



**SAN ANDREAS REGIONAL CENTER**  
**6203 San Ignacio Ave, Ste. 200**  
**San Jose, CA 95119**

**TO:** All Potential Request for Proposal Respondents  
**FROM:** Mia Garza, Associate Director of Community Services  
Gina Jennings, CRDP Specialist  
**DATE:** 2/16/2024

**RE:** Enhanced Behavioral Support Home for Individuals Living with Alzheimer’s Disease, other dementias, and memory loss issues.  
(Residential Care Provider) - Request for Proposal SARC 2324-1

**Type of Program:** One Enhanced Behavioral Supports Home (EBSH) for four adults living with Alzheimer’s Disease, other dementias, and memory loss issues.

**Geographic Location(s):** Gilroy-Santa Clara County

**Contract Award:** Startup funding up to \$250,000

**San Andreas Regional Center**

San Andreas Regional Center (SARC) is a community-based, private nonprofit corporation that serves individuals and their families residing within Monterey, San Benito, Santa Clara, and Santa Cruz Counties. It is one of 21 Regional Centers in California. The State of California funds SARC to serve people with developmental disabilities as required by the Lanterman Developmental Disabilities Act. The Lanterman Developmental Disabilities Services Act, known as the “Lanterman Act,” is an essential piece of legislation passed and became law in 1969. This law declares that people with developmental disabilities and their families have the right to receive the services and support they need to live like people without disabilities.

**Service Description:**

SARC seeks to contract with an experienced provider of residential services to provide

servers an Enhanced Behavioral Support Home (EBSH) for (4) four adults living with Alzheimer's Disease, other dementias, and/or memory loss issues in Gilroy, CA. Residents of the home will need 24-hour specialized care in a home due to their dementia, memory loss care needs, and enhanced behavioral support needs.

As an EBSH, the services must adhere to all Title 17 Subchapter 24 regulations and require additional staffing, consultation, and enhanced techniques/strategies to address challenging behaviors and dementia and memory care support needs.

The services will address the varying needs of each individual requiring significant dementia/memory loss support and behavioral support that will change as their needs change and increase as the stages of dementia change over time to the end of life. The home will offer or arrange comprehensive person-centered services, positive behavioral interventions specific to the population, and trauma-informed care while focusing on dementia-informed care that includes but is not limited to;

- developing a dementia-capable environment and programming.
- providing an environment of socialization
- providing advanced dementia and end-of-life care
- designing personalized care
- managing behavioral and psychological symptoms (BPSDs),
- creating and managing a dementia care plan throughout all stages
- ensuring specialized staff training at onboarding and ongoing
- gives attention to changing nutritional and dietary needs
- promoting well-being and safety from harm

The service provider is required by statute to contract with a Qualified Behavioral Management Professional (QBMP) or have a QBMP on staff to design and ensure proper implementation of behavioral treatment. All direct service staff must become Registered Behavior Technicians (RBTs), meet all ongoing requirements for certification, and complete foundational training offered by a reputable training organization such as The National Task Group on Intellectual Disabilities and Dementia NTG <https://www.the-ntg.org/training>

The service provider will be required to obtain a license 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.

The age range will vary based on when symptoms are noted. Each individual will have their bedroom.

The home is owned by a Non-Profit Housing Organization (NPO). The residential provider awarded this contract will lease the property from the NPO and pursue home licensure through Community Care Licensing.

Potential providers must have prior demonstrable experience, including:

- Supporting people with I/DD who are aging and living with dementia and memory loss;
- Supporting people with I/DD who have enhanced behavioral needs;
- Owning or providing services in an Adult Residential Facility for Persons with Specialized Health Care Needs (ARFPSHN), Level 4 Adult Residential Facility (ARF), Specialized Residential Facility (SRF), Enhanced Behavioral Support Home (EBSH), providing supported living services to those who are aging.;
- Working with social service community-based agencies and resources;
- Working with people with I/DD and their families who are in crisis due to dementia care-related issues requiring the need for out-of-home placement.
- Working with and arranging services for individuals with I/DD, including those who are living with dementia and memory loss. Services include local healthcare professionals specializing in aging, former caretakers, mental health systems and providers, and behavioral supports.
- Connected with groups and agencies who specialize in I/DD and dementia.
- Successfully providing 24/7 care, support, and supervision.

A provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g., other regional centers, former caretakers, day programs, etc.) for the successful support of the individual.

**Preferred Provider Requirements:**

1. Experience with EBSH/CCH Start Up processes.
2. Experience with Title 17 (Title 17 Subchapter 24) and Title 22 implementation.
3. Experience with CRDP Start-up processes.
4. Experience with developing program designs.
5. Experience with budget development.
6. Owner/operator of a level 4 adult residential facility or a comparable facility with clean QA and audit reviews.
7. Previous experience working with those who are aging and living with dementia and memory loss and creating dementia care plans based on each stage.

8. Demonstrated ability to work collaboratively with multi-agency, multi-disciplinary teams in a highly regulated environment with regular quality reviews with SARC and DDS.

