<u>Enhanced Behavior Supports Home Program Plan</u>
<u>Template</u>

(You are not required to use this template. Please feel free to modify it to meet your needs. It includes required elements as well as suggestions for best practices which you may choose to include. Required elements are in plain text. Suggestions are in italics.)

Cover Page

Program Name:

Name of Licensee:

Contact Information:

Date Submitted:

Date Approved:

General Program Description and Program Philosophy

[Please provide a brief summary of your Enhanced Behavioral Supports Home program and philosophy.]

1. __General Requirements__

Name of Administrator:

Contact information:

Number of Clients:

1__ 2__ 3__ 4__

If your EBSH program will serve fewer than four clients, please explain why:

We will serve one or more client who needs a less complex environment due to:
Impulsivity__
Obsessions__
Movement disorders__
Aggression__
Sensory sensitivities__
Easily overwhelmed by too many people__
Easily triggered by other people or other client's staff__
Need for more physical space and privacy__
Other (explain):

Is there a private bedroom for each client?

yes__ no__

Is there an operable automatic fire sprinkler system?

yes__ no__

2. Criteria and Procedures for admitting a client

1. [Staff] will review the client behavioral and medical assessment provided by the referring regional center.

2. *[Staff] will request any missing medical or developmental history such as primary care records, medical consults, hospital discharge summaries, school records, regional center assessments, vocational rehabilitation assessments, genetic or other diagnostic testing, advanced directives, Powers of Attorney, Supported Decision Making Agreements, or family letters or records. Copies of any relevant legal or financial paperwork will also be requested.*

3. *The administrator will inquire about communication supports. If the client has communication challenges and does not have a clear support plan, the administrator will order an assessment to develop a communication support plan. Staff selection or training will take the client's preferred communication methods into account.*

4. *The administrator will ask the client if they have a preferred supporter to assist them with communication and making decisions. If they do not, the administrator will assist the client to choose one or more supporters, and will arrange for communication supports and accommodations to maximize client participation in their own, person-centered, program planning.[1], [2] The administrator will identify the members of the client's individual behavior supports team and invite the client to add his supporters to the team.*

5. *When feasible, transition planning includes:*
    a. *Introducing new people: e.g. visits to the client in their home to observe familiar activities and people.*
    b. *Introducing new places: e.g. visits to their new home with familiar people to do familiar activities and to meet potential housemates.*
    c. *Introducing new activities: e.g. pre-teaching skills and activities which will be needed in the new home.*

6. *Prior to accepting a client, the consent of current residents of the home will be solicited to include a new housemate.*

7. Within seven days of admitting a new client, the administrator will solicit input from the client and their individual behavior supports team to develop an individual supports behavior plan. This plan should *support and enhance the client's goals, strengths,*

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[1] Office of Developmental Primary Care. Supported Decision Making: http://odpc.ucsf.edu/supported-health-care-decision-making

[2] Accessing Home and Community-based Services: A Guide for Self Advocates: http://autisticadvocacy.org/wp-content/uploads/2014/11/Accessing-HCBS-Guide-v1.pdf

interests, skills, relationships, communication, and participation. Additional assessments or home modifications may be requested if needed.

8. Within 30 days of admitting a new client, with the input of the client and their individual behavior supports team, the administrator will complete a written a functional behavioral assessment and update the individual behavior supports plan. *Adjustments to the Individual Program Plan may be requested if needed.*

9. The Individual Behavior Supports Plan will include:

    a. Description of the client's developmental and medical diagnoses and baseline traits and characteristics in the areas of *communication, cognition, neuromotor function and mobility, seizure threshold and* behavior *and mental health*.
    b. Target behaviors and goals
    c. Function of the behaviors: *Assessment, consultation and diagnostic testing will be used to determine the reasons for the behaviors which typically include a combination of developmental, biological, psychological, social, and environmental reasons.*
    d. Desired outcomes/replacement behaviors. *The client's will and preferences will determine the outcome measures and replacement behaviors. The method(s) used to support communication and decision making will be documented.*
    e. Intervention strategies, including antecedent strategies, instructional strategies and consequence strategies. *The client's consent and the individualized supports and strategies used to obtain consent will be recorded.*
    f. Entity responsible
    g. Environmental changes *such as home modifications*
    h. Timelines/review dates
    i. Data collection/monitoring progress/evaluation methods
    j. Emergency interventions that may be necessary[3]

