



# Enhanced Behavioral Supports Homes (EBSH)

# Origins of EBSH Concept

- The Secretary of the California Health and Human Services Agency (CHHS), established the Task Force on the Future of Developmental Centers (DC Task Force) in 2013 and the Developmental Services Task Force (DS Task Force) in 2014.
- The scope of the DS Task Force work is broader than that of the DC Task Force, covering essentially all aspects of the community system.
- Stakeholder input and guidance was received on the need for a safety net of services to support individuals who have developmental disabilities.
- DDS identified new service options to broaden the continuum of service options available to support individuals with the most challenging service needs.
- **EBSH** facilities only developed through Community Placement Plan (CPP) approval process.

# Philosophy of EBSH

Focus is on:



- **Person Centered Planning** - balance between what is important to and what is important for a person, supports the consumer in reaching their potential and enhancing quality of life.
- **Positive Behavior Supports** - strive to support an individual's personal development, enhance quality of life, avoid use of restrictive and punitive interventions.
- **Trauma Informed Care** - any trauma an individual has experienced over the lifespan should be included in the functional behavior assessment and addressed when recommending support strategies.

# Definitions

## **Enhanced Behavioral Supports Homes (EBSH)**

An adult residential facility or a group home certified by the Department of Developmental Services (DDS) and licensed by the Department of Social Services (DSS) that provides 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting.



# Definitions (cont.)

## Enhanced Behavioral Services and Supports

Enhanced Behavioral Supports Homes provides additional staffing, supervision, and other services and supports to address a consumer's challenging behaviors which are beyond what is typically available in other community living arrangements.



# Definitions (cont.)

## **Individual Behavior Supports Plan (IBSP)**

- The plan that identifies and documents the behavior and intensive support and service needs of a consumer; details the strategies to be employed and services to be provided to address those needs; and includes the entity responsible for providing those services and timelines for when each identified individual behavior support will commence.
- This plan will include provisions of Welfare & Institutions Code (WIC) 1180.4(a).
- If the provisions of the Individual Emergency Intervention Plan (IEIP) are addressed in the IBSP, a separate IEIP is not required.
  - Source: Title 22 89968.2

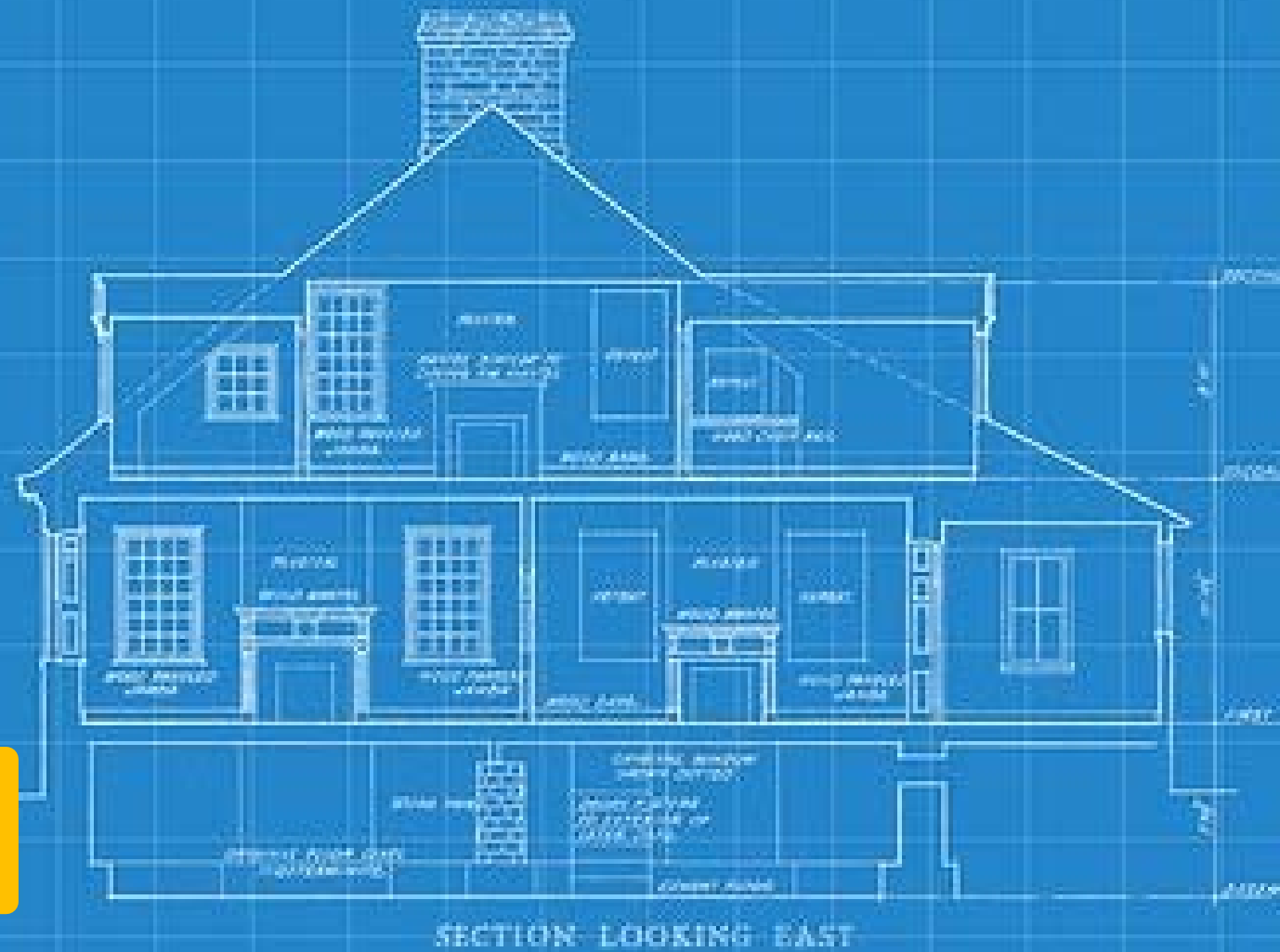
# Definitions (cont.)

