



# WESTSIDE REGIONAL CENTER

**Request for Proposal (RFP) for Development of Mental Health Clinic Services  
Fiscal Year 2024-2025  
Project ID: WRC-2425-4**

**What:** RFP Orientation for Mental Health/Psychiatric Clinic Services

**When:** January 7th, 2025, at 3pm Pacific Time (US and Canada)

**Where:** [https://westsiderc-org.zoom.us/meeting/register/tZ0pc-itqj8vE9Z2DSyXIEke\\_yEFo25CQABu](https://westsiderc-org.zoom.us/meeting/register/tZ0pc-itqj8vE9Z2DSyXIEke_yEFo25CQABu)

Please note that it is required to register and attend the public meeting to submit a proposal for the RFP.

### **Summary of Project**

Westside Regional Center (WRC) is soliciting proposals for development of mental health clinic services under the Community Resource Development Plan (CRDP) Provider Start-up Funds. This mental health / psychiatry services program will support the practitioners to obtain the necessary specialized training and consultation to support the building of their proficiency in addressing the needs of individuals with developmental disabilities receiving services through Westside Regional Center who are dependent upon the outpatient psychiatric medication monitoring services.

**Service Type:** Mental Health / Psychiatry Clinic Services

**Posting Date:** 12/13/24

**Start-up Funds Available:** The start-up funds have been negotiated with the California Department of Developmental Services (DDS). DDS has authorized WRC to use up to \$200,000 in FY 2024-25 CRDP provider start-up funds to support the development of mental health clinic services. Start-up funds are intended for non-recurring costs associated with initially establishing the service, such as administrative components, location furnishings and supplies, personnel recruitment and training expenses, training related to communication styles (including ASL and SEE-Signs), general equipment, and other costs as described in the contract. Note that start-up funds are not intended to cover 100% of development costs. Start-up funds will be negotiated.

**Location:** Within the WRC's [service area](#).

**Development Timeline:** Services should be ready to commence no later than April 2025 unless otherwise specified.

### **Identified Unmet Needs**

- Individuals with developmental disabilities often experience a high rate of co-occurring mental health issues such as depression, anxiety, bipolar disorder, impulse control problems, and psychosis, which can be particularly difficult to manage due to the complexities presented by their developmental disabilities, necessitating specialized treatment approaches.

- A significant barrier to accessing mental health care where general clinicians may not possess sufficient knowledge or expertise to properly identify and address mental health concerns, resulting in poor quality psychiatric services or extended waiting times for patients seeking specialized care from psychiatrists.

### **Service Description**

WRC seeks proposals focusing on development of mental health / psychiatry clinic services to support clinicians in obtaining necessary specialized training and consultation allowing them to enhance their expertise in treating complex cases and specialized populations including children and adults with developmental disabilities and co-occurring mental health conditions supported by WRC. Mental health / psychiatry clinic services could include clinical case conferences with expert psychiatrists, mentorship/training programs provided by senior clinicians, access to telehealth consultation services, and collaborative care models where primary care providers can consult with psychiatrists on complex cases, etc.; all aimed at equipping practitioners with the latest knowledge and skills to effectively manage diverse client population receiving services from WRC.

The applicant agency (including individuals or organizations) responding to this RFP must be a current vendor or willing to be vendored with WRC to also provide psychiatry services under Service Code 117. The general psychiatrist services to be provided include but are not limited to:

1. Psychiatric Assessment and Treatment
  - Initial psychiatric assessments will be scheduled at 60–90-minute intervals, and follow-up appointments will be scheduled at 30-45-minute intervals.
2. Medication Prescription and Management
  - Prescribe and manage medication, order laboratory tests and evaluate test results.
3. Consultations
  - With family members, WRC service providers, and/or clinical staff regarding crisis client care and referral follow-up.
4. Multi-disciplinary Treatment Planning
  - Participate in WRC's Clinical Staffing and Behavioral Review Committee.
5. Documentation
  - Document services provided (e.g., initial evaluations, progress notes) and share with identified WRC staff.
6. Coordination of Care
  - For inpatient psychiatric hospitalization and discharge planning.
7. Referrals
  - Refer clients to primary care and community service providers as needed.

