



**SERVICE REVIEW SUMMARY  
AUGUST 14, 2017**

**ATTENDANCE:**

Fourteen (14) parents of eleven (11) HRC clients were in attendance at the first supported living service review session on August 14, 2017. This does not include the four (4) HRC Board members/advisors who are also parents of HRC clients (one of whom is also an HRC client) who were participating as part of the Board Review Panel. In addition there were five (5) representatives from two (2) supported living agencies in attendance. One representative from the State Council on Developmental Disabilities and one representative from the Office of Clients Rights Advocacy were also present.

**PRESENTATION SUMMARY:**

Patricia Del Monico, HRC Executive Director, facilitated the review session. She provided a definition of “supported living services” and reviewed pertinent sections of the Lanterman Act and Title 17 of the California Code of Regulations.

Ms. Del Monico then shared with the participants three (3) documents which had been developed and published by Harbor Regional Center and which are pertinent to general living arrangements for adults or which specifically relate to supported living arrangements. She advised the participants that these booklets were currently under consideration for revision and suggestions for changes would be welcome.

Next Ms. Del Monico discussed the current Harbor Regional Center policy on supported living services (SLS) as well as the SLS policies of the six (6) other regional centers in Los Angeles County.

Ms. Del Monico advised those in attendance that HRC has identified three major issues related to SLS as follows:

- Housing costs have become a significant barrier to accessing SLS: Housing costs prevent regional center clients from accessing living arrangements outside of the family home, especially supported living arrangements, even in barely marginally safe neighborhoods;
- Conflicting values (choice vs. health and safety) must be balanced in the provision of SLS: we are committed to promoting client choice but regularly face obstacles when clients choose lifestyles that jeopardize health and safety; and
- Rates affect quality: the people who provide personal care, guidance and supervision for our clients in SLS deserve to make a living wage; rates DO affect quality of services and cannot remain frozen.

Ms. Del Monico introduced Kristin Martin, Executive Director of Home Ownership for Personal Empowerment, who spoke briefly to the group about the crisis in affordable housing.

**HANDOUTS:**

The following documents were handed out to those in attendance:

- Service Review Meeting Protocol
- Board Member Review Panel and Staff Facilitator names and roles
- Summary of Supported Living Review Schedule
- Sections 4689 and 4689.05 of the Lanterman Act

- Sections 58600 to 58680 of CCR Title 17
- Harbor Regional Center booklet “Planning for Your Future: A Roadmap to Your Goals”
- Harbor Regional Center booklet “Living on Your Own: A Guide to Supported Living Services”
- Harbor Regional Center booklet “It’s All About Options: Living Alternatives for Adults with Developmental Disabilities”
- Harbor Regional Center Supported Living Policy
- Supported Living Policies for six other Los Angeles County regional centers
- Excerpt from *Public Policy Institute of California: California Poverty by County* entitled “Los Angeles County Renters in Crisis: A Call for Action”
- Excerpt from *Out of Reach 2017*: National Low Income Housing Coalition

**QUESTIONS/COMMENTS:**

Several parents expressed their need to have more information about how to make a supported living arrangement happen for their children. They indicated they had many questions, especially about such things housing costs and providing rent subsidies without jeopardizing their family members’ benefits.

- There was a recommendation that HRC put together a “frequently asked questions” fact sheet addressing these supported living questions.
- There was also a recommendation that HRC have a seminar/workshop/training about housing issues that includes information about financing options such as special needs trusts, ABLE accounts, etc. (i.e. combine training about SLS in general and SLS housing with legal consultation about how to finance the housing portion without jeopardizing benefits...specifically SSI).

A few parents asked questions related to rates/payment for SLS.

- Several parents requested information about how rates for SLS providers compare to rates paid to group homes. Ms. Del Monico advised that she would provide more information about rates in future SLS review sessions.
- On a somewhat related topic, one parent observed that SLS agencies tend to be for-profit organizations and speculated that this distinction might impact quality of services (i.e. low rates would make it difficult to realize profit without cutting corners on expenditures?) Ms. Del Monico advised she would provide more detailed information about SLS service providers and about rates in a future SLS review session.

One parent asked whether it was possible for a combination of IHSS and HRC SLS to provide 24 hour/day services and supports for an adult who needed 24 hour/day care and supervision. Ms. Del Monico responded that if 24 hour/day care is needed this could be provided in SLS. She advised that she would provide more information in a future SLS review session about the range of SLS supports currently being provided for HRC clients in SLS.

Ms. Del Monico advised that the second SLS Review Session is scheduled to take place on the evening of September 11, 2017 from 6:30 to 8:30 in HRC Conference Room A4. During this meeting we will share information on the number and demographics of HRC clients who live in supported living arrangements. We will share information about the service providers currently available to provide SLS in the HRC service area. We will review with those present the HRC Expectations for SLS as well as the various assessment formats and progress reporting guidelines we expect to receive from SLS service providers on a regular basis. And, we will share some of the various materials that service providers use to implement their programs and that are available to them from our HRC Resource Center.



## **RESUMEN DE LA REVISION DE SERVICIO**

**14 DE AGOSTO DE 2017**

### **ASISTENCIA:**

Catorce (14) padres de once (11) clientes de HRC estuvieron presentes en la primera sesión de revisión de servicios de apoyo el 14 de agosto de 2017. Esto no incluye los cuatro (4) miembros/consejeros de HRC que también son padres de clientes de HRC (uno de los cuales es también un cliente de HRC) que participaron como parte del Panel de Revisión de la Junta. Además, asistieron cinco (5) representantes de dos (2) agencias de vivienda apoyada. También estuvo presente del Consejo de Estado para las Discapacidades del Desarrollo y un representante de la Oficina de Promoción de los Derechos de los clientes.

### **RESUMEN DE PRESENTACION:**

Patricia Del Monica, Directora Ejecutiva de HRC, facilitó la sesión de revisión. Proporcionó una definición de “servicios de apoyo a la vida” y revisó las sesiones pertinentes de la Ley Lanterman y el Título 147 del Código de Regulaciones de California.

La Sra. Del Monico compartió con los participantes tres (3) documentos que habían sido desarrollados y publicados por el Centro Regional Harbor y que son pertinentes a los arreglos generales de vida para adultos o que específicamente se relacionan con arreglos de vivienda apoyados. Aconsejó a los participantes que estos folletos estaban siendo examinados para su revisión y que las sugerencias para cambios serían bienvenidas.

La Sra. Del Monico habló de la actual póliza del Centro Regional Harbor sobre servicios de vida apoyada (SLS), así como las pólizas de Servicios de Vida Apoyada de los seis (6) otros centros regionales en el condado de Los Ángeles.

La Sra. Del Monico aconsejó a las asistentes que HRC ha identificado tres temas principales relacionados con SLS como sigue:

- Los costos de vivienda se han convertido en una barrera significativa para acceder a SLS: Los costos de vivienda impiden que los clientes de los centros regionales accedan a arreglos de vivienda fuera del hogar familiar, específicamente en los barrios que no son seguros.;
- Los valores en conflicto (elección versus salud y seguridad) deben ser equilibrados en la provisión de SLS: estamos comprometidos a promover la elección del cliente pero regularmente enfrentamos obstáculos cuando los clientes eligen estilos de vida que ponen en peligro la salud y la seguridad; y

- Las tarifas afectan la calidad: Las personas que proporcionan atención personal, orientación y supervisión para nuestros clientes en SLS merecen ganar un salario digno; las tarifas afectan la calidad de los servicios y no pueden permanecer congeladas.

La Sra. Del Monico presento a Kristin Martin, Director Ejecutivo de Propietario de Casa para Empoderamiento Personal, quien habló brevemente al grupo sobre la crisis en vivienda asequible.

### **FOLLETOS:**

Los siguientes documentos fueron entregados a los asistentes:

- Protocolo de Reunión de Revisión de Servicios
- Miembros Y Roles del Panel de Revisión de Miembros de la Junta Directiva y Facilitadores del Personal
- Resumen del Programa de Revisión de la Vida Apoyada
- Secciones 4689 y 4689.05 de la Ley Lanterman
- Secciones 58600 a 58680 del Título 17 de CCR
- Folleto del Centro Regional Harbor “Planificación para su Futuro: Una Hoja de Ruta para sus Metas”
- Folleto del Centro Regional Harbor “Vivir por su cuenta: Guía para Servicios de Vivienda con apoyo”
- Folleto del Centro Regional Harbor “Todo es acerca de las opciones: Alternativas de vida para adultos con discapacidades del desarrollo”
- Póliza de Vivienda Apoyada del Centro Regional
- Póliza de Vivienda Apoyada para otros seis Centros Regionales del Condado de Los Ángeles
- Extracto del *Instituto de Pólizas publicadas de California: California Poverty by County* titulado “Inquilinos del condado de Los Ángeles en crisis: una llamada a la acción”
- Extracto *Alcance 2017* Coalición Nacional para la vivienda de bajos Ingresos

### **PREGUNTAS/COMENTARIOS:**

Varios padres expresaron su necesidad de tener más información sobre cómo hacer que un arreglo de vida apoyada suceda para sus hijos. Indicaron que tenían muchas preguntas, especialmente acerca de tales costos de vivienda y proporcionar subsidios de renta sin poner en peligro los beneficios de sus familiares.

- Hubo una recomendación de que HRC elaborara una hoja de datos de “preguntas frecuentes” que abordara estas preguntas de vivienda apoyada
- También se recomendó que HRC tuviera un seminario/ taller/ capacitación sobre temas de vivienda que incluya información sobre opciones de financiamiento como fondos fiduciarios de necesidades especiales, cuentas ABLE, etc. (es decir, combinar capacitación sobre SLS en general y vivienda SLS con consulta legal sobre cómo financiar la porción de vivienda sin poner en peligro los beneficios...específicamente SSI).

Algunos padres hicieron preguntas relacionadas con las tarifas / pago por SLS.

- Varios padres solicitaron información sobre cómo las tarifas de los proveedores de SLS se comparan con las tarifas pagadas a los hogares de grupo. La Sra. Del Monico aconsejó que proporcionara más información sobre las tasas en futuras sesiones de revisión de SLS.
- En un tema un tanto relacionado, un padre observó que las agencias SLS tienden a ser organizaciones con fines de lucro y especuló que esta distinción podría afectar la calidad de los servicios (es decir, las tasas bajas harían difícil obtener beneficios sin recortar los gastos). Del Monico aconsejó que proporcionara información más detallada sobre los proveedores de servicios de SLS y sobre las tarifas en una sesión de revisión de SLS.

Uno de los padres preguntó si era posible que una combinación de IHSS y HRC SLS proporcionara servicios y apoyos las 24 horas al día para un adulto que necesitaba atención y supervisión las 24 horas del día. La Sra. Del Monico respondió que si se necesita atención las 24 horas del día, esto podría proporcionarse en SLS. Ella aconsejó que proporcionara más información en una futura sesión de revisión de SLS sobre la gama de soportes de SLS que se están proporcionando actualmente para clientes de HRC en SLS.

La Sra. Del Monico aconsejó que la segunda Sesión de Revisión del SLS está programada para tener lugar en la tarde del 11 de septiembre de 2017 de 6:30 a 8:30 en la Sala de Conferencias A4 del HRC. Durante esta reunión compartiremos información sobre el número y la demografía de los clientes de HRC que viven en arreglos de vivienda con apoyo. Compartiremos información sobre los proveedores de servicios actualmente disponibles para proporcionar SLS en el área de servicio de HRC. Revisaremos con los presentes las Expectativas de BSC para SLS así como los diversos formatos de evaluación y las pautas de reportes de progreso que esperamos recibir de los proveedores de servicios SLS de forma regular. Y, compartiremos algunos de los diversos materiales que los proveedores de servicios usan para implementar sus programas y que están disponibles para ellos desde nuestro Centro de Recursos HRC.

## HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

COVER SHEET	
Client Name:	DOB:
Telephone:	
Address:	
Service Coordinator:	Telephone:
Client currently resides with (Name & Relationship):	
Service Provider:	Date of Assessment:
Assessor:	Telephone:
Person(s) involved with the assessment (Name & Relationship):	

INSTRUCTIONS
<ul style="list-style-type: none"> <li>The assessment process will include an interview with the client, an interview with their parent(s) or caregiver(s), and an observation of the client both in the home and in the community.</li> <li>During the interview and observation, ask the client to explain and/or demonstrate the skills noted in each category (Money Management, Meal Preparation, Housekeeping, and Community Access).</li> <li>When completing the assessment form, note that each category includes a checklist of skills along with various questions for additional and more specific information.</li> <li>Thoroughly review the skills listed and check (<input checked="" type="checkbox"/>) the applicable boxes to indicate the skills that the client can adequately complete.</li> <li>Complete the additional information for each category by filling in the requested information.</li> <li>Please note that it is important for all adults to have a <u>basic</u> knowledge of each category. The goal of the ILS program is to develop this <u>basic</u> skill set, not to master each specific skill.</li> <li>Please refer to <u>Page 6</u> for specific assessment scoring instructions.</li> </ul>

## HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

<b>Category A: Money Management</b>
<input type="checkbox"/> Identifies coins
<input type="checkbox"/> Presents enough money for purchases
<input type="checkbox"/> Checks for correct change
<input type="checkbox"/> Makes change up to \$20.00
<input type="checkbox"/> Has a checking account
<input type="checkbox"/> Has a savings account
<input type="checkbox"/> Uses checks
<input type="checkbox"/> Makes deposits
<input type="checkbox"/> Uses a debit card
<input type="checkbox"/> Uses an ATM machine
<input type="checkbox"/> Orders meals
<input type="checkbox"/> Pays for meals
Total number of boxes checked for Category A:

<b>Additional Money Management Information</b>
<p>Is the client currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list employer, job title, hours worked per week, and amount earned per hour.</p>
<p>Does the client currently receive any of the following benefits?</p> <p><input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> Other (list):</p>
<p>How are the client's funds managed?</p> <p><input type="checkbox"/> Manages own funds</p> <p><input type="checkbox"/> Has a representative payee (name/relationship):</p> <p><input type="checkbox"/> Partially manages funds with assistance (briefly explain):</p>
<p>For the items above that have <u>not</u> been checked, is the client able to partially complete any of the tasks? If yes, please explain below. (<i>i.e. Puts card into the ATM, but does not remember the password.</i>)</p>
<p>What level of prompting is required?</p> <p><input type="checkbox"/> 1 Verbal Prompt <input type="checkbox"/> More than 1 Verbal Prompt <input type="checkbox"/> Physical Prompt</p>
<p>List the client's current money management goals:</p>

## HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

Category B: Meal Preparation
<input type="checkbox"/> Washes hands for meal preparation
<input type="checkbox"/> Cleans food preparation area
<input type="checkbox"/> Uses kitchen utensils
<input type="checkbox"/> Uses knives
<input type="checkbox"/> Uses a can opener
<input type="checkbox"/> Uses a blender
<input type="checkbox"/> Uses a microwave
<input type="checkbox"/> Uses a toaster
<input type="checkbox"/> Uses a toaster oven
<input type="checkbox"/> Uses the stove top
<input type="checkbox"/> Uses the oven
<input type="checkbox"/> Sets the table
<input type="checkbox"/> Clears the table
<input type="checkbox"/> Reads food labels
<input type="checkbox"/> Follows a simple recipe
<input type="checkbox"/> Makes a sandwich
<input type="checkbox"/> Prepares a simple meal - If checked, list examples of meals:
<b>Total number of boxes checked for Category B:</b>

Additional Meal Preparation Information
How often does the client engage in meal preparation activities? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Does not engage in meal preparation at this time
For the items above that have <u>not</u> been checked, is the client able to partially complete any of the tasks? If yes, please explain below. <i>(i.e. Puts items into the blender, but needs assistance to operate.)</i>
What level of prompting is required? <input type="checkbox"/> 1 Verbal Prompt <input type="checkbox"/> More than 1 Verbal Prompt <input type="checkbox"/> Physical Prompt
List the client's current meal preparation goals:



## HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

<b>Category C: Housekeeping</b>
<input type="checkbox"/> Identifies common cleaning supplies
<input type="checkbox"/> Initiates chores
<input type="checkbox"/> Sweeps the floor
<input type="checkbox"/> Mops the floor
<input type="checkbox"/> Dusts furniture
<input type="checkbox"/> Cleans countertops
<input type="checkbox"/> Uses a vacuum cleaner
<input type="checkbox"/> Keeps the bedroom clean and tidy (clutter free and organized, etc.)
<input type="checkbox"/> Makes the bed
<input type="checkbox"/> Changes bed linens
<input type="checkbox"/> Completes simple kitchen cleaning (wipes counter & sink, puts items away, etc.)
<input type="checkbox"/> Completes simple bathroom cleaning (wipes counter & sink, puts items away, etc.)
<input type="checkbox"/> Identifies when clothing needs to be laundered
<input type="checkbox"/> Puts clothes in the hamper
<input type="checkbox"/> Sorts clothes for laundry
<input type="checkbox"/> Washes clothes in a washing machine
<input type="checkbox"/> Dries clothes in the dryer
<input type="checkbox"/> Folds clothes
<input type="checkbox"/> Puts clean clothes away
<input type="checkbox"/> Washes dishes by hand
<input type="checkbox"/> Operates a dishwasher
<input type="checkbox"/> Disposes of trash
<b>Total number of boxes checked for Category C:</b>

<b>Additional Housekeeping Information</b>
<p>How often does the client engage in housekeeping activities?</p> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Does not engage in housekeeping at this time
<p>For the items above that have <u>not</u> been checked, is the client able to partially complete any of the tasks? If yes, please explain below. <i>(i.e. Loads the dishwasher, but needs assistance to operate.)</i></p>          
<p>What level of prompting is required?</p> <input type="checkbox"/> 1 Verbal Prompt <input type="checkbox"/> More than 1 Verbal Prompt <input type="checkbox"/> Physical Prompt
<p>List the client's current housekeeping goals:</p>          

## HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

Category D: Community Access
<input type="checkbox"/> Carries a valid ID
<input type="checkbox"/> States health conditions or wears ID bracelet
<input type="checkbox"/> Calls 911 in case of an emergency
<input type="checkbox"/> Carries and uses a cell phone
<input type="checkbox"/> Does not talk to strangers
<input type="checkbox"/> Walks in the neighborhood
<input type="checkbox"/> Looks both ways before crossing the street
<input type="checkbox"/> Identifies and obeys danger signs (Do Not Enter, High Voltage, etc.)
<input type="checkbox"/> Seeks assistance if lost
<input type="checkbox"/> Rides a bicycle
<input type="checkbox"/> Rides ACCESS
<input type="checkbox"/> Rides the bus
<input type="checkbox"/> Utilizes bus transfers
<input type="checkbox"/> Has a driver's license
<b>Total number of boxes checked for Category D:</b>

Additional Community Access Information
How often does the client access the community <u>with others</u> ? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Does not access the community with others at this time
How often does the client access the community <u>alone</u> ? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Does not access the community alone at this time
Has the client participated in any of the following: <input type="checkbox"/> Mobility Training <input type="checkbox"/> Driver's Education <input type="checkbox"/> Other Related Training(s), please list:  If yes, briefly describe the training outcome. <i>(i.e. Was the training successfully completed? Were there barriers to skill acquisition?)</i>
List any community safety concerns including behavioral or medical needs:
List the client's current community access goals:

## HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

### SCORING INSTRUCTIONS

- On the table below, enter the number of boxes checked for each category in the **Current Skills** column.
- Compare the number in each category to the criteria in both the **Minimum Requirements** column and the **Adequate Skill Level** column. Check () the boxes that apply.
- To ensure that the client can benefit from the ILS program, the **Minimum Requirements** must be met for Categories A through C. This would indicate that the client has the necessary framework to begin ILS training.
- The **Adequate Skill Level** column represents the areas in which the client has already developed a basic skill set. If two or more boxes in this column are checked, it would indicate that ILS training may not be needed.
- Use the space provided below for any additional information utilized for the assessment process.