## Individual Behavior Supports Team (IBST)

Those individuals who contribute to the development, revision and monitoring of the individual behavior supports plan. **The team at minimum** is composed of:

- 1) Consumer and where applicable the consumer representative
- 2) Regional center service coordinator and other regional center representatives, as necessary
- 3) Facility administrator
- 4) Qualified Behavior Modification Professional (QBMP)
- 5) Regional center clients' rights advocate, unless the consumer objects on his or her own behalf to participation
- 6) Any individual(s) deemed necessary by the consumer, or, where applicable, his or her authorized consumer representative for developing a comprehensive and effective IBSP

# General Program Plan Requirements





The background of the slide features a close-up, slightly blurred view of architectural blueprints. A wooden ruler is placed diagonally across the bottom right, and a yellow pencil with a green eraser is positioned vertically on the left side. The blueprints show various lines, circles, and text, including the words 'CONCRETE' and 'WOOD'.

# House Requirements

---

- Operable Automatic Fire Sprinklers
- Private Bedrooms
  - (4 beds maximum for EBSH)

# House Requirements (cont.)

---

## **Delayed Egress: California Building Code 1010.1.9.7**

(For any Residential Facility,  
approved through CPP)



# House Requirements (cont.)

- Sprinklers
- System disables in an emergency
- Clearly marked with signs
- Has audible signals
- The egress path from any point shall not pass through more than one delayed egress locking system
- Emergency lighting



# Emergency Plan & Procedures

- **Emergency Intervention Plan**
  - a written plan, addressing the prevention of injury and implementation of emergency intervention techniques by the licensee, that is included in the facility's plan of operation.  
Source: Title 22, 85101(e)(2)
- Must have emergency evacuation procedures including an estimated response time of emergency medical services
- Must have a schedule of fire and earthquake drills for all shifts



# Program Plan Requirements

- Describes how the facility is going to meet all the diverse needs of the population to be served and unique needs of the consumers.
- Must include a description of how the facility is going to expedite the admission of consumers.
- Applicant and administrator shall complete the RC's **Residential Services Orientation**.
- The **Program Plan is signed and dated** by applicant.