10. The administrator will submit the individual behavior supports plan and any updates to the vendoring and/or placing regional center service coordinator, and unless the client objects on their own behalf, to the client's rights advocate.

11. [Additional procedures, if any]

[3] Article 4 59054

3. Services and supports available at the time of admission

1. A direct care lead staff person who has completed all requirements will be on site or with the client at all times. Yes____ No____

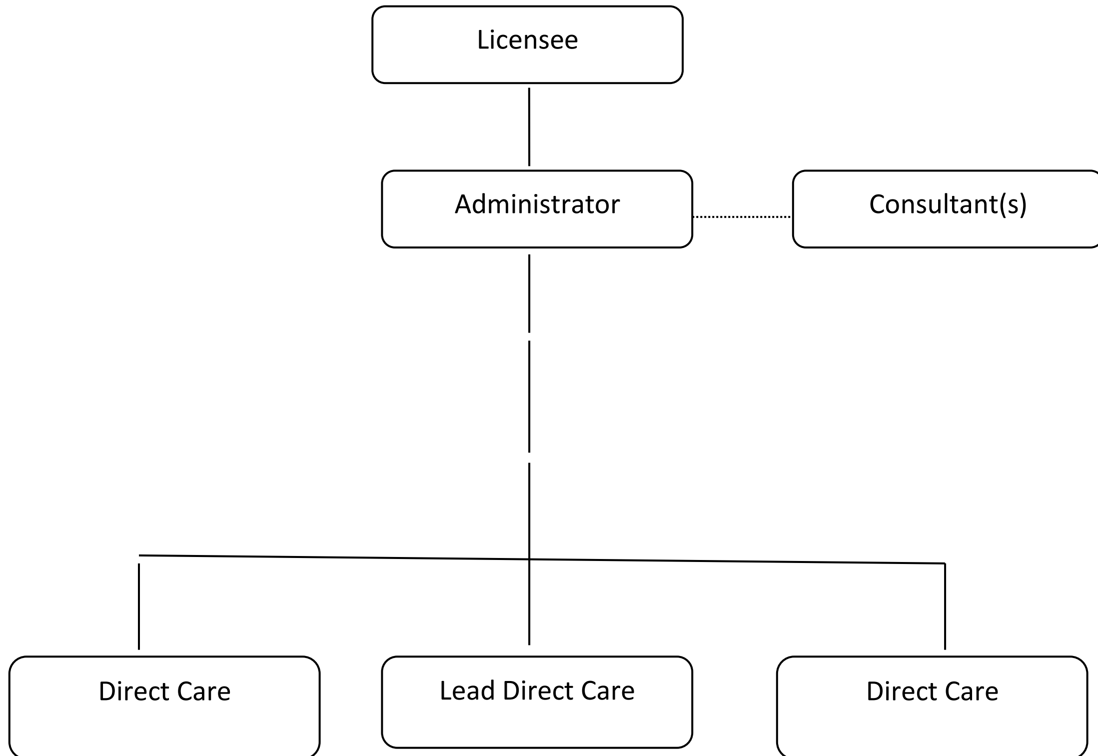
2. Direct care staff who have not completed the required on-site orientation and training will be under the direct supervision and observation of the direct care lead staff. Yes___ no___

3. No direct care staff will implement emergency interventions prior to completion of training.

4. *Sufficient experienced and fully trained staff and consultants will be on site or on call during the transition period. They will be able to respond in person within 15 minutes to implement emergency interventions. [Provide details of your transition staffing plan and how you will ensure that staff have the skills, experience, and training to assist a patient with behavioral challenges during a transition.].*

4. Organizational chart for the staff of your home, and, if applicable, for your organization

Name of Home/Program
Address
Telephone Number
Web/email



Organizational chart(s) must include all staff positions identified in the budget.

