



WESTSIDE REGIONAL CENTER

Announcement of Request for Proposal (RFP)

Diversity in the provision of community based Early Intervention Services with Westside Regional Center

Fiscal year 2016-2017

Summary: Westside Regional Center (WRC) is seeking culturally competent and bi-lingual Early Start clinicians to expand the provision of Early Start Therapeutic Services to our underserved communities within WRC catchment area which include the following zip codes:

Inglewood: 90301, 90302, 90303, 90304, 90305, 9037, 90308, 90309, 90311, 90312
Hawthorne: 90250, 90251, 90260, 90261, 90310
Lawndale: 90278, 90260
Gardena: 90247, 90248, 90249
Los Angeles: 90044

Posting date: 04/10/2017

Services Type: Early Start Therapeutic services including service code 116 (Occupational Therapy, Physical Therapy and Speech Therapy)

Start-up Available: Start-up funds can only be used for non-reoccurring costs associated with initially establishing services, which may include administrative components, licensing, location furnishings and supplies, personnel recruitment and training expenses, general equipment and other costs as described per contract. Start-up funds are not available to cover 100% of the development costs.

Location: Refer to zip codes

Development time: The program should be ready to provide services no later than September 2017

Demographics: The delivery of services should be both in-home and /or in a site based location within the identified service area. WRC is encouraging unique community based locations and partnerships to increase access and utilization of Early Start services for individuals who currently receive limited to no service delivery. Recent Purchase of Services data have identified that the Hispanic and African American communities residing in the identified zip codes are underserved or not receiving any services. (Please refer to WRC 2015/2016 POS data posted on the WRC website for specific information.)

Writing Requirement: Please submit a one page summary highlighting the major features of your program proposal in Spanish and English. Consider using language in the summary that is easily understood by Regional Center parents and self-advocates.

Transportation: Access to transportation should be a consideration (i.e., public transportation, Uber, taxi, vouchers, leased vehicle and parking).

Services description: The provision of services in a culturally and linguistically sensitive manner: Developmental Assessments; Speech Therapy Assessments and on-going Occupational, Physical and

Speech therapy in a natural and or community based setting. Service scheduling should be flexible including during off peak times to better meet working family's schedules. Schedules must include some availability after 5:00 PM Monday through Friday as well as weekend hours.

Potential providers must have prior demonstrable experience including:

Qualified ES therapists shall

- Must be a current vendor or willing to be vendored with WRC to provide Early Start Therapeutic Services Service Code (SC) 116.
- Comply with WRC vendorization requirements
- Funding source: One-time start-up funds available
- Have a business located within WRC catchment area and or identified zip codes
- Hold a current California Professional License from their respective licensing Board (OT, PT, SLP)
- Have a minimum of two years birth to three year old clinical experience
- Be able to demonstrate verbal and written proficiency in Spanish and English language.
- Demonstrate multicultural competency and participate in on-going (i.e., at least once a year) training in Cultural Sensitivity to meet the needs of the identified zip code area, including, the Hispanic and African American community.
- Multicultural competency as demonstrated by coursework, direct experience and other experience with these communities will be considered. Additionally, applicants need to include a statement and examples demonstrating how they support clients of diverse populations, needs and different cultural backgrounds, how their agency translates materials, interprets for other languages and provides staff who speak other languages, etc. Per Welfare and Institution Code (WIC) Section 4649.11

Funding source for Early Start service:

Funding for ongoing services will covered by the current WRC Median Rates based on Specialized Therapeutic Services (Service Code and Code and the California Code of Regulations (CCR) Title 17 regulations

Deadline for submission: 5/26/17

Applications that are submitted after the deadline or incomplete or proposals that do not meet the basic requirements will be disqualified. No proposals will be returned.

This RFP does not commit WRC to procure or contract for services or supports. WRC may elect to fund all, part or none of the project, depending on funding availability as approved by the Department of Developmental Services and the quality of the proposals received.

For more information, please contact:

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or

Bernadette Daroca
bdaroca@westsiderc.org or 310-258-4221

APPLICATION/PROPOSAL COVERSHEET

Name of Applicant or Organization Submitting Proposal			
Name of parent corporation, if applicable			
Applicant's mailing address			
Contact person for project			
Contact phone number	Contact fax number	Contact e-mail address	
Author of proposal or consultant assisting with proposal		Author/consultant phone number	
<u>List all Regional Centers with which you have vendored programs or services</u>			
Reg. Center	Name of Program/Service	Type of Program/Service	Vendor Number
<u>List all Regional Centers with which you have programs/services in development</u>			
Reg. Center	Type of Program/Service in Development	Service Start Date	

Application submitted by:

 Signature (person must be authorized to bind organization)

 Date

DEVELOPMENT QUESTIONNAIRE

Name of Applicant/Organization: _____

1. Background and Experience: Summarize your education, knowledge and experience in providing services to the *target population(s)*. Describe how your documented education, knowledge and experience will be a good fit for developing this program.

2. Development Experience: Briefly summarize your current and previous development of services or programs. Highlight similarities between current or previous program(s) developed, and your proposed program for this RFP.

3. Staff Qualifications: Do you, your staff and/or your organization currently possess the credentials, skills, training and/or years of experience noted in the Project Requirements Section as: 1) required for this RFP and/or 2) preferred for this RFP? (Briefly explain)

4. Staff Recruitment, Training and Retention: Describe your plan for recruiting, training and retaining quality staff. What is your average annual staff turnover rate?

5. Summary of Program Plan: Provide a summary description of the specialized residential treatment program you are proposing. At a minimum, your summary is to address the following: the bullets listed in the program requirements section of this RFP, your philosophy on providing services to persons with developmental disabilities, and a description of your proposed treatment and stabilization plans.

6. Financial Resources: What financial resources do you bring to the project (e.g., line of credit, cash or fluid capital reserves, etc.)?

PROFESSIONAL RESUMES AND REFERENCES

Name of Applicant/Organization: _____

Submit a professional resume for all staff and consultants identified or referenced in application, including individuals who will be Manager/Director, if known.

List all staff and/or consultants for whom a resume is attached	
Name	Job Title/Type of Consultant

List three references, including job title and agency affiliation, who can be contacted in regard to applicant's qualifications, experience and ability to implement this proposal. References must be professional in nature. References from members of the applicant's governing board and/or applicant's family members are excluded from consideration.

Name: _____ Phone: _____
 Job Title: _____
 Agency Affiliation: _____

Name: _____ Phone: _____
 Job Title: _____
 Agency Affiliation: _____

Name: _____ Phone: _____
 Job Title: _____
 Agency Affiliation: _____

Attachment – D

BUDGET SUMMARY

Name of Applicant/Organization:

Submit budget projections using estimates that are both reasonable and realistic uses of funds.

	Physical Plant (Office)	Start-up Expense	Ongoing Monthly
1.	Lease/Insurance (3 months lease)		
2.	Utilities (gas, electric, water, phone/media)		
3.	Vehicle Lease		
4.	Vehicle Maintenance/Gas/Insurance		
5.	Furnishings/Maintenance		
6.	Total Physical Plant (add Lines 1-5)		
	General Administration	Start-Up Expense	Ongoing Monthly
7.	Admin Overhead		
9.	Office Supplies/Equipment/phone		
10.	Insurance(s)		
11.	Other-CCL fees, etc.		
12.	Staff recruitment		
13.	Training & Staff Development		
14.	Total Gen. Administration (add lines 7-13)		
	Staffing	Start-Up Expense	Ongoing Monthly
15.	Salary – Manager/Director		
16.	Direct Staffing		
17.	Program Consultants		
18.	Employee Benefits		
19.	Payroll Taxes		
20.	Worker's Compensation		
21.	Total Staffing Expenses (add lines 15-20)		
22.	Total Start-up Expenses (add lines 6,14 & 21)	\$	
23.	Total Monthly Rate Per Person (divide Line 22 by 25 clients)		\$