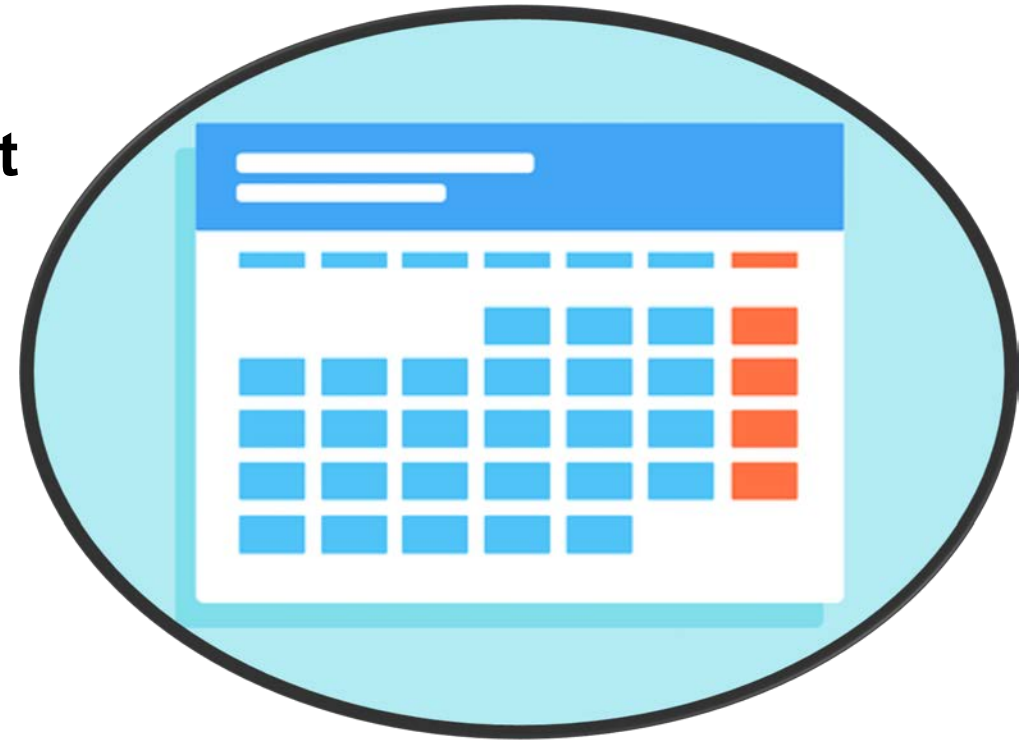
# Program Plan Requirements (cont)

- The program plan should describe the facility's **Continuous Quality Improvement System**, including but not limited to how:
  - Consumers will be supported to make choices
  - Consumers will be supported to exercise rights
  - Changing needs of consumers will be addressed, including community integration
  - Consumers receive prompt and appropriate routine and specialized medical services
  - Individual risk is managed and mitigated
  - Medication is managed safely
  - Staff turnover is mitigated

*(include narrative of the Continuous Quality improvement System, assessment tools to be utilized)*

# Staffing - Scheduling

- Staff must be awake at night (including policy & monitoring system to be utilized).
- Must include at **least one Lead Direct Support Professional (LDSP) and one Direct Support Professional (DSP) on duty are at the facility at all times.** Additional staffing is determined by needs of Individuals.
- Must ensure DSPs who have not completed on-site orientation and training will be under direct supervision and observation of trained Lead DSP.
- Must have an administrator on duty a minimum of 20 hours per week per facility to ensure the effective operation of the facility.



# Staffing - Qualifications

- To be an **Administrator** you should be a Registered Behavioral Technician (RBT), Licensed Psychiatric Technician (LPT) or Qualified Behavior Modification Professional (QBMP), with 2 years experience providing direct care to individuals with developmental disabilities.





# Staffing – Qualifications (cont.)

- To be a **Lead DSP** you must **become a RBT within 60 days of initial employment** or be either a QBMP, or a LPT, with 1 year experience providing direct care to individuals with developmental disabilities who have challenging behaviors.



# Staffing – Qualifications (cont.)

- To be a DSP you must **become a RBT within 12 months of initial employment** or be either a QBMP, or a LPT, with 6 months prior experience providing direct care to individuals with developmental disabilities who have challenging behaviors



# Staffing Requirements

- A minimum of six hours per month of behavioral consultation must be provided for each consumer by a Qualified Behavior Modification Professional
- Additionally, a minimum of six consultant hours per month per consumer, which must be appropriate to meet individual consumer service needs.



# Staff Training



- DSPs must complete a minimum of **32 hours of on-site orientation within 40 hours of employment.**
- In addition, **DSPs receive 16 hours of emergency intervention training.** (*DSPs may not implement emergency intervention until after successful completion of training.*)
- **Emergency intervention training** must be updated annually.

# Staff Training (cont.)



- Must complete **both years** of Competency Based Training (Direct Support Professional Training (DSPT)) prior to or within first year of hire.
- DCS: Have hands-on First Aid and CPR training by certified instructor prior to providing direct care. **CPR certification must be renewed annually.**
- EBSH Group Homes must meet all Title 22 Group Home training requirements.

# Continuing Education

- DSPs needs to complete a minimum of **20 hours of continuing education annually**.
  - The Department requires that EBSHs provide an additional 5 hours of competency-based continuing education in the areas of person-centered practices, positive behavior supports, trauma-informed care, and cultural competency.
- Successful completion of the competency based training (DSPT) **satisfies continuing education requirement for that year only**.
- For **EBSH licensed as group homes**, 10 of the continuing education hours required by Title 22, California Code of Regulations, Section 84065(j) may be counted towards the required hours.