Psychiatry services will be provided to a diverse population of individuals with developmental disabilities receiving supports from WRC. WRC will coordinate referrals for the psychiatry services. Psychiatry services to be provided up to 40 hours per month for telehealth and/or in-person psychiatry services.

### **Potential providers providing mental health / psychiatry clinic services must have prior demonstratable experience. Qualified providers:**

- Must be a current vendor or willing to be vendored with WRC to provide Psychiatry Services under Service Code 117
- Must comply with WRC vendorization requirements
- Must have a business located within the WRC [catchment/service area](#)

- Must have certification of completion or a psychiatric residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or equivalent accrediting body
- Must be licensed as a Physician and Surgeon by the Medical Board of California
- Must be certified or eligible for certification by the American Board of Psychiatry and Neurology, Inc. (ABPN) in General Psychiatry or equivalent
- Must have board eligibility or certification in child and adolescent psychiatry, if providing services to children and adolescents
- Must have certificate of current Controlled Substance Registration issued by the Drug Enforcement Administration (DEA).

### **Proposal Submission**

Proposals must be received at the Westside Regional Center by **5pm on Friday, January 31, 2025**. 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 DDS and the quality of the proposals received.

### **Additional Requirements**

- **Title 17 Compliance:** The applicant agency must meet all Title 17 requirements as applicable to this service model as prescribed by DDS.
- **Plan for Recruitment and Training:** Provide a plan for recruitment, background checks (e.g., Live-scan), pre-service and ongoing training, and consultative support.
- **Emergency Plan:** Provide a plan for security and response to emergencies.
- **Evaluation Plan:** Develop a plan for evaluating service success and quality of life outcomes by an objective third party.
- **Commitment to Service Stability:** Adopt a creative and flexible approach to service, modifying supports to ensure stability without requesting additional funding from the regional center.
- **Monitoring and Evaluation:** Agree to a minimum of quarterly monitoring by WRC, with individuals/families being evaluated more frequently.
- **Financial Record Keeping:** Keep financial data, including receipts and canceled checks, for five (5) years from the date of the contract.
- **Service Continuity:** a contract for this project will require an agreement to provide a minimum of 120 months (ten years) of continuous services from the date of the first admission. Failure to meet this term will require the awardees to repay a portion of the original start-up grant, i.e., 12 months re-pay 95% of original start-up grant, 24 months re-pay 85% of original start-up grant, etc.
- **Conflict of Interest Disclosure:** Disclose any potential conflicts of interest as per Title 17, §54500. Proposals will not be accepted from employees of the State of California, employees of the regional center system, or their immediate family members. Eligible applicants may be non-profit corporations (501-C3) or for-profit entities.
- **Development of Program/Service Design:** The selected applicant will be required to complete a service design within thirty (30) days of awareness of the contract.

- **Proof of Liability Insurance:** The selected applicant will be required to maintain general and professional liability insurance for all work performed on behalf of regional center clients and their families and to name the regional center as an additional insured on all such policies.

### **Costs for Proposal Submission**

Applicants are responsible for all costs associated with the development and submission of their proposals.

### **Submission Instructions**

Please include all the information requested and submit in the same order listed below. For additional guidance in writing your service summary, please refer to Title 17 regulations. The “Application/Proposal Coversheet” (see Attachment – A) must be the first page of the proposal.

The proposal must include a Table of Contents.

As applicable, include appendices for documents, such as resumes, certificates, curricula, schedules, letters of recommendation, letters of support from agencies, consultants expected to provide program services, etc.

Fax copies will NOT be accepted.

Submissions will NOT be returned.

No proposals will be accepted after the deadline.

