicant for this RFP will need to collaborate with SDRC and SCIHLP staff and with local agencies including San Diego County's Behavioral Health Services, key county contractors including Optum Health (Medi-Cal oversight), key mental health providers, substance abuse providers, San Diego County Sheriff's department, and San Diego County's Department of Probation. This facility will support individuals with diagnoses of a developmental disability and a co-occurring mental health disorder. All of the individuals have histories of behavioral challenges and may be involved with the criminal justice system. These facilities will be California Department of Social Services, Community Care Licensing Division (CCL) licensed with delayed egress, and secured perimeter (in accordance with T-17 Emergency Regulation "Utilization of Secured Perimeters and Delayed Egress Devices"). This facility will support these individuals 24 hours a day, 7 days per week. These individuals may be identified from Porterville Developmental Center, Canyon Springs, MHRC's, or IMD's. These individuals may be presently incarcerated, or at high risk of being placed in a developmental center. The facility will offer state of the art, evidence-based treatments, individualized, and specifically designed to target the unique needs of this population. The focus of the program will be transitional and time-limited, serving those individuals whose needs cannot be met in less restrictive, community based settings. The facility will have delayed egress and secure perimeters. The facility will offer treatment modalities which will enhance independence, stabilize behavior excesses, teach anger/stress management, address substance abuse, teach emotional self-regulation strategies, coping skills and prepare individuals for transition into less restrictive settings. The service provider will retain medical consultants to monitor and support medical needs and assist individuals to maintain optimal health.

The 14 person Transitional Residential Facility will link to other specially developed, small (3 person) permanent residential homes that will have a treatment and support focus aligned with the goals and methodologies of the 14 capacity facility. We anticipate that these smaller homes

will be part of the RFP process in future years and the successful applicant for this RFP may wish to apply to operate the smaller facilities as well. The intent of a single provider operating both types of facilities is to maximize treatment consistency across these environments. Additional smaller homes will be developed in subsequent fiscal years as driven by need and availability of funding.

The 14 person treatment facility will provide, or work in collaboration with local providers, who will offer an array of evidence-based therapies, such as cognitive behavior therapy (e.g. DBT) Applied Behavior Analysis, or Motivational Interviewing. In addition the service provider will need to provide competency (to stand trial) training for individual residents and, in some cases, provide transportation to assist individuals to meet legal obligations such as probation or court appearances. The provider and/or the local mental health providers will offer consistent mental health and recovery therapies as identified by each person's planning team.

**Funding Available:** \$225,000 for Service Development Costs

**Anticipated Funding:** In the event that additional funding is required, as identified through development of a start-up budget to be included with this RFP, such funds will be requested from the Department of Developmental Services in subsequent fiscal years. Start-up funds are intended to cover approximately half of the total development costs. It is expected that the applicant will provide matching funds that, along with the start-up funds, would demonstrate financial capacity to complete a project.

**Key Objectives of this Project:**

1. Collaborate with SDRC and SCHILP to ensure that the requirements of this RFP are met.
2. Develop a comprehensive service design that specifies treatment approaches, staff recruitment and training, quality assurance systems, consultant types, qualifications and roles.
3. Develop, in collaboration with SDRC/ SCHILP, a comprehensive work plan and timeline for bringing services on-line.
4. Execute a service contract with SDRC which specifies a start-up budget, on-going service rate and a SDRC/SCHILP approved service design
5. Establish a Long-Term Lease Agreement with the NPO.
6. Provide high quality, time-limited, therapeutic residential treatment services that produce positive outcomes for the individuals served.

## FORMAT AND APPLICATION REQUIREMENTS

Proposals must comply with the instructions, format, and time-lines described in this request. Proposals should be written in 12 point font, Times New Roman or Arial preferred. All pages in the proposal must be numbered consecutively and include an identifying footer with the agency name. **Each applicant must submit an original proposal in PDF format via email. Hardcopies will not be accepted.**

## PROPOSAL CONTENT

Each proposal will contain the following information:

1. **Service Description Summary (10 pages maximum):** Please include all headings and information requested below and provide in the same order in your document.
  - a) **Mission, Vision, and Value Statements:** Provide any agency MVV statements and how these were developed for the agency.
  - b) **Agency Outcomes:** Describe anticipated outcomes of proposed service for people residing in the home and how achievement of outcomes will be measured.
  - c) **Assessment and Planning:** Briefly describe the planning process. How will individual goals/objectives be determined and progress measured?
  - d) **Staff Training:** Describe the topics to be covered in staff training, types of training that will occur (e.g., pre-service, On the Job Training) continuing education), who will provide the training, roles of in-house vs. contract consultants, and the specific type of crisis prevention training (e.g. PCMA) that will be included. 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.
  - e) **Administrative / Consultant Roles:** Describe roles of licensee, administrator, assistant administrator, and consultants.
    1. 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.
    2. 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:** Describe how your agency will:
    1. Address the mental health treatment needs of the residents. Describe therapeutic approaches, such as trauma focused, DBT, CBM, ABA or other evidence-based therapies.
    2. Address the development of positive behavioral support plans for residents with an emphasis on functional behavioral analysis and evidence based practices.

3. Provide work-oriented day services to residents, either on-site or off-site in highly supervised and controlled environments.
  4. Provide the close supervision these residents will require with an emphasis on mitigating risk to the community, the individual and to staff.
  5. Address education and treatment approaches for substance abuse issues frequently presented by the individuals who will utilize these resources.
  6. Teach social skills to assist the individual in learning pro-social behaviors as alternatives to self-injurious behavior, sexual/physical aggressive or assaultive behaviors.
  7. 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.
  8. Systematically address resident motivation issues through the use of Motivational Interviewing and/or incentive systems to promote cooperation and participation in the treatment and educational aspects of the services. This may include establishment of a budget for reinforcers.
  9. 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.
  10. 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:
1. Education, experience and certification for all staff positions. Note that all line level direct service professionals must have completed DSP I and II. Provide description for how these staff will be recruited or a process for how the required training will be obtained prior to hands-on service.
  2. How your agency will utilize universities, psych tech or BCBA training programs or other education, training or certification institutions to locate potential staff.
  3. Health and criminal background screening procedures.
  4. 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, or 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.
- k) **Community Outreach:** Describe how your agency will engage the local community and community agencies to engender support for this project. List which groups or agencies (e.g., city council, probation, judicial, law enforcement, mental health, homeowners associations, etc.) you will approach, how you will approach them, and how you will address their objections or ambivalence to ensure successful development of this project.
2. **Physical Plant Structure (1 page maximum):** Include recommendations you would make to the NPO about how to structure the physical plant to support individuals. Explain how these structural considerations would complement your therapeutic / treatment / educational approach. Include any architectural features you would recommend in the configuration of living, eating, cooking, lounging and recreational spaces.
  3. **Agency Information Form:** A completed and signed Applicant/Agency Information Form (Appendix A)
  4. **Financial Statements:** A copy of the last 3 years' financial statements of the provider, and a copy of any Audits conducted on those financial statements
  5. **Completed Projects (1 page maximum):** A list of completed projects of the service provider which are similar in nature to this project
  6. **Development Team (1 page maximum plus resumes):** A list of the members of the proposed Project Development Team including the name, address, telephone number, and resumes of the team members. At a minimum, this team should include the lead staff who will develop the response to the RFP, the service design, and the individuals with the expertise to hire skilled consultants to assist the provider in developing the project.
  7. **Implementation Plan (2 page maximum):** A proposed Implementation Plan and timeline for development that includes sequenced activities necessary for overall project completion with identified realistic timeframes for the completion of each activity. The plan must specify a process that ensures compliance with all state and local licensing requirements.
  8. **Start-up Budget:** A proposed Start-up Project Budget which addresses the items listed in Appendix B.
  9. **Proposed Rate Structure:** A proposed rate budget which addresses the items listed in Appendix C.
  10. **Applicant Disclosure Statement:** A completed and signed Applicant/Vendor Disclosure Statement (Appendix D).

**REPORTING REQUIREMENTS**

The selected project contractor will be required to submit monthly summaries describing progress made toward meeting project objectives to the San Diego Regional Center by the 3<sup>rd</sup> of each month. These summaries will be attached to the monthly invoices submitted by the contractor. The contractor will submit a final report upon completion of the project. The format for the monthly summaries and invoices will be included in each awardee’s contract.