Category		Current Skills		Minimum Requirements	Adequate Skill Level
A	Money Management		out of 12	<input type="checkbox"/> 2 or more	<input type="checkbox"/> 10 or more
B	Meal Preparation		out of 17	<input type="checkbox"/> 3 or more	<input type="checkbox"/> 13 or more
C	Housekeeping		out of 22	<input type="checkbox"/> 4 or more	<input type="checkbox"/> 17 or more
D	Community Access		out of 14	Not Applicable	<input type="checkbox"/> 11 or more

### ADDITIONAL INFORMATION

# HARBOR REGIONAL CENTER INDEPENDENT LIVING SKILLS (ILS) ASSESSMENT

## OVERALL IMPRESSION AND RECOMMENDATIONS

\_\_\_\_\_  
Assessor's Signature

\_\_\_\_\_  
Assessment Date

# EVALUACION DE HABILIDADES DE VIDA INDEPENDIENTE (ILS) DEL CENTRO REGIONAL HARBOR

PORTADA	
Nombre del Cliente:	Fecha de Nacimiento:
Teléfono:	
Dirección:	
Coordinador de Servicios:	Teléfono:
El cliente reside actualmente con (Nombre/Relación):	
Proveedor de Servicios:	Fecha de Evaluación:
Asesor:	Telefono:
Persona(s) involucradas en la evaluación (Nombre/Relación):	

INSTRUCCIONES
<ul style="list-style-type: none"><li>• El proceso de evaluación incluirá una entrevista con el cliente, una entrevista con sus padres o cuidadores, y una observación del cliente tanto en el hogar como en la comunidad.</li><li>• Durante la entrevista y la observación, pida al cliente que explique y/o demuestre las destrezas señaladas en cada categoría (administración de dinero, preparación de comidas, limpieza y acceso a la comunidad.</li><li>• Al completar el formulario de evaluación, tenga en cuenta que cada categoría incluye una lista de habilidades junto con varias preguntas para obtener información adicional y más efectiva.</li><li>• Revise detenidamente las habilidades y marque (<input checked="" type="checkbox"/>) las casillas aplicables para indicar las habilidades que el cliente puede completar adecuadamente.</li><li>• Complete la información adicional para cada categoría llenando la información solicitada.</li><li>• Tenga en cuenta que es importante que todos los adultos tengan un conocimiento básico de cada categoría. El objetivo del programa ILS es desarrollar este conjunto de habilidades básicas, no dominar cada habilidad específica.</li><li>• Por favor refiérase a la <a href="#">Pagina 6</a> para instrucciones de puntuación de evaluación específicas.</li></ul>

EVALUACION DE HABILIDADES DE VIDA INDEPENDIENTE (ILS) DEL CENTRO REGIONAL HARBOR

<b>Categoría A: Administración del Dinero</b>
<input type="checkbox"/> Identifica Monedas
<input type="checkbox"/> Presenta suficiente dinero para las compras
<input type="checkbox"/> Comprueba si hay cambio correcto
<input type="checkbox"/> Hace el cambio hasta \$20.00
<input type="checkbox"/> Tiene cuenta de cheques
<input type="checkbox"/> Tiene cuenta de ahorro
<input type="checkbox"/> Usa Cheques
<input type="checkbox"/> Hace depósitos
<input type="checkbox"/> Usa tarjeta de debito
<input type="checkbox"/> Usa máquina de ATM
<input type="checkbox"/> Ordena comidas
<input type="checkbox"/> Paga por las comidas
<b>Número total de Casillas marcadas para la Categoría A:</b>

<b>Información Adicional sobre la Administración del Dinero</b>
<p>Esta actualmente el cliente empleado <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p>En el caso que sí, indique el empleador, el cargo, las horas trabajadas por semana y la cantidad ganada por hora.</p>
<p>¿Recibe el cliente actualmente alguno de los siguientes beneficios?</p> <p><input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> Otros (listar):</p>
<p>¿Cómo se manejan los fondos del cliente?</p> <p><input type="checkbox"/> Maneja fondos propios</p> <p><input type="checkbox"/> Tiene un beneficiario representativo (Nombre/Relación):</p> <p><input type="checkbox"/> Maneja parcialmente los fondos con ayuda (explique brevemente):</p>
<p>Para los puntos anteriores que no se han marcado, ¿es el cliente capaz de completar parcialmente alguna de las tareas? En caso que sí, explique a continuación <i>(es decir, coloca la tarjeta en el cajero automático, pero no recuerda la contraseña)</i></p> <p>¿Qué nivel de aviso es necesario?</p> <p><input type="checkbox"/> 1 Mensaje Verbal <input type="checkbox"/> Mas de 1 mensaje verbal <input type="checkbox"/> Mensaje físico</p>
<p>Enumere las metas actuales de administración de dinero del cliente:</p>

EVALUACION DE HABILIDADES DE VIDA INDEPENDIENTE (ILS) DEL CENTRO REGIONAL HARBOR

<b>Categoría B: Preparación de Comidas</b>
<input type="checkbox"/> Se lava las manos para preparar la comida
<input type="checkbox"/> Limpia el área de preparación de comida
<input type="checkbox"/> Utiliza utensilios de cocina
<input type="checkbox"/> Usa cuchillos
<input type="checkbox"/> Usa abridor de lata
<input type="checkbox"/> Usa licuadora
<input type="checkbox"/> Usa un microondas
<input type="checkbox"/> Usa la tostadora
<input type="checkbox"/> Usa un horno tostador
<input type="checkbox"/> Usa la estufa
<input type="checkbox"/> Usa el horno
<input type="checkbox"/> Prepara la Mesa
<input type="checkbox"/> Limpia la mesa
<input type="checkbox"/> Lee las etiquetas de las comidas
<input type="checkbox"/> Sigue una receta simple
<input type="checkbox"/> Hace un sándwich
<input type="checkbox"/> Prepara una comida sencilla- Si está marcado, liste ejemplos de comidas:
<b>Número total de casillas marcadas para la Categoría A:</b>

<b>Información Adicional sobre la Preparación de Comidas</b>
<p>¿Con que frecuencia participa el cliente en actividades de preparación de comidas?</p> <p><input type="checkbox"/> Diario <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual <input type="checkbox"/> No se dedica a la preparación de comidas en este momento</p>
<p>Para los puntos anteriores que no se han marcado, ¿es el cliente capaz de completar parcialmente alguna de las tareas? En el caso que si, explique a continuación. <i>(es decir, coloca los elementos en la licuadora, pero necesita ayuda para operar)</i></p>
<p>¿Qué nivel de aviso es necesario?</p> <p><input type="checkbox"/> 1 Mensaje Verbal <input type="checkbox"/> Mas de 1 mensaje verbal <input type="checkbox"/> Mensaje físico</p>
<p>Enumere las metas actuales de preparación de comidas del cliente:</p>

EVALUACION DE HABILIDADES DE VIDA INDEPENDIENTE (ILS) DEL CENTRO REGIONAL HARBOR

<b>Categoría C: Servicio de Limpieza</b>
<input type="checkbox"/> Identifica los limpiadores comunes
<input type="checkbox"/> Inicia los quehaceres
<input type="checkbox"/> Barre el piso
<input type="checkbox"/> Trapea el piso
<input type="checkbox"/> Quita el polvo de los muebles
<input type="checkbox"/> Limpia el superficie de la cocineta
<input type="checkbox"/> Utiliza una aspiradora
<input type="checkbox"/> Mantiene el dormitorio limpio y ordenado (sin desorden y organizado, etc.)
<input type="checkbox"/> Hace la cama
<input type="checkbox"/> Cambia las sábanas de la cama
<input type="checkbox"/> Completa la limpieza sencilla de la cocina (limpia el mostrador y el fregadero, coloca los artículos)
<input type="checkbox"/> Completa la limpieza sencilla del baño (limpia el mostrador y el fregadero, coloca los artículos)
<input type="checkbox"/> Identifica cuando la ropa debe lavarse
<input type="checkbox"/> Coloca la ropa en el hamper
<input type="checkbox"/> Separa la ropa para lavar
<input type="checkbox"/> Lava la ropa en una lavadora
<input type="checkbox"/> Seca la ropa en una secadora
<input type="checkbox"/> Dobra la ropa
<input type="checkbox"/> Guarda la ropa limpia
<input type="checkbox"/> Lava los platos a mano
<input type="checkbox"/> Utiliza un lavaplatos
<input type="checkbox"/> Bota la basura
<b>Número total de casillas marcadas para la Categoría C :</b>

<b>Información Adicional de Servicio de Limpieza</b>
¿Con que frecuencia se involucra el cliente en actividades de limpieza? <input type="checkbox"/> Diario <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual <input type="checkbox"/> No se ocupa de la limpieza en este momento
Para los puntos anteriores que no se han marcado, ¿es el cliente capaz de completar parcialmente alguna de las tareas? En el caso que sí, explique a continuación. <i>(Es decir, carga el lavaplatos, pero necesita ayuda para operar.)</i>
¿Qué nivel de aviso es necesario? <input type="checkbox"/> 1 Mensaje Verbal <input type="checkbox"/> Mas de 1 mensaje verbal <input type="checkbox"/> Mensaje físico
Enumere las metas actuales del Servicio de Limpieza:



EVALUACION DE HABILIDADES DE VIDA INDEPENDIENTE (ILS) DEL CENTRO REGIONAL HARBOR

<b>Categoría D: Acceso a la Comunidad</b>
<input type="checkbox"/> Carga consigo una identificación valida
<input type="checkbox"/> Indica estado de salud o usa pulsera con ID
<input type="checkbox"/> Llama al 911 en caso de emergencia
<input type="checkbox"/> Lleva y usa un teléfono celular
<input type="checkbox"/> No hablo con extraños
<input type="checkbox"/> Camina por la vecindad
<input type="checkbox"/> Mira a ambos lados antes de cruzar la calle
<input type="checkbox"/> Identifica y obedece signos de peligro (No entrar, Alto voltaje, etc.)
<input type="checkbox"/> Busca ayuda si se pierde
<input type="checkbox"/> Monta bicicleta
<input type="checkbox"/> Usa ACCESS
<input type="checkbox"/> Usa el autobús
<input type="checkbox"/> Utiliza transferencias de autobús
<input type="checkbox"/> Tiene licencia de conducir
<b>Número total de casillas marcadas para la Categoría D :</b>

<b>Información Adicional sobre el Acceso a la Comunidad</b>
¿Con que frecuencia el cliente accede a la comunidad <u>con otros</u> <input type="checkbox"/> Diario <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual <input type="checkbox"/> No accede a la comunidad con otros en este momento
¿Con que frecuencia el cliente accede a la comunidad <u>solo</u> ? <input type="checkbox"/> Diario <input type="checkbox"/> Semanal <input type="checkbox"/> Mensual <input type="checkbox"/> No accede a la comunidad solo en este momento
¿Ha participado el cliente en alguno de los siguientes?: <input type="checkbox"/> Entrenamiento de Movilidad <input type="checkbox"/> Educación de Conductor <input type="checkbox"/> Otro(s) curso(s) relacionados, por favor liste:  En caso de que si, describa brevemente el resultado del entrenamiento. <i>(Es decir, si el entrenamiento fue completado exitosamente, ¿hubo barreras para la adquisición de habilidades?)</i>
Enumere cualquier preocupación de seguridad de la comunidad incluyendo las necesidades de comportamiento o medicas:
Enumere las metas actuales de Acceso a la Comunidad del cliente:

# EVALUACION DE HABILIDADES DE VIDA INDEPENDIENTE (ILS) DEL CENTRO REGIONAL HARBOR

<b>INSTRUCCIONES DE PUNTUACION</b>	
<p>En la tabla a continuación, ingrese el número de casillas marcadas para cada categoría en la columna de habilidades actuales</p>	
<ul style="list-style-type: none"> <li>• Compare el número de cada categoría con los criterios de la columna <b>Requisitos Mínimos</b> y la columna <b>Nivel de Habilidad</b> adecuado. Marque (<input checked="" type="checkbox"/>) las casillas que correspondan.</li> <li>• Para asegurarse de que el cliente puede beneficiarse del programa ILS, los requisitos mínimos deben cumplirse para las categorías de A - C. Esto indicaría que el cliente tiene el marco necesario para comenzar el entrenamiento ILS.</li> <li>• La columna <b>Nivel de Habilidad Adecuada</b> representa las áreas en las que el cliente ya ha desarrollado un conjunto de habilidades básicas. Si se comprueban dos o más cuadros en esta columna, esto indicaría que no se necesitara capacitación ILS.</li> <li>• Utilice el espacio proporcionado a continuación para cualquier información adicional utilizada para el proceso de evaluación.</li> </ul>	

<b>Categoría</b>		<b>Habilidades Actuales</b>	<b>Requisitos Mínimos</b>	<b>Nivel de Habilidad Adecuada</b>
A	Administración del Dinero	Fuera de 12	<input type="checkbox"/> 2 o mas	<input type="checkbox"/> 10 o mas
B	Preparación de Comida	Fuera de 17	<input type="checkbox"/> 3 o mas	<input type="checkbox"/> 13 o mas
C	Servicio de Limpieza	Fuera de 22	<input type="checkbox"/> 4 o mas	<input type="checkbox"/> 17 o mas
D	Acceso a la Comunidad	Fuera de 14	No Aplica	<input type="checkbox"/> 11 o mas

<b>INFORMACION ADICIONAL</b>	

**IMPRESIÓN GENERAL Y RECOMENDACIONES**

\_\_\_\_\_  
Firma del Asesor

\_\_\_\_\_  
Fecha de Evaluacion

## Supported Living Services Standardized Assessment Questionnaire

Per WIC § 4689(p)(1), this questionnaire is designed to ensure that individuals in or entering supported living arrangements receive the appropriate amount and type of supports to meet the person's choice and needs as determined by the IPP team.

The IPP team is to complete the questionnaire at the time of development, review, or modification of an individual's IPP. The questionnaire, in conjunction with the service provider's comprehensive assessment, will assist the team in determining if the services recommended or provided are necessary, that generic resources are utilized to the fullest extent possible, and the most cost effective methods of service provision are utilized. If this process results in a reduction of services, the regional center is to inform the individual of the reason for the reduction and provide the individual a written notice of fair hearing rights pursuant to WIC § 4701.

Name: \_\_\_\_\_

UCI: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Support Questions	Answers	Comments
1. Are medical considerations/supports necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
2. Are considerations/supports for medications or treatments necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
3. Are behavioral considerations/supports necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
4. Does the individual require the personal care, transfers, toileting, and/or feeding as detailed in the support plan?	<input type="radio"/> Yes <input type="radio"/> No	
5. Are safety and emergency procedures necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
6. Have all the possible support alternatives been considered (e.g. med. planners, telephone check-in systems, self-checklist programs, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	
7. Are IHSS hours maximized?	<input type="radio"/> Yes <input type="radio"/> No	
8. Are generic services/supports maximized?	<input type="radio"/> Yes <input type="radio"/> No	
9. Are natural supports maximized and are there sufficient opportunities to maintain and expand them (e.g. Circle of Support, friends, family, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	

Support Questions	Answers	Comments
10. Is technology maximized (e.g. Lifeline, electric door openers, speaker phones, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	
11. Are financial resources adequate to meet the individual's needs (e.g. rent, utilities, food, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	
12. Are considerations/supports for financial management necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
13. Has shared housing been considered? If "no", why not?	<input type="radio"/> Yes <input type="radio"/> No	
14. If individual lives with others, are supports shared? If "no", why not?	<input type="radio"/> Yes <input type="radio"/> No	
15. Does the individual assist or supervise in household duties to the fullest extent possible?	<input type="radio"/> Yes <input type="radio"/> No	
16. Does the individual assist or supervise in meal planning, preparation and cleanup to the fullest extent possible?	<input type="radio"/> Yes <input type="radio"/> No	
17. Does the individual have opportunities to increase skills and abilities?	<input type="radio"/> Yes <input type="radio"/> No	
18. Can the individual use public transportation independently? If "yes", do they? If "no", why not?	<input type="radio"/> Yes <input type="radio"/> No	
19. Does the individual spend any time without support staff? If "no", why not?	<input type="radio"/> Yes <input type="radio"/> No	
20. Prior to receiving SLS, did the individual spend time alone in his/her home or community?	<input type="radio"/> Yes <input type="radio"/> No	
21. Have there been any attempts to fade SLS support in the last year?	<input type="radio"/> Yes <input type="radio"/> No	
22. Is there a systematic plan in place to fade SLS support?	<input type="radio"/> Yes <input type="radio"/> No	
23. Does the individual have overnight support? If "yes", is there an expectation for overnight support to fade? If support is not expected to fade, why not?	<input type="radio"/> Yes <input type="radio"/> No	

**Summary of Recommendations (Continue on page 3):**

**Summary of Recommendations cont'd:**

## Cuestionario Estandarizado de Evaluación de los Servicios de Vivienda con Ayuda

Por WIC § 4689(p) (1), este cuestionario está diseñado para asegurar que los individuos que están y los que ingresen reciban la cantidad de apoyo, y que reciban la cantidad y el tipo de apoyo adecuados para satisfacer las necesidades y la elección de la persona según lo determinado por el equipo de IPP.

El equipo de IPP debe completar el cuestionario en el momento del desarrollo, revisión o modificación del IPP de un individuo. El cuestionario, junto con la evolución integral del proveedor de servicios, ayudara al equipo a determinar si los servicios recomendados o proporcionados son necesarios, y que los recursos genéricos se utilicen en la mayor medida posible y que se utilicen los métodos más rentables de provisión de servicios. Si este proceso resulta en una reducción de servicios, el centro regional debe informar al individuo de la razón de la reducción y proporcionar al individuo un aviso por escrito de derechos de audiencia imparcial de acuerdo con WIC § 4701

Nombre: \_\_\_\_\_

UCI: \_\_\_\_\_

Coordinador de Servicio: \_\_\_\_\_

Fecha: \_\_\_\_\_

Preguntas de Apoyo	Respuestas	Comentarios
1. ¿Son necesarias y suficientes las consideraciones/apoyos médicos	<input type="radio"/> Sí <input type="radio"/> No	
2. ¿Son necesarias y suficientes las consideraciones/apoyos para medicamentos o tratamientos?	<input type="radio"/> Sí <input type="radio"/> No	
3. ¿Son necesarias y suficientes las consideraciones/apoyos de comportamiento?	<input type="radio"/> Sí <input type="radio"/> No	
4. ¿El individuo requiere el cuidado personal, las transferencias, el ir al baño y/o la alimentación como se detalla en el plan de apoyo?	<input type="radio"/> Sí <input type="radio"/> No	
5. ¿Son necesarios y suficientes los procedimientos de seguridad y emergencia?	<input type="radio"/> Sí <input type="radio"/> No	
6. ¿Se han considerado todas las posibles alternativas de apoyo (por ejemplo, planificadores médicos, sistemas de facturación telefónica, programas de auto-verificación)	<input type="radio"/> Sí <input type="radio"/> No <input type="radio"/>	
7. ¿Se maximizan las horas de IHSS?	<input type="radio"/> Sí <input type="radio"/> No	
8. ¿Se maximizan los servicios/soportes genéricos	<input type="radio"/> Sí <input type="radio"/> No	
9. ¿Se maximizan los apoyos naturales y hay suficientes oportunidades para mantenerlos y expandirlos (por ejemplo, Circulo de Apoyo, amigos, familia, etc.)?	<input type="radio"/> Sí <input type="radio"/> No	

Preguntas de Apoyo	Respuestas	Comentarios
10. ¿Se maximiza la tecnología? (por ejemplo, Lifeline, teléfonos con altavoz)	<input type="radio"/> Yes <input type="radio"/> No	
11. ¿Los recursos financieros son adecuados para satisfacer las necesidades del individuo (por ejemplo, alquiler, servicios públicos, alimentos, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	
12. ¿Son necesarias y suficientes las consideraciones/apoyos para el manejo financiero?	<input type="radio"/> Yes <input type="radio"/> No	
13. ¿Se ha considerado la vivienda compartida? Si no, ¿Por qué?	<input type="radio"/> Yes <input type="radio"/> No	
14. ¿Si la vida individual con los demás, son apoyos compartidos? Si no, ¿Por qué no?	<input type="radio"/> Yes <input type="radio"/> No	
15. ¿El individuo asiste o supervisa las tareas domésticas en la mayor medida posible?	<input type="radio"/> Yes <input type="radio"/> No	
16. ¿El individuo asiste o supervisa en la planificación de comidas, preparación y limpieza en la mayor medida posible?	<input type="radio"/> Yes <input type="radio"/> No	
17. ¿El individuo tiene oportunidades de aumentar destrezas y habilidades?	<input type="radio"/> Yes <input type="radio"/> No	
18. ¿Puede el individuo utilizar el transporte público de forma independiente? Si, "si", lo utilizan? Si no, ¿ por que no?	<input type="radio"/> Yes <input type="radio"/> No	
19. ¿El individuo pasa algún tiempo sin personal de apoyo? Si no, ¿Por qué no?	<input type="radio"/> Yes <input type="radio"/> No	
20. Antes de recibir SLS, ¿el individuo pasaba tiempo solo en su hogar o comunidad?	<input type="radio"/> Yes <input type="radio"/> No	
21. ¿Ha habido algún intento de atenuar el apoyo de SLS en el último año?	<input type="radio"/> Yes <input type="radio"/> No	
22. ¿Existe un plan sistemático en el lugar para atenuar el soporte de SLS?	<input type="radio"/> Yes <input type="radio"/> No	
23. ¿El individuo tiene apoyo durante la noche? Si es "si", ¿hay una expectativa de que el apoyo de la noche a la mañana se desvanezca? Si no se espera que el apoyo desaparezca, ¿Por qué no?	<input type="radio"/> Yes <input type="radio"/> No	

**Resumen de Recomendaciones (Continúa en la página 3)**



**Resumen de Recomendaciones continuado:**

**HARBOR REGIONAL CENTER  
SUPPORTED LIVING SERVICES (SLS) ASSESSMENT**

Client Name:

UCI:

DOB:

Preferred Language:

Address:

Service Coordinator:

Report Date:

Assessment Date(s):

Report Completed by:

Individuals Interviewed (Name & Relationship):

Reports Reviewed:

**Client Description**

Ambulation status:

Ambulatory  Non-Ambulatory:  Walker  Wheelchair

Communication skills:

Verbal:  Full Sentences  Phrases  Single Words

Non-Verbal:  Gestures  Communication Aid/Device: *Indicate type*

Transportation utilized:

Drives  Bus  ACCESS  Family  Other: *List*

Children:

No  Yes

If yes, indicate number of children: \_\_\_\_\_

Do they reside with the client?  No  Yes

DCFS involvement?  No  Yes: *Describe*

Additional information: *Include any relevant information not previously covered in this section.*

*Example: Client can ambulate short distances, but utilizes a wheelchair when in the community.*

**Purpose of the Assessment**

Initially Entering SLS  Potential Increase in SLS  Other: *Describe*

# HARBOR REGIONAL CENTER SUPPORTED LIVING SERVICES (SLS) ASSESSMENT

## **Natural Supports**

*Include the name and relationship of individuals (friends, family, etc.) providing natural support to the client. Describe the type of support offered.*

## **Current Living Arrangement**

*Residence type: Describe the residence setting. Include what type of housing (house, apartment, single room occupancy, etc.), number of bedrooms, modifications made or needed (grab bars, ramps, alarm system, widening of doors, etc.), repairs needed, etc.*

*Resides with: Indicate who the client currently resides with and describe the level of support they provide (if applicable). Also indicate if the client resides with other Regional Center clients (omit the names of other clients).*

## **Proposed Living Arrangement**

*Residence type: Describe the type of residence desired that will meet the client's current needs. Include what type of housing (house, apartment, single room occupancy, etc.), number of bedrooms, and modifications needed (grab bars, ramps, alarm system, widening of doors, etc.).*

*To reside with: Indicate who the client plans on residing with and what level of support they may offer (if applicable). Also indicate if the client plans to reside with other Regional Center clients (omit the names of other clients).*

*Relocation plan: Describe the current plan for relocation (timeframe, who will assist, etc.).*

## **Emergency & Safety**

*Including, but not limited to, the following:*

- *Evacuating the residence during an emergency*
- *Basic fire prevention (safety when smoking, proper use of appliances/electrical cords, etc.)*
- *Accessing emergency services (fire, police, etc.)*
- *Locking and unlocking doors and windows as appropriate*
- *Determining when professional medical help is needed*