5. A description of client services to be provided, including the instructional methods and techniques

Client services include person-centered planning, communication, and decision making support.[4],[5],[6] *All staff are trained in basic principles of communicating with non-traditional communicators, basic disability etiquette, trauma informed care principles, and de-escalation techniques.*[7],[8][9],[10]

In the identification of the target behavior, [name of home] will work with the client (rather than trying to control/change them) and understand the meanings and purposes of the behavior from the individuals point of view. This will minimize the impact of communication barriers as well as "diagnostic overshadowing" (attributing everything to disability) on the identification of behaviors.

What is the problem?
Why is it a problem (e.g. risks)?
Describe the behavior.

In the assessment of the behavior, we will utilize a whole person framework (see below) and include evidence-informed practices.

a. *Strengths – social connectedness, family involvement, optimism, adaptability, interests and talents, creative, curious, history of positive outcomes, adept at getting needs met, menu of self-care habits/activities, and motivators.*

b. *Medical – physical distress, physical illness, physical pain, medications, and chronic medical conditions*

c. *Environmental – stressors, sensory stimuli, treatment by others, life events, social milieu*

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[4] Pacer Center. Person Centered Planning. http://www.pacer.org/transition/learning-center/independent-community-living/person-centered.asp
[5] Office of Developmental Primary Care. What I Wish M Doctor Knew About Non-Traditional Communicators: http://odpc.ucsf.edu/sites/odpc.ucsf.edu/files/pdf_docs/wiw%20non%20trad%20communicators%20final_0.pdf
[6] Office of Developmental Primary Care. Supported Decision Making. http://odpc.ucsf.edu/supported-health-care-decision-making
[7] Office of Developmental Primary Care. Managing a Behavioral Crisis. http://odpc.ucsf.edu/sites/odpc.ucsf.edu/files/pdf_docs/Managing%20a%20Behaviorial%20Crisis_0.pdf
[8] American Psychological Association. Enhancing our interactions with people with disabilities. http://www.apa.org/pi/disability/resources/publications/enhancing.aspx?item=2
[9] Office of Developmental Primary Care. Ability Bias in the Health Professions. http://odpc.ucsf.edu/sites/odpc.ucsf.edu/files/pdf_docs/Ability%20Bias%20in%20the%20Health%20Professions.pdf
[10] Office of Developmental Primary Care. Evaluation of Behavior Change. http://odpc.ucsf.edu/sites/odpc.ucsf.edu/files/pdf_docs/Evaluation%20of%20Behavior%20Change_1.pdf

d. Emotional/Psychiatric – emotional distress, trauma and stressor related conditions, abuse/neglect, neurodevelopmental disorders, depression, anxiety, bereavement, adjustment disorders, affective disorders, impulse control disorders, schizophrenia spectrum and other Psychotic disorders, neurocognitive disorders (e.g. traumatic brain injury, dementia, etc.), and/or substance use disorders.

e. Support – adequacy of services offered, consistency of support offered, service approach

[Please describe the range of behavior management methods and techniques with which your staff and consultants have training and experience such as mindfulness, dialectic behavioral therapy, cognitive behavioral therapy, applied behavior analysis, functional behavior analysis, positive behavior supports, motivational interviewing.]

[Please describe the range of communication methods and techniques which your staff and consultants have training and experience such as photovoice, picture exchange, visual supports, augmentative and alternative communication, sign language, braille, languages spoken, text to voice devices, and text readers.]

