



SAN ANDREAS REGIONAL CENTER
6203 San Ignacio Ave, Ste 200
San Jose, CA 95119
(408) 374-9960

TO: All Potential Request for Proposal Respondents

FROM: Gina Jennings, CRDP Specialist
Saskia Vandekamp, Associate Director of Community Services

DATE: 10/14/2020

RE: Enhanced Behavioral Support Home For Three Adults (Residential Services) -
Request for Proposal

TYPE OF PROGRAM: One (1) Enhanced Behavioral Supports Home (EBSH) For Three
Adults

GEOGRAPHIC LOCATION(S): Santa Cruz County

CONTRACT AWARD: Startup funding up to \$200,000

SERVICE DESCRIPTION: Enhanced Behavior Support Homes (EBSH) are intended to serve a maximum of Three (3) residents each of whom require 24-hour non-medical care in a homelike setting due to excessive behavioral impairments. These homes exceed the minimum requirements of level 4I facilities. Such homes will have additional staffing, supervision, consultation, and shall employ enhanced characteristics to address challenging behaviors.

Residents of these homes may be dually-diagnosed with mental illnesses or substance abuse issues, may currently or historically face forensic complications, and will primarily be transitioning to community placement from a developmental center, institute for mental disease, acute crisis facility, or judicial system. The ideal program will incorporate competency restoration training if required for the individuals residing in the home. Each resident of the home will have an individual behavior supports plan

documenting the individual's behavioral needs and the supports and services to be provided to address those needs. Behaviors or challenges expected by the referred individuals will include, but are not limited to:

- Physical aggression or assault
- Sexually inappropriate or aggressive behavior
- Registered Sex Offender
- History of or current judicial involvement
- Theft or stealing
- Property destruction
- Dual Mental Health Diagnosis
- Post-Traumatic Stress Disorder
- Suicidal ideations or attempts
- Severe Self-Injurious Behavior
- Making false allegations
- History of or current gang affiliation
- History of or current substance abuse

Some individuals referred to this program may have difficulties with communication and would require assistive devices, sign language, or other communication systems. Some individuals referred may require physical assistance with toileting or other hygiene tasks and may have restricted health conditions.

The provider is required by law to have a board-certified behavior analyst or qualified behavior modification professional on-staff or contract for monthly observation and treatment recommendations of the residents, at least four of which per year are to be unannounced. All direct service staff MUST become Registered Behavior Technicians and meet all the ongoing requirements for certification. Residents will receive support from the regional center and the clients' rights advocate.

The service provider will be required to obtain a license as an adult residential facility from the California Department of Social Services' Community Care Licensing division and will be answerable to all applicable statutes and regulations, including those currently under development upon their publishing.

APPLICABLE OR RELEVANT STATUTES AND REGULATIONS: California Welfare & Institutions Code Chapter 6, Article 3.6 (§4684.80 through §4684.87) and Article 6 (§4695 - §4695.2); Title 17 California Code of Regulations §§56001 – 56067; and all other applicable federal and California statutes and regulations, including those not yet promulgated.

KEY OBJECTIVES:

1. Enter into a start-up and on-going services contract
2. Work collaboratively with non-profit housing corporation(s) to secure and renovate property.
3. Prepare the facility for service and licensure.
4. Submit a full program design for approval by San Andreas Regional Center and the Department of Developmental Services
5. Hire and train staff.
6. Contract with appropriate and approved licensed consultants.
7. Obtain licensure.
8. Be prepared for admission and operation by

PREFERRED PROVIDER REQUIREMENTS:

1. Owner/operator of a level 4 adult residential facility or a comparable facility.
2. Previous experience working with mental health, the courts, and/or Community Placement Program.
3. Demonstrated ability to work collaboratively with multi-agency, multi-disciplinary teams in an environment under marked regulatory scrutiny.