*Assessment method: Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

*Level of support needed: Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

# HARBOR REGIONAL CENTER SUPPORTED LIVING SERVICES (SLS) ASSESSMENT

## **Health**

Assessment method: *Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

### **Serious medical condition(s):**

No  Yes: *List*

Level of support needed for management of medical condition(s): *Describe the current level of support needed (monitoring blood sugar, blood pressure, insulin injections, etc.). Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

### **Medication(s):**

No  Yes: *List*

Level of supported needed with medication administration: *Describe the current level of support needed and include specific information regarding the medication administration process. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

### **Durable medical equipment:**

No  Yes: *List*

### **Unusual sleeping patterns:**

No  Yes: *Describe (awakens several times throughout the night, stays up excessively late, has insomnia, etc.). Include the level of support needed throughout the night (if applicable).*

Additional support needed for health maintenance: *Describe the current level of support needed in this area including, but not limited to, the following:*

- *Recognizing signs and symptoms of colds, flus, and other common illnesses*
- *Nursing self through cold or flu and other minor illnesses*
- *Scheduling and attending medical/dental appointments*
- *Following doctor's orders*
- *Monitoring for side effects of medication (if applicable)*

*Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

### **Nursing Assessment recommended:**

No  Yes: *Explain*

# HARBOR REGIONAL CENTER SUPPORTED LIVING SERVICES (SLS) ASSESSMENT

## **Mental & Behavioral Health**

Assessment method: *Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

### **Mental health diagnosis:**

No  Yes: *specify*

### **Psychotropic medication(s):**

No  Yes: *specify*

### **Maladaptive behaviors:**

No  Yes (check all that apply and briefly describe):

Self injurious behavior:

Physical aggression towards others:

Property destruction:

Other(s): *List and describe*

### **History of drug and/or alcohol abuse:**

No  Yes: *Provide a brief summary.*

Level of support needed: *Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

## **Personal Appearance & Hygiene**

*Including, but not limited to, the following:*

- *Dressing, bathing, oral hygiene, and shaving*
- *Toileting (including menses care)*
- *Machine washing clothing*

Assessment method: *Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

Level of support needed: *Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

## **Interpersonal Skills**

*Examples may include the following:*

## **HARBOR REGIONAL CENTER SUPPORTED LIVING SERVICES (SLS) ASSESSMENT**

- *Boundary issues*
- *Resolving conflicts*
- *Protecting self from exploitation*
- *Avoiding hurtful or dangerous relationships*

Assessment method: *Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

Level of support needed: *Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

### **Money Management**

*Including, but not limited to, the following:*

- *Completing purchase transactions*
- *Budgeting*
- *Paying Bills*
- *Writing checks and making deposits*

Assessment method: *Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

Level of support needed: *Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

### **Meal Preparation**

*Including, but not limited to, the following:*

- *Preparing meals*
- *Operating kitchen appliances*
- *Completing grocery shopping trips*
- *Properly storing food items*
- *Recognizing signs of spoilage in food*

Level of support needed: *Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

# HARBOR REGIONAL CENTER SUPPORTED LIVING SERVICES (SLS) ASSESSMENT

## **Housekeeping**

*Including, but not limited to, the following:*

- *Maintaining the residence in a reasonably clean state*
- *Recognizing and seeking assistance when household repairs are needed*

*Assessment method: Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

*Level of support needed: Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

## **Community Access**

*Including, but not limited to, the following:*

- *Distinguishing between friends and strangers*
- *Safely crossing the street*
- *Identifying and obeying danger signs*
- *Seeking assistance when lost*

*Assessment method: Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

*Level of support needed: Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

## **Legal Involvement**

No  Yes:  Current involvement  Prior involvement

*Description: Summarize the information and indicate current status (ongoing court dates, probation information, sex offender status, etc.).*

*Assessment method: Describe how the information in this section was obtained including interviews, observations, record reviews, etc.*

*Level of support needed: Describe the current level of support needed. Indicate if there is potential for training or if the same level of support will likely be required. Indicate whether the client has the ability to complete a specific task, but declines to do so.*

**HARBOR REGIONAL CENTER  
SUPPORTED LIVING SERVICES (SLS) ASSESSMENT**

**Assessment Overview**

*Summarize the assessment and provide an overall impression of current need for support (mild, moderate or substantial).*

\_\_\_\_\_  
Assessor's Signature

\_\_\_\_\_  
Date



# CENTRO REGIONAL HARBOR

## EVALUACION DE SERVICIOS DE VIVIENDA DE APOYO (SLS)

Nombre de Cliente:

UCI:

DOB:

Lenguaje de Preferencia:

Dirección:

Coordinador de Servicio:

Fecha del Informe:

Fecha(s) de Evaluación:

Informe Completado por:

Individuales Entrevistados (Nombre y relación):

Informes Revisados:

### Descripción del Cliente

Estado de Ambulación:

Ambulatorio  No Ambulatorio:  Andador  Silla de Ruedas

Habilidades de Comunicación:

Verbal:  Oraciones Completas  Frases  Palabras

No-Verbal:  Gestos  Ayuda de para Comunicación/Dispositivo: *Indicar el tipo*

Transportación Utilizada:

Maneja  Bus  ACCESS  Familia  Otro: *describa*

Niños:

No  Si

En caso que sí, indique cuantos: \_\_\_\_\_

Residen con el cliente?  No  Si

Participación en DCFS?

No  Si: *Describe*

Información Adicional: *Incluya cualquier información relevante que no haya sido cubierta anteriormente en esta sección. Ejemplo: El cliente puede recorrer distancias cortas, pero utiliza una silla de ruedas cuando está en la comunidad.*

# CENTRO REGIONAL HARBOR

## EVALUACION DE SERVICIOS DE VIVIENDA DE APOYO (SLS)

### **Propósito de Evaluación:**

Nuevo en SLS  Aumento Potencial en SLS  Otro: *Describe*

### **Soportes Naturales**

*Incluya el nombre y la relación de los individuos (amigos, familia, etc.) proporcionando apoyo natural al cliente. Describa el tipo de apoyo ofrecido.*

### **Arreglo de Vivienda Actual**

*Tipo de Residencia: Describa la residencia. Incluya que tipo de vivienda (casa, apartamento, habitación individual, etc.), número de dormitorios, modificaciones hechas o necesarias (barras de apoyo, rampas, sistema de alarma, ensanchamiento de puertas, etc.), reparaciones necesarias, etc.*

*Reside con: Indique con quien reside actualmente y describa el nivel de apoyo que proporcionan (si corresponde). También indique si el cliente reside con otros clientes del Centro Regional (omite los nombres de otros clientes).*

### **Propuesta de Arreglo de Vivienda**

*Tipo de Residencia: Describa el tipo de residencia deseada que satisfaga las necesidades actuales del cliente. Incluya que tipo de vivienda (casa, apartamento, habitación individual, etc.), el número de habitaciones y las modificaciones necesarias (barras de apoyo, rampas, sistema de alarma, ensanchamiento de puertas, etc.).*

*Para residir con: Indique con quien planea residir y que nivel de apoyo puede ofrecer (si corresponde). También indique si el cliente planea residir con otros clientes del centro regional (omite los nombres de otros clientes).*

*Plan de Reubicación: Describa el plan actual de reubicación (calendario, quien ayudara, etc.).*

**EVALUACION DE SERVICIOS DE VIVIENDA DE APOYO (SLS)**

**Emergencia y Seguridad**

*Incluyendo, pero no limitado a, lo siguiente:*

- *Evacuación de la residencia durante una emergencia*
- *Prevención básica de incendios (seguridad al fumar, uso adecuado de electrodomésticos/cables eléctricos, etc.)*
- *Acceso a servicios de emergencia (fuego, policía, etc.)*
- *Bloqueo y desbloqueo de puertas y ventanas según correspondo*
- *Determinar cuándo se necesita ayuda medical profesional*

Método de evaluación: Describa como se obtuvo la información de esta sección incluyendo entrevistas, observaciones, revisiones de registros, etc.

Nivel de apoyo necesario: Describa el nivel actual de apoyo necesario. Indique si existe la posibilidad de capacitación o si es probable que se necesite el mismo nivel de apoyo. Indique si el cliente tiene la capacidad de completar una tarea específica, pero se niega a hacerlo.

**Salud**

Método de Evaluación: *Describa como se obtuvo la información de esta sección incluyendo entrevistas, observaciones, revisiones de registros, etc.*

**Condiciones Médicas Serias**

No  Si: *Listar*

Nivel de apoyo necesario para el manejo de la condición médica: *Describa el nivel actual de apoyo necesario (monitoreo de azúcar en la sangre, presión arterial, inyecciones de insulina, etc.). Indique si existe la posibilidad de capacitación o si es probable que se necesite el mismo nivel de apoyo, Indique si el cliente tiene la capacidad de completar una tarea específica, pero se niega a hacerlo.*

## CENTRO REGIONAL HARBOR

### EVALUACION DE SERVICIOS DE VIVIENDA DE APOYO (SLS)

#### Medicamento (s)

No  Si: *Listar*

Nivel de apoyo necesario con la administración de la medicación: *Describa el nivel de apoyo necesario e incluya información específica sobre el proceso de administración de la medicación. Indique si existe la posibilidad de capacitación o si es probable que se necesite el mismo nivel de apoyo, Indique si el cliente tiene la capacidad de completar una tarea específica, pero se niega a hacerlo.*

#### Equipo Médico Duradero

No  Si: *Listar*

#### Patrones de Sueno Inusuales:

No  Si: *Describa (despierta varias veces a lo largo de la noche, se queda demasiado tarde, tiene insomnio, etc.). Incluya el nivel de apoyo necesario durante toda la noche (so corresponde).*

Apoyo adicional necesario para el mantenimiento de la salud: *Describa el nivel actual de apoyo necesario en esta área incluyendo, pero no limitado a, lo siguiente:*

- *Reconociendo los signos y síntomas de resfriados, flus y otras enfermedades comunes*
- *Enfermería a través del resfriado o la gripe y otras enfermedades menores*
- *Programar y asistir a citas médicas y dentales*
- *Seguimiento las ordines del medico*
- *Control de los efectos secundarios de la medicación (si procede)*

*Indique si existe la posibilidad de capacitación o si es probable que se necesite el mismo nivel de apoyo. Indique si el cliente tiene la capacidad de completar una tarea específica, pero se niega a hacerlo.*

## CENTRO REGIONAL HARBOR

### EVALUACION DE SERVICIOS DE VIVIENDA DE APOYO (SLS)

#### **Evaluación de Enfermería Recomendada:**

- No  Si: *Explique*

#### **Salud Mental y del Comportamiento**

Método de evaluación: Describa como se obtuvo la información de esta sección incluyendo entrevistas, observaciones, revisiones de registros, etc.

#### **Diagnóstico de Salud Mental**

- No  Si: *Especificar*

#### **Medicamentos Psicotrópicos**

- No  Yes: *Especificar*

#### **Comportamientos Des adaptativos:**

- No  Si (marque todas las que apliquen y describa brevemente):
- Comportamiento auto agresivo
  - Agresión física hacia los demás
  - Destrucción de Propiedad
  - Otro(s): *Listar y describir*

#### **Historia del Abuso de drogas y/o Alcohol:**

- No  Si: *De un breve resumen*

Nivel de apoyo necesario: *Describa el nivel actual de apoyo necesario. Indique si existe la posibilidad de capacitación o si es probable que se necesite el mismo nivel de apoyo. Indique si el cliente tiene la capacidad de completar una tarea específica, pero se niega a hacerlo.*

## CENTRO REGIONAL HARBOR

### EVALUACION DE SERVICIOS DE VIVIENDA DE APOYO (SLS)

#### **Apariencia Personal e Higiene**

*Incluyendo, pero no limitado a, lo siguiente:*

- *Vestimenta, baño, higiene bucal y afeitado*
- *Aseo (incluyendo el cuidado de las menstruaciones)*
- *Ropa de lavado a maquina*

*Método de Evaluación: Describa como se obtuvo la información de esta sección incluyendo entrevista, observaciones, revisiones de registros, etc.*

*Nivel de apoyo necesario: Describa el nivel actual de apoyo necesario. Indique si existe la posibilidad de capacitación o si es probable que se necesite el mismo nivel de apoyo. Indique si el cliente tiene la capacidad de completar una tarea específica, pero se niega a hacerlo.*

#### **Habilidades Interpersonales**

*Los ejemplos pueden incluir lo siguiente:*

- *Problemas de limites*
- *Resolución de conflictos*
- *Protegerse de la explotación*
- *Evitar las relaciones peligrosas o dañinas*

*Método de Evaluación: Describa como se obtuvo la información de esta sección incluyendo entrevistas, observaciones, revisiones de registros, etc.*

*Nivel de apoyo necesario: Describa el nivel actual de apoyo necesario. Indique si existe la posibilidad de capacitación o si es probable que se necesite el mismo nivel de apoyo. Indique si el cliente tiene la capacidad de completar una tarea específica, pero se niega a hacerlo.*

**CENTRO REGIONAL HARBOR**  
**EVALUACION DE SERVICIOS DE VIVIENDA DE APOYO (SLS)**

**Administración del Dinero**

*Incluyendo, pero no limitado a , los siguiente:*

- *Completar transacciones de compra*
- *Presupuesto*
- *Pagando cuentas*
- *Escribir cheques y hacer depósitos*

*Método de Evaluación: Describa como se obtuvo la información de esta sección incluyendo entrevistas, observaciones, revisiones de registros, etc.*

*Nivel de apoyo necesario: Describa el nivel actual de apoyo necesario. Indique si existe la posibilidad de capacitación o si es probable que se necesite el mismo nivel de apoyo. Indique si el cliente tiene la capacidad de completar una tarea específica, pero se niega a hacerlo.*

**Preparacion de la Comida**

*Incluyendo, pero no limitado a lo, siguiente*

- *Preparación de las comidas*
- *Operación de electrodomésticos de cocina*
- *Completando viajes de compras de comestibles*
- *Almacenamiento adecuado de alimentos*
- *Reconocer signos de deterioro en los alimentos*

*Nivel de apoyo necesario: Describa el nivel actual de apoyo necesario. Indique si existe la posibilidad de capacitación o si es probable que se necesite el mismo nivel de apoyo. Indique si el cliente tiene la capacidad de completar una tarea específica, pero se niega a hacerlo.*

## CENTRO REGIONAL HARBOR

### EVALUACION DE SERVICIOS DE VIVIENDA DE APOYO (SLS)

#### **Servicio de Limpieza**

*Incluyendo, pero no limitado a, lo siguiente:*

- *Mantener la residencia en un estado razonablemente limpio*
- *Reconocer y buscar ayuda cuando se necesitan reparaciones en el hogar*

*Método de Evaluación: Describa como se obtuvo la información de esta sección incluyendo entrevistas, observaciones, revisiones de registros, etc.*

*Nivel de apoyo necesario: Describa el nivel actual de apoyo necesario. Indique si existe la posibilidad de capacitación o si es probable que se necesite el mismo nivel de apoyo. Indique si el cliente tiene la capacidad de completar una tarea específica, pero se niega a hacerlo.*

#### **Acceso a la Comunidad**

*Incluyendo, pero no limitado a, lo siguiente:*

- *Distinguir entre amigos y extraños*
- *Cruzar la calle con seguridad*
- *Identificar y obedecer señales de peligro*
- *Buscar ayuda cuando se pierde*

*Método de Evaluación: Describa como se obtuvo la información de esta sección incluyendo entrevistas, observaciones, revisiones de registros, etc.*

*Nivel de apoyo necesario: Describa el nivel actual de apoyo necesario. Indique si existe la posibilidad de capacitación o si es probable que se necesite el mismo nivel de apoyo. Indique si el cliente tiene la capacidad de completar una tarea específica, pero se niega a hacerlo.*



**CENTRO REGIONAL HARBOR**  
**EVALUACION DE SERVICIOS DE VIVIENDA DE APOYO (SLS)**

**Participación Legal**

No  Si:  Participación Actual  Participación Previa

Descripción: *Resuma la información e indique el estado actual (fechas de la corte en curso, información de la libertad condicional, situación del delincuente sexual, etc.)*

Método de Evaluación: *Describa como se obtuvo la información de esta sección incluyendo entrevistas, observaciones, revisiones de registros, etc.*

Nivel de apoyo necesario: *Describa el nivel actual de apoyo necesario. Indique si existe la posibilidad de capacitación o si es probable que se necesite el mismo nivel de apoyo. Indique si el cliente tiene la capacidad de completar una tarea específica, pero se niega a hacerlo.*

**Descripción General de la Evaluación**

*Resuma la evaluación y proporcione una impresión general de la necesidad actual de apoyo (leve, moderado o sustancial).*

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Firma de Asesor

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Fecha

# HARBOR REGIONAL CENTER

## **Expectations for Supported Living Services (SLS)**

This document describes Harbor Regional Center's expectations for supported living services (SLS). These expectations reflect what people in supported living, their family members, Regional Center staff, and service providers have told us a supported living service should be like.

Underlying these expectations are the principles of client self-determination and person-centered thinking. People with disabilities make their own choices about where and how they live. These choices are respected. The primary purpose of supported living is to promote clients' self-determination and choice about where and how they live by providing as much support as needed for as long as needed. Client choice guides supported living services as long as these choices do not pose a threat to the client's health or safety or the health or safety of others.

### **Mission**

1. The SLS agency's mission statement specifically promotes respect for people with disabilities and their full participation in the community.
2. SLS instructors know the SLS agency's mission statement and can explain how it affects what they do with clients.

### **Client Rights and Responsibilities**

3. Clients are entitled to receive SLS irrespective of their abilities and personal characteristics;
4. Clients' training and support schedules are set up to accommodate their needs and preferences;
5. Clients choose their SLS agency and may request a change if they believe the match is not a good one;
6. Clients may continue to reside in their home even if they request a different SLS agency;
7. Clients choose their housemates;
8. Clients direct their own services;
9. Clients give consent before their SLS instructor talks to family members about their lives.

### **Client Training and Support**

10. Clients receive assessment, training, and support as necessary, to help them do the following:
  - Live their lives as valued members of the community,
  - Stay safe from harm,
  - Stay healthy,
  - Pay their bills and meet other financial responsibilities,
  - Develop positive housemate, landlord, and neighbor interactions and relationships,
  - Develop and keep friendships and other personal relationships, and
  - Engage in activities of their choice at home and in the community.
11. Clients who are parents have access to positive parenting instruction.
12. Clients are supported to develop skills and activities that they choose as goals.
13. Clients receive assistance from their SLS instructors to screen, interview, hire, and terminate personal attendants.
14. SLS instructors are knowledgeable about the clients' medical needs.

## **SLS Agency Responsibilities**

15. The SLS agency provides initial employment training for SLS instructors that includes:
  - Overview of Intellectual Disabilities,
  - Communication skills,
  - Conflict resolution,
  - Teaching techniques,
  - Basic principles of how people learn,
  - Assistive technology, and
  - Common medications and their side effects.
16. The SLS agency ensures that information about generic programs such as IHSS, SSI/SSA, HUD, and mental health services is readily available to SLS instructors.
17. The SLS agency pays the SLS instructors at least 150% of minimum wage and for at least 6 hours per month of non-direct care activities such as training and supervision.
18. The SLS agency requires the SLS instructors to attend training conducted by the regional center and other organizations.
19. The SLS agency ensures that SLS instructors are observed on the job by their immediate supervisors at least once per month.
20. The SLS agency has an internal coordinator of quality assurance.
21. The SLS agency ensures that SLS instructors maintain regular contact with the regional center and regularly attend quarterly and other meetings.
22. The SLS agency ensures that the regional center is provided with all required reports and documentation on a timely basis.
23. The SLS agency provides clients the opportunity to evaluate their SLS instructor and indicate whether or not they are satisfied.
24. The SLS agency includes the client in the process if there is a need to change their SLS instructor.
25. The SLS agency ensures that the client receives services from a backup instructor whom he or she knows if their SLS instructor is temporarily unavailable.
26. The SLS agency ensures that the SLS instructors communicate with the clients using the clients' preferred language and method of communication.
27. The SLS agency is available and accessible to the clients 24 hours/day, 7 days/week.



## **Supported Living Client/Staff/Agency Roles To Achieve The Most Effective Results In Supported Living**

### **The Client Will:**

- Choose to receive supported living services;
- Collaborate with all involved service partners (SLS staff, HRC Service Coordinator, IHSS workers, agencies, etc...);
- Be respectful of the roles of others involved;
- Be open to working as a team;
- Be willing to consider advice and intervention concerning important decisions;
- Be willing to meet with SLS staff in the home at scheduled times;
- Be willing to meet with his/her Regional Center Service Coordinator and openly discuss important issues on at least a quarterly basis;
- Actively participate in the supported living process by establishing future goals and reasonable expectations for achievement;
- Take responsibility for making progress and achieving goals;
- Keep his/her HRC Service Coordinator informed regarding any issues concerning his/her supported living service provider, IHSS staff, etc;
- Take as much responsibility as possible for financial planning and budgeting;
- Collaborate with his/her SLS coach for budgeting assistance and support as needed;
- Take as much responsibility as possible for maintaining a safe and clean home environment;
- Be open to accepting housekeeping assistance and support as needed;
- Take as much responsibility as possible for maintaining or improving overall health status.

## **The SLS Staff Will:**

### **Communicate**

- Respect the client's right to privacy and obtain permission from the client before speaking to others involved in the client's life;
- Remain sensitive to matters that are personal in nature;
- Observe appropriate boundaries and refrain from developing personal relationships with the client;
  - Assist the client with developing and maintaining relationships with family members while observing the client's wishes concerning boundaries and frequency of contact with family members;
  - Speak with the client in his/her preferred language in a manner that is clear and easily understood;
- Provide assistance for clients in securing roommate(s) and facilitating solutions when roommate issues arise;
- Provide assistance with landlord and neighbor disputes;
- Communicate with the HRC service coordinator on a consistent basis:
  - Report any important issues in a timely manner;
  - Document the number of client contacts and times in the log that is maintained at the client's residence;
- Report any special incident to HRC on the same day the incident occurs;

### **Support**

- Monitor the health, safety and welfare of all SLS clients served;
- Participate in the development of IPPs
- Assist clients with activities of daily living as needed including:
  - cooking, cleaning, paying bills and other activities of daily living;
  - personal care if needed as a supplement to IHSS.
- Monitor client progress on an ongoing basis;
- Attend quarterly meetings with the client and the Harbor Regional Center (HRC) service coordinator and provide accurate input concerning client progress;
- Assist with the coordination and follow up of medical needs and follow up

with doctors.