[Please describe the medical services, if any, available in the home including paramedical services, nursing services, home or telemedicine primary care or psychiatry, home-based phlebotomy, home- based dental care, home based radiology services, and clinical assessments for changes in behavior or function that may have a medical cause. Please indicate the credentials of the staff who will provide these services.]

Illness often presents as a change in behavior or function. Therefore, when there is a change reported, a medical assessment will be completed by [qualified clinical staff or service]. The home [has/has not] contracted for specialize medical services which include [list]. Unlicensed staff performing paramedical services such as medication administration or checking blood sugars will be trained and supervised by [licensed health professional]. The licensed health professional [will/will not] provide services in the home and [is/is not] available on call for consultation after hours. [Name of home] [will/will not] use a pharmacy that [is open/can deliver] medication after hours and which [has/does not have] a Pharm.D. on staff to do regular medication reviews. Medication administration, vital sign logs, and other clinical data will be designed and reviewed by [staff or consultant]. Medications will be secured and logged in the following manner [describe].

[Please describe the range of social, recreational, inclusion, and vocational services which your staff and consultants have training and experience such as outdoor recreation, swimming, transportation training, vocational coaching or job development, or assistive technology.]

[Please describe the range of therapeutic and habilitation services which your staff and consultants have training and experience such as nutrition, physical therapy or exercise, music

or art therapy, massage, special education, self-advocacy training, computer and information technology skills, or social media skills.]

6. **<u>How we ensure all direct care staff and consultants are competent to perform their assigned duties</u>**

   a. **A description of the consultant disciplines, qualifications,, and hours to be utilized.**

The Administrator [Name] completed the residential services orientation on [Date].

The consultant disciplines for the home include [list your consultant's disciplines].

The qualifications of consultants include [list the qualifications of your consultants].

The consultant hours from each discipline and qualification will be individually selected based on the client's needs and preferences and will be adjusted as needed. In total, they will not be less than 6 hours per month per client.

Direct care lead staff will have at least one year of prior experience providing direct care to individuals with developmental disabilities with a focus on behavioral services and will become a registered behavior technician within 60 days of initial employment, or be either a licensed psychiatric technician or a qualified behavior modification professional. [List any additional qualifications you have]

The direct care lead staff's duties include [list duties].

Direct care staff will have at least six months prior experience providing direct care to individuals with developmental disabilities with a focus on behavioral services and become a licensed psychiatric technician within 12 months or be either a licensed psychiatric technician or a qualified behavior modification professional. [List any additional qualifications you have.]

The direct care staff's duties include [list duties].

Attached are the curriculum vitae of the administrator lead direct care staff, and consultants demonstrating that they meet minimum credential, experience, and training requirements.

b. A Sample Staff Schedule:

Staff Key:

c. Staff A 4. Staff D 7. Staff G Facility:
d. Staff B 5. Staff E 8. Staff H Capacity:
e. Staff C 6. Staff F 9. Staff I Level: EBSH

Hours Monday Tuesday Wednesday Thursday Friday Saturday Sunday

12:00am							
1:00am							
2:00am							
3:00am							
4:00am							
5:00am							
6:00am							
7:00am							
8:00am							
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4:00pm							
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6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00pm							
11:00pm							
*Total # Additional Direct Care							

Total Direct Care Staff Hours:
Total administrator hours:
Total Direct care lead staff hours:
Total Direct care staff hours:
Total Qualified Behavior Modification Professional hours:
Total consultant hours:

9. Staff Training Plan

Within the first 40 hours of employment, direct care staff will complete a minimum of 32 hours of on-site orientation *[by which responsible staff]*. This will include on-the-job training or related experience which provides knowledge of and skill in the following areas, as appropriate to the job assigned and as evidenced by safe and effective job performance:

(1) Principles of nutrition, food preparation and storage and menu planning.
(2) Housekeeping and sanitation principles.
(3) Provision of client care and supervision, including communication.
(4) Assistance with prescribed medications which are self-administered.
(5) Recognition of early signs of illness and the need for professional assistance.
(6) Availability of community services and resources.
(7) Universal Precautions
(8) The specialized needs of each resident
(9) The facility's program plan
(10) The implementation of the client's individual program plan
(11) Health and safety procedures including fire safety, client's rights and protections, disaster and mass casualty plans, identification and reporting of special incidents, identification and reporting of suspected abuse or neglect
(12) Assistance to clients with prescribed medications
(13) For secure perimeter or delayed egress homes, protocols for when a client approaches a door to enable them to go into the community when desired.