- **Application/Proposal Coversheet** – Attachment A
- Table of Contents
- **Professional Resumes and References** – Attachment B
- **Statement of Obligation** – Attachment C
- **Sample Financial Statement** – Attachment D
- **Budget Summary** – Attachment E
- **Mission, Vision, and Value Statements:** Provide any agency MVV statements and how these were developed for your agency.
- **Background and Experience:** Summarize education, experience, and knowledge of key personnel in providing services to the target populations. Describe how the documented education, knowledge, and experience will be a good fit for developing this program.
- **Development Experience:** Briefly summarize your current and previous development of services and programs. Highlight similarities between current or previous program(s) developed and your proposed program for this RFP.
- **Agency Outcomes:** Describe anticipated outcomes of proposed service for people receiving supported living services in their homes and how achievement of outcomes will be measured.
- **Assessment and Planning:** Briefly describe the planning process. Discuss how

- individual goals and objectives will be determined and progress measured.
- **Administrative/Consultant Roles:** Describe roles of Administrator, additional staff, and proposed involved consultants. Provide qualifications of any certified or licensed staff or consultants. Attach resumes.
  - **Staff Recruitment and Retention:** Describe your plan to recruit and retain quality staff. Include the following:
    - Desired characteristics for all staff positions including bilingual or multilingual backgrounds
    - Health and criminal background screening procedures.
    - 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.
    - Discuss what typical staff turnover is for your organization/agency.
    - Provide information on salary levels and benefits. Direct care staff must be paid at a set minimum.
    - Attach an organization chart that includes this project and maps the supervisory hierarchy.
    - Provide job descriptions and qualifications for the primary staff and consultant positions.
  - **Staffing Schedule:** Provide a sample one-week staffing schedule including the administrative staff, direct support professionals, consultant(s), and program prep time.
  - **Transportation:** Describe how transportation will be provided for day/work services, therapy and medical appointments, court requirements, or recreation and other activities.
  - **Financial Resources:** Discuss what financial resources you bring to the project (e.g. line of credit, cash or fluid capital reserves, etc.).
  - **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, medication logs) to identify service problems pursuant to corrective changes such as revised staff training curriculums, staff training procedures (e.g. supervision, medication management, recruiting, etc.). Providers shall describe the feedback loop by which problem procedures will be identified, corrective through revised practices, and further monitored to measure the effectiveness of those changes in agency practice.
  - **DS 1891 Applicant/Vendor Disclosure Statement: Complete and include this document:** <http://www.dds.ca.gov/Forms/docs/DS1891.pdf>

## Formatting Instructions

Applicants must adhere to the following formatting requirements when submitting proposals: All submissions must be sent to: [RFP@westsiderc.org](mailto:RFP@westsiderc.org). Electronic submissions cannot exceed 15 megabytes per email. Multiple emails per RFP submission can and will be accepted. An email acknowledgement of each submission received will be sent to the applicant.

Attachments/Forms must be type written. Include additional pages as needed, please note that **proposals should be no longer than 10 pages total (this does not include the attachments on the application)**. All proposals must be complete, typewritten, collated, and page numbered.

## Inquiries/Request for Assistance

Questions related to the application guidelines may be directed to Monica Jauregui, 310-258-4134. Technical assistance is limited to information on the requirements for preparation of the application packet. Applicants are expected to prepare the documentation themselves or retain someone to provide such assistance. If an applicant chooses to retain assistance from another party, the applicant must be able to thoroughly address all sections of the proposal during the interview process and/or demonstrate that the party assisting with the application will have a continuing role in the ongoing operation of the program.

### Inquiries Contact:

Westside Regional Center  
Attn: Monica Jauregui  
Westside Regional Center, Community Services  
5901 Green Valley Circle, Ste. 320  
Culver City, CA 90230  
(310) 258-4134  
[monicaj@westsiderc.org](mailto:monicaj@westsiderc.org)

### Timeline requirements:

December 13 <sup>th</sup> , 2024	Request for proposals release
January 7 <sup>th</sup> , 2025	RFP Orientation via Zoom
January 31 <sup>st</sup> , 2025	Deadline for receipt of proposals
February 3 <sup>rd</sup> -11 <sup>th</sup> , 2025	Evaluation of proposals by selection committee
February 17-21 <sup>st</sup> , 2025	Interviews with highest-ranking applicants, if applicable
February 25 <sup>th</sup> , 2025	Notice of selection mailed to applicants
February 28 <sup>th</sup> , 2025	Notification of Project Award posted on WRC website
March 31 <sup>st</sup> , 2025	Start-up contract signed