- assist the client with the organization of medication and development of reliable systems to ensure accurate dispensation (but not the direct administration of medications unless the SLS staff is a medical professional).

### **Advocate**

- Identify the need for assistive technology equipment or other modifications to clients' residences;
- Assist the client to access generic services in the community( such as IHSS, SSI, HUD, transportation, etc. ) and assist with coordinating these services to maximize effectiveness and positive outcomes
- Provide SLS support in the client's home during a time that is convenient for the client;
- Play an important role in helping clients who are parents to learn appropriate parenting skills;
- Assist with the client's process of employing personal assistants utilizing IHSS funds and with finding suitable individuals for this role.
  - assist with assessing whether the personal assistant is able to meet the client's needs.
  - verify that personal assistants respect the client's dignity and privacy while helping the client with personal hygiene, bathing, dressing, transferring, cleaning, communication, and home maintenance;
- Assist the client with locating and utilizing natural resources in the community including neighbors, churches, recreation centers, senior services and other clubs and organizations.

### **The Supported Living Agency Will:**

- Provide support and screening of all employees who work with clients;
- Provide training and support for staff concerning working with individuals with severe physical or behavioral challenges and other barriers;
- Provide 24 hour emergency assistance when needed and ensure clients are knowledgeable about how to access this support;
- Facilitate clients' selection of SLS staff and management of their own services;
- Conduct periodic unannounced visits to clients' homes to observe and monitor supported living services being provided by direct support staff;

- Ensure that back-up SLS staff is available when needed;
- Be aware of client health issues, concerns and medications;
- provide comprehensive reports in a timely manner written in an HRC approved format;
- communicate any concerns to the HRC service coordinator, manager and HRC provider relations specialist liaison as needed and assist in resolving concerns as they may arise;
- ensure that clients sign the log at each SLS contact; and
- schedule the SLS staff appointments with clients at times that are convenient to the client.

**The Harbor Regional Center Service Coordinator Will:**

- ensure clients are informed about the SLS service requirements and are satisfied with the SLS service;
- help clients coordinate generic services and facilitate communication with these services.
- Meet with the client and others chosen by the client at least quarterly to discuss progress and modify plans as needed;
- Complete and distribute to the client and the SLS provider a written quarterly review report based upon the quarterly meeting discussion.
- Review reports from the SLS provider to monitor progress and continued need for service, and continued relevance of goals. Review reports to ensure that specific client needs are addressed in a sensitive and respectful manner.
- Mediate interpersonal disputes between clients and SLS providers/workers.

**The Harbor Regional Center Provider Relations Liaison Will:**

- Monitor quality of SLS service and provide ongoing support, training and technical assistance for SLS agencies;
- Be available for consultation with HRC staff and SLS agency staff when issues arise regarding quality of SLS service;
- Monitor compliance with contract and regulatory requirements.



**Date of this Report:**

**Client Name:**

**UCI#:**

**DOB:**

**HRC Service Coordinator Name:**

**SLS Support Staff Name(s):** List support staff name and position. If there has been change(s) in support staff during report period, please indicate names of all staff that provided support for client.

**Level of Support:** \_\_\_\_\_

**Reporting Period:** \_\_\_\_\_ to \_\_\_\_\_

**Type of Report:** \_\_\_\_\_ (Semi-Annual, Other, Exit)

**Quality Monitoring Visit(s) Completed During Report Period:** Specify name and position of supervisor/manager completing quality monitoring visit(s). Indicate whether visits were announced or un-announced face-to-face visits in client home or telephone call(s)? What was reviewed (documentation log) and/or observed during monitoring visit? What was client's feedback about the services he/she receives? If concerns expressed, discuss agency response/follow up?

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## HOME

**CURRENT STATUS:** *Information in this section should be confirmed as accurate by service provider. This can be accomplished via direct observation, verbal or written communication.*

Indicate client's current address and phone number. If no phone, how is client contacted (friend, neighbor, family, e-mail)? Briefly describe setting (apartment, shared home, motel, number of bedrooms, second floor, etc.).

If client does not live alone, describe relationship(s) to those who live in the home (husband, children, etc.) and indicate whether client is satisfied or dissatisfied with the current situation.

Discuss household expenses and how divided (if shared living arrangement).

Discuss, in detail, client's ability to:

- 1) safely prepare a variety of foods using microwave/stove, etc. and store food stuffs
- 2) complete personal care tasks (bathing, grooming, toileting) independently
- 3) access and navigate community independently



- 4) prepare in advance for and respond appropriately to an emergency situation
- 5) manage his/her budget such that all bills are paid in timely manner
- 6) purchase items independently, count currency, write checks & manage bank account
- 7) maintain home so that it is free of health and safety hazards
- 8) self-advocate with landlord and other generic resources (I.H.S.S., etc.) and
- 9) communicate and problem solve roommate, neighbor or other inter-personal issues

**DESIRED OUTCOME(S):** *List previous desired outcome(s) and indicate whether outcome(s) was met, will be continued, discontinued or modified. Identify any new goals that will promote greater independence. There may be more than one desired outcome in this area. The outcome(s) should be specific, measurable, achievable and result oriented with time frame(s).*

**PLAN(S) OF SUPPORT:** *List previous support plan(s) for each desired outcome and indicate whether plan(s) will be continued, discontinued or modified. Identify any new plan(s) which will assist client to make progress on desired outcome(s). Plans of support may include specific client and service provider responsibilities and natural and generic resources that will be utilized to assist client to make progress on desired outcome(s).*

**SUMMARY OF SUPPORT AND PROGRESS:** *Describe training, supports and advocacy provided during report period. Highlight supports which helped client make progress on desired outcome(s) and promoted client's desire to continue living independently in the community. Discuss what has been done to help client overcome barriers to progress.*

Areas to address include:

- 1) how often training and supports were provided and how support schedule was determined
- 2) location where training and supports were provided (I.e., in home, SSA office, etc.)
- 3) typical length of time spent with client during meetings
- 4) type of supports provided and creative methods used to assist client such as:
  - a) training – modeling, hand-over-hand, gestural and/or verbal prompts, written or pictorial instructions
  - b) support – assisting client to locate and access needed services from IHSS or other community agencies; helping client settle landlord disputes, schedule appointments, interview potential roommates or IHSS workers; locate new living arrangements, develop and adhere to a budget; techniques used to motivate client and/or reinforce success,
  - c) advocacy – supporting clients to express their desires, identify barriers, obtain and understand information to make informed decisions, attend special meetings and learn from experience; assist client to connect with helpful resources, know their rights, participate in civic duties and to become more self-sufficient

Describe progress made on previous desired outcome(s) above and discuss any significant changes during report period. Identify barriers or circumstances that may be preventing client from making progress or maintaining independent living status.

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## FINANCIAL

**CURRENT STATUS:** *Information in this section should be confirmed as accurate by SLS service provider. This can be accomplished via direct observation, verbal communication or written documents like paycheck stubs, SSI letters, etc.*

Indicate amount of monthly cash benefits from SSI, SSDI or retirement benefits. Does client receive quarterly SSI restoration payments? Bus/ACCESS vouchers? Is client engaged in supported or competitive employment? If so, where does client work and how paid (hourly, stipend, cash, bi-weekly check)? What is average gross pay each month?

Describe client's money management skills. For example, does client:

- 1) have enough money to pay rent, utilities and other bills on time each month? List amounts.
- 2) buy food, clothing and other necessities prior to making frivolous purchases?
- 3) have checking and/or savings account at bank(s)?
- 4) have capability to pay expenses via check, money order, cash, debit/cash card?
- 5) owe outstanding debts to creditors, have high credit card balances or
- 6) need to borrow money each month to meet obligations?

Is client his/her own representative payee? If not, who is payee? Does client or representative payee report monthly earnings to SSA office? Does client own assets such as a home, car or burial trust?

Does client receive additional non-cash benefits such as section-8, WIC, AFDC, I.H.S.S. award, food stamps and/or utilize free community resources such as food banks?

**DESIRED OUTCOME(S):** *List previous desired outcome(s) and indicate whether outcome(s) was met, will be continued, discontinued or modified. Identify any new goals that will promote greater financial independence. There may be more than one desired outcome in this area. The outcome(s) should be specific, measurable, achievable and result oriented with time frame(s).*

**PLAN(S) OF SUPPORT:** *List previous support plan(s) for each desired outcome and indicate whether plan(s) will be continued, discontinued or modified. Identify any new plan(s) which will assist client to make progress on desired outcome(s). Plans of support may include specific client and service provider responsibilities and natural and generic resources that will be utilized to assist client to make progress.*

**SUMMARY OF SUPPORT AND PROGRESS:** *Describe training, supports and advocacy provided during report period. Highlight supports which helped client make progress on desired outcome(s) and promote financial responsibility and independence. Discuss what has been done to help client overcome barriers to progress. Describe progress made on previous desired outcome(s) above*

*and discuss any significant changes during report period. Identify barriers or circumstances that may be preventing client from making progress or becoming more financially independent.*

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## **HEALTH**

**CURRENT STATUS:** *Information in this section should be confirmed as accurate by SLS service provider (not based upon client statements alone). This can be accomplished via direct observation, verbal communication with physicians or others or review of written records.*

Discuss client's current physical and mental health status. For example, describe:

- 1) medical conditions (diabetes, high cholesterol or blood pressure, obesity, seizures, etc.) and/or mental health diagnosis (schizophrenia, depression, etc.)
- 2) medication regimen (name of medication, dosage, frequency) and specific indication(s)
- 3) client's ability to manage medication regimen appropriately and how managed
- 4) equipment needed to assist with ambulation, mobility or other health issues
- 5) sensory deficits (vision, hearing, etc.) and any prescribed devices (lenses, aides, etc.)
- 6) reproductive health (both men and women) and associated risks, if any

List name, address and phone number of treating physicians (dentist, psychiatrist, gastroenterologist, cardiologist, gynecologist, etc.). When was client's last visit? Discuss client's ability to schedule and transport self to/from medical appointments.

What insurance (MediCal, MediCare, HMO, PDP, private pay) does client use to pay for visits and medication(s)? Does client have benefit card(s) in his/her possession? If so, indicate benefit number(s) and issue dates(s).

**DESIRED OUTCOME(S):** *List previous desired outcome(s) and indicate whether outcome(s) was met, will be continued, discontinued or modified. Identify any new goals that will support client to remain healthy. There may be more than one desired outcome in this area. The outcome(s) should be specific, measurable, achievable and result oriented with time frame(s).*

**PLAN(S) OF SUPPORT:** *List previous support plan(s) for each desired outcome and indicate whether plan(s) will be continued, discontinued or modified. Identify any new plan(s) which will assist client to make progress on desired outcome(s). Plans of support may include specific client and service provider responsibilities and natural and generic resources that will be utilized to assist client to make progress.*

**SUMMARY OF SUPPORT AND PROGRESS:** *Describe training, supports and advocacy provided during report period. Highlight supports which helped client make progress on desired outcome(s) and maintain good health. Discuss what has been done to help client overcome barriers to progress. Describe progress made on previous desired outcome(s) and discuss any significant health changes during report period. Identify barriers or circumstances that may be preventing client from making progress or improving health status.*

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## **SAFETY / EMERGENCY PREPAREDNESS**

**CURRENT STATUS:** *Information in this section should be confirmed as accurate by SLS service provider (not based upon client statements alone). This can be accomplished via direct observation, verbal communication or written records.*

Describe client's safety skills and ability to respond in an emergency. For example, does client:

- 1) know what to do in case of earthquake, fire, power outages, etc.?
- 2) keep emergency supplies (medication, food, water) on hand?
- 3) have capability to dial "911" and understand reverse "911" calls?
- 4) post signage on front door, if using oxygen?
- 5) maintain functional back-up system if technology dependent and power outage occurs?
- 6) have ability to exit building if elevators and/or electric doors are non-functional?
- 7) maintain support network (neighbors, friends, relatives) who can be relied upon
- 8) know who to contact in case of emergency? phone numbers available?
- 9) have stranger awareness skills when out in the community?
- 10) know how to follow traffic and pedestrian laws?

If technology dependent, is the local fire department aware of client's needs?

Identify potential risks in the home: lack of functional smoke detectors, inappropriate maintenance of property, tripping hazards, security bars/doors not working properly, etc.

Identify potential risks in local community: high crime or gang activity, etc.

**DESIRED OUTCOME(S):** *List previous desired outcome(s) and indicate whether outcome(s) was met, will be continued, discontinued or modified. Identify any new goals that will support client to remain safe at home and in the community. There may be more than one desired outcome in this area. The outcome(s) should be specific, measurable, achievable and result oriented with time frame(s).*

**PLAN(S) OF SUPPORT:** *List previous support plan(s) for each desired outcome and indicate whether plan(s) will be continued, discontinued or modified. Identify any new plan(s) which will assist client to make progress on desired outcome(s). Plans of support may include specific client and service provider responsibilities and natural and generic resources that will be utilized to assist client to make progress. **Note: support staff must provide safety or emergency preparedness training monthly***

**SUMMARY OF SUPPORT AND PROGRESS:** *Describe training, supports and advocacy provided during report period. Highlight supports which helped client make progress on desired outcome(s), improve safety awareness and be prepared for an emergency. Discuss what has been done to help client overcome barriers to progress. Describe progress made on previous desired outcome(s)*

and discuss any significant changes during report period. Identify barriers or circumstances that may be preventing client from making progress or being safe and prepared for emergency situations.

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## RELATIONSHIPS AND COMMUNITY INVOLVEMENT

**CURRENT STATUS:** *Information in this section should be confirmed as accurate by SLS service provider (not based upon client statements alone). This can be accomplished via direct observation, verbal communication or written records.*

Does client know neighbors where they reside? Does client have relationships with friends or family members (beyond paid staff)?

Is client involved with activities in community (church, social programs, parks & recreation, etc.)? Is client involved in self-advocacy group, serve on a board and/or maintain membership in any other community service? Does client participate in civic duties (vote, serve on jury, etc.)?

How does client access community (public transportation, drives car, bike, friends, family, etc.)? Discuss mode of transportation used for simple and more complex routes.

**DESIRED OUTCOME(S):** *List previous desired outcome(s) and indicate whether outcome(s) was met, will be continued, discontinued or modified. Identify any new goals that will support client develop relationships and access community. There may be more than one desired outcome in this area. The outcome(s) should be specific, measurable, achievable and result oriented with time frame(s).*

**PLAN(S) OF SUPPORT:** *List previous support plan(s) for each desired outcome and indicate whether plan(s) will be continued, discontinued or modified. Identify any new plan(s) which will assist client to make progress on desired outcome(s). Plans of support may include specific client and service provider responsibilities and natural and generic resources that will be utilized to assist client to make progress.*

**SUMMARY OF SUPPORT AND PROGRESS:** *Describe training, supports and advocacy provided during report period. Highlight supports which helped client make progress on desired outcome(s), develop relationships and access community. Discuss what has been done to help client overcome barriers to progress. Describe progress made on previous desired outcome(s) and discuss any significant changes during report period. Identify barriers or circumstances that may be preventing client from accessing community independently and/or as frequently as he/she desires.*

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## FAMILY TRAINING

(ONLY IF APPLICABLE)

**CURRENT STATUS:** *Information in this section should be confirmed as accurate by SLS service provider (not based upon client statements alone). This can be accomplished via direct observation, verbal communication or written records.*

Describe client status i.e, expecting child or has infant/child in home. List names/ages of children living in home with client. Discuss whether client is solely responsible for care of child or does father or other family member(s) assist with parenting responsibilities.

If expecting child, has client accessed pre-natal care and is client prepared for baby's arrival (has formula, crib, diapers, etc.)?

List child's pediatrician and describe child's health status.

Is child being followed or been referred to HRC Early Childhood team? If so, list child's HRC service coordinator and discuss client's ability to advocate for needed services.

Describe client's parenting skills:

- 1) knowledge of appropriate baby/child nutrition needs
- 2) has basic understanding of developmental stages
- 3) supports peer play and/or enrollment in community programs (Head Start)(WIC) (AFDC)
- 4) is attentive to children living in home
- 5) has required items for safety (diapers, crib, bottles, etc.) and development (toys, etc.)
- 6) provides proper nutrition (breast feeding, formula, baby food)
- 7) obtains health care (immunizations, pediatric follow-up) and attends follow-up appointments

Describe involvement with D.C.F.S., if any. If open case with D.C.F.S., list worker and phone number.

**DESIRED OUTCOME(S):** *List previous desired outcome(s) and indicate whether outcome(s) was met, will be continued, discontinued or modified. Identify any new goals that will support client to be better parent. There may be more than one desired outcome in this area. The outcome(s) should be specific, measurable, achievable and result oriented with time frame(s).*

**PLAN(S) OF SUPPORT:** *List previous support plan(s) for each desired outcome and indicate whether plan(s) will be continued, discontinued or modified. Identify any new plan(s) which will assist client to make progress on desired outcome(s). Plans of support may include specific client and service provider responsibilities and natural and generic resources that will be utilized to assist client to make progress.*

**SUMMARY OF SUPPORT AND PROGRESS:** *Describe training, supports and advocacy provided during report period. Highlight supports which helped client make progress on desired outcome(s) and maintain or improve parenting skills. Discuss what has been done to help client overcome barriers to progress. Describe progress made on previous desired outcome(s) and discuss any significant changes during report period. Identify barriers or circumstances that may be preventing client from providing appropriate support for children.*

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**OTHER**  
(ONLY IF APPLICABLE)

Utilize this area to discuss client involvement with legal system. Discuss current status (charges and disposition). This area can also be used to address other areas of interest or concern that are not included in other components of report. If needed, identify desired outcome(s), plan(s) of support and summarize supports provided and progress made, as previously defined.

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## **BARRIERS TO PROGRESS AND RECOMMENDATIONS**

Summarize and discuss barriers to progress. Some examples of barriers are as follows:

- 1) client fails to meet with support staff on regular basis
- 2) transportation is not available or client does not use transportation
- 3) client has difficulty communicating desires
- 4) client fails to take medication(s) as prescribed, follow physician orders or obtain pre-natal care
- 5) inability to locate specialized physician for needed service
- 6) others are influencing client to make unsafe choices
- 7) client fails to follow reasonable budget
- 8) client fails to schedule and/or attend needed medical appointments
- 9) landlord resistive to complete health/safety repairs
- 10) client fails to budget for emergency preparedness or safety items
- 11) client is unable to learn a complex bus route

Provide recommendations to overcome barriers. Some examples of recommendations may be:

- 1) client needs more frequent visits and/or more time with support staff during each visit.
- 2) client needs an Assistive Technology assessment to help them better communicate desires or access community
- 3) clinical input is needed to best decide how to support client
- 4) service provider to change plan(s) of support(s) for desired outcome(s)
- 5) client needs representative payee to handle financial obligations
- 6) service provider to assist client to develop debt consolidation plan
- 7) client needs additional mobility and/or destination training

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Name & Title of Person Who Prepared Report

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Date Completed



**SERVICE COORDINATOR GUIDE  
QUARTERLY ID NOTE FOR SUPPORTED LIVING**

Client Name:

Date of Quarterly Visit: *(Date of meeting should be no more than 3 months from last IFSP or the last quarterly)*

Client was seen face to face at (location): *( Please note: At least 3 quarterlies MUST be held at the client's home)*

Participants Attending Meeting: *(List all participants and relationships to the client who were present as well as the names/relationships of people who provided input i.e. verbal or written report. SLS instructors need to present)*

	Yes	No
<p>Are the health needs of the client being adequately addressed?</p> <ul style="list-style-type: none"> <li>• Explore clients current physical and mental health status and document any health concerns and any follow up needed</li> <li>• List any hospitalizations, the reason for the hospitalization and dates of admittance and discharge, what follow up if any is needed.</li> <li>• List any medication changes</li> <li>• State progress and or barriers</li> </ul> <p>Indicate follow up plan for next Quarter:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Are the safety needs of the client being adequately addressed?</p> <ul style="list-style-type: none"> <li>• Explore status of community, home, financial, and personal relationships for any potential harmful or dangerous interactions.</li> <li>• Follow up on any prior concerns from last meeting; identify any barriers prohibiting progress</li> </ul> <p>Indicate follow up plan for next Quarter:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Is the supported living service provider addressing the client's desired outcomes?</p> <ul style="list-style-type: none"> <li>• Indicate supports provided to assist client with accomplishing desired outcomes; indicate the specific task being worked on.</li> <li>• Indicate client progress/ or barriers</li> </ul> <p>Indicate follow up plan for next Quarter:</p>	<input type="checkbox"/>	<input type="checkbox"/>



	Yes	No
<p>Is the client/family satisfied with the supported living services?</p> <ul style="list-style-type: none"> <li>Provide a statement indicating client's satisfaction with services provided</li> </ul> <p>If not satisfied, describe the plan for addressing the client/family concerns:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Is there a need for Quality Improvement follow-up?</p> <ul style="list-style-type: none"> <li>Indicate any issues or concerns associated with the SLS onstructor or the SLS agency that needs to be addressed by HRC service provider relations specialist</li> </ul> <p>If yes, describe the need and indicate whether the HRC service provider relations specialist has been contacted regarding follow-up.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Is there a need for additional follow up?</p> <ul style="list-style-type: none"> <li>Explore any potential issues or concerns associated with client's daily activity (employment, day program, social recreation, accessing community etc.).</li> </ul> <p>Indicate follow up plan for next Quarter:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Have there been any Special Incidents within this quarter? If yes, please summarize:</p> <ul style="list-style-type: none"> <li>Indicate all incidents reported to HRC service coordinator/Manager of Rights and Quality Assurance in detail to include dates, parties involved, and location where incident took place. Include all incidents whether or not reported to DDS.</li> </ul> <p>Indicate follow up plan for next Quarter if needed:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Since the last review, has there been any notable progress or change that requires revision of the IPP?</p> <ul style="list-style-type: none"> <li>If the quarterly results in the need for a new purchase of service or the need to re-write a goal, IPP needs to be revised</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Service Coordinator Signature