PROGRAM DESIGN GENERAL REQUIREMENTS:

1. Licensed as an adult residential facility;
2. Maximum of 4 clients;
3. 24-hour non-medical care;
4. Shall exceed minimum requirements for level 4I facility as defined by law;
5. Individual and facility rates:
 - a. Individual rates shall include staffing, consultants, and food costs and incidentals incurred on a per-resident basis;
 - b. Facility rates shall include the lease and constant operation;
6. Behavior supports plan within one week of admission;
7. Monitoring required by regional center qualified behavior modification professional at least monthly, four of which are unannounced;
8. Vending regional center and each client's regional center shall have joint responsibility for monitoring and evaluating the services provided;
9. Monthly case management and quarterly quality assurance visits, at minimum, is required;
10. Certified by DDs and licensed by DSS. Must be certified by DDS prior to licensure;
11. DDS and regional centers to provide documentation to DSS;
12. If DDS decertifies a home, DSS shall revoke the license;
13. Must be eligible for federal funding;
14. Delayed egress/secured perimeter;

15. Adherence to forthcoming DSS regulations to address, at minimum, staffing structure, staff qualifications, and training;
16. Health and Safety 1567.64: Requires a minimum of 16 hours of emergency intervention training, including positive behavioral supports and techniques for all staff;
17. Health and Safety 1567.65: If DSS determines that urgent action is necessary to protect a consumer residing in an EBSH, it shall notify DDS. DDS may request that the regional center or centers take action within 24 hours, which may include, as appropriate, the removal of a consumer from the home or obtaining additional services.

Proposals may be submitted by for-profit or non-profit corporations.

Board members and employees of regional centers are prohibited from submitting proposals. Refer to Title 17 regulations, Section 54314 for a complete list of ineligible applicants.

Proposal Requirements

1. Appendix A – San Andreas RFP Service Description (from above)
2. Appendix B – Proposal Title Page
3. Appendix C – Financial Statement (please submit in Excel format as well)
4. Resumes, Statement of Qualifications and References including
5. Appendix D – Statement of Obligations.
Should include
 - a. Evidence that the applicant possesses the organizational skills, education and/or experience necessary to complete a project of the scope for which they are applying.
 - b. List of professional references with name, address, and phone number of at least one person/agency to verify fiscal stability and at least one person/agency to verify program/administrative experience.
 - c. Statement with evidence of ability to work interactively and cooperatively with San Andreas and the diverse population of families with in the San Andreas catchment area.
 - d. Statement of evidence of ability to work within the scope of Title 17 regulations governing vendorization and SARC policies and procedures.
6. Appendix E –
 - a. Estimated Cost Worksheet for per person, per month residential services rate
 - b. Proposed Start-Up Budget not to exceed \$200,000
 - c. Proposed Timeline for development of residential services
7. Appendix F - Description of residential services.

Estimated Service Duration

(Insert the estimated duration of the service and/or the required completion date.)

Assumptions and Agreements

Proposals will not be returned to the submitter. SARC reserves the right to dismiss any proposal if it does not meet the criteria established in this RFP.

Submission Information

Proposals must be post marked or emailed by **November 6, 2020**

Please mail proposals to:

Gina Jennings
CRDP Specialist
San Andreas Regional Center
P.O. Box 50002
San Jose, CA 95150-0002

Or email them to: gjennings@sarc.org

Proposals that are late or FAXED will not be accepted.

Please use Times New Roman font in 12 point.

Contact Persons For Additional Information or Clarification

Gina Jennings – gjennings@sarc.org

Saskia Vandekamp – svandekamp@sarc.org

Basis for Award of Contract

Criteria	Percentage	Score
Agency Experience and Background (including Appendix D – Statement of Obligations)	25%	
Fiscal Responsibility (including Appendix C – Financial Statement)	15%	
Budgets (including Appendix E – Estimated Cost Worksheet)	25%	
Proposal Narrative (including Appendix F – DDS Guidelines For Certification Of Enhanced Behavioral Supports Homes)	25%	
Interview	10%	

Anticipated Selection Schedule

(Insert the schedule for the selection process, i.e. dates and times of

1. RFP Orientation-(by appointment, by request)

2. Initial review period timeframe and announcement of those proposals moving to interview phase.-November 13, 2020
3. RFP Review Committee interview dates, locations, etc.- November 16, 2020
4. Notification of selected service provider by November 20, 2020
5. Estimated date service(s) will begin-May 1, 2021