**PROPOSAL SELECTION PROCESS**

Any proposal may be rejected if it is incomplete or deviates from the specifications in this RFP. The San Diego Regional Center reserves the right to reject any or all proposals and to cancel the RFP process at its discretion. Each proposal will be evaluated by an RFP Selection Committee which is an interdisciplinary team of at least 3 members, who will score each proposal individually before coming together as a team to thoroughly review and discuss each proposal and interview applicants, if applicable, and agreeing on a final score for each proposal. The evaluation will be based on responsiveness to these RFP specifications, innovation, previous experience of applicant, and demonstrated applicant financial responsibility. The specific criteria and weighting are detailed in Appendix E, Rating Criteria. Additional information may be required from selected applicants with regard to their proposal prior to the awarding of a contract.

**RFP TIMELINE:**

<b>RFP Posted.....</b>	<b>March 3</b>
<b>RFP Responses Due.....</b>	<b>March 28</b>
<b>Applicant interviews (if any).....</b>	<b>April 7</b>
<b>Proposal Selection / notification.....</b>	<b>April 11</b>
<b>Negotiation and Completion of Contract.....</b>	<b>June 30</b>

**FUNDS**

Project description indicates the total amount of funds available for each project. Actual amount awarded will be contingent upon the budget submitted. With approval, additional funds may be available in subsequent fiscal years. Any project contractor who fails to develop the services specified will be required to return to the San Diego Regional Center any compensation received for start-up expenses. All funds must be expended and invoiced to SDRC by April, 2016.

**ADDITIONAL INFORMATION**

Any questions regarding the requirements of this RFP should be directed to:

Lori Blair, Resource Coordinator  
[Sdrc.lblair@gmail.com](mailto:Sdrc.lblair@gmail.com)  
858-576-2872

APPLICANT/AGENCY INFORMATION

Applicant/Agency Name \_\_\_\_\_ Proj Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- Non-Profit Corporation
- For-Profit Corporation
- Educational Institution
- Local Government Agency
- Individual
- Other ( \_\_\_\_\_ )

Contact Person's Name and Job Title: \_\_\_\_\_

A. List up to three current or previous services implemented by the applicant/agency that provide evidence of experience related to your proposal. Include the service name, the dates that services started (and ended if not currently being provided), and a one sentence description of the type/purpose of the indicated service:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

B. List two references that can be contacted in regards to applicant's experience, qualifications and ability to implement this proposal:

1. \_\_\_\_\_  
Name and Title Agency Affiliation  
\_\_\_\_\_ Address Phone
2. \_\_\_\_\_  
Name and Title Agency Affiliation  
\_\_\_\_\_ Address Phone

Application submitted by \_\_\_\_\_  
Signature Date



**APPLICANT/VENDOR DISCLOSURE STATEMENT**

DS 1891 (7/2011)

**GENERAL INSTRUCTIONS**

Every applicant or vendor must complete and submit a current Applicant/Vendor Disclosure Statement, DS 1891 (disclosure statement) as part of a complete application packet for vendorization or upon request of the vendoring regional center. The following instructions are designed to clarify certain questions on the form. Instructions are listed in order of question for easy reference. See 42 CFR 455.101 for additional definitions.

**Overall Authority:** *Code of Federal Regulations (CFR), Title 42, Part 455; California Code of Regulations, Title 17, Section 54311. Welfare and Institutions Code, Section 4648.12.*

**Important:**

- IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.
- Failure to disclose complete and accurate information will result in a denial of enrollment and/or may be cause for termination of vendorization.
- Read **ALL** instructions when completing the disclosure statement.
- Type or print clearly in ink.
- If applicant or vendor must make corrections, please line through, date, and initial in ink. Do not use correction fluid.
- Answer all questions as of the current date.
- If additional space is needed, attach a sheet referencing the part and question being completed.
- Return this completed statement with the complete application package to the regional center to which you are applying.

**Part 1: Identifying Information**

- A. Specify name of the applicant or vendor, agency, facility or organization, vendor number and service code, business address, and telephone number of applicant or vendor submitting the vendor application.
- B. Specify in what capacity the applicant or vendor is doing business. For example: The name of the corporation under which they are doing business. This name must match the license name, if applicable.
- C. List the Medi-Cal provider number, if any, of the applicant or vendor.
- D. List the Social Security Number and/or the Federal Employer Identification Number (EIN) of the applicant or vendor, if any. Enter Vendor's nine-digit EIN assigned by the IRS in the following format: XX-XXXXXXX.
  - An EIN is used to identify the accounts of employers and certain others who have no employees.
  - For more information about an EIN, please check <http://www.irs.gov> for "Employer Identification Numbers" or "EIN". Whenever this Disclosure Statement requests an EIN about an individual or entity, it has the same meaning.
- E. Check the entity type that best describes the structure of your organization.