## **Harbor Regional Center Recommended Materials for Independent/Supported Living Skills**

*The following books and videos which are available in the HRC Resource Center contain current information for parents and caregivers of people with disabilities. These materials offer significant resources for support and understanding of particular disabilities as well as identification of stages of development required for life planning. Many other books and videos are available for check-out in the resource center.*

### **Books**

1. Get Fit! Cookbook: A Guide to Healthy Eating for Adults with Disabilities, by Harbor Regional Center & Frank D. Lanterman Regional Center  
*The information in this book is designed as a guide to healthy food choices. The menus are suggestions for nutritionally-balanced meals; they are not designed to address other special diet needs such as those of a person with diabetes or high cholesterol.*
2. Places to Go...Things to Do, by Harbor Regional Center  
*This book is designed for service providers of day activities for adults with developmental disabilities. It is designed to help them provide individuals in their care with a variety of day activities which are meaningful and bring purpose and pleasure into their daily life.*
3. 21<sup>st</sup> Century Life Skills (Series)  
*This series of 10 books plus cd resource guide includes instruction on community resources, consumer spending, household tasks, health and safety, etc. must be checked out as series.*
4. CBSP: Community Based Social Skill Performance Assessment Tool, by Michael Bullis, Ph.D.  
*This assessment tool was designed for both males and females, ages 14-21 years, with emotional or behavioral disorders. This test will allow you to accurately assess an individual's social skill performance in the home and in the community, providing you with the essential data required to establish appropriate, individualized curriculum.*
5. Community-Based Vocational Training (instructor's guide), by Jill Wheeler  
*This program identifies way to provide community-based vocational training to people with developmental disabilities. It includes information on development of nonpaid job sites, ways to prepare participants for community integration and paid employment.*
6. Community Success, by Don Bastian  
*This instructional book is an illustrated encyclopedia of community based skills.*

*Sixty commonplace activities such as using restrooms, crossing streets, and shopping at the department store are illustrated step by step. Appropriate social skills are integrated into each activity.*

7. Daily Experience and Activities for Living, by Edward P Doyle and Joyce K Beam  
*The 6 booklets each with a guide should be used when teaching independent living skills to clients. It includes sections on housing, transportation, nutrition, health, working, etc.*
8. Daily Living Skills Worksheets, by Linda Harrison  
*This book contains worksheets to be used with people with developmental disabilities who are preparing to live more independently.*
9. Focus on Transition: A Workbook for Independent Living Skills, by Klein, Evelyn R. and Hahn, Shelly E  
*This workbook is intended to help teachers/caregivers/support personnel foster independence in daily functioning as clients prepare to enter the adult world.*
10. Home Cooking Picture Cookbook, by Ellen Sudol  
*This three-ring binder contains plastic coated pages that lead an individual step-by-step through the recipes. A supplemental instructor's guide is available to use together in a classroom setting.*
10. Lifestyle Easy Cookbook, by Joy Graves  
*This large easy to read cookbook includes 10 categories of meals for menu planning.*
11. Look 'n Cook Lesson Plans, by Ellen Sudol Catalano  
*This book is written for independent use at home or as an educational, cooking, and shopping curriculum for schools, group homes and day service facilities. It teaches food preparation, meal planning, and shopping skills to people with little or no cooking experience. Use easily recognizable fresh and brand name products, step-by-step pictures to illustrate recipes and color-coding.*
12. Look 'n Cook Microwave, by Ellen Sudol Catalano  
*This second part of the two-book, Look 'n Cook, curriculum includes easy to make illustrated microwave recipes.*
14. Members of the Community, by Lee Hamill and Ann Dunlevy  
*Community outings and classroom activities are linked to teach special needs students essential community skills. This text includes a variety of activities in various community locations including: Grocery store, mall, library, video store, restaurant, hospital, post office, kitchen and airport. Book comes with accompanying CD-ROM containing printable files of worksheets.*
15. Moving Out: A Family Guide to Residential Planning for Adults with Disabilities,

by Dafna Krouk-Gordon & Barbara D. Jackins

*Finding the right residential situation for an adult child with an intellectual disability doesn't have to be overwhelming. The authors share decades of experience counseling families on housing options to help parents prepare themselves and their children for a new living arrangement*

16. Personal Success, by Don Bastian  
*This is an illustrated guide to personal care skills the book is also completely reproducible for use as a teaching tool.*
17. Promoting Health and Safety Skills for Independent Living, by Martin Agran, Nancy E. Marchand- Martella, Ronald C. Martella.  
*This resource provides effective behavioral-instructional strategies for teach essential personal safety skills.*
18. Stepping Out, by Ilene M. Schwartz  
*This book along with CD-ROM is a complete and comprehensive community based instruction curriculum. It includes checklists and instructions for community outings.*

### **CDs**

19. How to Make A Good Decision Volumes 1,2,3  
*This product is designed to be used by adults with MR/DD who need concrete help in problem solving and have difficulty with abstract reasoning. It can be used independently, one-on-one with staff with staff assistance or in groups. All actors featured in the CDs are adults with MR/DD. The CD's feature real-life situations that teach individuals to problem-solve by. This is a 3 disk cd in set: How to Make Good Decisions at Home, How to Make a Good Decision in the Community and How to Make a Good Decision in the Workplace or Day Program*

### **VIDEOS/DVDS**

20. Becoming Money Smart-1, by James Stanfield Company  
*This video curriculum contains 3 VHS tapes plus a manual which includes objectives, lesson introductions, guided discussion question and activities. Topics include how to become a savvy consumer and avoid cons, how not to become a compulsive shopper, and how not to become a spendthrift.*
21. Becoming Money Smart-2, by James Stanfield Company  
*This video curriculum contains 3 VHS tapes plus a manual which includes objectives; lesson introductions guided discussion questions and activities. Topics include how to avoid blowing your budget, how to avoid being duped and scammed and how to be safe while shopping.*

22. Being With People Set 1, by James Stanfield Company  
*The Being With People program will help service providers teach the essential social skills needed to establish positive relations with friends, dates, housemates, authority figures, strangers and much more.*
23. Being With People Set 2, by James Stanfield Company  
*This is the second set in the Being With People series which teaches the essential social skills needed to establish positive relations with friends, dates, housemates, authority figures, strangers and much more. The manual is in set 1.*
24. Community Man, by James Stanfield Company, Inc.  
*Community Man promotes independent living by teaching individuals with developmental disabilities all they need to know about community resources. This curriculum teaches important social skills for successful independent living like how to interact with medical staff, pharmacists, police and the fire department.*
25. Date Smart 1 & 2, by James Stanfield Company, Inc.  
*This curriculum teaches techniques to support the choice of abstinence how to date responsibly and how to avoid trouble. Social skill, setting dating boundaries, saying no, remaining abstinent, using clear communication and avoiding sexual harassment are all covered in this 2-part series.*
26. First Impressions: Female Hygiene 1 & 2, by James Stanfield Company  
*This comprehensive material includes an instructor's guide along with the DVD. This material provides practical information on the importance of hygiene, grooming appearance and attitude.*
27. Fast Food Nutrition, by Meridian Education Corporation  
*Fast food often gets a bad rap – and for good reason! In this video, Rickey and Genevieve explore the world of fast food with humor as they help viewers learn how to make the healthiest choices when eating on the go at fast-food restaurants.*
28. First Impressions: Hygiene for Males, by James Stanfield Company  
*This material consists of four modules each of which present information in a skill area essential to making a good first impression.*
29. Home Cooking, by Attainment  
*This video provides entertaining instruction in nutritious meal preparation.*
30. Keeping House, by Attainment  
*This entertaining and humorous video will assist professional and families in teaching people with developmental disabilities how clean house, inside and out and how to develop housekeeping routines.*

31. LifeFacts, by James Stanfield Company  
*This edition of LifeFacts teaches smart strategies to identify when to offer trust, and when not to. This curriculum presents critical skills to help avoid exploitation.*
32. Living with Diabetes, by Films for the Humanities & Sciences  
*This DVD features patients talking candidly about the difficult by necessary step of cutting back on foods that exacerbate the disorder, and how they have made exercise a part of their daily routine. The importance of blood pressure and cholesterol along with glucose levels is also emphasized.*
31. Looking Good, by Attainment  
*This motivational video provides assistance in teaching daily routines of personal care and grooming.*
32. Microwave Ovens, by Meridian Education Corporation  
*This DVD promotes the advantages of using a microwave safely. It shows what container to use and not to use and how to heat up some basic types of food.*
33. On Your Own, Independent Living Skills: Practical, Healthy Cooking, by Meridian Education Corporation  
*Moving away from home means moving away from home-cooking too; a fact that escapes many young adults new to life on their own. This video will show viewers how easy it can be to read a recipe, measure out ingredients, prepare all sorts of meats and vegetables, package up and store leftovers, and clean up the kitchen so everything is sanitary and neat. Kitchen safety is stressed.*
34. Plan Your Day, by Attainment  
*This video will assist families and caregivers teach people with developmental disabilities how to set and stick to schedules. It emphasizes the importance of being on time.*
35. Safe and Strong: Personal Safety Strategies for People with Developmental Disabilities, by Lucaswrites Educational Multi Media, Inc.  
*Four DVD's that focus on Safety in the Community, Sexual Assault, Home Alone Safety and Interaction with Law Enforcement. Curriculum is designed to be viewed by professionals and families with individuals who have developmental disabilities.*
36. Select-A-Meal, by Attainment  
*This video reviews the social skills and table manners which are needed in order to eat out in a nice restaurant. The presentation is very entertaining and humorous.*
37. Shopping Smart, by Attainment  
*This motivational video may be used by caregivers to assist adults with disabilities learn to shop and plan a grocery store routine in a set sequence. It is*

*presented in an entertaining way complete with plot twists and humorous situations.*

38. Think Before You Click: Playing it Safe Online, by Human Relations Media  
*This video helps teach important rules and strategies to stay safe while surfing the net. Viewers learn to “Think Before You Click” in order to avoid embarrassing themselves and hurting others. It also highlights how to keep yourself and others safe online.*

## Harbor Regional Center Recommended Materials for Nutrition

*The following books and videos which are available in the HRC Resource Center contain current information for parents and caregivers of people with disabilities. These materials offer significant resources for support and understanding of particular disabilities as well as identification of stages of development required for life planning. Many other books and videos are available for check-out in the resource center.*

### **BOOKS**

#### COOKBOOKS

1. The Dash Diet Cookbook by Mariza Snyder, Lauren Clum, and Anna Zulaica  
*Packed with amazingly tasty recipes, creative meal plans and complete nutritional information, this cookbook makes following the DASH diet a snap. The 140 easy-to-make recipes provide a mouthwatering way to eat great, lose weight, lower blood pressure and prevent diabetes without feeling deprived.*
2. Diabetes, What to Eat by Better Homes Garden  
*The essential cookbook and everyday guide on what to eat when you have diabetes. Diabetic Living magazine's trustworthy resource for anyone living with diabetes gives over 200 recipes and essential advice on what to eat in order to control blood sugar, feel better, and enjoy delicious meals every day.*
3. Eat Well Feel Well by Kendall Conrad  
*In "Eat Well Feel Well," Conrad shares more than 150 recipes for quick and easy dishes for casual meals and elegant dinner parties alike. Dozens of recipes for snacks, desserts, breakfast dishes, and beverages will help you integrate the Specific Carbohydrate Diet (SCD) way of eating into your family's lifestyle with ease, grace, and creativity.*
4. Get Fit! Cookbook by Harbor Regional Center and Frank D. Lanterman Regional Center  
*The information in this book is designed as a guide to healthy food choices. The menus are suggestions for nutritionally-balanced meals; they are not designed to address other special diet needs such as those of a person with diabetes or high cholesterol.*
5. Gluten-Free Cooking for Kids by Phil Vickery  
*"Gluten-Free Cooking for Kids" equips parents with everything they need to know to provide their child with a balanced and delicious gluten-free diet. Fully illustrated, it contains over 70 original recipes, divided into chapters for baby food, lunchboxes, cooking on their own, party food, and more!*



6. Healthy Snacks for Kids by Penny Warner  
*This book details a variety of nutritious foods that can be made quickly and will be enjoyable to your children. It includes recipes and helpful hints for getting your kids to eat right.*
7. Kinder Krunchies by Karen S. Jenkins  
*A collection of recipes for children and parents to make together with a focus on children gaining independence in their skills. It provides discussion tools to be used by parents while cooking together with their child.*
8. Lifestyle Easy Cookbook by Independent Living Skills Project  
*The Lifestyle Easy Cookbook is based on the concept of step by step cooking. The Lifestyle Easy Cookbook provides challenging and comprehensive resource material especially designed for use by people involved in literacy and independent living skills programs.*
9. Look 'n Cook for Microwave Ovens by Sudol Eileen  
*This two book curriculum includes easy-to-make illustrated recipes and a lesson plan guide for the instructor.*
10. Low-fat, Low-sugar Recipes for the Prader-Willi Syndrome Diet by Donna Unterberger  
*This comprehensive cookbook contains unique and creative low-fat, low-sugar and low-calorie recipes, fun ideas and tidbits that help ease the burden of children who have to live their lifetime on a diet.*
11. Retro Kids Cooking- Timeless Recipes for Cooks of All Ages by Richard Perry  
*Geared to cooking by kids, this book includes simple and fun recipes to be enjoyed by all ages.*

## INFORMATIONAL BOOKS

1. ASD—The Complete Autism Spectrum Disorder Health & Diet Guide by R. Garth Smith, Susan Hannah and Elke Sengmueller  
*One of the diet therapies that families often try is the gluten-free, casein-free (GFCF) diet. Although the research is still somewhat divided, some families who try the GFCF diet report reduced ASD-associated symptoms in children with milk and/or wheat allergies, suspected food sensitivities, or gastrointestinal symptoms. This book provides balances and healthy meal plan options and delicious GFCF recipes that can be enjoyed by the whole family.*
2. The Cooking Book by Laura J. Colker  
*A book that not only includes fun recipes for foods and fun projects, but also helps you to see how kids cooking fosters personal growth and accomplishments.*

3. The Gluten-Free Gourmet Cooks Fast and Healthy by Bette Hagman  
*In keeping with the times, Bette Hagman has created the perfect book for those who must put together a gluten-free meal at the end of a long working day. In "The Gluten-Free Gourmet Cooks Fast and Healthy," Hagman emphasizes time-saving mixes aimed at the working family, using bread machines successfully with safe flours, and cooking with less fat and sugar.*
4. Meals without Squeals by Christine Berman and Jacki Fromer  
*A guide to learning how to read nutrition labels, what the Food Guide Pyramid is, nutrition resources in the community and recipes that can be made to maintain a healthy diet.*
5. Raising Low-Fat Kids in a High-Fat World by Judith Shaw  
*Encourages parents in helpful and inspiring ways to teach their children to eat in a healthy low-fat manner that tastes good too! Includes recipes from the author's own collection to kick start your healthy eating habits.*
6. Special Diets for Special Kids (One and Two) by Lisa Lewis  
*Outlines special diet needs of children with autism and other related developmental disorders, including the aspects of gluten-free diets. Research based and hands on practice help parents to understand the special nutritional needs of their child.*
7. Super Nourishment for Children with Autism Spectrum Disorder  
Super Nourishment for Children with Autism Spectrum Disorder by Angelette Muller  
*Helping to increase your understanding of nutrition and autism, this book explains how diet supports the function of the brain and body, including learning, attention, and sensory processing.*

## VIDEOS

1. Armchair Fitness (Gentle Exercise) by Program Development Associates  
*A 30-minute program for persons with limited strength and range of motion, this video begins with a slow and easy warm-up. Teacher Betty Switkes progresses through a gentle full-body routine including a seated dance and a refreshing relaxation with Broadway style music.*
2. Aut-Erobics by Autism Movement Therapy  
*Autism Movement Therapy combines structured movement with music connecting the left & right hemispheres of the brain for a while brain cognitive re-mapping approach.*

3. Beverage Basics for Healthy Families by Lemon-Aid Films, Inc.  
*This video offers some practical tips for weaning babies from the bottle, outlines the latest portion size guidelines for juice and milk, and illustrates the amount of sugar in common beverages.*
4. Create a Green Plate (MyPlate Dietary Guidelines) by Learning ZoneXpress  
*When's the last time you ate off a pyramid? The Create a Great Plate MyPlate Dietary Guidelines DVD is based on the USDA's new MyPlate Campaign.*
5. Ease into Fitness by Iris Media  
*In this 35-minute workout, three fitness trainers take you through a program designed to condition your whole body. Developed by disability fitness specialists, this video workout combines careful coaching with music and fun.*
6. Eating Healthy on a Budget by Lemon-Aid Films, Inc.  
*"Eating Healthy on a Budget" provides expert tips and strategies on how to make your dollar go further at the grocery store without sacrificing nutrition. This video will introduce views to "unit pricing," explore the pros and cons of purchasing food in bulk, uncover with supermarket gimmicks to avoid, and explain the advantages of choosing fresh and seasonal foods over processed and pre-packaged products.*
7. Health Advocacy Program by Steve Holburn, Christine Cea and Anne Gordon  
*The Health Advocacy Program (HAP) is an activity-based curriculum to teach adults with developmental disabilities how to maintain a healthy lifestyle. Twenty lessons, each approximately one hour in length, provide basic information for improving nutritional health and physical and emotional well-being.*
8. Healthy Habits = Healthy Children by the Meridian Education Corporation  
*Keeping toddlers and young children in tip-top health requires nutritious foods, adequate sleep, and exercise. This video will review the nutritional requirements for children, appropriate serving sizes, and the importance of variety, balance, and moderation in their diet. Along with healthy eating habits, we'll look at exercise and wellness patterns to teach to young children who can benefit from them as they grow into adulthood.*
9. Home Cooking by Ellen Sudol  
*The recipes featured in Home Cooking are practical and down-to-earth, yet flavorful and nutritious. The ingredients are common and easy to get, yet attractive and appetizing when served. Good cooking brings family and friends together in an atmosphere of camaraderie and good fellowship—and if you follow this curriculum, with a minimum of elbow grease.*
10. Fast-Food Nutrition by the Meridian Education Company  
*Fast food often gets a bad rap—and for good reason! High amounts of saturated fat, trans fat, sugar, and sodium, plus a lack of fruits and vegetables, make most*

*fast foods a great choice for flavor but a questionable choice in terms of nutrition. In this video, Rickey and Genevieve explore the world of fast food with humor as they help viewers learn how to make the healthiest choices when eating on the go at fast-food restaurants.*

11. Feed Me! Kids and Nutrition by Learning Seed

*This videos explains how we can use MyPyramid For Kids to help them develop healthy eating and exercise habits. It also explores the psychological problems often encountered when feeding children.*

12. Fruit Rainbow by Iris Media, Inc.

*Fruit Rainbow is an easy step to a healthy diet. It shows teens and adults how to add fruits to their daily diet.*

13. Kids and Family Food Issues by Learning ZoneXpress

*Getting children to eat can be a constant battle for some parents, while other parents may find themselves restricting foods to thwart weight hain. In “Kids and Family Food Issues,” childhood feeding specialist Dr. Katja Rowell presents segments that address many feeding issues that families with young children may be facing while offering practical solutions to make meals a pleasant experience for both parents and children.*

14. Kids' Meals by Alternative Cook

*This video provides fun and easy-to-make gluten-free, dairy-free, and low cholesterol recipes that'll make everyone dig in! These meals are sure to make your kids jump for joy and you'll learn cooking techniques that will empower you in the kitchen.*

15. Mind Your Own Body- You Are What You Eat by PBS Video

*A video that helps you understand how your body turns what you eat into energy and how eating right helps you to do this. It emphasizes healthy lifestyles, prevention, and new health information. This video is made for children in 6<sup>th</sup> through 8<sup>th</sup> grade.*

16. Nutrition for Infants and Children by the Meridian Education Corporation

*This video explains the importance of good nutrition for newborns, infants, and toddlers and examines its beneficial effects on their growth and development.*

17. Nourishing Healthy Preschoolers by Learning Seed

*Using USDA's Guidelines, we show how meals can include a variety of nutritious foods, how to determine appropriate portion sizes, how to make snacks healthy, and how to encourage physical activity.*

18. On Your Own, Independent Living Skills by the Meridian Education Company

*Moving away from home means moving away from home-cooking too, a fact that, surprisingly, escapes many young adults new to life on their own. After*

*watching this video, viewers will see how easy it can be to read a recipe book, measure out ingredients, prepare all sorts of meats and vegetables, package up and store leftovers, and clean up the kitchen so everything is sanitary and neat.*

19. Picky Eaters (Mealtime Tips for Parents) by Lemon-Aid Films, Inc.

*This video is designed to offer realistic tips and strategies for parents who feel they're struggling with picky eaters.*

20. Practical Parenting (Kids and Food) by the Meridian Education Company

*A shocking number of American children suffer from obesity and eating disorders. This video offers parent practical tips on managing a child's weight and eating habits.*

21. The Family Meal by Fanlight Productions

*Obesity is second only to smoking as the leading cause of preventable deaths in the United States. Ironically, in the midst of this epidemic, American families are chronically under-nourished. It has been suggested that one cause of today's obesity crisis is the decline of the family meal.*

22. The Food Guide Pyramid by Cambridge Educational

*A video that helps you to understand what the food pyramid is and how it can help you live a healthier life. Provides application for the concepts in everyday life.*

23. Walk Your Way to Fitness (3 Discs) by Iris Media, Inc.

*9 workout video lessons on each disc to implement walking, strength, flexibility, dancing, and aerobics, along with a beginners lessons to help you get started on your healthier path to lifetime fitness.*

24. Work Out with Sonny and Pedro by Iris Media

*Walk, dance & stretch your way to fitness with 9 beginner and intermediate workouts for people with intellectual disabilities with Sonny and Pedro.*

25. Yoga for Children with Special Needs by TRP Wellness

*Yoga instructors Aras Baskauskas and Britt Collins take the children through a yoga routine and point out different suggestions regarding your children's specific special needs. Yoga promotes mental and physical well-being, allowing kids to strengthen their bodies while simultaneously calming themselves.*

## Harbor Regional Center Recommended Materials for Staff Training

*The following books and other materials are available in the HRC Resource Center contain current information for staff and caregivers of children and adults. These materials offer significant resources for support and understanding of particular disabilities as well as methods and techniques to teach and increase independent living skills. Many other books and other materials are available for check-out in the resource center.*

### **Books**

1. 'Get Fit Cookbook' A Guide to Healthy Eating for Adults with Disabilities, by Harbor Regional Center and Frank D. Lanterman Center  
*The information in this book is designed as a guide to healthy food choices. Nutritionally balanced recipes and menus are included many with photo illustrations. It also includes healthy eating tips, food storage guidelines, rules and tools for the kitchen.*
2. Places to Go...Things to Do, by Harbor Regional Center  
*Harbor Regional Center wrote this book to help provide individuals and caregivers with activities that are meaningful and bring purpose and pleasure into daily life. It is intended to be used as a starting point or source of ideas to create interesting and engaging "Places To Go... Things To Do."*
3. Stepping Out, by Ilene M. Schwartz  
*This book along with CD-ROM is a complete and comprehensive community based instruction curriculum. It includes checklists and instructions for community outings.*
4. Self-Determination Across the Life Span, by Deanna J. Sands Ed. D  
*This particular resource offers suggestions on how to promote independence in individuals with disabilities through self-determination. It emphasizes the need for self-esteem and skill training as important factors necessary for independence and choice.*
5. Positive Behavioral Support, by Lynn Kern Koegel  
*This book explains which strategies and approaches make inclusion possible for individuals who engage in extreme challenging behaviors. It includes case studies, research-based strategies, and thoughtful discussion pieces written by leaders in behavior intervention.*
6. Members of the Community, by Lee Hamill and Ann Dunlevy  
*This book contains reproducible worksheets which assist an instructor to integrate academic learning with real life experiences in order to prepare people with developmental disabilities to live independently. Includes CD-ROM of worksheets.*
7. Person-to-Person, by Gething, Lindsay

INTENDED AUDIENCE: parents and professionals Through individual case studies, this book stresses the uniqueness of the individual with a disability. It is important for people to realize that individuals with disabilities are people - first, and disabled - second. They have to deal with all the same concerns and responsibilities of everyday life faced by everyone. A variety of issues such as personal adjustment, education, sexuality, employment, parenthood, and family & community living are explored under separate chapters. These issues are addressed for various disabilities including cerebral palsy, epilepsy, hearing impairment, visual impairment, etc.

