

THE SUPPORTED LIVING COMMUNITY PROJECT (SLCP):  
"Getting the Car Started"

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## The Supported Living Community Project (SLCP)

Assisting individuals who present behavioral challenges to succeed in the community is difficult at best. When the challenges that individuals present include behavior potentially or actually injurious to themselves or others, community intervention becomes immeasurably more difficult. The presence of additional handicaps (e.g., developmental disability, sensory impairment) further complicates matters. At the same time, the concept of "deinstitutionalization" is an enduring human, ethical, clinical, professional, and fiscal imperative. The development of intervention models, guidelines, and specifics is essential.

This paper briefly presents the ingredients of a particular model for community success useful even with individuals who suffer multiple handicaps and are seriously challenging behaviorally: "Supported Living". Within this perspective, behavioral challenges, sensory impairments, developmental disabilities, etc., are viewed as addressable handicaps, much like various physical disabilities. Thus, much as the provision of an electric wheelchair to someone who cannot walk can increase that individual's mobility and access to the community, the provision of behavioral, sensory, communicative, residential, recreational, vocational, and other supports, sometimes permanently, can maximize an individual's access to the community and personal quality of life. Key features include simultaneous application of multiple intervention resources; a continuing commitment of resources empirically determined to be adequate to the task; and, the provision of one primary individual responsible for overall resource and program development and coordination as well as for providing decision making leadership.

Client Description. The individual receiving services and support, now a 23 year old woman, was born to a mother who had contracted rubella during pregnancy. As a result, she has

suffered many of the often associated handicapping conditions: deafness, visual impairment, measured intellectual capability in the preschool range, seizures, and minor physical disability. She had attended a school for individuals with primary visual impairment for 14 years.

At the start of this project, this young woman had engaged in a wide variety of behaviors that were self injurious, injurious to others, and destructive of property, for approximately 12 years. Self care skills were moderately well developed; leisure and community access skills were essentially absent; very limited vocational skills had been demonstrated; appropriate language/communication behaviors consisted of individual signs such as "toilet", "finished", "ice cream", and "candy", as well as presenting an empty coffee cup as a request for coffee, water or soda pop.

Procedure. An educational fair hearing directed the local school district and the individual's school of attendance to cooperate in assembling a community based program to assist the individual in achieving a supported employment or integrated employment opportunity and an out of home residential opportunity. A two year period of "compensatory education" set the overall project duration. The California Department of Education participated, with an interest in illustrating the feasibility of a service delivery model that could permit the provision of improved service to other similar students currently underserved or served inappropriately.

A "Project Coordinator" was selected and given responsibility for oversight of all activities. Concentric interdisciplinary teams were formed to organize, pursue, and monitor progress in specific target areas. That is, an Individualized Program Planning (IPP) team dealt with matters of residential, community,

and vocational support. Since this project is driven by the individual's educational program, the IPP team is a working subgroup of the Individualized Educational Planning (IEP) team, responsible for educational objectives, subsuming all objectives of the IPP by reference. Since the focus of the project is the individual's movement from educational ("children's") services to vocational, residential, and other ("adult") services, the IEP team is a working subgroup of an Individualized Transition Planning (ITP) team, devoted to the aspects of the individual's life unique to making this change. And, finally, the ITP team is a subgroup of a larger project group called a Support Group, consisting of representatives of each of the potentially relevant services the student might reasonably require. The relationships among the concentric teams are shown in Figure 1 (Appendix 1). A list of the members of the Support Group, by role and agency, is presented in Table 1 (Appendix 2).

One by one, access to services, materials, and funding necessary to the accomplishment of established objectives was gained. An essential defining feature of this project is the fact that access to services, materials, and funding is simultaneous rather than sequential, a more traditional arrangement. This feature runs through all program aspects. All activities are ongoing, and continue to expand.

