

## *Duncan Heights*

### SCL (Supported Community Living) Program

#### Mission Statement

To provide services and supports necessary to enable individuals being served to live, learn, work and socialize in a community setting.

#### Value Statement

DHI SCL services will promote the physical well-being of each consumer based on their particular desires and needs by providing methods that promote the dignity and respect of consumers and by assisting them to receive other services in the community in which they are entitled including spiritual and vocational opportunities.

#### Program Description

The SCL program will assist you in achieving and/or maintaining your highest level of self sufficiency and independence in the least restrictive setting.

Our SCL program provides 1 to 24 hours of skills training per day based on consumer's needs. Community living services are personalized to fit each person's individual needs and choice of living arrangement. The services allow individuals to live in an integrated setting in their own homes or apartments as independently as possible. Services can be provided on an individual basis or in a group living situation. Our services are provided in Garner, Forest City, Britt, Clear Lake and surrounding communities.

Support is provided to build skills in the following areas;

Socialization skills

Symptom and behavior management

Medication management

Communication skills

Crisis prevention and intervention

Use of public transportation and other community resources

Financial management skills

Shopping skills

Payee Services

Domestic skills training

Nutritional skills

Safety skills

Self care skills

Self advocacy

Transportation to carry out skill building (excludes transportation to and from work or a day program)

## **SUPPORTED COMMUNITY LIVING MANUAL**

The following manual will assist you in the event of an emergency and provide you with information relative to your services that you are receiving through the Duncan Heights Supported Community Living Program.

### **Evaluation Services/Assessments**

Prior to your admission we will identify your needs in self-care, treatment, vocational skills, academic, and community living skills. The SCL program will assist you to build skills in the areas identified as needs by you and your team.

### **Individual Service Plan**

Prior to or within thirty (30) days of your admission to the SCL Program you will meet with your service planning team. Attending this meeting with you will be your SCL Coordinator, Case Manager/Coordinator, Legal guardian (if applicable), and interested parties that you have selected to be involved in your care. You and your team will develop goals that allow you to be as independent as you can. Your choices, preferences, priorities and long term goals will be an important part of this meeting. An ISP meeting will be held every twelve (12) months to review progress, revise the plan as needed, and to continue the planning process. Meetings can be held more often if needed.

### **Service Coordination**

A service coordinator will be assigned to you and will coordinate your admission, your initial assessment, yearly assessment, as well as assist you in planning your program and selecting your goals.

Your service coordinator also keeps a record of your progress and assists in planning for your transfer/discharge. It is important that you participate in your care, work on skill building, and work with the coordination process to optimize your progress.

SCL services may be denied, terminated or reduced after a 30 day notice from your service coordinator if you are not cooperating with or benefiting from participation in the program. In addition, you may be terminated from the program if you become a threat to yourself or others. Your service coordinator, in conjunction with your case manager or care Coordinator, will provide services to locate a living environment which would provide the level of care which meet your needs.

If you choose to live in a Duncan Heights (provider owned or controlled) home, group home or apartment, you will be required to utilize Duncan Heights for your community living services.

## Skills for Independent Living

The following skills are needed for independent living, to be performed independently or with minimal support. Engaging in skill training towards acquiring these skills will be needed to gain the most independence in community living.

The ability to contact the appropriate person in the event of an emergency situation (Staff, Fire, Police, Doctor, Ambulance etc.)

The ability to administer own medications independently or with supervision.

The ability to use the telephone.

Utilize healthy living skills and good personal hygiene.

Respond with basic first aide.

Demonstrate good housekeeping skills.

Grocery shop and prepare meals.

Shop for clothing and personal items.

Attend a work program or job as scheduled, if employed.

Show responsibility for budgeting and money management.

Initiate and participate in leisure activities.

Maintain appropriate sexual behavior.

Demonstrate appropriate behavior in the public and use good social skills.

The ability to meet financial needs through private funding, Social Security, SSI, Etc.

The ability to access support groups in the community.

## What to do about illness

### Making a doctor appointment

1. Discuss medical concern with SCL staff; if they are not available contact on call staff.
2. If it is decided an appointment is necessary, look up the phone number in the phone book or on your list of doctors in your safety plan.
3. Call the doctor and discuss symptoms and then follow directions given by your doctor
4. If you have an appointment, write it on your calendar.

### Getting to a doctor appointment

1. After making an appointment arrange for transportation.
2. Call SCL staff or volunteer driver for a ride.
3. You may call Duncan Heights (923-3337) and see if your appointment will work in with the transportation schedule or your scheduled SCL visit time.