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.

*Please refer to the Request for Proposal and Submission Guidelines below for proposal requirements, timelines for submission, the basis for the award, the anticipated selection schedule, etc.*

**San Andreas RFP Service Description**  
**Request for Proposal and Submission Guidelines - Fiscal Year 2023-2024**

**RFP Orientation:** Provided upon request via email to [gjennings@sarc.org](mailto:gjennings@sarc.org) to schedule before **March 8, 2024**.

**Proposal Requirements**

1. Appendix A – Proposal Title Page
2. Appendix B – Financial Statement
3. Appendix C – Statement of Obligations
5. Appendix D – Resumes, Statement of Qualifications, and References. Please include:
  1. Evidence that the applicant possesses the organizational skills, education, and experience necessary to complete a project of this scope.
  2. 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.
  3. Statement with evidence of ability to work interactively and cooperatively with San Andreas and the diverse population of families within the San Andreas catchment area. Statement outlining the ability to work within the scope of Title 17 regulations governing vendorization and SARC policies and procedures.
6. Appendix E1 – Projected/Proposed DS 6023 Estimated Cost Worksheet for the monthly EBSH facility rate.
7. Appendix E2 Projected/Proposed DS 6024 Estimated Cost Worksheet for a person receiving monthly services who requires enhanced services based on the need for dementia and memory loss care in an EBSH.
8. Appendix F – Proposed Milestones for Start-Up Funds
9. Appendix G – Proposal Narrative Program Plan Summary for EBSH services for those with Alzheimer’s, other dementia, and memory loss.

**Contract Requirements**

The selected Service provider must enter into a contract by June 30, 2024, to access start-up funding. The contract execution goal is **May 1, 2024**.

**Estimated Service Duration**

Start-Up will begin on **July 1, 2024**.

Direct services are expected to begin by **February 1, 2025**.

**Assumptions and Agreements**

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

**Submission Information**

Proposals must be **emailed** to [gjennings@sarc.org](mailto:gjennings@sarc.org) by 5 pm on **March 22, 2024**. Submissions must be on time. Late submissions will not be accepted.

Please use readable font in 12 point.

**Contact Persons For Additional Information or Clarification**

Gina Jennings - [gjennings@sarc.org](mailto:gjennings@sarc.org)

Mia Garza - [mgarza@sarc.org](mailto:mgarza@sarc.org)

**The Basis for Award of Contract**

Criteria	Percentage	Score
Agency Experience and Background (including Appendix C - Statement of Obligations & Appendix E - Resumes, Qualifications, References)	20%	
Fiscal Responsibility (including Appendix B- Financial Statement)	20%	
Budgets (including Appendix E1 and E2 DS 6023/DS 6024)	20%	
Proposal Narrative (including Appendix F - Program Summary)	20%	
Interview	20%	

**Anticipated Selection Schedule**

1. Proposals are due to San Andreas via email by 5:00 pm on **March 22, 2024**
2. Initial review period: **March 25, 2024 - April 5, 2024**
3. Announcement of those proposals moving to the interview phase:  
On or before **April 8, 2024**.
4. RFP Review Committee interview (held via the virtual Zoom platform):  
April 15, 2024, between 11 am and 3 pm.
5. Notification of selected service provider: **April 17, 2024**
6. Contract fully executed: **May 1, 2024**
7. The anticipated date start-up service will begin: **July 1, 2024**

*Note: 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 all corrections 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 older adults.*

## Appendix A

### 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 Ignacio Ave, Ste.200  
San Jose, CA. 95119  
ATTENTION: Gina Jennings, CRDP Specialist

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Program Title (Please Print)

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Name of Individual or Organization Submitting Proposal (Please Print)

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Address of Individual or Organization Submitting Proposal (Please Print)

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Signature of Person Authorized to Bind Organization

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Contact Person for Project (Please Print)

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Telephone Number of Contact Person

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Fax Number of Contact Person

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Email Address of Contact Person

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

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Applicant or Organization Contact Person:

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Author of Proposal if Different from Individual Submitting Proposal



# Appendix B

## FINANCIAL STATEMENT

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

## Appendix C

### 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:

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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:

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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:

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\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Date

## Appendix D

### **Statement of Qualifications/Resumes/References Request for Proposal - Fiscal Year 2021/2022** (Submit full resumes and reference list as attachments here.)

## Appendix E1 and E2 - Proposed DS 6023

Link to DS 6023

<https://www.dds.ca.gov/wp-content/uploads/2019/05/DS6023.pdf>

Link to DS 6024

[https://www.dds.ca.gov/wp-content/uploads/2021/06/DS6024\\_rev.pdf](https://www.dds.ca.gov/wp-content/uploads/2021/06/DS6024_rev.pdf)

*Once completed, please insert pdf into the proposal package.*

## Appendix F

### Proposed Milestones for Start-Up Funds

	<b>Description of Task/Milestone</b>	<b>Task Completion Date (Projected)</b>	<b>Amount of Payment Earned Upon Completion of Task</b>
1.			
2.			
3.			
4.			
5.			