Results. The results presented here are as of 40% completion of the total project duration (i.e., 10 of 24 months). Prior to the start of this project, the individual served spent 0 hours outside of her home and/or away from the direct supervision of her family, primarily her mother. This has gradually changed to the point where she now spends a minimum of five hours each day, five days each week, outside of her home and/or away from family supervision. Prior to the start of this project, the individual served engaged in little or no leisure activities

other than sitting alone drinking coffee, water, or soda pop. Currently, she looks at a magazine for periods of up to 30 minutes, conversing in sign language with others present about items in the magazine pictures; views sign interpreted and/or captioned videotapes and television broadcasts for periods up to two hours; plays a word spelling game ("Boggle, Jr.") for periods up to 30 minutes, with one or more others; walks to a local market and back, purchasing an item at the store; and, goes for drives in the family car. Prior to the start of this project, the individual served communicated with a very small number of individual manual signs, though she demonstrated knowledge of many more by labeling objects and pictures. Currently, she signs full sentences to request, for example, a leisure activity such as a magazine to look at or a drive in the car, and has at least once used word cards to initiate a request to walk to the store for ice cream. Prior to the start of this project, the individual served was heavily medicated with a number of antipsychotic and tranquilizing medications. Currently, she receives only seizure control medications.

The involvement of a large number of agencies and organizations has contributed a great amount of services and materials, without placing undue strain on any one of these service providers. These are summarized in Table 2 (Appendix 3).

Self injurious, other injurious, and property destructive behaviors are approaching zero frequency. This is summarized in Figure 2 (Appendix 4) as an increasing proportion of program hours in which the individual served has been observed to be behaving "okay", i.e., absent challenging behaviors.

Discussion. The thrust of this entire project is to demonstrate that simultaneous application of available resources can both prove greatly more effective than sequential application and can

also create a situation where the individual served receives a maximum total amount while each participating service, material, or funding provider is individually responsible for a small amount. This has certainly been the case with the individual described here.

Rather than requiring demonstrated behavior improvement before providing access to educational, vocational, leisure, and community training activities, professionals involved here have simultaneously addressed numerous goals. Rather than being solely responsible for an individual's program needs until s/he proved ready to move on to another service provider, agencies involved here have simultaneously cooperated, meaning less total cost and commitment for each individually. Further developments are creating ways in which to further spread the burden of service provision among agencies and individuals while maintaining or increasing that which is available to the individual served. For example, the contribution of the local school district and school of attendance can be increased procedurally while being decreased financially by arranging a Non-Public Agency (NPA) contract for these services, an expense that is 70% reimbursable through state and federal arrangement.

In sum, it is hoped that what is being demonstrated here is a service delivery model analogous to the situation faced with a stalled car. If a group of five or six bystanders were to each individually attempt pushing the car to restart it, very little would be accomplished. If, however, they combined their efforts and all pushed at once, not only would movement be achieved, but also the car may very well be restarted and subsequently move ahead on its own. It is reasonable to believe that people may function somewhat similarly. That is, arranging for the greatest number of potential "bystanders" to "push" at once can be expected to assist an individual not only to make progress, but also to arrive at a point where external support can be reduced or eliminated.

SUPPORT GROUP (See Appendix 2)

ITP Team:

IPP Team

plus

Residen-  
tial  
Services,  
Vocation-  
al Services,  
Etc.

IEP Team

plus

Regio-  
nal  
Center  
Rep.,  
Etc.

IPP Team:

IEP TEAM:  
Teacher,  
Family,  
Project  
Coordinator,  
Etc.

CLIENT

Support Group Members:

1. Representative of local school district
2. Representative of school of attendance
3. Representative of Specialized Programs Branch,  
Department of Education
4. Representative of Special Education Division,  
Department of Education
5. Representative of Transitional Services,  
Department of Education
6. Representative of Legal Services, Department of  
Education
7. Representative of relevant Regional Center
8. Representative of Adult Services, Mental Health Department
9. Representative of Child Services, Mental Health Department
10. Representative of Policy Branch, Mental Health Department
11. Representative of Legal Advocacy Services, Mental Health  
Department
12. Representative of Client Advocacy Services, Protection  
and Advocacy, Inc.
13. Representative of Deaf Services, Department of Vocational  
Rehabilitation
14. Representative of Blind Services, Department of Vocational  
Rehabilitation
15. Legislative Representative, Local State Congressional  
District
16. Client family member