### When you are sick:

1. Notify SCL/ Duncan Heights staff so we can provide instructions or check on you if needed.
2. You and/or SCL staff will make the appropriate medical appointment if needed.
3. Call your employer if you are unable to attend work that day.

## SAFETY PLAN

Put your coping skills into place.

My examples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, listed below are the phone numbers of the local authorities you will need to notify.

FIRE: 911- Emergency  
\_\_\_\_\_ Non-emergency

POLICE: 911  
\_\_\_\_\_ Non-emergency

AMBULANCE: 911

POISON: 1-800-362-2327

ASK A NURSE: 1-800-468-0050

DUNCAN HEIGHTS: 1-641-923-3337

### MEDICAL INFORMATION

Below are listed your particular physicians and their numbers to call for an appointment or in the event of an emergency:

PHYSICIAN: \_\_\_\_\_ Phone # \_\_\_\_\_

PSYCHIATRIST: \_\_\_\_\_ Phone # \_\_\_\_\_

HOSPITAL: \_\_\_\_\_ Phone # \_\_\_\_\_

Individual Rights  
SCL - Supported Community Living

**The rights to which individuals served by SCL are entitled include, but are not limited to, the right to;**

Freedom from unlawful discrimination based on race, color, creed, citizenship, national origin, sex, age, religion, or disability.

Freedom to communicate by letter, telephone, in person, or by other means, and to visit and to receive visitors.

Freedom of choice to include movement, self-determination in activities of daily living and the right to refuse services.

Freedom to exercise one's rights as a citizen, including voting.

The right to manage one's own finances and possessions.

The right to practice one's own religion.

The right to privacy.

The right to be treated with respect and addressed in a manner which is appropriate to the consumer's chronological age.

The right to appeal any provider, provider policy or procedure, or staff action.

The right to have all consumer records kept confidential and released only as provided by law or similar rules or regulations.

Be rightfully informed in writing of any amendments to policies on consumer's rights, rules, and responsibilities governing conduct.

Be given the opportunity to participate in planning his/her Individual Service Plan (ISP).

These rights are limited only to the extent determined by a court of law or when an individual unduly infringes upon the rights of others.

I hereby acknowledge receipt of a copy of this Individual's Rights list and I have been fully informed of and understand these rights.

\_\_\_\_\_  
Individual Receiving Services / Guardian / Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCL Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness, if needed

\_\_\_\_\_  
Date

Individual Responsibilities  
Supported Community Living

As an individual receiving services in the Duncan Heights - SCL Program I realize that I will have greater independence which means greater responsibilities. Therefore, I agree that it is my responsibility to participate in learning skills to carry out daily living tasks for independent living.

I will be responsible by keeping my medication in a safe place and keep a record of my medications. I also agree to have a physical yearly or as directed by my physician.

I will be in a position to share my location with the SCL staff. I will notify staff when I am ill or when I plan to be away overnight, so that they can plan for adequate coverage of my services. I understand that staff will then know that I am safe and accounted for. I will have a telephone to utilize for contact with staff and others as needed.

If I have a job, I must assume the responsibility of getting to my job, performing my responsibilities at work, be appropriately dressed for work, and will notify my employer when I am unable to make it to work.

I will participate in the planning of my goals and will meet with staff concerning assessment and direction as needed.

I accept the responsibility of having and maintaining a savings and/or checking account, depending on my payee status. If I have a payee, I will be responsible to provide receipts for my purchases to my payee.

I expect to pay a deposit when I move into an apartment/house. I understand that I will be responsible for any repairs for any damage that has occurred while I occupied the apartment/house and it may be deducted from my deposit. I will have a key to my apartment/house. I will keep my apartment/house locked at all times when I am not home. I may choose to allow the SCL Program to have a key to my apartment/house, to be entered with my permission or in case of an emergency ONLY.

I understand that if I live in a Duncan Heights (provider owned or controlled) home or apartment, I am required to use Duncan Heights for my services. I understand that if I choose services from another provider other than Duncan Heights, I would be required to find alternate housing, other than the Duncan Heights owned and/or controlled housing.

I will utilize DHI staff during my scheduled SCL service hours and/or during business hours. I will be responsible by contacting SCL staff for emergencies only, after normal business hours.

I am responsible for treating my peers and staff with respect. I will not engage in any acts of physical aggression, bullying, threatening behavior, disruptive behavior or in any acts of destruction of property.

If I smoke or drink alcoholic beverages, I agree to do so according to physician recommendations. I will be responsible to abide by the law and not use illicit (street) drugs.