## **VIDEOS/DVDS**

7. Caring for The Elderly, by Films for the Humanities and Sciences  
*This program provides an overview of the various methods of care available for the aging, from day care centers and group housing to respite care and nursing homes.*
8. Everyday Actions, by Monarch Educational Material  
*This is a therapeutic tool for parents, therapists, and educators in teaching individuals diagnosed with autism and other developmental disabilities.*
9. First Impressions: Grooming for Males/Females, by James Stanfield Company Incorporated  
*First Impressions is a four video curriculum to be used to teach appropriate grooming skills to people with developmental disabilities. It includes an instructor's guide which emphasizes the importance of hygiene, grooming, appearance, and attitude.*
10. Nonviolent Crisis Intervention - Volume 1, by Crisis Prevention Institute, Incorporated  
*In this video one can learn how to de-escalate individuals before they become aggressive by explaining nonverbal intervention techniques, and exploring staff attitudes and reactions.*
11. Nonviolent Crisis Intervention - Volume 3, by Crisis Prevention Institute Incorporated  
*This volume addresses situations in which team intervention is not an option, and singular intervention is necessary. Provided are strategies to enhance your own safety and security in these situations*
12. Seven Common Emergencies, by Torrance Memorial Medical Center  
*Emergency care physicians from Torrance Memorial Medical Center talk about how to handle common emergencies such as fractures, lacerations, burns, stroke, fever, bites, and stings. Also discussed is first aid and using 911.*

13. Using Visual and Behavioral Cues in the Home, by Robin Allen  
*This two hour video provides parents, professionals and other caregivers with practical visual and behavioral strategies to enhance communication, prevent disruptive behaviors, and increase their child's independence in performing daily life skills. Topics include: schedules and routines, choice boards, self help skills, chores, setting expectations, community visual cues and resources.*
14. LifeFacts: Managing Emotions, by James Stanfield Publishing Company Incorporated 1992  
*This program is about feelings and how they can be managed. The 4 core emotions of sadness, anger, fear, and happiness are emphasized.*
15. Safe & Courteous Wheelchair Handling, by Cicero, NY Program Development Associates 2006  
*This program provides insights on types of wheelchairs, planning for outings, handling a wheelchair inside and outside of a facility and how to relate to a person in a wheelchair.*
16. HIPAA Compliance,  
INTENDED AUDIENCE--SERVICE PROVIDERS, PROFESSIONALS, FAMILIES  
This DVD reviews the HIPAA regulations governing confidentiality, etc.
17. Self Determination: Enabling People to Make Choices, by Cicero, NY Program Development Associates 1992  
INTENDED AUDIENCE--PROFESSIONALS This program can be used by staff to help people with developmental disabilities in making decisions that affect them. Areas presented include: identify personal preferences, overcome barriers, provide functional teaching and supports, decision making responsibility and consequence.
18. Age Appropriateness: Achieving Adult Status, by Ciscero, NY Program Development Associates 2005  
INTENDED AUDIENCE--PROFESSIONALS This is session 2 of the 6 part The Principles and Practices of Building Community series. The implications of developmental age, mental age and mind of a three year old are thoroughly explored. The audience is introduced to a variety of age-appropriate training, media, behaviors, and leisure materials preferred by individuals with developmental disabilities.
19. Skills of Courtesy: Quality of Interaction, by Ciscero, NY Program Development Associates 2005  
INTENDED AUDIENCE-PROFESSIONALS This is the first DVD in the Principles and Practices of Building Community training series. This session is presented by Dr. Thomas Pomeranz who asks the audience to look at the lives of people with disabilities through a new set of lenses. He introduces the concept of "disabilityism" and how behaviors an unwittingly cause discriminatory actions.
20. Supported Routines: Best Practice Strategies for a Fulfilling Life by Ciscero, NY Program Development Associates 2005  
INTENDED AUDIENCE-PROFESSIONALS This is the 3rd session in The Principles and Practices of Building Community series. It details how supports



- should be delivered to allow individuals with cognitive, physical and/or behavioral challenges to participate in all aspects of their life.
21. Positive Behavioral Supports: Meeting Unmet Needs by Ciscero, NY Program Development Associates 2005  
INTENDED AUDIENCE--PROFESSIONALS This DVD is session 4 of the Principles and Practices of Building Community series. It focuses on dealing with anger and its' consequences which is one of the most difficult and important challenges faced in supporting people with developmental disabilities.
  22. Universal Language: It's All in How You Say It by Ciscero, NY Program Development Associates 2005  
INTENDED AUDIENCE--PROFESSIONALS This DVD is the 5th of 6 in The Principles and Practices of Building Community series. In it the presenter discusses the importance of using Universal Language to heighten sensitivity to the impact of language in promoting respectful relationships regarding people with developmental disabilities.
  23. Instructional Strategies by Ciscero, NY Program Development Associates 2005  
INTENDED AUDIENCE-PROFESSIONALS This DVD is the 6th and last in The Principles and Practices of Building Community series. It provides an expansive explanation of best practice technology for facilitating skill acquisition to assist viewers to enhance their training skills.
  24. How to Manage Medications by Healing Arts Communicatioins 2007  
INTENDED AUDIENCE--PROFESSIONALS, FAMILIES This video program teaches safe practices for administering and storing various types of medications. Warning signs of improper use are also provided.
  25. DIABETES MANAGEMENT FOR PERSONS WITH MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES by FARLEY, BECKY, RN 2009  
INTENDED AUDIENCE--SERVICE PROVIDERS, FAMILIES, PROFESSIONALS This training video helps professionals who provide care to people with developmental disabilities who have diabetes to understand diabetes. IT explains how diabetes is recognized and manager with emphasis on teaching the person to take an active role in the management of their diabetes.
  26. Pressure Ulcers in Adults: Prediction and Prevention by Memcom Trainex  
INTENDED FOR PROFESSIONALS--- THIS DVD DISCUSSES PRESSURE ULCERS IN ADULTS.
  27. Understanding Depression by Films for the Humanities and Sciences 2004  
Intended Audience: Professionals and Families This video shows the effects of a depressive illness on the affected person and her family and friends. It focuses on current research into depression and explains the medications and psychosocial therapies that can help eliminate the symptoms of the disease.
  28. How to Help Someone Who Uses a Wheelchair  
INTENDED FOR FAMILIES AND PROFESSIONALS This program discusses transportation aids such as wheelchairs, walkers, crutches and canes.
  29. Infection Control by Karpinski, Marion, R.N. Healing Arts Communications  
Intended Audience: Parents and Professionals This video teaches care providers basic principles and procedures of infection control necessary to reduce germs and create a safe, healthy environment.

30. Direct Support Professional Training: Department of Developmental Services  
<http://www.dds.ca.gov/dspt/>

### **YouTube Channel Videos**

1. Making My Own Choices -- Kyle's Own Room in a Group Home  
<http://youtu.be/24JdlxR8kPQ>
2. Making My Own Choices -- Billy and Brian Living with a Family  
<http://youtu.be/e00Jelll1-l>
3. Assisting The Patient With Self-Administration of Medication  
<http://youtu.be/Zp5uoqX02sE>
4. Kids and Psychotropic Medications - Part 1  
<http://youtu.be/iXa4w6fBTHQ>
5. Feeling Safe Being Safe Training  
<http://youtu.be/OV0kxGOK6fk>
6. Dental Care at Home  
<http://youtu.be/FxluSztlsBk>
7. Hand Washing and Gloving  
<http://youtu.be/q3zylUp1BIQ>

## **Harbor Regional Center Recommended Materials for Service Providers on Safety and Community Access**

The following books and videos which are available in the HRC Resource Center contain current information for parents and caregivers on safety and community access for adults. These materials offer significant resources for support and understanding of safety and community access for adults as well as identification of stages of development. Many other books and videos are available for check-out in the resource center.

### **BOOKS WITH INSTRUCTIONAL CD**

1.     Community Success by Don Bastian  
Community Success is an illustrated guide of community-based skills. This book is primarily designed for individuals with cognitive or communication disabilities who participate in community-based instruction.
  
2.     Members of the Community by Lee Hamil and Ann Dunlevy  
Members of the Community is a worksheet based book that is used to facilitate community-based learning for students who have developmental or cognitive disabilities.
  
3.     Stepping Out by Ilene M. Schwartz  
Stepping Out presents a complete and comprehensive community-based instruction (CBI) curriculum. While the programmatic approach is designed to initiate pre-outing activities and rehearsals in the classroom, its focus is to take instruction out of school and into the community.
  
4.     Life in the Community by Steven Taylor, Robert Bogdan and Julie Racino  
This innovative book series highlights efforts in communities nationwide to improve the quality of life for people of all abilities.

### **VIDEOS**

1.     Becoming Safety Smart- 2 by The Life Smart Curriculum  
Becoming Safety Smart allows a special needs child to have a comprehensive grasp of all the community services available and when to use them.
  
2.     Community Man by James Stanfield  
Community Man allows a special needs child to have a comprehensive grasp of all the community services available and when to use them.

3. Safe & Strong I-IV by Aquarius Health Care Media  
All four of the Safe & Strong videos teach children with developmental disabilities how to react during different situations. The situations include safety in the community, sexual assault: victim/witness, home alone, appropriate interactions, and law enforcement.
4. Fire Safety Training by Icarus Films  
This video is designed to provide a basic overview of fire prevention for people with developmental disabilities and for persons providing them services.
5. Caregiving Series: Fire Safety by Health Care Training Systems, Inc.  
This video teaches the causes of fires, how to prevent a fire from starting, and how to respond appropriately once a fire starts.
6. Caregiving Series: Fall Prevention by Health Care Training Systems, Inc.  
This program teaches how to reduce the risk of falls inside and outside of The home while encouraging independence.

### **Recommended Website**

[www.ddssafety.net](http://www.ddssafety.net)

[www.dds.ca.gov](http://www.dds.ca.gov)

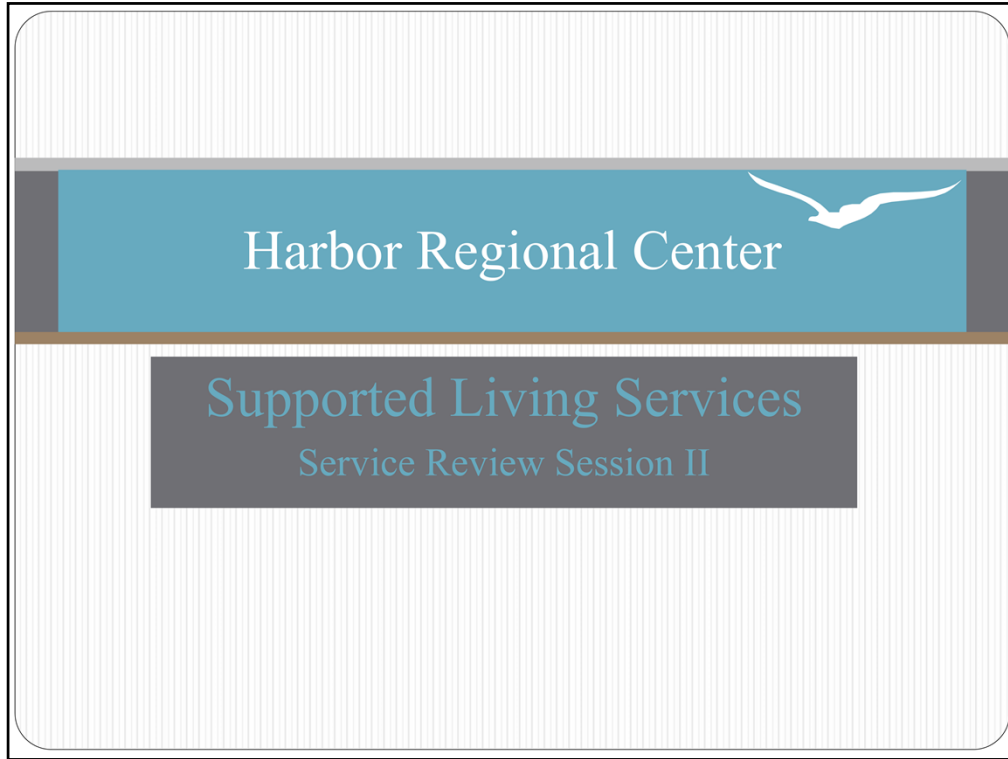
Consumer Corner: Emergency Preparedness, Feeling Safe, Being Safe

[www.redcross.org](http://www.redcross.org)

Guide: Preparing for Disaster for People with Disabilities and other Special Needs

[www.fema.gov](http://www.fema.gov)

Numerous documents to be downloaded



Welcome to all

This is the second review session for HRC Supported Living Services

**HRC Board Review Panel - Roles**

- Joe Czarske – HRC Board Vice President, ARCA Representative and Parent
- Bob Irlen – HRC Board Advisor and Parent
- Patricia Jordan – HRC Board Chair of Client Services Committee, Client and Parent
- Mariano Sanz – HRC Board President and Parent

- To ensure that we have a comprehensive review of our policies and practices;
- To ensure that we gather input from all interested clients, families, staff and service providers;
- To provide a complete report of the review to the full HRC board and make any recommendations indicated for changes to service policies

Introduce Board member panel: Joe Czarske, Bob Irlen, Patricia Jordan, Mariano Sanz

The role of the panel is:

- to ensure that we have a comprehensive review of our policies and practices;
- to ensure that we gather input from all interested clients, families, staff and service providers;
- to provide a complete report of the review to the full HRC Board and make any recommendations indicated for changes to service policies

## HRC Staff Facilitators - Roles

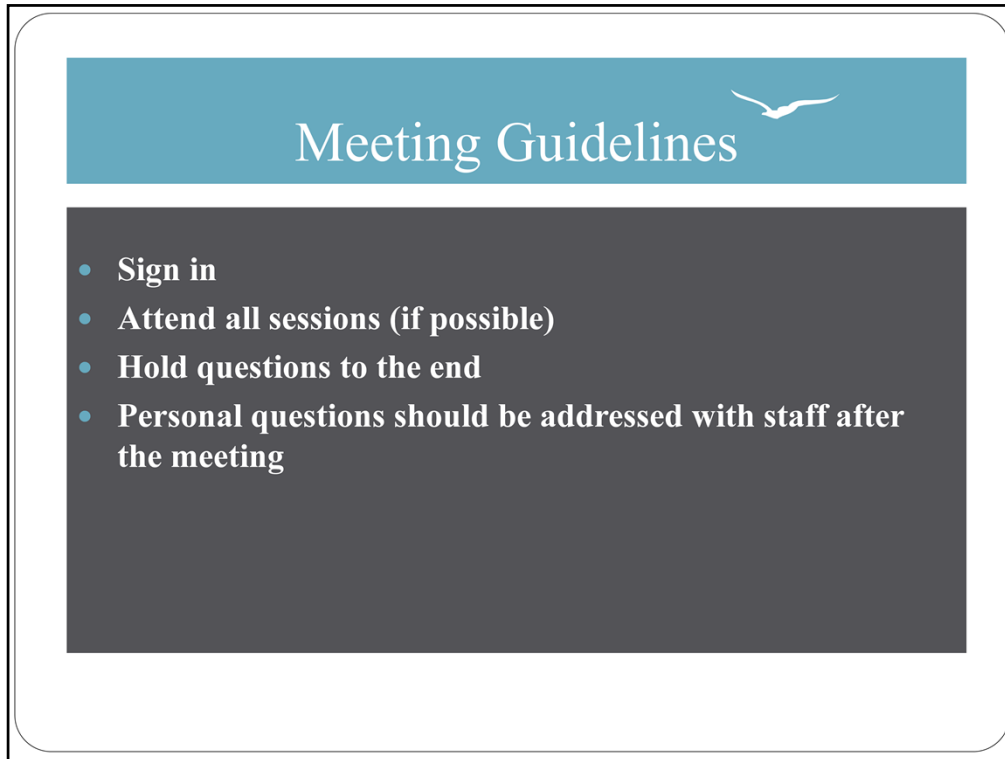
- Hiram Bond – HRC Client Services Manager – Adults
- Isabel Cueva – HRC Client Services Manager – Early Childhood
- Judy Taimi – HRC Client Services Manager – Children

- Facilitators are taking notes to ensure that key points are captured
- Facilitators will also ensure that all questions and comments are captured so that if we do not have time for full answers at any given session, questions will not be forgotten and can be answered at a future review session
- Facilitators are keeping a record of those participating (so be sure to sign in with them) so that we can follow up where needed and especially with those who indicate they have an individual/personal matter to discuss

HRC Staff Facilitators: Hiram Bond, Isabel Cueva, Judy Taimi

The facilitators:

- are taking notes to ensure that key points are captured
- will also ensure that all questions and comments are captured so that if we do not have time for full answers at any given session, questions will not be forgotten and can be answered at a future review session
- are keeping a record of those participating so that we can follow up where needed and especially with those who indicate they have an individual/personal matter to discuss

A slide titled "Meeting Guidelines" with a teal header and a dark grey content area. The title "Meeting Guidelines" is in white serif font, with a white bird icon to its right. The content area contains a bulleted list of four items in white sans-serif font.

Meeting Guidelines

- Sign in
- Attend all sessions (if possible)
- Hold questions to the end
- Personal questions should be addressed with staff after the meeting

### Meeting Protocol in the Packets

- We request that all guests sign in and we ask that you to leave your contact information where indicated if you would like to receive follow up information that may be available
- We encourage those interested in the service under review to attend all review sessions that are planned in order to get a comprehensive understanding of the policies and practices currently in place
- As we have a large amount of material to cover, we request that participants hold their questions to the end of each session; please know that we will make time for questions and comments at the end of each review session and we will make every effort to provide responses for all questions at some point in the review process
- We understand there may be some guests who have questions related to themselves or their family member's circumstances; please be assured we would like to address these questions or concerns with you but will need to do so privately and not as part of these service reviews



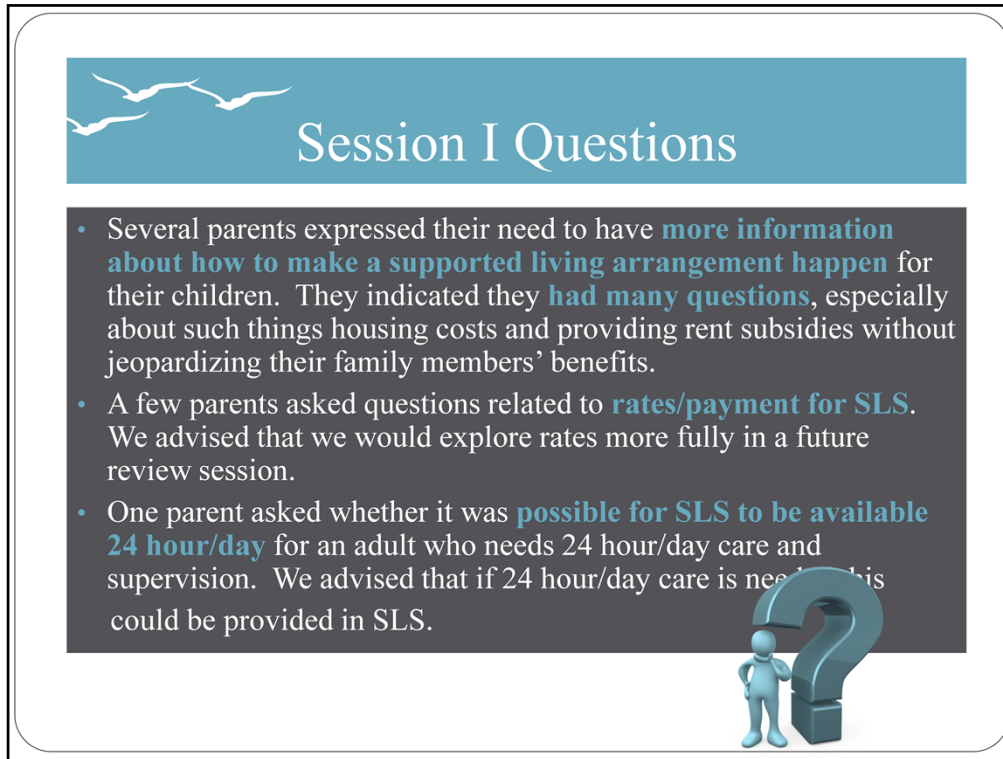
The slide features a teal header with the title "Summary of Session I" and three white birds in flight. Below the header is a dark grey box containing a bulleted list of session details.