## Appendix G -

### Proposal Narrative Program Plan Summary for EBSH services for those with Alzheimer's, other dementias, and memory loss.

*The guidelines for certification of EBSH are provided below to show a framework of what will be included in a complete Program Design. It has been included for reference when developing the Proposal Narrative/Program Plan summary, which should be at most 20 pages. Please note that it is essential to describe how services to those living with Alzheimer's, dementia, and memory loss will be woven into this EBSH structure. A complete program design is not required at this proposal stage.*

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

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

**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
<b>I. PROGRAM PLAN APPROVAL</b>				
	Title 17 Section 59053(b) Regional center's recommendation to approve/certify the facility program plan is included.			
<b>II. GENERAL REQUIREMENTS</b>				
	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.			
<b>III. PROGRAM PLAN REQUIREMENTS</b>				
<b>Pursuant to Title 17 Section 59052 and Section 4684.1 of the Welfare and Institutions Code, the Facility Program Plan shall include the following:</b>				
	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&amp;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:			



PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Description of the consultant disciplines, qualifications, and hours to be utilized</li> <li><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></li> <li><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></li> <li><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></li> </ul>			
	<p>A description of the facility's emergency procedures, including but not limited to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The facility's emergency evacuation procedures, including procedures for evacuation when delayed egress and secured perimeters are in use</li> <li><input type="checkbox"/> The type, location, and response time of emergency medical services</li> <li><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</li> <li><input type="checkbox"/> Emergency Intervention Plan as required by Title 22, Section 85122(ARF) or 84322 (GH) of the California Code of Regulations</li> <li><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&amp;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></li> </ul>			
	<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"> <li><input type="checkbox"/> House rules</li> <li><input type="checkbox"/> Rights review acknowledgement form</li> </ul>			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	<p>Methodology used to measure consumer progress, including:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Types of data collected, including use of emergency interventions</li> <li><input type="checkbox"/> Data collection system <i>(include copies of data collection tools)</i></li> <li><input type="checkbox"/> Frequency of data collection</li> <li><input type="checkbox"/> Methods and intervals for summarizing data and reporting on progress <i>(include sample format(s) of progress reports)</i></li> <li><input type="checkbox"/> Process to ensure IBSP is provided to regional center and clients' rights advocate</li> </ul> <p><i>(include policies and procedures addressing how staff is trained and monitored to collect data in a consistent manner)</i></p>			
	Consumer exit criteria <i>(include description or policies and procedures on the exit process)</i>			
	A narrative description of the proposed facility, including size, layout, facility grounds, and location			
	<p>A description of the facility's Continuous Quality Improvement System, including but not limited to how:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consumers will be supported to make choices</li> <li><input type="checkbox"/> Consumers will be supported to exercise rights</li> <li><input type="checkbox"/> Changing needs of consumers will be addressed, including community integration</li> <li><input type="checkbox"/> Consumers receive prompt and appropriate routine and specialized medical services</li> <li><input type="checkbox"/> Individual risk is managed and mitigated</li> <li><input type="checkbox"/> Medication is safely managed</li> <li><input type="checkbox"/> Staff turnover is mitigated</li> </ul> <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>			
	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>			
	The program plan is dated and signed by the applicant			
<b>IV. REGIONAL CENTER REQUIREMENTS</b>				
<b>The following information is provided:</b>				
	Title 17 Section 59051(a) Name of regional center liaison assigned to the facility			
	Title 17 Section 59055(c) Name of regional center Qualified Behavior Modification Professional assigned to the facility			
	Title 17 Section 59055(a)			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	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			
	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			
	Title 17 Section 59056(a)(1) Description of how the regional center will assess a consumer's need for enhanced behavioral services and supports			
	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			
	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.			

**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.			
<b>I. Program values includes principles of:</b>				
	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			
<b>II. IBSTs Include:</b>				
	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			
<b>III. Individual Service Plans (ISP) includes:</b>				
	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.			
<b>IV. Functional Behavioral Assessments include:</b>				
	Completed within 30 days of admission			
	Informs IBSP			
	Includes Title 17 59054(d) requirements			
<b>V. Individual Behavior Support Plans (IBSP) include:</b>				
	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			
<b>VI. Staff training includes:</b>				
	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			
<b>VII. Data collection and monitoring includes:</b>				
	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			
<b>VIII. Facility Emergency Intervention Plan includes:</b>				
	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			

<b>IX. Individual Emergency Intervention Plans include:</b>				
	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.			

<b>X. Program Design addresses prevention and reactive protocols for treatment of severe behaviors, if applicable:</b>				
	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			

<b>XI. If Delayed Egress used, includes:</b>				
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	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			
<b>XII. If Secure Perimeter used, includes:</b>				
	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.			
<b>XIII. Other:</b>				
	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			
	<b>Additional Comments:</b>			