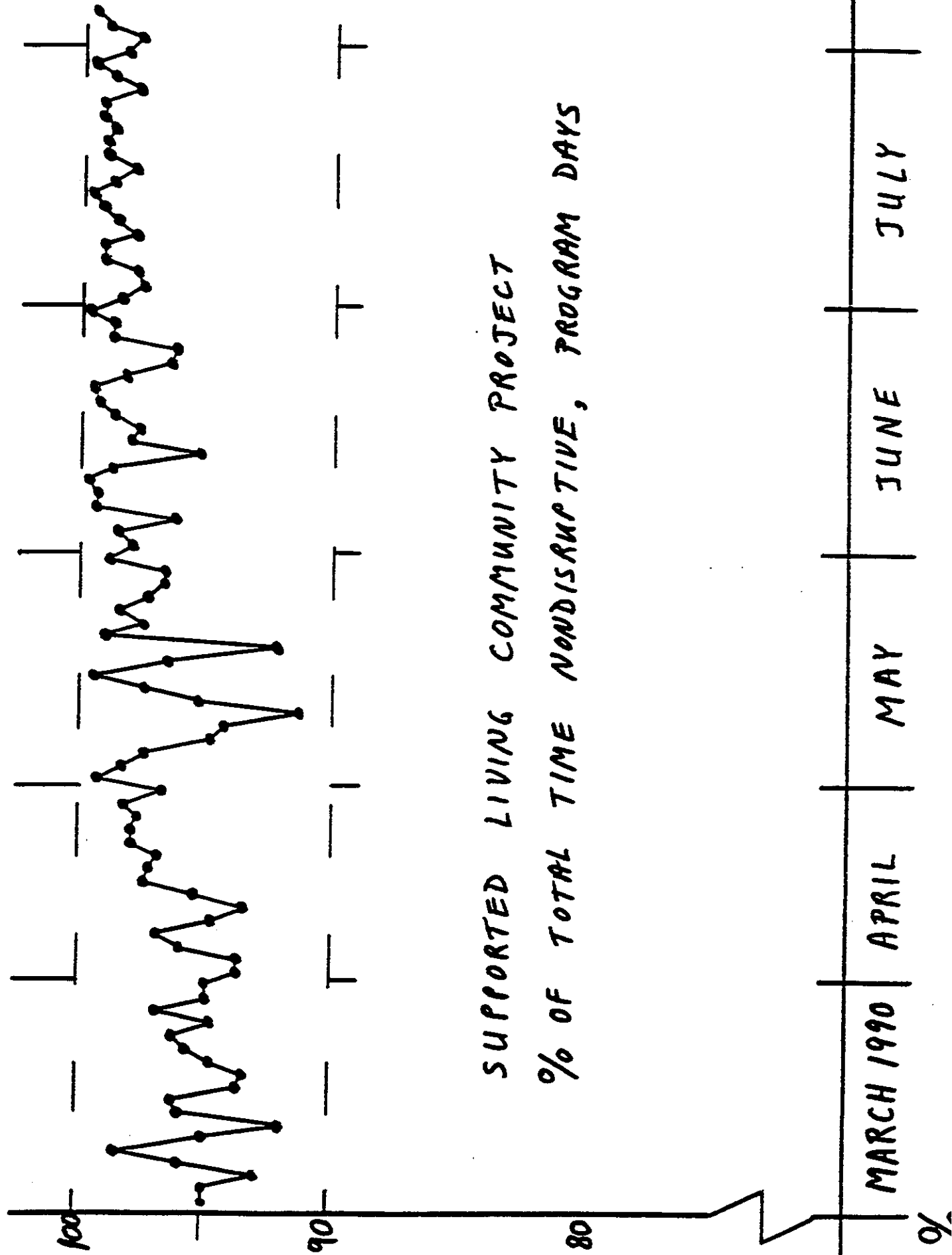
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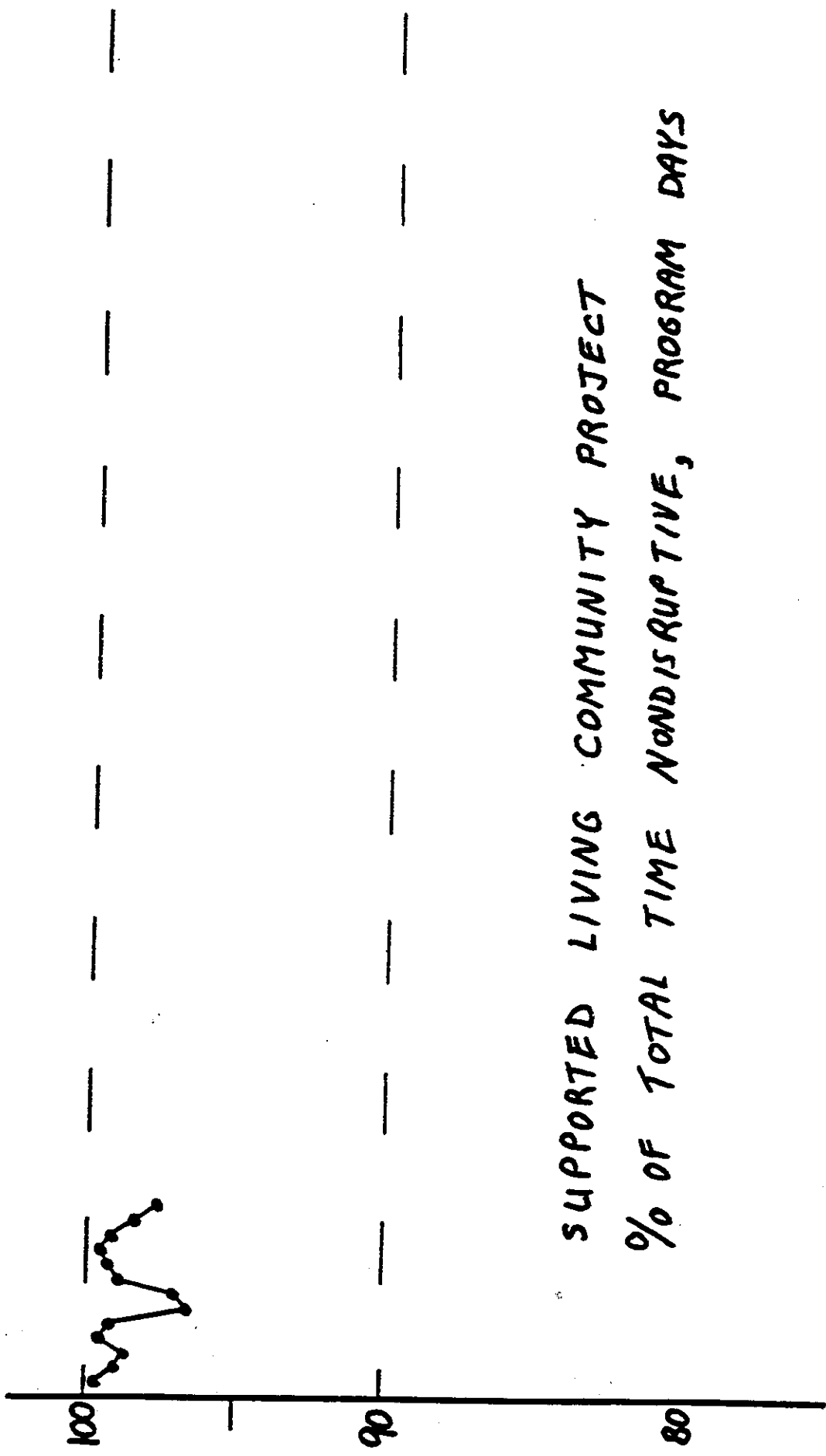


Contributing Agencies and Service Providers:

1. School of attendance -- project coordinator and related expenses; consultation
2. Local district -- one:one aide; home teacher; materials expenses; office services
3. Regional center -- case manager; IPP supervision; equipment, respite, and sign language interpretation funding; consultation; information and referral; physical/medical services
4. Family -- residence; supervision of client outside of regular program hours
5. Local sheltered workshop -- space for work practice; socialization opportunities (lunch)
6. Local SELPA -- equipment and materials funding; information and referral
7. Local organization for deafness services -- interpreters; materials; consultation; information and referral
8. Department of Education -- support group coordination; consultation; information and referral
9. Department of Vocational Rehabilitation -- consultation; information and referral
10. Department of Mental Health -- consultation; information and referral
11. Clearinghouse for Technology -- consultation; information and referral; equipment
12. Gallaudet University -- material; information and referral
13. State agency for deafness/blindness -- consultation; information and referral
14. Various publishers, videotape producers, private professionals in the fields of deafness, communication, housing -- consultation; information and referral

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SUPPORTED LIVING COMMUNITY PROJECT  
 % OF TOTAL TIME NONDISRUPTIVE, PROGRAM DAYS

SEPTEMBER  
 1990  
 %