[If your home will include children, also list training required by title 22, California code of Regulations section 84065(i)]

10. Direct care staff will receive [16 or more] hours of emergency intervention training including techniques used to prevent injury and maintain safety regarding clients who pose a danger to themselves or others. This must emphasize *de-escalation, environmental and positive behavior supports* and techniques as opposed to restraint. This training will be renewed annually. *This training will be provided by [list course or instructor and qualifications to provide training].*

11. All direct care staff must receive hands on training in first aid and cardiopulmonary resuscitation prior to providing direct care, and maintain records of certification in facility personnel records and update their certification annually. [List provider of this training]

12. Direct care staff will complete competency-based training and pass their competency test or challenge test required by Section 4695.2(a) and (d) of the Welfare and Institutions Code within one year of employment in the home.

13. Direct care staff will complete an additional [20 or more] hours of continuing education on an annual basis covering the topics listed in the staff training plan for orientation *and other relevant*

topics such as supported decision-making, supporting communication, and medication management. [List any additional training] [Please mention if your home is licensed as a group home. Ten of the continuing education hours required by Title 22, Section 84165(i) may be counted towards this total.] Successful completion of the competency based training and passage of the competency test required by sections 59063(e) will be substituted for continuing education in the year in which the training is satisfactorily completed.]

7. A description of your EBSH program's emergency procedures

[Name of our home] is prepared for a variety of emergencies, some of which can be anticipated and some of which cannot. Evacuation procedures for unanticipated emergencies such as flood, fire, home intrusion, injury or natural disaster are [describe your procedures in detail. If you have a delayed egress or secure perimeter home, provide details pursuant to sections 56068 through 56074.]

Behavioral, psychiatric, or medical emergencies in EBSH can be anticipated. If staff on site are unable to manage an emergency, [staff, service, or consultant(s)] is/are on call to provide medical assessment and backup support to the home. They will be on site within [timeframe]. If transportation to the hospital is required [describe procedure. The procedure should include familiar staff transporting the client if safe to do so, or accompanying the client and staying with them continuously as much as possible]. Documentation that will be readily available and will accompany a client includes and advanced directive or POLST form for their chart, a list of the members of their individual behavior supports team and chosen supporter(s) with contact information and legal status; a comprehensive medical summary including a description of their baseline traits and characteristics; and their individual behavior supports plan.

The nearest emergency medical *and psychiatric* services are [list the type, location, and response time]. Emergency medical services can be activated by [list procedure]. *The licensee or administrator will visit the emergency response, medical and psychiatric services to introduce themselves and the home and clients served prior to accepting clients.*

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 the drills are conducted during the day and evening hours.

[Describe your protocol when a client is missing from supervision at an unplanned time or place.]

[Please describe your home's emergency prevention and preparedness plan].

[Please describe your transportation plans during emergencies that require evacuation from the area or transport to a hospital.]

8. **<u>Explain how your EBSH program will ensure the protection of client's personal rights, including those specified in Sections 50500-50550</u>**

All people communicate and all clients have a unique perspective. [Name of home] is committed to ensuring the personal rights of the clients by supporting their self-direction as much as possible. Our policies promote person-centered planning, communication support, and supported decision making. We also encourage clients, supporters, and staff to bring up problems and conflicts. We take a non-punitive approach to problem solving. [Please outline your staffing, training, procedures and policies which promote these principles. You may reference documents or other sections of this document.]

