

# Applicant's Conference 2018-19 Request for Proposal

One (1) Enhanced Behavioral  
Support Home

January 10, 2019

# Overview of Project – Enhanced Behavior Support Home (EBSH) - for Adults

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- Start up funds will be dependent on final approval from DDS for this project.
- One (1) EBSH for two adults.
  - Max licensed capacity is for (2) residents, with individual bedrooms for each resident.
- Home shall be 24 hour non-medical with enhanced behavior support staff and services.
  - Understanding of ABA principles, experience implementing treatment plans, RBT certification, previous experience working with individuals with developmental disabilities.

# Overview- continued

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- i.e. BCBA consultant, licensed psychiatrist, licensed professional clinical counselor(LPCC), mental health specialist, forensic specialist, etc.
- ◉ Residents may be dual diagnosed (mental health and DD) and there may be forensic concerns/criminal involvement. Residents will need:
  - Anger/aggression management;
  - Substance abuse prevention and treatment;
  - Mental health services;
  - Medication management;
  - Health care services;
  - Comprehensive services.

# Overview of Project – SRF for Adults, continued

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- Facilities must meet the new regulations issued by CMS to continue to receive funding beyond March 2022.
  - This includes a high degree of community integration.
- Facilities must be located within SG/PRC catchment area.

# Types of Clients to be Served

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- ◉ Adults (18-59) ; male(s) or female(s)
- ◉ Individuals to be served currently reside in either IMD's, state operated facilities, locked facilities or psychiatric facilities.
- ◉ Individuals will present significant behavioral challenges including:
  - Self-Injurious behaviors
  - Physical and verbal aggression
  - Elopement
  - Transition Difficulties
  - Disruptive social behavior
  - Forensically involved
  - Property destruction
  - PICA, etc.

# Clients to be Served Continued

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- The selected provider must adopt a “no reject” policy toward individuals, with a commitment to modifying supports as needed to accommodate specific needs.
- Provider must communicate a vision dedicated to long-term, stable support in inclusive communities.

# Client to be Served - Behavior Progress Review

DATE OF REPORT/REVIEW: 1/2/2019

REVIEW PERIOD: 12/20/18 – 12/26/2018

BPR – Meetings are to be held monthly, and are to include a review of all emerging risks for the entire month prior up to the current date. All clients that have open behavioral issues noted are required to have a BPR monthly.

Milestone/ Treatment Plan	MS Met	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK 10	WK 11	WK 12	WK 13	WK 14	WK 15	WK 16	WK 17	WK 18	WK 19	WK 20	WK 21	WK 22	WK 23	WK 24	WK 25	WK 26	WK 27	WK 28	WK 29	WK 30	WK 31	WK 32	WK 33	WK 34	WK 35				
		07/06-07/12	07/13-07/19	07/20-07/26	07/27-08/02	08/03-08/09	08/10-08/16	08/17-08/23	08/24-08/30	08/31-09/06	09/07-09/13	09/14-09/20	09/21-09/27	09/28-10/03	10/04-10/10	10/11-10/17	10/18-10/24	10/25-10/31	11/01-11/07	11/08-11/14	11/15-11/21	11/22-11/28	11/29-12/05	12/06-12/12	12/13-12/19	12/20-12/26														
B1-1 Self-Injurious Behavior (hitting self, scratching self, banging head, slapping himself, hitting objects)		0	1 (SC 1)	2 SC1	6 SC1	0	1 (SC 2)	1 (SC 1)	0	0	2	0	1	0	1	0	3 SC 1	2 SC 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
B1-2 Attempted Self Injurious Behavior (hitting self, scratching self, banging head, slapping himself, hitting objects)		16	11	12	22	12	20	22	24	0	9	7	1	9	7	15	31	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B3.1 Actual incidents of leaving designated area of supervision		0	0	0	0	0	1	0	0	0	0	0	0	0	11	0	0	6	31	17	17	15	2	23	53	41														
B3-2 Attempts to Leave a Designated Area of supervision		27	22	12	19	8	21	39	27	0	15	21	0	18	3	6	26	36	65	27	46	31	7	29	36	72														
B2-1 Actual Aggression Toward Others (grabbing, hitting, punching, kicking, biting, choking, pulling hair, pushing,		7	7	4 SC1	9	4 (SC1)	16 SC1	16 (SC 1, 2, 3)	5 SC1	0	3	1	11	9	3	6	6	7	7	6	7	2	0	3	6	11														





# Severity Codes (SC) – Southern STAR

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- The extent of physical damage which occurs (to self, others, property) as a result of the behavior.
  - SC5 = Life Threatening
  - SC4 = Severe - trauma to tissue (fractures, mild concussion) property damage, not repairable
  - SC 3 = Moderate -trauma to tissue (lacerations, swelling) property damage, but repairable
  - SC 2 = Mild - trauma to tissue (scratches, abrasions) Mild property damage, (dent/scratch)
  - SC 1 = No injury/ No damage results from behavior
  - SC 0 = No occurrence of behavior

# Client to be Served – Emergency Intramuscular (IM) Injections

## ICF QUARTERLY NURSING EVALUATION/ASSESSMENT

10/24/18: Sitting restraint 8 mins (1715-1723)

STAT- Lorazepam 2mg, Benadryl 50 mg, and Haloperidol 5 mg IM at 1730 for agitation and attempted to bite staff, SIB causing multiple superficial scratches on back of neck. Clean with soap and water, topical tx applied.

10/31/18: Agitation, bit staff, hitting head board with arms. Sitting restraint 4 mins (2153-2157). STAT IM Ativan 4mg, Haldol 10mg, Benadryl 50mg. Effective.

11/01/18: STAT med given at 1920- Lorazepam 4mg IM, Benadryl 50 mg IM, and Haloperidol 10 mg IM.

11/02/18: Aggression, attempted to bit staff. STAT med given at 1705- Lorazepam 4mg IM, Benadryl 50 mg IM, and Haloperidol 10 mg IM

11/04/18: STAT meds Ativan 4mg, Haldol 10mg, Benadryl 50mg IM at 1607

11/11/18: STAT meds Ativan 4mg, Benadryl 50mg, Haldol 10mg IM @ 1420.

12/11/18: Sitting containment 5mins (1705-1710)

STAT meds Ativan 4mg, Benadryl 50mg, Haldol 10mg PO @ 1706.

12/14/18: STAT meds Ativan 4mg, Benadryl 50mg, Haldol 10mg PO @ 0857

12/15/18: STAT meds Ativan 4mg, Benadryl 50mg, Haldol 10mg IM @ 1522

12/18/18: STAT meds Ativan 4mg, Benadryl 50mg, Haldol 10mg PO @ 0910

12/20/18: STAT meds Ativan 4mg, Benadryl 50mg, Haldol 10mg PO @ 1114

12/25/18: STAT meds Ativan 4mg, Benadryl 50mg, Haldol 10mg PO @ 0315

12/26/18: Sitting restraint 3 mins (0746-0749)

STAT meds Ativan 4mg, Benadryl 50mg, Haldol 10mg PO @ 0749 (due to severe agitation, grab staff's leg and attempted to bite): poor results.

STAT Chlorpromazine 50mg IM @ 0900

Mobile restraint chair for 40mins (1545-1625).

# Emergency IM Injection on 1/10/19

## ○ Communication from LCSW at Fairview/South STAR on IM injection

**Subject:** ■■■ STAT med notification

Hello ■■■■■■

Yesterday, he continued to perseverate on clothes upon returning back to the residence from work. Staff provided him support, encouraged him to participate in the ongoing activity with peers in the patio, and reminded him of his daily schedule of activity, but he continued to escalate. He started yelling, screaming, cursing and pushing staff, forcefully took the pad away from staff, and aggressed towards staff (grabbed staff shirt, pulled staff to the floor and attempted to bite). Physician was notified and STAT med (Olanzapine 5 mg IM) was given at 1630. He was able to calm down and talk to staff at 1705. He was placed on temporary support plan for 24 hours to monitor and provide support.

# Client to be Served – Partial SIR History

Select	Incident Detail	Outcome Information
<b>Prior Incidents</b>		
Date of Incident	Last Update	Type of Incident
Sat Sep 08, 2018	Wed Sep 26, 2018	AGGRESSIVE ACT TO SELF
Sun Jun 17, 2018	Mon Jun 18, 2018	Multiple Incidence Types Exist
Thu Jun 14, 2018	Wed Jun 20, 2018	AGGRESSIVE ACT TO STAFF
Thu Jun 07, 2018	Wed Jun 20, 2018	AGGRESSIVE ACT TO STAFF
Thu May 31, 2018	Fri Jun 01, 2018	EMERGENCY ROOM VISIT
Sat May 19, 2018	Wed Jun 06, 2018	Multiple Incidence Types Exist
Wed May 02, 2018	Wed May 02, 2018	Multiple Incidence Types Exist
Sun Apr 29, 2018	Tue May 01, 2018	HOSPITAL/OTHER
Tue Apr 24, 2018	Mon Jun 25, 2018	HOSPITAL/OTHER
Sun Apr 22, 2018	Tue Apr 24, 2018	AGGRESSIVE ACT TO STAFF
Thu Apr 19, 2018	Fri Apr 20, 2018	AGGRESSIVE ACT TO STAFF
Tue Apr 10, 2018	Wed Apr 11, 2018	AGGRESSIVE ACT TO STAFF
Fri Apr 06, 2018	Mon Apr 09, 2018	AGGRESSIVE ACT TO STAFF

# Client to be Served

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- 27 year old male;
- Autism, ADHD, schizoaffective disorder;
- Previous placements have been at behavior level homes, specialized residential facilities including homes with delayed egress and secured perimeters, psychiatric hospitals and currently residing at Southern STAR acute crisis center;
- 143 SIR's since 2007, not including current SIR's from South Star;
- Episodes/Incidents can last hours;
- Physician's order for emergency IM injection within (5) minutes of agitation;
- Needs frequent lab work due to a platelet condition;

# Staffing

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- Administrator must be one of the following:
  - A Registered behavior technician(RBT);
  - A Licensed Psychiatric Technician (LPT);
  - A Qualified Behavior Modification Professional.
- EBSH regulations require a lead staff on each shift (168 per week);
  - This cost is part of the 'facility rate';
  - The lead staff person must either be an Licensed Psychiatric Technician (LPT) or a Registered Behavior Technician (RBT) within established timeline
  - Recruitment and development of staff on an on-going basis is essential

# Rate Negotiation

## EBSH FOR ADULTS

- Rate for the EBSH includes a fixed facility component for residential services and an individualized service and supports rate component based on each client's needs as determined through the IPP process.
- The home will be owned by a Non-Profit Housing Organization (NPO) that will own and renovate the property; the awarded CPP recipient will lease the home from the NPO.

# Equity and Diversity

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- Your proposal should address a commitment to:
  - Serve diverse populations, including, but not limited to, culturally and linguistically diverse populations
  - Address the needs of these diverse populations
  - Include additional information that the applicant deems relevant to issues of equity and diversity



# Timeline

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- Posting of RFP 12/21/18
- Applicant's Conference 1/14/19
- Deadline for submission 2/4/19 (4 pm)
- Evaluation of proposals 2/5/19-2/19/19
- Interviews 2/19/-02/21/19
- Award Notification 2/25/19
- Start-Up Contract Signed 3/4/19
- Notification posted (on SG/PRC website) 3/25/19

# RFP Specifics

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- ◉ Josie Martinez, Resource Developer ([jmartinez@sgprc.org](mailto:jmartinez@sgprc.org) or (909) 868-7528) will be the lead RD for this project. Questions can also be directed to [resources@sgprc.org](mailto:resources@sgprc.org).
- ◉ Proposal due by 2/4/19 at 4 p.m. (no exceptions)
- ◉ Ensure that you follow all instructions and include all information in sections 1 – 16 & follow formatting requirements.

# RFP Process

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- RFP – Request for Proposal
- Cover Sheet – Attachment A
- Other Attachments
  - Attachment B – Statement of Obligation
  - Attachment C – Comparable Projects Listing
  - Attachment D – Sample Financial Statement / Independent Audit
  - Attachment E – Projected Start-up Costs Worksheet
  - Attachment F – Rate Development Facility Costs
  - Attachment G – DS1891 Applicant Disclosure Statement



# RFP Process, continued

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- Important information to be descriptive about:
  - Expertise: potential provider must have experience supporting individuals with significant challenging behaviors, mental health, forensic backgrounds .
  - Applicants must adopt a “no-reject”/no failure policy toward individuals and a commitment to modifying supports to ensure continued stability without the need to request additional funds from SG/PRC.

# RFP Process, continued

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## ○ Important information to be descriptive about:

- Description of Client/Agency Outcomes: what are anticipated outcomes and how will they be measured.
- Methods and Procedures: How will vendor provide for the needs of the clients in areas such as, but not limited to, supervision, behavioral support, health needs, mental health needs, education, vocational training, social skills and community integration
- This EBSH must be developed to meet the new regulations issued by Centers for Medicare and Medicaid Services  
[<http://www.dds.ca.gov/HCBS/docs/HCBSRegsOverview.pdf>] – *i.e. each client must have private bedroom*

Thank you for attending!

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Any questions?