Applicants responding to this RFP who are currently vendored providers for San Andreas or any other regional center must have services in good standing. Providers with Substantial Inadequacies (SI's), or Type A deficiencies with Community Care Licensing in the past 24 months shall provide a written description of the SI(s) and/or Type A deficiencies and of all corrections that have been made. Applicants must also disclose any past, present, or pending licensure revocations, probation or denials, including but not limited to: CCL, Public Health Licensing or any agency providing services to people with disabilities, children or the elderly.

Appendix B

RFP TITLE PAGE
Request for Proposal – Fiscal Year 2020 – 2021

TO: Selection Committee

Please place a copy of Attachment B on the top of the original and each of the (insert number here) copies.

San Andreas Regional Center
6203 San Igancio Ave, Ste.200
San Jose, CA. 95119
ATTENTION: Gina Jennings, CRDP Specialist

Program Title (Please Print)

Name of Individual or Organization Submitting Proposal (Please Print)

Address of Individual or Organization Submitting Proposal (Please Print)

Signature of Person Authorized to Bind Organization

Contact Person for Project (Please Print)

Telephone Number of Contact Person

Fax Number of Contact Person

Email Address of Contact Person

Name of Parent Corporations (If Applicable) (Please Print)

Applicant or Organization Contact Person:

Author of Proposal if Different from Individual Submitting Proposal

Appendix C

FINANCIAL STATEMENT	
All respondents must complete this statement for last complete fiscal year <u>and</u> current fiscal year to date.	
CURRENT ASSETS	
Cash in Bank	
Accounts Receivable	
Notes Receivable	
Equipment / Vehicles	
Inventory	
Deposits/ Prepaid Expenses	
Life Insurance (Cash Value)	
Investment Securities	
TOTAL CURRENT ASSETS =	
FIXED ASSETS	
Buildings and /or Structures	
Long Term Investments	
Potential Judgements and Liens	
TOTAL FIXED ASSETS =	
TOTAL CURRENT AND FIXED ASSETS =	
CURRENT LIABILITIES	
Accounts Payable	
Notes Payable	
Taxes Payable	
TOTAL CURRENT LIABILITIES =	
LONG TERM LIABILITIES	
Notes / Contracts	
Real Estate Mortgages	
TOTAL LONG TERM LIABILITIES =	
TOTAL CURRENT AND LONG TERM LIABILITIES =	
Equity =	
TOTAL LIABILITES AND EQUITY =	
OTHER INCOME - Revenue from other Sources	
(Specify)	
LINE OF CREDIT	
Amount Available	

Appendix D

STATEMENT OF OBLIGATIONS

All applicants must complete this statement.

- A. 1. Is the applicant currently providing services to people with developmental disabilities?

No Yes

If **Yes**, indicate the following:

Name: _____
Location: _____
Type of Service _____
Capacity _____

2. Is the applicant currently providing related services to people other than those with developmental disabilities

No Yes

If **Yes**, indicate the following:

Name: _____
Location: _____
Type of Service _____
Capacity _____

- B. 1. Is the applicant currently receiving grant(s)/funds from any source to develop services for people with developmental disabilities?

No Yes

If **Yes**, indicate the following:

Funding Source _____
Scope of Grant Project _____

2. Is the applicant currently applying for grant(s)/funds from any source to develop services for Fiscal Year 2020 – 2021?

No Yes

If **Yes**, indicate the following:

Funding Source _____
Scope of Grant Project _____

- C. Is the applicant planning to expand existing services (through a Letter of Intent and with or without grant funds) from a source other than San Andreas Regional Center during Fiscal Year 2020 – 2021?

No Yes

If **Yes**, provide details:

D. Describe other professional / business obligations. Include the following:

Name: _____
Location: _____
Type of Service _____
Capacity _____

E. Has the applicant, or any member of the applicant's organization, received a Corrective Action Plan (CAP), Sanction, a Notice of Immediate Danger, an A or B Citations or any other citation from a Regional Center or state licensing agency?