**Part 2: Ownership and Control Interests. Use the following definitions to identify the individuals you should enter in parts A, B and C of this section. See 42 CFR 455.101 for additional definitions.**

- "Indirect Ownership Interest" means an ownership interest in an entity that has an ownership interest in the applicant or vendor. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or vendor;
- "Managing Employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, agency or business entity;
- "Ownership Interest" means the possession of equity in the capital, the stock, or the profits of the applicant or vendor.
- "Person with an Ownership or Control Interest" means a person or corporation that:
  - A) Has an ownership interest totaling 5 percent or more in an applicant or vendor;
  - B) Has an indirect ownership interest equal to 5 percent or more of an applicant or vendor;
  - C) Has a combination of direct or indirect ownership interests equal to 5 percent or more in an applicant or vendor;
  - D) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the applicant or vendor if that interest equals at least 5 percent of the value of the property or assets of the applicant or vendor;
  - E) Is an officer or director of an applicant or vendor that is organized as a corporation; or
  - F) Is a partner in an applicant or vendor that is organized as a partnership.

**APPLICANT/VENDOR DISCLOSURE STATEMENT**

DS 1891 (7/2011)

- "Significant Business Transaction" means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of an applicant or vendor's total operating expenses.
- "Subcontractor" means an individual, agency, or organization to which an applicant or vendor has contracted or delegated some of the management functions or responsibilities of providing services.
- "Wholly Owned Supplier" means a supplier whose total ownership interest is held by an applicant or vendor or by a person, persons, or other entity with an ownership or control interest in an applicant or vendor.

**Part 3: Excluded Individuals or Entities. (See page 3, part 3. Must be disclosed if applicable.)**

"Excluded Individuals or Entities" means those individuals and entities that have been placed on either the U.S. Department of Health and Human Services Office of Inspectors' General (OIG) List of Excluded Individuals/Entities or the Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List of persons, or individuals and entities that have been convicted of a criminal offense related to involvement in any program under Medicare, Medicaid or the Title XX services program, or those individuals and entities that meet the criteria included in Section 54311(a)(6).

**PLEASE FILL OUT**

**1. Applicant/Vendor Information**

A. Name of applicant or vendor, entity, agency, facility, or organization as reported to IRS:

Vendor Number and Service Code:

Business Address:

Telephone number (with area code):

B. DBA Name registered with California Secretary of State, if any:

C. Medi-Cal Provider Number, if any:

D. Social Security Number and/or Federal Employer Identification Number (EIN), if any:

E. Check the entity type that best describes the structure of the applicant or vendor individual, business entity, agency, facility or organization: Check **only one** box:

- Sole Proprietor (Unincorporated)
- General Partnership       Limited Partnership       Limited Liability Partnership
- Limited Liability Company:    State of formation: \_\_\_\_\_
- Governmental
- Corporation:            Corporate number: \_\_\_\_\_    State incorporated: \_\_\_\_\_
- Nonprofit – Check One:
  - Unincorporated Association
  - Corporation
  - Religious/Charitable
  - Other (specify): \_\_\_\_\_

**APPLICANT/VENDOR DISCLOSURE STATEMENT**

DS 1891 (7/2011)

**2. Ownership, indirect ownership, and managing employee interests**

A. List the name(s), title(s) and address(es) of individuals for organizations having direct or indirect ownership interests, and/or managing employees in the applicant/vendor (see instructions for definitions). Also list all members of a group practice. Attach additional pages as necessary to list all officers, owners, management and ownership individuals and entities.

Name	Title	Address

B. List those persons named in A above, that are related to each other as spouse, parent, child, or sibling.

Name	Relationship	Address

C. List the name, address, vendor number and service code, and Medi-Cal provider number of any other applicant or vendor in which a person with an ownership or controlling interest in the applicant or vendor also has an ownership or control interest of at least 5 percent or more. For example: Are any owners of the applicant or vendor also owners of Medicare or Medicaid facilities? (*Example: sole proprietor, partnership or members of Board of Directors.*)

Name	Address	Vendor Number and Service Code	Medi-Cal Provider Number

**3. Excluded Individuals or Entities**

List the name, title, and address of any person or entity with an ownership or control interest, any agent, director, officer, or managing employee of the applicant or vendor who is an excluded individual or entity, as defined on page 2.