Clients will be notified of their rights by:

(1) Posting a notice of rights in the home in both English and Spanish on forms provided through the regional center. The posted form shall contain the name, address and phone number of the clients' rights advocate.

(2) Personal Notification of Rights. Within twenty-four (24) hours of admission and annually thereafter, and at any other point in time that the client's legal status changes, each client will be personally informed of the rights in Section 50510 (a) and (b) and shall have these rights explained to him in a language or modality they understands. If the person cannot be effectively informed of such rights because of his physical or mental condition at the time such notification is otherwise due, a good faith effort having been made to inform him, notation of this fact shall be entered into the person's treatment record at the facility, accompanied by a description of the manner in which such notification was attempted, signed by a third party who has witnessed the attempt at notification. Additionally, a copy of the rights listing provided the resident shall be signed by the resident, or his authorized representative, and placed in the resident's file at the facility.

(3) Written Notice to Representative. A written notice shall be sent to or otherwise served. This notice shall include: a copy of the rights in Section 50510 (a) and (b) and information noting the date of the person's most recent notification of same, as well as the name, address and phone number of the clients' rights advocate in the regional center in whose service catchment area the facility is located.

Complaints are how conflicts and problems are identified and resolved. Quality services depend on every person taking responsibility for promptly identifying and addressing problems as they arise. Any [name of home] staff member who receives a complaint whether expressed verbally or in forms of non-traditional communication, or who observes any abuse or unauthorized denial of rights will initiate the home's complaint procedure and process. If the issue is not resolved through that process, they will pursue a complaint with the clients' rights advocate. Regardless of the outcome or findings, staff filing complaints in good faith will be protected from retaliation and will not be penalized in any way. [Please describe your internal complaint

procedure and process and your process for assisting clients with pursing complaints with the Client's Rights Office].

[Name of home] does not use restraint or seclusion. *Staff training includes alternatives, and emergency policies and procedures. Adequate staff is available at all times to support clients who wish to go into the community.* [Please describe your plan to prevent restraint and isolation in your home. You may reference training and protocols described elsewhere.]

9. **<u>The methodology used to measure client progress</u>**

[Describe the types of data to be collected, including the use of emergency interventions.]

The types of data which is collected is individualized to the client and supporter and determined by the client in consultation with consultants, health care providers and the individualized behavior supports team.

[Home] uses the [forms or data collection system], unless otherwise noted in the client's individualized behavior supports plan.

Data collection includes narrative and binary or rating scale data on each objective identified in the client's individualized behavior supports plan, special incidents, and emergency interventions. Data is collected on progress towards individualized daily living skills or goals.

Medical data is also tracked on diet, sleep, nutrition, physical activity, medical and dental care, therapies, laboratory tests, procedures and diagnostic tests, height, weight, vital signs, menstruation, signs, symptoms and medication administration and side effects. The frequency and format of the data collection will vary with client to ensure that it is sufficient, relevant and necessary.

Both narrative and objective data is summarized and reported *to the client and the individualized behavior supports team [at least quarterly].*

With client and team input, data is also collected on goals and objectives for staff and supporters who are also continuously learning skills. Staff may need to modify their own communication and behaviors. Their progress is monitored to ensure feedback and accountability.

10. Client exit criteria

[name of home] is intended to be a life-long home. Home loss is minimized home loss by maximizing flexibility, adaptability and client choice. Staffing, policies, procedures, and the environment is modified and adapted to client needs.

However, client exit criteria are:

1. *A client chooses to move.*
2. *A client's needs change such that the social or physical environment is no longer appropriate and can't be adequately modified.*
3. *Competing access needs with one or more other client can't be accommodated.*

11. *D<u>escribe the proposed home, including size, layout, and location</u>*

Briefly describe the location, neighborhood, and demographics of the community.