No Yes

If **Yes**, explain in detail:

F. Has the applicant, or any member or staff of the applicant's organization, ever received a citation from any agency for abuse?

No Yes

If **Yes**, explain in detail:

Signature of Applicant or Authorized Representative

Date

Appendix E

State of California—Health and Human Services Agency

Department of Developmental Services

RATE DEVELOPMENT - FACILITY COSTS DS 6023 (Rev 10/2016)

Reset Form

A. FACILITY TYPE		
<input type="radio"/> Enhanced Behavioral Supports Home	<input type="radio"/> Community Crisis Home	<input type="radio"/> Other _____
B. CONTACT INFORMATION		
Vendor Name:		Vendor #
Address:		
City:	State:	Zip:
C. CATEGORIES AND DESCRIPTIONS OF COSTS		
	Total Monthly Cost	Notes
1. Payroll Costs		
a. Administrator Salary		
b. Administrator Payroll Taxes		
c. DSP Lead Salary (168 Hours/Week)		
d. DSP Lead Payroll Taxes		
e. Workers Compensation		
f. Benefit Allowance: Medical, Dental, etc.		
g. Other Costs: Describe in notes		
Total Administrator Payroll Costs	\$ 0	
2. Facility Related		
a. Rental, Lease, or Mortgage, include Homeowner's Assoc. Dues		
b. Property Taxes		
c. Combined Utilities: Gas, Electric, Water, Garbage		
d. Janitorial Service, Gardening		
e. Transportation: Vehicle, Maintenance, Fuel (not DP/School)		
f. Telephone: Long Distance, Cell Phones, Pagers		
g. Office Supplies		
h. Insurance: Business Liability, Auto		
i. Fees for Licenses and Memberships		
j. Other Costs: Repairs/Maintenance/Modifications		
k. Other Costs: Cable and Internet		
l. Other Costs: Describe in notes		
Total Facility Related Costs	\$ 0	
TOTAL FACILITY COSTS	\$ 0	
D. SIGNATURES		
Vendor Signature:		Date:
Print Name: _____		
Regional Center Representative Signature:		Date:
Print Name: _____		

Appendix F

DDS GUIDELINES FOR CERTIFICATION OF ENHANCED BEHAVIORAL SUPPORTS HOMES PART I: FACILITY PROGRAM PLAN REVIEW

(provide overview of program to be provided utilizing this guideline
for required services)

FACILITY NAME:	Telephone:
FACILITY ADDRESS:	Alternate telephone:
FACILITY CONTACT:	E-mail:
FACILITY ADMINISTRATOR:	Fax:
FACILITY QBMP:	Delayed Egress: _____ Secured Perimeter: _____
Gender: M ___ F ___ Both ___	Capacity: # of Non-Amb Beds:
Regional Center:	RC Email:
RC Contact:	RC Phone:

INSTRUCTIONS: Indicate the page number in the facility program plan or document where the requirements listed below may be found. If the facility proposes to utilize delayed egress and secured perimeter, complete that corresponding checklist as well.

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
I. PROGRAM PLAN APPROVAL				
	Title 17 Section 59053(b) Regional center's recommendation to approve/certify the facility program plan is included.			
II. GENERAL REQUIREMENTS				

	Title 17 Section 59050 EBSH terminology is used throughout the program plan, such as Qualified Behavior Modification Professional (QBMP), Individual Behavior Supports Team (IBST), and Individual Behavior Supports Plan (IBSP).			
	Title 17 Section 59051(c) Documentation is provided that the facility has an operable automatic fire sprinkler system.			
	Title 17 Section 59051(d) There is evidence that each consumer will have a private bedroom. <i>(attach facility floor plan)</i>			
	Title 17 Sections 59051(e) and 59060(b) Verification is provided that the applicant and administrator attended Residential Services Orientation, as applicable.			