Name	Title	Address

**4. Subcontractor**

A. List the name and address of each person or entity with an ownership or control interest in any subcontractor in which the applicant or vendor has direct or indirect ownership of 5 percent or more.

Name	Title	Address	Percentage

B. List the name and address of each subcontractor or wholly owned supplier in which the applicant or vendor has had any significant business transactions within 5 years of the application or request.

Name	Title	Address

**APPLICANT/VENDOR DISCLOSURE STATEMENT**

DS 1891 (7/2011)

**APPLICANT/VENDOR SIGNATURE**

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become vendored, or if the service provider already is vendored, a termination of its vendorization.

By signing this disclosure statement, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the vendoring Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

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**Name of Authorized Representative** (Type or Print)      **Title**

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**Signature**      **Date**

**Recordkeeping and Access to Records**

Subject to the provisions of Title 17, California Code of Regulations, Section 54311 and Code of Federal Regulations, Title 42, Part 455.105, an applicant or vendored provider agrees to provide access for the review of any and all ownership disclosure information and/or documentation upon written request by the vendoring regional center, the Department of Developmental Services, the State Medicaid Agency, Department of Health Care Services, any State survey team, the Secretary of the United States Department of Health and Human Services, or any duly authorized representatives of the above named entities.

**Privacy Statement**

All information requested on the application and the disclosure statement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department of Developmental Services pursuant to 26 USC 6041. This information is required by the authority of Welfare and Institutions Code, Section 4648.12 and Title 17, California Code of Regulations, Section 54311. The consequences of not supplying the mandatory information requested are denial of vendorization as a regional center vendor or termination of vendorization. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, or licensing programs in other states.

**Title 17 California Code of Regulations, Section 54311(a)(6)**  
**(Criteria for Excluded Individuals or Entities to be disclosed on Page 3, Part 3)**

The name, title and address of any person(s) who, as applicant or vendor, or who has ownership or control interest in the applicant or vendor, or is an agent, director, members of the board of directors, officer, or managing employee of the applicant or vendor, has within the previous ten years:

- (A) Been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of an elder or dependent adult or child, or in any connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse; or
- (B) Been found liable any civil proceeding for fraud or abuse involving any government program; or
- (C) Entered into a settlement in lieu of conviction involving fraud or abuse in any government program.

**TRANSITIONAL RESIDENTIAL TREATMENT FACILITY  
PROPOSAL REVIEW/SELECTION CRITERIA**

Applicant /Agency \_\_\_\_\_

	Maximum Score	Initial Proposal Score	Final Score
<b>A. Agency Description</b>			
1. The applicant/agency has prior relevant experience with this population and credentials in the developmental disabilities and/or mental health field.	10		
2. The applicant/agency's Mission, Vision and Values statements are appropriate to the goals of the proposed project.	5		
3. The applicant/agency's history indicates the capability of developing, managing, and operating the proposed project in San Diego County.	10		
<b>B. Project Description</b>			
1. The agency service outcomes are clear and consistent with the goals of the proposed project.	5		
2. The proposed use of personnel (direct care staff and consultants), including the selection, management and training of staff should ensure quality outcomes in the project.	10		
3. The plan for providing services is person-centered, innovative, evidence-based, appropriate to the target population, aligned with agency values and, consistent with the goals of the project.	15		
4. The proposal has an appropriate outreach plan to engage local agencies and to address any community objections to development of the project.	10		
<b>C. Work Plan/Timelines</b>			
1. The work plan indicates a thorough knowledge of the processes and procedures needed to complete this project.	5		
2. The timeline for project development is realistic and meets deadlines.	5		
<b>D. Budget/Finances</b>			
1. The applicant/agency's financial statement reflects sound fiscal practices. Assets are sufficient to undertake the proposed project.	5		
2. The start-up budget is reasonable and demonstrates a good appraisal of actual costs involved in completing the project.	5		
3. The estimate for on-going service rate is cost-effective and consistent with funding for similar programs.	5		
<b>E. Proposal Responsiveness</b>			
1. The overall proposal indicates an ability to follow directions and is an appropriate response to the RFP	10		
<b>TOTAL</b>	<b>100</b>		

Proposal review completed by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_