Describe neighborhood businesses, transportation (access to public transportation, paratransit, private van).

Describe any sensory features (include any sensory issues such as nearby airports or highways, excessive heat or cold, natural, high contrast, or fluorescent lighting)

Describe potential hazards (e.g. roads, ponds, cliffs, bridges, grade schools, busy streets, attractive nuisances, extreme weather patterns, flood, earthquake or landslide, crime zones) and attractions (e.g. parks, restaurants, stores, gyms, amenities, good sidewalks, neighborhood watch, schools., community agencies).

Please describe access to indoor and outdoor space including rooms, dimensions and approximate square footage.

Describe any special modifications or features of the home.

Describe physical accessibility of home such as stairs and accessible bathrooms.

Please describe sight lines in the home, furniture and room layout that allows multiple egress options.

Please describe how the home has been ruggedized if at all (e.g. walls reinforced, plastic windows, reduced water heater temperatures, bolted or built in furniture or wall hangings, any locked doors, cabinets or spaces.)

12. A description of your EBSH program's continuous quality improvement system, including but not limited to how:

a. Clients will be supported to make choices*, including community integration*;
b. Clients will be supported to exercise rights;
c. Changing needs of consumers will be addressed;
d. Clients receive prompt and appropriate routine and specialized medical; services;
e. Individual risk is managed and mitigated;
f. Medication is safely managed; and
g. Staff turnover is mitigated.

To support clients to make choices for themselves, staff are trained in supported decision making. For meetings, clients will be invited to meetings and supported to participate. Ways in which clients are supported to exercise rights may include: soliciting their input on the agenda, providing communication support, providing access to preferred supporters, providing thought questions, outlining options, providing background information, making site visits, providing opportunities to meet and interview potential service providers.

[the home] will request adequate staffing to ensure clients can access the community when they desire. Staff will support developing relationships and building a circle of support when out in the community with clients. Staff will also respect privacy as much as possible.

Individualized behavior supports team or individual program planning meetings will occur as needed, but no less than quarterly to address changing needs. The administrator will check in with the client at least monthly to inquire about any needs to discuss changes to staffing, services and supports, or individualized behavior supports plans.

The administrator will facilitate or arrange [quarterly] group and individual meetings for staff to review goals and data and plan training and consultation to improve skills.

[Please describe your follow up procedures after an event.] Members of the client's individual behavior supports team and chosen supporter(s) will be notified [by whom?] of a special event, an emergency evacuation, or transfer from the facility as soon as it is safe to do so. Incident reports will be filed by [staff] within [time frame]. [Staff] will debrief and schedule individual behavioral supports team meetings to discuss any changes in plans, services or supports needed to transfer the client back to their home once stable. If it is not safe or appropriate for the client to return to their home, [staff] will support transition planning and be available for continuity until the client is established in a new home.]

Staff turnover is mitigated by finding compatible matches for clients. When possible and desirable to the client, previous service providers and supporters will be considered for temporary or permanent positions in the home or to provide services outside of the home. When hiring new staff or selecting staff to work directly with a client, opportunities for clients to participate in the interview process and provide input will be implemented. All new staff will

have a probation period. To ensure compatible staff, client input will be solicited before the probation period is over. [Describe other staff wellness or retention plans]

[Name of home] [has/does not] have a no tolerance policy for intentional abuse, neglect, or unauthorized denial of rights. *If there is an accusation of abuse, neglect or unauthorized denial of rights, the client and accused with be separated while the issue is being investigated.* [Describe policy and procedure]

Appendices

Form DS 6023 Rate Development- Facility Costs

DS 6024 Rate Development – Individual Costs Associated with Residency

Curriculum Vitae of administrator

Curriculum Vitae of lead direct care staff

Curriculum Vitae of consultants

Certificate of Approval from the California Department of Developmental Services (if already approved)

[Other documents]

Program Plan Submitted by:

Licensee/Administrator name:

Licensee Signature:

Date: