Home and Community-Based Services (HCBS) Rules CONCEPT FORM

Vendor name	 Las Trampas School, Inc. – Adult Development Program (ADP) Las Trampas School, Inc. – Sheila House (SRS) Las Trampas School, Inc. – Maureen House (SRS)
Vendor number(s)	HB0034, HB0952, and HB0883
Primary regional center	Regional Center of the East Bay (RCEB)
Service type(s)	 Adult Development Program Adult Development Program (Total Care/RHCCP) Specialized Residential Services (CPP - SRS)
Service code(s)	510, 110, 113
Number of consumers currently serving and current staff to consumer ratio.	 Adult Development Program – 70 served at 1:3/1:2 ratio Maureen House – 4 served at 3:4 awake & 1:2 sleep ratio Sheila House – 4 served at 3:4 awake & 1:2 sleep ratio
Have you or the organization you work with been a past recipient of HCBS Funding?	No.
Please provide a brief description of the service/ setting that includes what a typical day consists of and how services are currently provided; include barriers to compliance with the HCBS rules.	Adult Development Program (ADP) While facility-based, services at the ADP include regular community-based programming. ADP offers classes on personal enrichment, activities of daily living, basic functional skills, prevocational skill acquisition, community integration, social skill acquisition. We also provide personal care and moderate behavioral supports. Each semester participants are provided the opportunity to choose from a variety of classes that are offered throughout the day. Approximately half of the tracks are primarily community-based while the other tracks are facility-based. It should be noted that facility-based classes offer a minimum of one community-based activity a week and may offer involvement with supervised community members/organizations without disabilities that come to the campus to provide and participate in activities. Specialized Residential Services (SRS) SRS homes provide supports for individuals who have moved out of Sonoma Developmental Center to live in a community-based home. Supports include personal care, behavioral support, functional skill acquisition, community integration, and 24-hour supervision. Residents participate in community outings and activities at a minimum of once per week. Individuals who do not attend a day program participate in community activities more frequently.

	Barriers to HCBS Rule Compliance
	As indicated, approximately 60% of Las Trampas participants have limited expressive language skills. In such cases, staff must make "best guesses" as to their preferences. Furthermore, direct care staff do not have the resources or education to utilize AT or AAC modalities to aid in understanding individual choice. Even with persons who are verbal, staff require greater understanding of the importance of person-centered approaches to respect the choices of individuals. Due to a large number of individuals served having
	significant health conditions or mobility barriers, it is important to have immediate access to related data while out in the community. Many of these individuals do not have regular access to community activities because of such barriers.
	SRS programs do not have locks on individual bedroom doors. The ADP facility was built in 1968, well before the ADA, and not all individuals can access all areas of the facility. Furthermore, Community Care Licensing regulations and the ADP facility do not adequately accommodate community member/organization participation. The ADP currently does not employ curriculums that support individuals who may choose community-based, competitive, paid employment.
Identify which HCBS federal requirements this concept addresses that are currently out of compliance.	Federal Requirements #1, #2, #3, #4, #5, #7, and #8
Narrative/description of the concept; include justification for the funding request and explain how the concept would achieve proposed outcomes.	This proposal includes four initiatives as follows: Person-Centered Thinking – Since Las Trampas employs approximately 130 employees and has significant staff turnover, we believe it necessary to have in-house PCT trainers. In-house trainers will be able to train all current and future staff in the principles and implementation of PCT to respect the choices of the people served within our organization. Augmentative and Alternative Communication Development – In conjunction with PCT training, we propose hiring a Speech and Language Pathologist (SLP) consultant to develop both low-tech and high-tech tools and methodologies to aid in helping individuals with limited expressive communication capability indicate choice and

increase their participation in programming in their homes (SRS), on site (ADP) and in the community (SRS and ADP). Community Support — To support participants in the community, we request iPad devices which would allow staff to access critical medical information while supporting participants. This will also increase frequency and duration of community activities by allowing staff to document participant progress and needs contemporaneously. Employment — To support employment and microenterprise opportunities, we propose hiring an Employment Specialist to develop an employment program specifically designed to support individuals with moderate to profound impacts of IDD. Facility Compliance — We ask for funding to enhance our existing efforts to make our ADP facility accessible to both the participants and community organizations. In our SRS homes, we request minimal funding to ensure individual privacy by installing bedroom locks.
To the extent possible, Las Trampas has had one-on-one conversations with participants and discussed needs in the ISP/IPP process with participants and IDT members.
This grant concept addresses service disparities for persons by: A) giving voice and choice to those who have expressive language barriers and B) providing accessible facilities for those with significant mobility challenges.
See Appendix A – Budget and Appendix B - Timeline
\$ 321,855.00
Implementation of all initiatives in this proposal require significant funding. These initiatives are intentionally designed in a manner that equipment/material replacement, reproduction, fees, etc. and additional training beyond the scope of the proposal timeline will be absorbed into future operational budgets.

¹ A person-centered approach emphasizes what is important to the individual who receives services and focuses on personal preferences, satisfaction, and choice of supports in accessing the full benefits of community living. For more information regarding person-centered practices, please visit www.nasddds.org/resource-library/person-centered-practices.