**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

### 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 administrator, if known.

<u>List all staff and/or consultants for whom a resume is <b>attached</b></u>	
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: \_\_\_\_\_



**STATEMENT OF OBLIGATION**

- The applicant is presently providing social services to regional center consumers or other members of the community.  
 No             Yes  
*If yes, indicate name, location, type and capacity of service(s).*
- The applicant is currently receiving or planning to apply for grants/funds from any source to develop social service programs?  
 No             Yes  
*If yes, indicate name, location, type and capacity of service(s).*
- The applicant is planning to expand existing services (with or without grant funds) from a source other than Westside Regional Center during Fiscal Year 2022-2023 and/or fiscal year 2022/2023.  
 No             Yes  
*If yes, indicate funding source and scope of grant project.*
- The applicant or member of the applicant's organization or staff has received a citation from any agency for abuse (verbal, physical, sexual fiduciary, neglect)?  
 No             Yes  
*If yes, explain in detail.*
- Has the applicant or any member of the applicant's organization received a Corrective Action Plan (CAP), sanction, notice of immediate danger, or an "A" or "B" citation, or any other citation from a regional center or state licensing agency?  
 No             Yes  
*If yes, explain in detail.*
- Describe other professional/business obligations held by the Licensee and Administrator, including name, location, type, and capacity (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
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### **SAMPLE FINANCIAL STATEMENT**

1. **CURRENT ASSETS:**
  - Cash in banks
  - Accounts receivable
  - Notes receivable
  - Equipment/vehicles
  - Inventories
  - Deposits/prepaid expenses
  - Life insurance (cash value)
  - Investment securities (stocks and bonds)
  
2. **FIXED ASSETS:**
  - Buildings and/or structures
  - Real estate holdings
  - Long-term investments
  - Potential judgments and liens
  
3. **CURRENT LIABILITIES:**
  - Accounts payable
  - Notes payable (current portion)
  - Taxes payable
  
4. **LONG-TERM LIABILITIES:**
  - Notes/contracts
  - Real estate mortgages
  
5. **OTHER INCOME**
  - Wages/revenues or other sources
  
6. **LINE OF CREDIT**
  - Amount available (specify)

**BUDGET SUMMARY**

Name of Applicant/Organization: \_\_\_\_\_

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

	<b>Care and Services</b>	<b>Start-up Expense &amp; 3</b>	<b>Ongoing Monthly</b>
1.	Food		
2.	Household Supplies		
3.	Personal Supplies		
4.	Program Equip/Recreation		
5.	Total Board & Supply (add lines 1-4)		
	<b>Physical Plant</b>	<b>Start-up Expense</b>	<b>Ongoing Monthly</b>
6.	Lease/Insurance (3 months lease)		
7.	Utilities (gas, electric, water, phone/media)		
8.	Vehicle Lease		
9.	Vehicle Maintenance/Gas/Insurance		
10.	Furnishings/Maintenance		
11.	Total Physical Plant (add Lines 6-10)		
	<b>General Administration</b>	<b>Start-up Expense</b>	<b>Ongoing Monthly</b>
12.	Admin Overhead		
13.	Office Supplies/Equipment/phone		
14.	Insurance(s)		
15.	Other-CCL fees		
16.	Staff recruitment		
17.	Training & Staff Development		
18.	Total Gen. Administration (add lines 12-17)		
	<b>Staffing</b>	<b>Start-up Expense</b>	<b>Ongoing Monthly</b>
19.	Salary – Administrator		
20.	Direct Staffing		
21.	Program Consultants		
22.	Employee Benefits		
23.	Payroll Taxes		
24.	Worker's Compensation		
25.	Total Staffing Expenses (add lines 19-24)		
26.	Total Start-up Expenses (add lines 5, 11, 18 & 25)	\$	
27.	Total Mo. Rate Per Person (divide Line 26 by 4)		\$