III. PROGRAM PLAN REQUIREMENTS

Pursuant to Title 17 Section 59052 and Section 4684.1 of the Welfare and Institutions Code, the Facility Program Plan shall include the following:

	Number of consumers to be served			
	Consumer admission criteria and procedures <i>(include policies and procedures on the admission process, including how the provisions of H&S Code 1180.4 will be met.)</i>			
	A description of how the facility will ensure appropriate services and supports are provided at the time of admission to meet the consumer’s immediate needs pending development of the Individual Behavior Supports Plan <i>(include details of the assessments completed, support provided, staff training, etc.)</i>			
	An organizational chart for the staff in the facility and, if applicable, for the organization			
	A description of consumer services to be provided <i>(emphasis on the positive behavioral supports, proactive strategies, and enhanced services to be provided by the facility)</i>			
	A description of how the licensee will ensure all direct care staff and consultants are competent to perform their assigned duties, including but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Description of the consultant disciplines, qualifications, and hours to be utilized <input type="checkbox"/> Description of staff qualifications and a duty statement for each staff position <i>(include policies and procedures on how staff competency is ensured and maintained)</i> <input type="checkbox"/> Description of staffing patterns and sample staff schedule <i>(include policies and procedures on ensuring overnight staff are awake, administrator notification if they are not, and consumers are safe)</i> <input type="checkbox"/> Staff training plan <i>(include policies and procedures on how staff are trained to implement positive behavior supports and crisis interventions, additional training as required by DDS Guidelines)</i> 			

	<p>A description of the facility’s emergency procedures, including but not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The facility’s emergency evacuation procedures, including procedures for evacuation when delayed egress and secured perimeters are in use <input type="checkbox"/> The type, location, and response time of emergency medical services <input type="checkbox"/> Description of how regularly scheduled fire and earthquake drills will be conducted on a schedule of no less than every three months, with the drills conducted on alternating work shifts so that drills are conducted during the day and evening hours <input type="checkbox"/> Emergency Intervention Plan as required by Title 22, Section 85122(ARF) or 84322 (GH) of the California Code of Regulations <input type="checkbox"/> Policies and procedures on the use of restraint or containment based on the guidelines developed by the Department per Section 4684.81(i)(1) of the W&I Code, and how the facility will ensure restraint or containment are not used as extended procedures. <i>(include statement that DDS Guidelines are part of the program plan)</i> 			
	<p>An explanation of how the facility will ensure the protection of consumers' personal rights, including those specified in Sections 50500-50550 <i>(include narrative or policies and procedures of how rights are explained to consumers and facility practices to protect consumer rights, including reporting provisions of rights violations and suspected abuse)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> House rules <input type="checkbox"/> Rights review acknowledgement form 			
	<p>Methodology used to measure consumer progress, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Types of data collected, including use of emergency interventions <input type="checkbox"/> Data collection system <i>(include copies of data collection tools)</i> <input type="checkbox"/> Frequency of data collection <input type="checkbox"/> Methods and intervals for summarizing data and reporting on progress <i>(include sample format(s) of progress reports)</i> <input type="checkbox"/> Process to ensure IBSP is provided to regional center and clients’ rights advocate <p><i>(include policies and procedures addressing how staff is trained and monitored to collect data in a consistent manner)</i></p>			
	<p>Consumer exit criteria <i>(include description or policies and procedures on the exit process)</i></p>			
	<p>A narrative description of the proposed facility, including size, layout, facility grounds, and location</p>			
	<p>A description of the facility’s Continuous Quality Improvement System, including but not limited to how:</p>			

	<ul style="list-style-type: none"> <input type="checkbox"/> Consumers will be supported to make choices <input type="checkbox"/> Consumers will be supported to exercise rights <input type="checkbox"/> Changing needs of consumers will be addressed, including community integration <input type="checkbox"/> Consumers receive prompt and appropriate routine and specialized medical services <input type="checkbox"/> Individual risk is managed and mitigated <input type="checkbox"/> Medication is safely managed <input type="checkbox"/> Staff turnover is mitigated <p><i>(include section with a narrative of the Continuous Quality Improvement System, including assessment tools to be utilized, and designee responsible for oversight)</i></p>			
	<p>Identification and explanation of the use of delayed egress or delayed egress with secured perimeter, if applicable <i>(include policies and procedures on their use, and submit the completed secured perimeter checklist if applicable)</i></p>			
	<p>The program plan is dated and signed by the applicant</p>			

IV. REGIONAL CENTER REQUIREMENTS

The following information is provided:

	<p>Title 17 Section 59051(a) Name of regional center liaison assigned to the facility</p>			
	<p>Title 17 Section 59055(c) Name of regional center Qualified Behavior Modification Professional assigned to the facility</p>			
	<p>Title 17 Section 59055(a) Description of how the vendoring regional center will coordinate with the placing regional center, if applicable, to monitor consumer services provided by the facility through quarterly case management visits</p>			
	<p>Title 17 Section 59055(b) Name or Title of person assigned by the regional center to monitor and evaluate facility services via quarterly quality assurance visits, using the format prescribed by the Department</p>			
	<p>Title 17 Section 59056(a)(1) Description of how the regional center will assess a consumer's need for enhanced behavioral services and supports</p>			
	<p>Title 17 Section 59056(a)(3) Description of the regional center's process for providing written consumer information (placement packet) to the facility prior to admission</p>			
	<p>Title 17 Section 59056(e) Title of person responsible for notifying the clients' rights advocate of consumer admission to the EBSH and subsequent IBST meetings.</p>			

DDS GUIDELINES FOR CERTIFICATION OF ENHANCED BEHAVIORAL SUPPORTS HOMES PART II: BEHAVIORAL COMPONENTS REVIEW

Page Number	Requirements	FOR DDS USE ONLY		
		Met	Not Met	Comments
	Program Design is written in language that is respectful to consumers and reflects best practices.			
I. Program values includes principles of:				
	Positive behavioral supports (PBS)			
	Person centered planning (PCP)			
	Trauma informed care (TIC)			
	Serving individuals with challenging behavioral and psychiatric conditions in least restrictive methods			
	Mission meets purpose of an EBSH/CCH			
II. IBSTs Include:				
	Lists team members (individual, administrator, QBMP, regional center representative, CRA)			
	Develops, monitors, and revises IBSP and meets at least monthly			
	Format of the meeting and who is responsible for notifying regional center representative and CRA			
	Consumer is involved in IBST			
III. Individual Service Plans (ISP) includes:				
	Person-centered practices to develop ISP.			
	For CCH: Objectives to assist with transition to less restrictive home and plans for stabilization at CCH			
	Focus on skill objectives to train appropriate replacement behavior skills identified in the FBA.			
IV. Functional Behavioral Assessments include:				
	Completed within 30 days of admission			
	Informs IBSP			
	Includes Title 17 59054(d) requirements			
V. Individual Behavior Support Plans (IBSP) include:				
	Developed within 1 week of move to EBSH/24 hours for CCH			
	Consumer participation in IBSP			
	Replacement behavior/skill trainings emphasized			
	Reviewed at least monthly by Individual Behavior Support Team (IBST)			
	Administrator submits IBSP and updates to regional center and CRA			
	Informed by FBA			

Page Number	Requirements	FOR DDS USE ONLY		
		Met	Not Met	Comments
	Function based, evidenced based, and includes replacement behaviors			
	Focus on least restrictive methods			
	Based on PCP, PBS, TIC			
VI. Staff training includes:				
	EBSH Staff qualifications			
	Qualified Behavior Modification Professionals			
	Direct Support Professionals			
	Emergency Intervention Training			
	Continuing education for DSPs, including requirement for 5 hours of PCP, PBS, TIC, and cultural competency			
	Plans for Registered Behavior Technician training, obtaining the credential, and supervision and monitoring			
VII. Data collection and monitoring includes:				
	Data for target behaviors identified in FBA and IBSP			
	Discusses practices for use of frequency, duration, intensity and desired outcomes.			
	Informs quality of FBAs and IBSPs			
	Integrity of implementation of the IBSPs and individual EIPs			
	Reporting requirements			
VIII. Facility Emergency Intervention Plan includes:				
	Specifies least restrictive or non-physical de-escalation methods to prevent restraint.			
	Restraint is last resort method.			
	Defines and describes restraint procedures approved in home.			
	Circumstances when restraint is to be used, staff title and qualifications who can use restraint			
	Procedures for maintaining care and reducing trauma for other individuals who witness event			
	Procedures for crisis situations when more than one individual is in crisis simultaneously			
	Reintegrating individual into their daily routine			
	Staff are required to be present when restraint is applied			
	Procedures for notification to Administrator if duration of restraint is longer than 15 minutes			

Page Number	Requirements	FOR DDS USE ONLY		
		Met	Not Met	Comments
	Staff training: course type, training requirements, ongoing training, curriculum, qualifications of instructor, evidence that training is researched based			
	Prone containment must meet H&S Code 1180.4 (f)			
	Standing position to floor containments are not advised.			
	Lists prohibited emergency interventions			
IX. Individual Emergency Intervention Plans include:				
	IEIP identifies antecedents, methods to de-escalate individual in least restrictive method			
	Pre-existing medical, physical, or psychological conditions where restraints are contraindicated.			
	Trauma history			
	Developed when reasonably expected to be used.			
X. Program Design addresses prevention and reactive protocols for treatment of severe behaviors, if applicable:				
	Aggression			
	Aggression with use of objects as weapons			
	Self-Injurious Behaviors			
	Suicidal Ideation			
	Ingestion of foreign objects and/or pica			
	Property Destruction			
	Substance abuse			
	Elopement			
	Psychosomatic symptoms			
XI. If Delayed Egress used, includes:				
	Consumers who live in delayed egress home require access restriction			
	Consumers referred to home will be assessed for need for delayed egress			
	Staff will be trained in consumer's rights regarding delayed egress and the delayed egress system within the first forty hours of training and reviewed at least quarterly in staff meetings			
	Staff training section that direct support professionals will understand that consumers retain the personal right to come and go from their home. All staff who work at the EBSH should be prepared to assist consumers in exiting the home			

Page Number	Requirements	FOR DDS USE ONLY		
		Met	Not Met	Comments
	Include a plan for how consumers will be taught safety awareness, impulse control and other skill trainings to increase their level of safety in the neighborhood. Include in sample ISP/IPP and IBSP strategies to address safety skills target behaviors and training			
	Description of why the delayed egress system is being used			
	Will the delayed egress be able to be modified to be turned off or set to 15 seconds depending on consumer's needs? Can some consumers gain access to codes or keys to egress doors without the door locking? How will this be addressed in the person-centered ISP/IPP?			
	Address personal rights and delayed egress in community integration section			
XII. If Secure Perimeter used, includes:				
	Consumers who live in delayed egress home require access restriction.			
	Consumers referred to home will be assessed for need for secure perimeter.			
	Staff will be trained in consumer's rights regarding secure perimeter and the secure perimeter system within the first forty hours of training and reviewed at least quarterly in staff meetings.			
	Staff training section that direct support professionals will understand that consumers retain the personal right to come and go from their home. All staff who work at the EBSH should be prepared to assist consumers in exiting the home.			
	Include a plan for how consumers will be taught safety awareness, impulse control and other skill trainings to increase their level of safety in the neighborhood. Include in sample ISP/IPP and IBSP strategies to address safety skills target behaviors and training.			
	Description of why the delayed egress system is being used.			
	Will the secure perimeter be able to be modified to be turned off or set to 15 seconds depending on consumer's needs? Can some consumers gain access to codes or keys to egress doors without the door locking? How will this be addressed in the person-centered ISP/IPP?			

Page Number	Requirements	FOR DDS USE ONLY		
		Met	Not Met	Comments
	Address personal rights and secure perimeter in community integration section.			
	Discusses process of obtaining consent for use of secure perimeter.			
XIII. Other:				
	Includes sample house rules with regular meetings where consumers provide input into house rules			
	Point/Level Systems and Behavioral contracts are based on consumer participation in the development of the program, are rewards based for special privileges or rewards, are not punitive or deny client rights			
	Accesses mobile crisis services			
	Additional Comments:			