



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 involved with the judicial system due to inappropriate social or sexual offenses.
(Residential Care Provider) - Request for Proposal SARC 2324-2

Type of Program: One Enhanced Behavioral Supports Home (EBSH) for four adults living who have been involved with the judicial system due to inappropriate social or sexual offenses.

Geographic Location(s): TBD

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 develop services in an Enhanced Behavioral Support Home (EBSH) for (4) four adults who have been involved with the judicial system due to inappropriate social or sexual offenses. Residents of the home will need 24-hour specialized care in a home due to their enhanced 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 the varying challenging behavior and support needs of these individuals.

The EBSH is intended to serve individuals who may have been in long-term institutional or locked settings and require services that respond to their unique needs. The behaviors of concern are severe and involve and are not limited to inappropriate sexual behaviors, inappropriate social behaviors, aggression, property destruction, elopement, gang affiliation, and the like. Individuals will likely have a co-occurring mental health diagnosis in addition to I/DD.

The home will offer or arrange comprehensive:

1. person-centered services,
2. positive behavioral interventions specific to the population, and
3. trauma-informed care
4. risk assessment
5. recidivism assessments

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: <http://www.atsa.com/atsa-master-classes/>.

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 is 21 years of age and up.

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, particularly those who have engaged in or have the propensity to engage in inappropriate sexual behaviors and inappropriate social behaviors.
- Supporting people with I/DD, particularly with co-occurring mental health diagnoses.
- Supporting people with I/DD who will likely exhibit severely challenging behaviors, including assaultive behavior.
- Successfully providing 24/7 care, support, and supervision and or owning or operating a Level 4 Adult Residential Facility, Enhanced Behavioral Support Home (EBSH), or Community Crisis Home (CCH);
- Working with social service community-based agencies and resources;
- Working with people with I/DD who are in crisis, incarcerated, or at risk of frequent incarceration.
- Working with and arranging for services for individuals with I/DD, which includes family support, behavioral support, the criminal justice system, and the Office of Clients Rights.
- Leveraging mental health services specializing in working with those who have committed or are at risk of committing acts of sexual violence and providers,
- Successfully providing 24/7 care, support, and supervision to complex populations.

A provider must be able to work collaboratively with others in a multi-agency, interdisciplinary configuration (e.g., other regional centers, former caretakers, law enforcement, judicial systems, 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. Previous experience working with those who have been involved with the judicial system due to inappropriate social or sexual offenses.
7. Demonstrated ability to work collaboratively with multi-agency, multi-disciplinary teams in a highly regulated environment with regular quality reviews with SARC and DDS.

EQUITY & DIVERSITY: For this RFP, culturally and linguistically diverse populations include, but are not limited to, Individuals of varying race, ethnicity, preferred language, sex, sexual orientation, gender identity, religion, age, physical disability, or mental disability.

All RFP submissions must include the following:

- A statement outlining the applicant’s plan to serve diverse populations, including, but not limited to, culturally and linguistically diverse populations.
- Examples of the applicant’s commitment to addressing the needs of those diverse populations.
- Any additional information the applicant deems relevant to issues of equity and diversity.

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 to schedule before **March 22, 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 involved with the judicial system due to inappropriate social or sexual offenses.

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 **April 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 by 5 pm on **March 29, 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
Mia Garza - 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 29, 2024**
2. Initial review period: **April 5, 2024 - April 10, 2024**
3. Announcement of those proposals moving to the interview phase:
On or before **April 12, 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 25, 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

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 B

FINANCIAL STATEMENT

FINANCIAL STATEMENT		
All respondents must complete this statement for last complete fiscal year <u>and</u> current fiscal year to date.		
CURRENT ASSETS	Last FY	Current FY
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 LIABILITIES AND EQUITY =		
OTHER INCOME - Revenue from other Sources		
(Specify)		
LINE OF CREDIT		
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:

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 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

Once completed, please insert pdf into the proposal package.

Appendix F

Proposed Milestones for Start-Up Funds

	Description of Task/Milestone	Task Completion Date (Projected)	Amount of Payment Earned Upon Completion of Task
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

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:			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	<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 			

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"> <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>			
	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"> <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>			
	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			
IV. REGIONAL CENTER REQUIREMENTS				
The following information is provided:				
	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.			
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:				
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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			
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:			