## Summary of Session I

- Twenty-one (21) **guests** were present: 14 parents, 5 service providers and 2 other guests
- There was a brief **overview** of HRC supported living services (SLS).
- Pertinent provisions of the **Lanterman Act and regulations** which govern regional center supported living services were shared.
- **HRC materials** about SLS were reviewed.
- HRC's current **policy** on supported living as well as the policies of the other regional centers in Los Angeles County were reviewed.
- **Critical issues** related to SLS including **affordable housing** were discussed


At our first SLS Review Session:

- In addition to the HRC Board and Staff there were 21 participants: 14 parents, 5 service providers & 2 other guests
- There was a brief overview of HRC SLS
- We reviewed pertinent sections of the Lanterman Act and the regulations related to SLS
- We shared HRC materials related to living arrangements, including SLS
- We reviewed the HRC service policy on SLS as well as the policies of the other regional centers in Los Angeles County
- We identified several critical issues related to SLS...one of which is affordable housing...and we had a presentation from the Director of the HRC housing organization, HOPE



## Session I Questions

- Several parents expressed their need to have **more information about how to make a supported living arrangement happen** for their children. They indicated they **had many questions**, especially about such things housing costs and providing rent subsidies without jeopardizing their family members' benefits.
- A few parents asked questions related to **rates/payment for SLS**. We advised that we would explore rates more fully in a future review session.
- One parent asked whether it was **possible for SLS to be available 24 hour/day** for an adult who needs 24 hour/day care and supervision. We advised that if 24 hour/day care is needed, this could be provided in SLS.



Here is a summary of the key comments and questions from the participants at our first review session:

- They want to know how to make SLS happen for their family members
- They need to understand how rent subsidies can be provided without jeopardizing their family members' benefits
- They want to explore more about SLS rates
- They asked if it was possible for SLS to be available 24 hours/day for an adult who needs this level of support

## Session II – Overview

- number and **demographics** of HRC clients who live in supported living arrangements
- **service providers** currently available to provide SLS in the HRC service area
- HRC **Expectations** for SLS
- various **assessment formats and progress reporting guidelines** we expect to receive from SLS service providers
- various **materials** that service providers use to implement their programs and that are available to them from our **HRC Resource Center**.



In tonight's session we are going to discuss:

- The number and demographics of HRC clients who live in SLS
- The specific service providers currently available to provide SLS in the HRC service area
- HRC's "expectations for SLS"
- The various assessment formats and progress reporting guidelines we expect to receive from SLS service providers
- Various other materials that service providers use to implement their programs
- The substantial resources on SLS that are available at our HRC Resource Center

## Independent Living Skills

- **ILS assessment**
  - Primarily for clients who are living with family
  - Not a pre-requisite but some clients prefer to learn ILS prior to considering SLS



Even though training in “independent living skills” is not a prerequisite for moving into a supported living setting, many clients choose to receive ILS training prior to considering the transition.

In your materials you will find a copy of the ILS assessment format we use to establish a baseline for clients who are considering participating in ILS training.



# DDS Assessment Questionnaire

• **DDS questionnaire** designed to ensure that **individuals** in or entering supported living arrangements **receive the appropriate amount and type of supports** to meet the person's choice and needs as determined by the IPP team

State of California - Health and Human Services Agency Department of Developmental Services

## Supported Living Services Standardized Assessment Questionnaire

Per WCC § 49999(e)(1), this questionnaire is designed to ensure that individuals in or entering supported living arrangements receive the appropriate amount and type of supports to meet the person's choice and needs as determined by the IPP team.

The IPP team is to complete the questionnaire at the time of development, review, or modification of an individual's IPP. The questionnaire, in conjunction with the service provider's comprehensive assessment, will assist the team in determining if the services recommended or provided are necessary, that generic resources are utilized to the fullest extent possible, and the most cost-effective methods of service provision are utilized. If this process results in a reduction of services, the regional center is to inform the individual of the reason for the reduction and provide the individual a written notice of fair hearing rights pursuant to WCC § 49701.

Name: \_\_\_\_\_ UCI: \_\_\_\_\_  
Service Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Support Questions	Answers	Comments
1. Are medical considerations/supports necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
2. Are considerations/supports for medications or treatments necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
3. Are behavioral considerations/supports necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
4. Does the individual require the personal care, transfers, toileting, and/or feeding as detailed in the support plan?	<input type="radio"/> Yes <input type="radio"/> No	
5. Are safety and emergency procedures necessary and sufficient?	<input type="radio"/> Yes <input type="radio"/> No	
6. Have all the possible support alternatives been considered (e.g., meal planners, telephone check-in systems, self-checklist programs, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	
7. Are IHSS hours maximized?	<input type="radio"/> Yes <input type="radio"/> No	
8. Are generic services/supports maximized?	<input type="radio"/> Yes <input type="radio"/> No	
9. Are natural supports maximized and are there sufficient opportunities to maintain and expand them (e.g., Circle of Support, friends, family, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	

Page 1

## Review of DDS SLS Standardized Assessment Tool

- The first 5 questions have to do with the support needs of the person being assessed;
- The next 5 questions have to do with support alternatives, including technological, generic and natural support alternatives
- There are some questions about financial resources
- There is also some focus on whether supports can be shared with others and how much the client can do for himself without supports
- Finally, there is some focus on the fading of supports

# HRC SLS Assessment

**HARBOR REGIONAL CENTER  
SUPPORTED LIVING SERVICES (SLS) ASSESSMENT**

Client Name: \_\_\_\_\_ UCI: \_\_\_\_\_

DOB: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Address: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_ Report Date: \_\_\_\_\_

Assessment Date(s): \_\_\_\_\_ Report Completed by: \_\_\_\_\_

Individuals Interviewed (Name & Relationship): \_\_\_\_\_

Reports Reviewed: \_\_\_\_\_

**Client Description**

Ambulation status:  
 Ambulatory  Non-Ambulatory  Walker  Wheelchair

Communication skills:  
 Verbal:  Full Sentences  Phrases  Single Words  
 Non-Verbal:  Gestures  Communication Aid/Device: *Indicate type*

Transportation utilized:  
 Drives  Bus  ACCESS  Family  Other: *List*

Children:  
 No  Yes  
 If yes, indicate number of children: \_\_\_\_\_  
 Do they reside with the client?  No  Yes  
 DCTS involvement?  No  Yes: *Describe*

Additional information: *Include any relevant information not previously covered in this section.  
Example: Client can ambulate short distances, but utilizes a wheelchair when in the community.*

**Purpose of the Assessment**

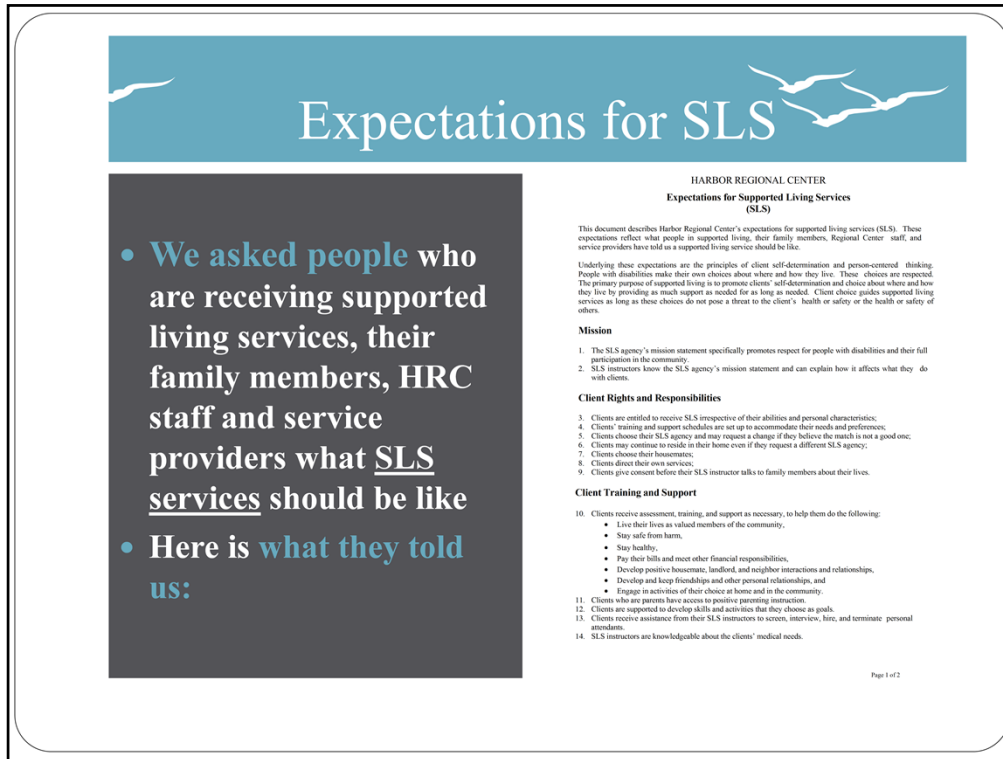
Initially Entering SLS  Potential Increase in SLS  Other: *Describe*

- This is the template that HRC gives to **independent SLS assessors** for clients entering SLS or potentially in need of increased SLS services.

1

## Review of the HRC Supported Living Services Assessment

- This is the template we provide to HRC independent contractors who conduct SLS assessments
- We ask these assessors to gather information and assess support needs by BOTH interview and observation
- We ask for assessment of support needs in TEN areas:
  - Emergency and safety skills and support needs
  - Health status and support needs
  - Mental /behavioral health status and support needs
  - Personal Appearance/Hygiene status and support needs
  - Interpersonal Skills and support needs
  - Money management skills and support needs
  - Meal Preparation skills and support needs
  - Housekeeping skills and support needs
  - Community access skills and support needs
  - Legal involvement support needs



## Review of the HRC Expectations for SLS


We asked people who are receiving SLS, their family members, HRC staff and services providers what SLS services should be like and we captured what they told us

We categorized their expectations into 4 categories:

- What the mission of the organization should be
- What the rights and responsibilities of the clients should be
- Expectations about client training and support
- Expectations for the SLS agency

**Roles for SLS**

- We asked people who are receiving supported living services, their family members, HRC staff and service providers what each person involved should do to ensure the SLS service is successful
- Here is what they told us:



**Supported Living Client/Staff/Agency Roles**  
To Achieve The Most Effective Results In Supported Living

**The Client Will:**

- Choose to receive supported living services;
- Collaborate with all involved service partners (SLS staff, HRC Service Coordinator, HSS workers, agencies, etc...);
- Be respectful of the roles of others involved;
- Be open to working as a team;
- Be willing to consider advice and intervention concerning important decisions;
- Be willing to meet with SLS staff in the home at scheduled times;
- Be willing to meet with his/her Regional Center Service Coordinator and openly discuss important issues on at least a quarterly basis;
- Actively participate in the supported living process by establishing future goals and reasonable expectations for achievement;
- Take responsibility for making progress and achieving goals;
- Keep his/her HRC Service Coordinator informed regarding any issues concerning his/her supported living service provider, HSS staff, etc.;
- Take as much responsibility as possible for financial planning and budgeting;
- Collaborate with his/her SLS coach for budgeting assistance and support as needed;
- Take as much responsibility as possible for maintaining a safe and clean home environment;
- Be open to accepting housekeeping assistance and support as needed;
- Take as much responsibility as possible for maintaining or improving overall health status.

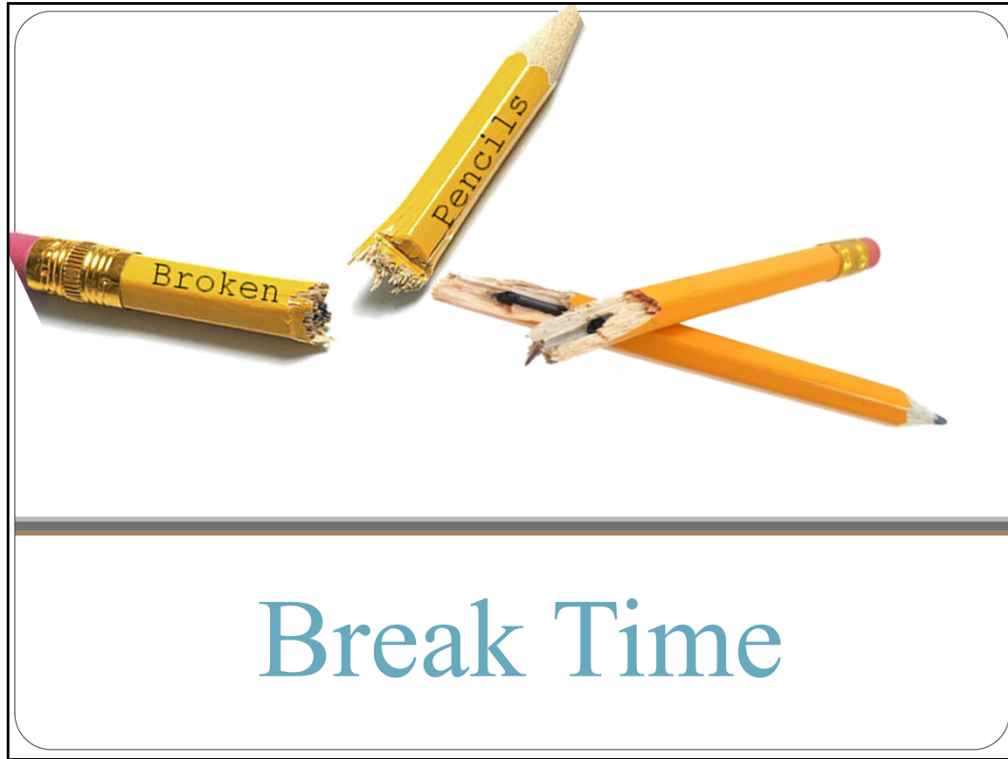
## Review of the Client/Staff/SLS Agency Roles

- We asked people who are receiving SLS, their family members, HRC staff and service providers what each person involved should do to ensure the SLS service is successful
- Here is what they told us about what each could do to promote success
  - Clients
  - SLS Staff
  - SLS Agency
  - HRC Service Coordinator
  - HRC Provider Relations Liaison







Maria Elena Walsh, Assistant Manager at the HRC Resource and Assistive Technology Center will share some of the many materials that we have available for clients, families, service providers and staff on the topic of supported living.



When we return we will review progress reporting formats used by our service providers and our service coordinators to monitor and document progress of SLS clients...and we will also share various data about the HRC clients currently receiving SLS services



# HRC SLS Progress Report



**Date of this Report:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **UC#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**HRC Service Coordinator Name:** \_\_\_\_\_

**SLS Support Staff Name(s):** List support staff name and position. If there has been change(s) in support staff during report period, please indicate names of all staff that provided support for client.

**Level of Support:** \_\_\_\_\_

**Reporting Period:** \_\_\_\_\_ to \_\_\_\_\_

**Type of Report:** \_\_\_\_\_ (Semi-Annual, Other, Exit)

**Quality Monitoring Visits Completed During Report Period:** Specify name and position of supervisor/manager completing quality monitoring visit(s). Indicate whether visits were announced or unannounced, face-to-face visits in client home or telephone call(s). What was reviewed (documentation log) and/or observed during monitoring visit? What was client's feedback about the services he/she receives? If concerns expressed, discuss agency response follow up?

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**HOME**

**CURRENT STATUS:** Information in this section should be confirmed or accurate by service provider. This can be accomplished via direct observation, verbal or written communication.

Indicate client's current address and phone number. If no phone, how is client contacted (friend, neighbor, family, e-mail)? Briefly describe setting (apartment, shared home, motel, number of bedrooms, second floor, etc.).

If client does not live alone, describe relationship(s) to those who live in the home (husband, children, etc.) and indicate whether client is satisfied or dissatisfied with the current situation.

Discuss household expenses and how divided (if shared living arrangement).

Discuss, in detail, client's ability to:


- 1) safely prepare a variety of foods using microwave/stove, etc. and store food safely
- 2) complete personal care tasks (bathing, grooming, toileting) independently
- 3) access and navigate community independently

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- This is the **template** that HRC gives to SLS service providers to use for **reporting progress**

## Review the HRC SLS Progress Report Guidelines

- This is the template that we ask HRC SLS service providers to use for reporting progress.
- We ask providers to assess progress in five required areas:
  - Home
  - Financial
  - Health
  - Safety/Emergency Preparedness
  - Relationships and Community Involvement
- And we ask them to assess progress in two additional areas as applicable:
  - Parenting
  - Other (primarily support for clients involved in some way with the courts)



# HRC SLS Quarterly Review



**HARBOR REGIONAL CENTER**  
SERVICE COORDINATOR CLERK  
QUARTERLY ID NOTE FOR SUPPORTED LIVING

Client Name: \_\_\_\_\_ Date of Quarterly Visit: *(Date of meeting should be no more than 3 months from last QTR or the last quarterly)*

Client was seen face to face at (location): *(Please note: At least 3 quarters MUST be held at the client's home)*

Participants Attending Meeting: *(List all participants and relationships to the client who were present as well as the names/relationships of people who provided input i.e. verbal or written report. SLS instructors need to present)*

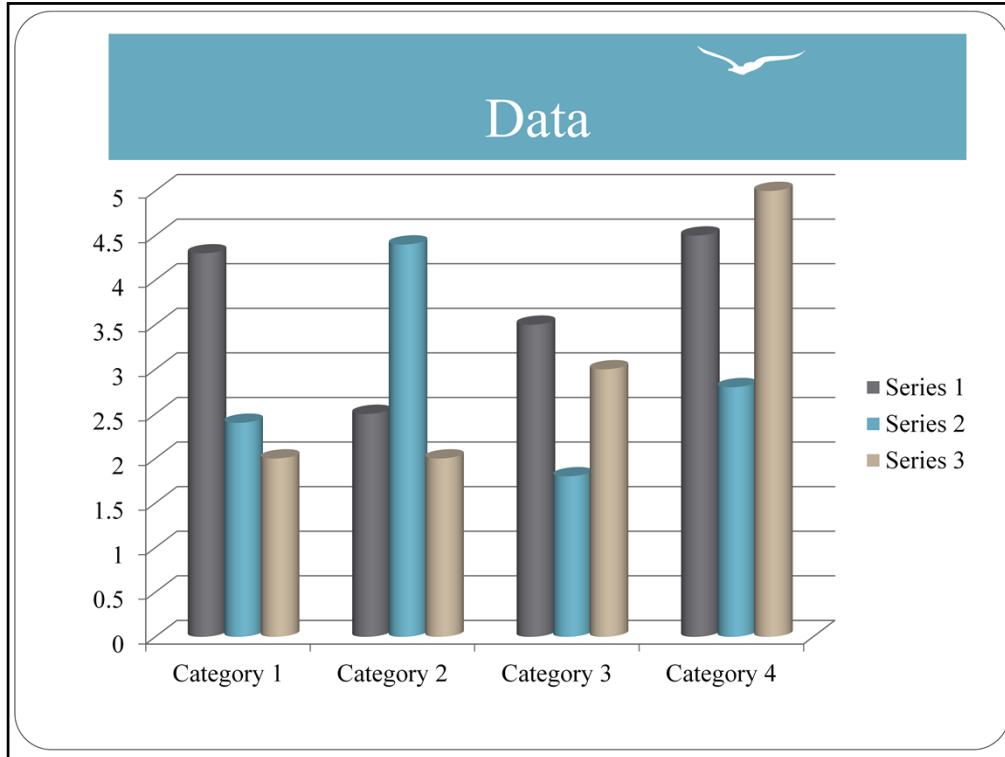
	Yes	No
<b>Are the health needs of the client being adequately addressed?</b> • Explore clients current physical and mental health status and document any health concerns and any follow up needed • List any hospitalizations, the reason for the hospitalization and dates of admission and discharge, what follow up if any is needed. • List any medication changes • State progress and/or barriers Indicate follow up plan for next Quarter:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are the safety needs of the client being adequately addressed?</b> • Explore status of community, home, financial, and personal relationships for any potential harmful or dangerous interactions. • Follow up on any prior concerns from last meeting; identify any barriers prohibiting progress Indicate follow up plan for next Quarter:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is the supported living service provider addressing the client's desired outcomes?</b> • Indicate supports provided to assist client with accomplishing desired outcomes; indicate the specific task being worked on. • Indicate client progress or barriers Indicate follow up plan for next Quarter:	<input type="checkbox"/>	<input type="checkbox"/>