# Admission Process

- **Prior to Admission**

- RC shall assess consumer's need for enhanced behavioral services and supports and provide a copy to the administrator.
- RC shall release written information about the consumer to the administrator
- Medical assessment of the consumer

- **Within 7 days of Admission**

- Administrator ensures completion of IBSP for EBSH.

- **Within 30 days of Admission**

- Administrator ensures completion of functional behavior assessment.
- Administrator ensures update of IBSP.

# Admission Process

- After the Regional Center has determined the consumer meets eligibility, the provider needs to explain how the facility:
  - 1) Obtains relevant documents: including a copy of a medical assessment of the consumer that, at a minimum, meets the requirements of Title 22 Section 80069 (c) and (d)
  - 2) Plans to expedite the referral and admission process.





# Individual Behavior Supports Plan (IBSP) Development

- Administrator is responsible for coordinating the development and subsequent updating.
- IBSP must be developed.
- Administrator ensures: Within 30 days for EBSH, the team will give their input for inclusion into the plan and will review the plan monthly and update as necessary.
- Plan must be function based, evidence based, target functionally equivalent replacement behaviors.
- Administrator shall submit the IBSP and updates to vendoring or placing RC and to the RC Client Rights Advocate.

# Consumer Rights

- Consumer's Rights Protection
- Reporting requirements
- Inclusion of Disability Rights California Representative
- Explanation of how facility will ensure the **protection of consumer rights**, including those specified in Sections 50500-50550 (*include how rights are explained to consumers and facility practices to protect consumer rights, including reporting provisions of rights violations and suspected abuse*).

# Facility Files

Facilities shall maintain a facility file available on site, which may include electronic formats, that includes at least the following:

- ✓ Facility program plan
- ✓ Weekly staff schedules
- ✓ Personnel records
- ✓ Emergency Intervention Plan
- ✓ Certificate of program approval as issued by the Department
- ✓ Regional center facility liaison monitoring
- ✓ Regional center Qualified Behavior Modification Professional monitoring
- ✓ Behavior and emergency intervention data collection and reporting
- ✓ Findings of immediate danger
- ✓ Substantial inadequacies
- ✓ Corrective action plans
- ✓ Sanctions
- ✓ Facility appeals.

# Consumer Files

Facilities shall maintain a consumer file available on site, which may include electronic formats, for each consumer that includes at least the following:

- ✓ Medical assessment required in Section 59056(a)
- ✓ Individual Behavior Supports Plans
- ✓ Updated Individual Behavior Supports Plan(s)
- ✓ Individual Emergency Intervention Plan, updated as necessary, unless the Individual Behavioral Supports Plan meets the requirements of Section 89968.2(c)(1) or (d)(1);
- ✓ Emergency contact information
- ✓ Current IPP
- ✓ Special incident reports, pursuant to Section 54327
- ✓ Data collection, including, but not limited to, progress notes, professional/ consultant visits and interventions/outcomes
- ✓ Record of medications administered, including the initials of the staff providing assistance.

# Regional Center Monitoring

- The consumer's regional center is responsible for monitoring and evaluating services provided in the Enhanced Behavioral Supports Homes
  - Quarterly face-to-face case management visits with each consumer, or more frequently if specified in the consumer's IPP.
  - Quarterly quality assurance visits
  - The vendoring regional center's Qualified Behavior Modification Professional shall visit the consumers, in person, at least monthly

# Knowledge Check

1. This EBSH philosophy focuses on the balance between what is **important to** and what is **important for a person**.

- A. Peer to Peer Counseling
- B. Person Centered Planning
- C. Personal Rights
- D. Positive Behavior Support

Answer :

**B**

# Knowledge Check

2. One of the EBSH Housing requirements is to have:
- A. Operable Automatic Fire Sprinklers
  - B. Private Bedrooms (maximum of 4)
  - C. Emergency Lighting
  - D. All of the Above

Answer :

**D**

# Knowledge Check

3. What is the minimum number of hours per month should a Qualified Behavior Modification Professional provide behavioral consultation for each consumer?
- A. Two
  - B. Four
  - C. Six
  - D. Eight

Answer :

**C**



# Knowledge Check

4. This is a written plan that addresses the prevention of injury and implementation of emergency intervention techniques by the licensee.
- A. Emergency Intervention Plan
  - B. First Aid Kit Manual
  - C. Disaster Plan
  - D. Emergency Exit Plan

Answer :

**A**

# Knowledge Check

5. An awake staff is required in an EBSH during night time.

- A. True
- B. False

Answer :

**A**

# End of Presentation

[Click Here to Close](#)