6/30/2017 6/30/2017

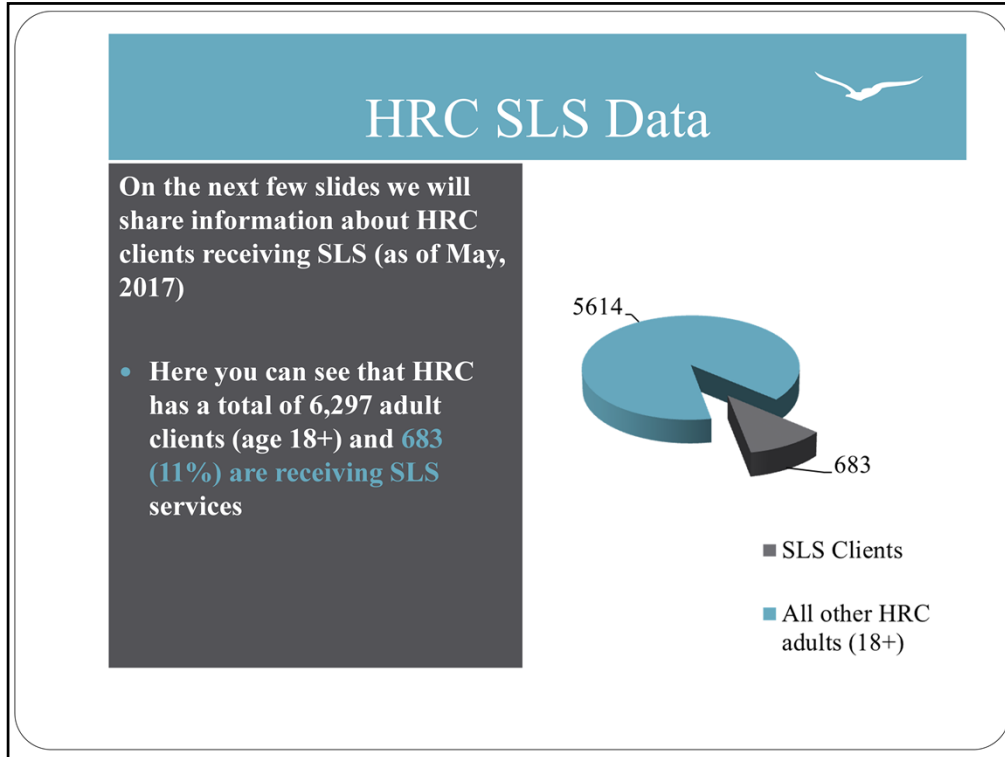
- This is the **template** that HRC requires service coordinators to complete following each SLS quarterly review meeting

## Review HRC Quarterly ID Note for Supported Living

- This is the template that each service coordinator completes following each quarterly review meeting
- The service coordinator is specifically required to address, at a minimum, the client's:
  - Health
  - Safety
  - Progress
  - Satisfaction with the SLS service
  - Follow up required



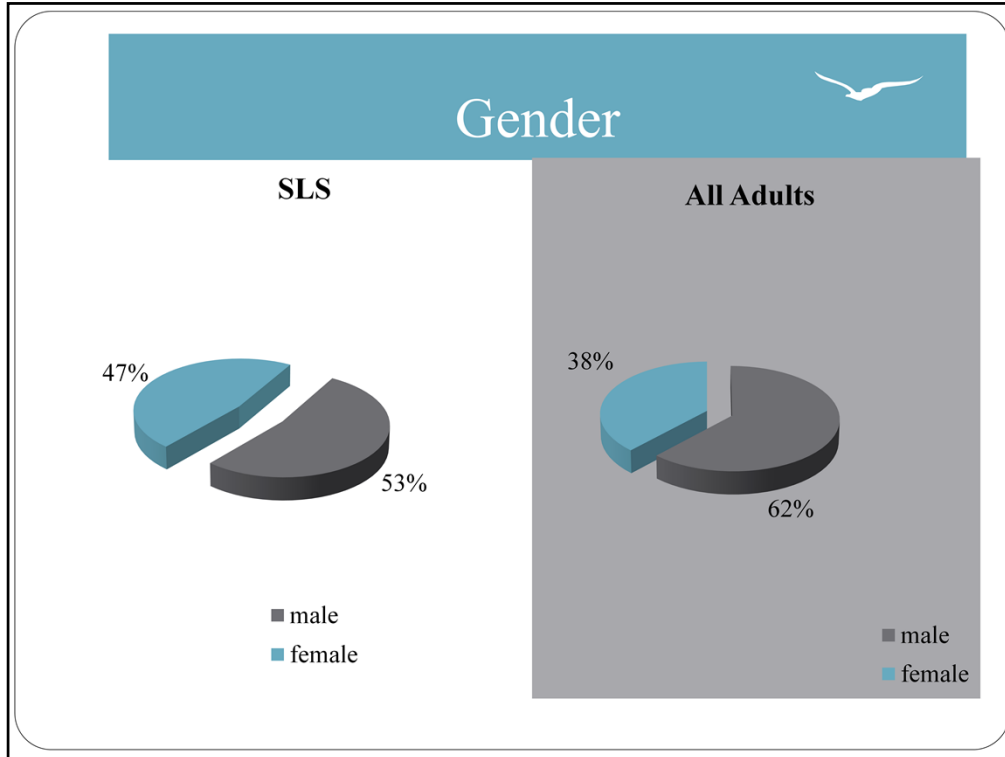
- The following slides contain information about:
  - The clients we are serving in supported living settings,
  - HRC expenditures for SLS and
  - The major SLS service providers who provide support for HRC clients



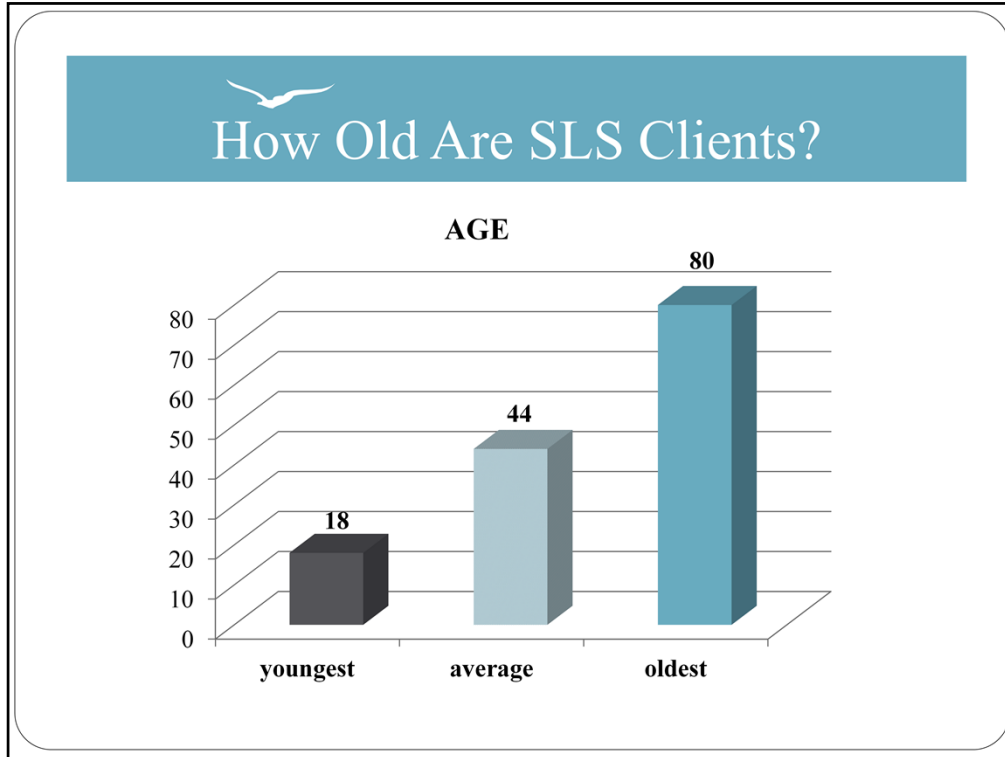
Harbor Regional Center, as of May, 2017, was providing SLS for 683

In May, HRC was serving 6,297 clients who are 18 and older

Accordingly, 11% of HRC's adult clients are receiving SLS services



Of the 683 HRC clients living in supported living arrangements, 53% are male... while 62% of all HRC adult clients are male; 47% of SLS clients are female while 38% of all HRC adults clients are female.



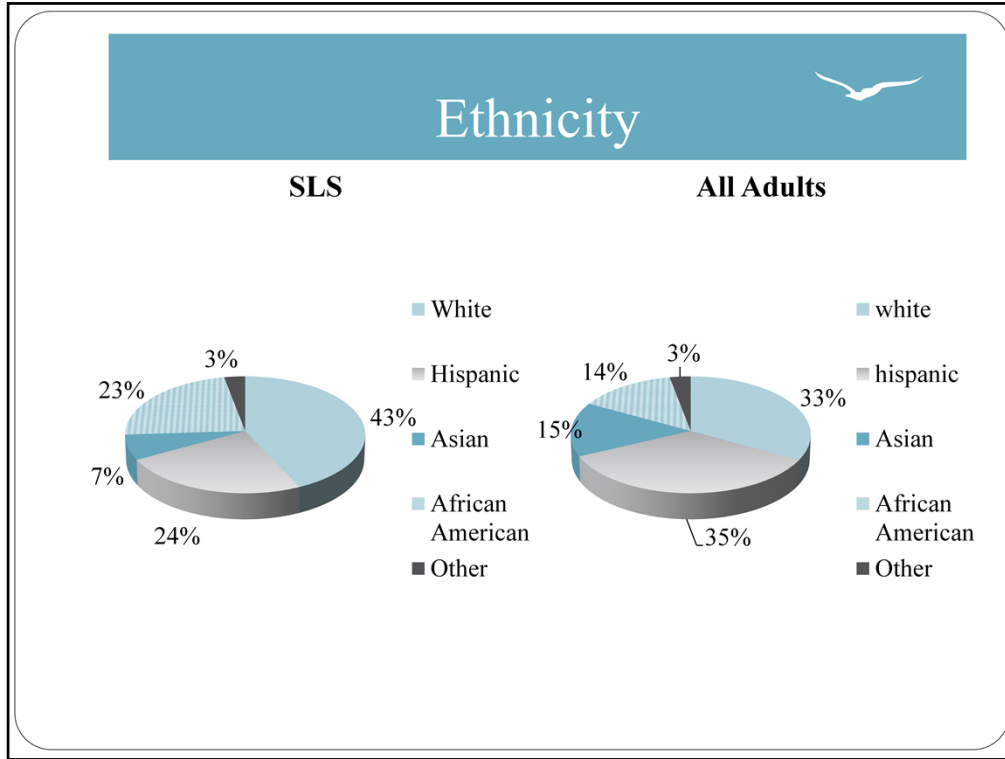
There is a huge range in age among those receiving SLS.

Our youngest SLS client is just 18 years old

Our oldest SLS client is a senior citizen at 80 years of age

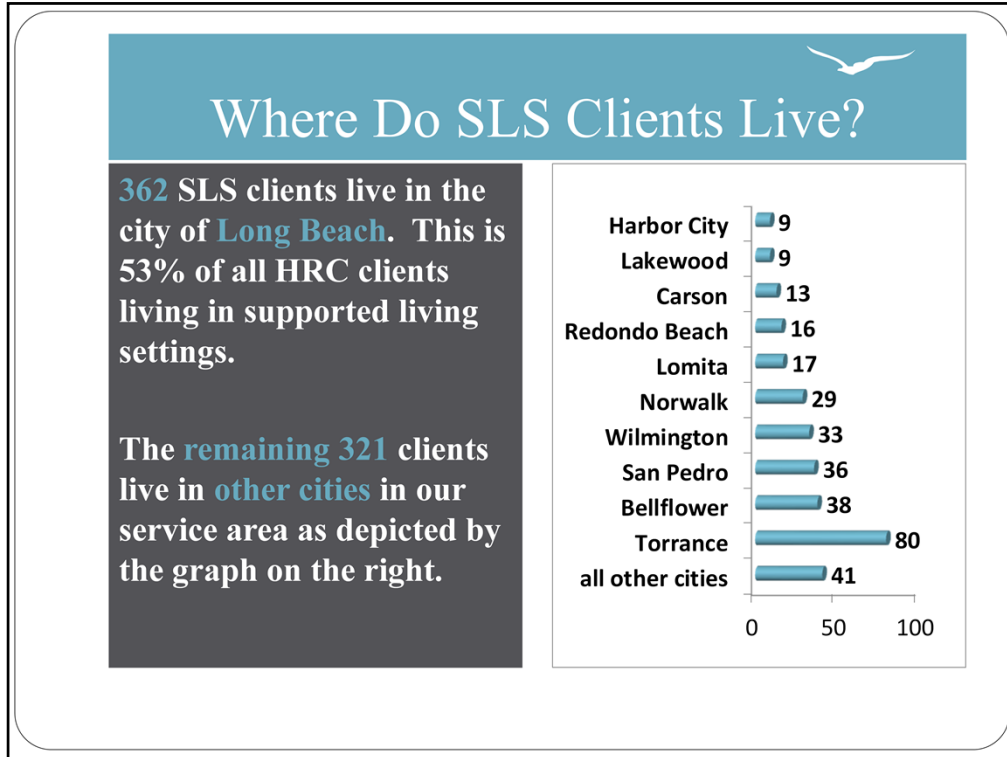
The average age of HRC clients living in supported living arrangements is 44





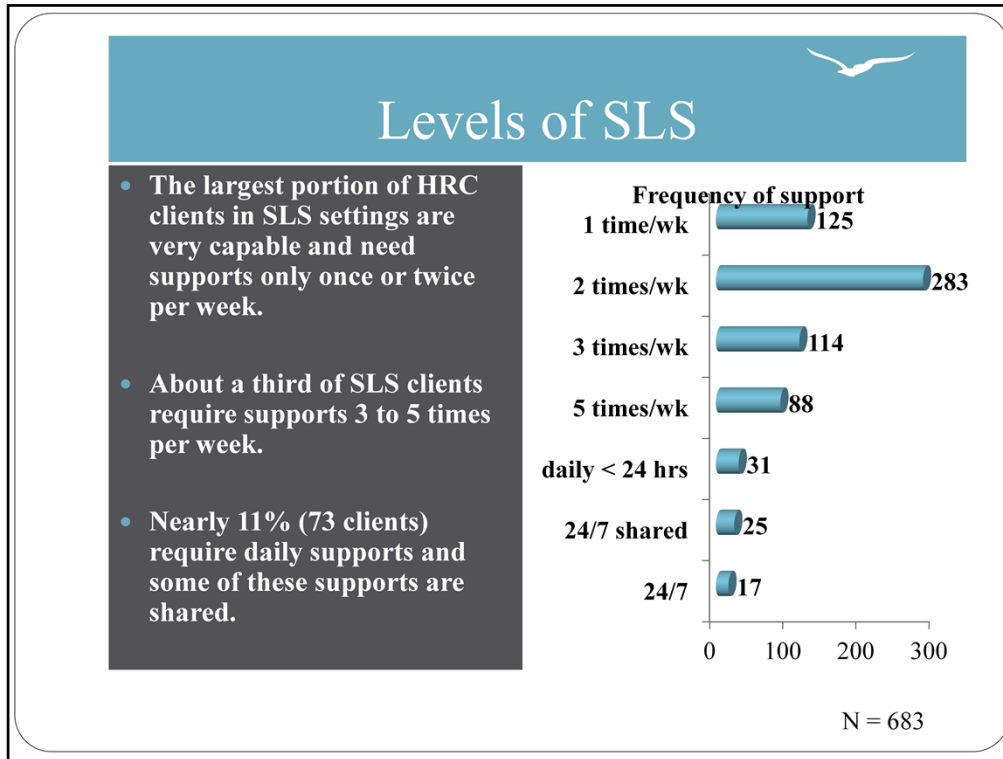
Of the 683 HRC clients living in supported living arrangements, 43% are white, 24% are Hispanic, 23% are African American and 7% are Asian

This distribution is somewhat different from the distribution of adult clients by ethnicity as can be seen on the comparison chart on the right



The majority of HRC clients who live in supported living arrangements, MORE THAN 52%.....live in the city of Long Beach.

The remaining 321 clients are living in the cities as depicted on the graph to the right



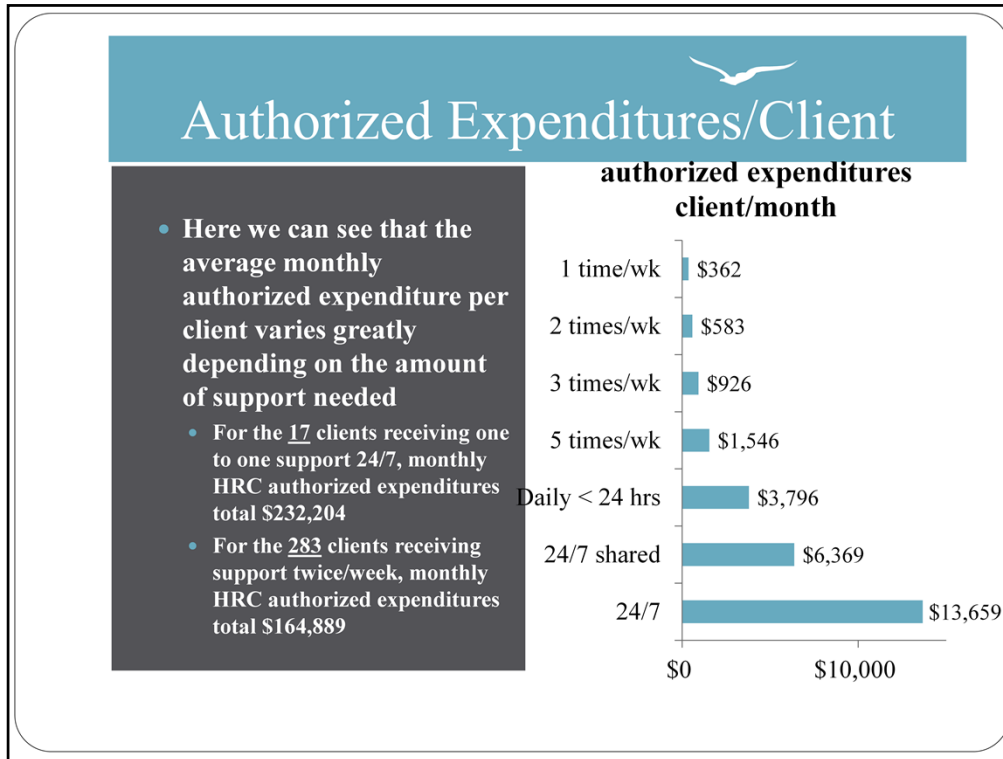
Supported living services are provided based upon individual need. Some HRC clients require supports around the clock while others may need as little as weekly support.

This chart shows the frequency of supports needed by the 683 clients in these living arrangements.

42 HRC clients are receiving 24 hour supports 7 days per week; some of these clients have one or more roommates with whom they share these supports

Another 31 clients are receiving daily supports but not for the full 24 hours

The frequency of support does vary but we do know that the majority of HRC clients living in supported living arrangements are quite capable and can manage quite well as long as they have individualized support a couple of times per week.



Authorized expenditures for supported living services vary dramatically because this service is so highly individualized.

HRC has authorized \$232,204/month for the **17** clients who receive individual SLS 24/7.

While authorized expenditures for the **283** clients who receive supports just twice/week are only \$164,889/month.

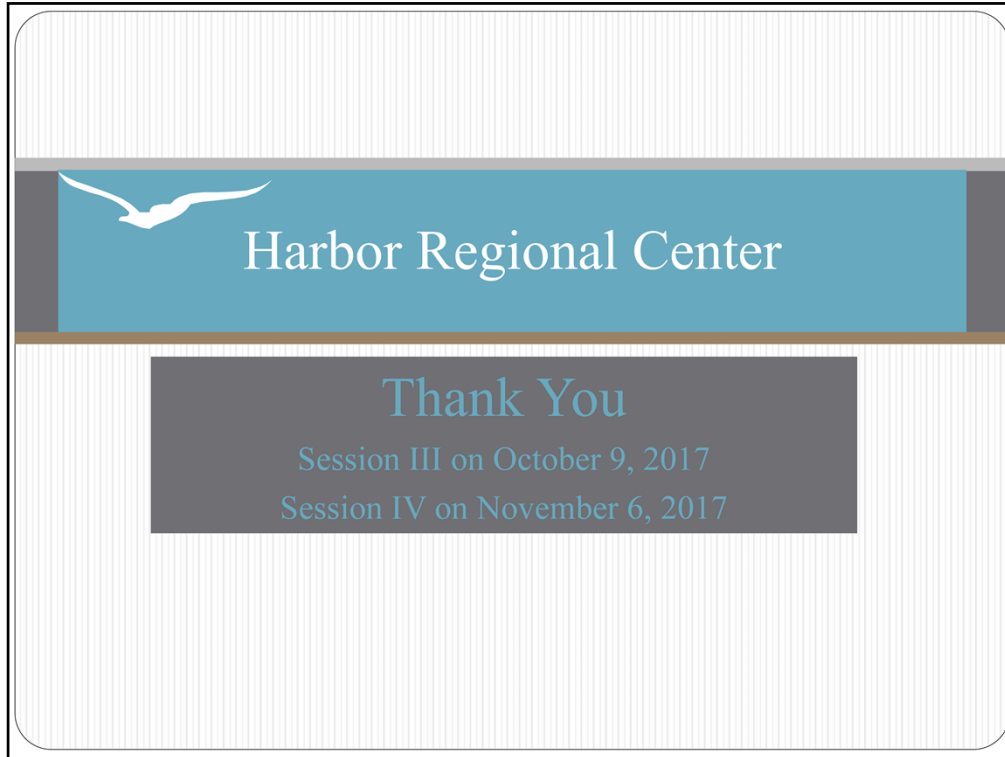
The chart on the right shows the authorized expenditures per client per month across all frequency levels

SLS Service Providers	
• Life Steps Foundation	182
• SVS-Independent Vision	100
• Independent Focus	84
• Robert Murphy Supportive Solutions	84
• AIM Living Services, Inc.	76
• California Mentor	61
• Modern Support Services	28
• Options for Birth and Families	21
• Aacres, CA	10
• Ambitions California	7
• College Internship Program	7
• IABA Supported Living	3
• Johanna Lee Supported Living	3
• Other (1 or 2 Clients)	17
	TOTAL 683

These are the Supported Living Services Agencies which provide SLS services for HRC clients.

They are listed in descending order by the number of HRC clients served.

At our next review session, we will hear from two of these agencies and also from one or more of the clients who receive their services



Thank you for participating with us tonight and we look forward to seeing you on October 9 for our third session during which we will learn more about service provider rates, we will have presentations made by two different service providers, and we will hear from at least one client who is living in a supported living setting.

Also...Please note that our 4<sup>th</sup> review session will not be held on the 2<sup>nd</sup> Monday.....due to a conflict with that date. It will be held on the 1<sup>st</sup> Monday in November....the 6<sup>th</sup> of November.