If I fail to meet my responsibilities, I realize I may be jeopardizing my placement in the program.

\_\_\_\_\_  
Individual Receiving Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCL Coordinator

\_\_\_\_\_  
Date

## THE APPEALS PROCESS

You or a person acting on your behalf has the right to ask at any time for information about policies or actions you do not understand. You also have the right to appeal decisions or actions by Duncan Heights staff. At the time of your ISP meeting or review your service coordinator will advise you of your right to appeal. It is Duncan Heights' policy to attempt to resolve grievances through a Grievance Committee. When you have a grievance or wish to appeal:

1. In writing indicate the grievance or appeal you wish considered.
2. Assistance may be provided to the consumer in preparing the form.
3. The information shall be maintained in the confidential file.
4. The grievance is to be given to the committee consisting of the Duncan Heights Administrator, Nursing Supervisor, and Social Worker.
5. The committee shall individually investigate and assess the validity of all grievances and appeals.
6. Members of the committee shall prepare in writing, within 5 days of the grievance being filed, their findings and meet with the SCL Coordinator.
7. A meeting with the individual being served and committee will be held within 10 days of the filing to resolve the grievance or recommendation.
8. Attempts will be made to resolve all grievances and recommendations satisfactorily for all persons concerned.







RESOLUTION OF GRIEVANCE OR RECOMMENDATION

(To be given to the originator of the grievance/recommendation within ten (10) days of the actual filing)

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\_\_\_\_\_  
Committee Representative

\_\_\_\_\_  
SCL Coordinator

\_\_\_\_\_  
Originator of Grievance/Recommendation

\_\_\_\_\_  
Date

INDIVIDUAL EMERGENCY EXIT  
APT / HOUSE FLOOR PLAN

Draw your exits to your home.

Where would you go in case of a fire? \_\_\_\_\_

Where would you go in case of a tornado? \_\_\_\_\_

MEDICAL SAFETY PLAN

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

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

Existing Medical Condition

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Before contacting a doctor:

Step 1: Review symptoms with your support person to determine if a doctor should be notified.

Support Person  
SCL Coordinator  
Duncan Heights SCL Staff

Telephone number  
923-3337  
923-3337

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Step 2: Review that medications are being taken according to instructions:

Medication

Dose/Frequency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Step 3: If the support person is not available, contact the doctor or emergency room to see if an office visit is necessary.

Doctor

Telephone number

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DUNCAN HEIGHTS  
Supported Community Living Program

Receipt of SCL Manual

The manual for the SCL Program, including the Grievance Policy, Appeals process, and Grievance forms were reviewed with me by \_\_\_\_\_ on \_\_\_\_\_.

I acknowledge receipt of this manual.

\_\_\_\_\_  
Individual Receiving Services

\_\_\_\_\_  
SCL Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Suggested items to begin independent living:

Living Room

\_\_\_\_ Couch/sofa  
\_\_\_\_ Chairs  
\_\_\_\_ Coffee table  
\_\_\_\_ End tables  
\_\_\_\_ Table/Floor lamps

\_\_\_\_ Television  
\_\_\_\_ TV stand  
\_\_\_\_ Drapes/curtains/blinds  
\_\_\_\_ Other: \_\_\_\_\_

Bedroom

\_\_\_\_ Bed frame/mattress/box spring  
\_\_\_\_ Dresser/chest of drawers  
\_\_\_\_ Nightstand/end table  
\_\_\_\_ Curtains/blinds  
\_\_\_\_ Sheets/blankets/pillows  
\_\_\_\_ Clothes hamper/basket  
\_\_\_\_ Alarm clock  
\_\_\_\_ Other: \_\_\_\_\_

Miscellaneous Items:

\_\_\_\_ Telephone  
\_\_\_\_ Clock  
\_\_\_\_ Calendar  
\_\_\_\_ Garbage can  
\_\_\_\_ Fan

Bathroom

\_\_\_\_ Towels/wash cloths  
\_\_\_\_ Toilet paper  
\_\_\_\_ Toiletries  
\_\_\_\_ Soap/shampoo/etc.  
\_\_\_\_ Wastebasket  
\_\_\_\_ Other: \_\_\_\_\_

Kitchen / Dining Area

\_\_\_\_ Table/chairs  
\_\_\_\_ Microwave  
\_\_\_\_ Dishes (plates,cups,bowls)  
\_\_\_\_ Glasses/cups  
\_\_\_\_ Silverware (knives,forks,spoons)  
\_\_\_\_ Pots/Pans  
\_\_\_\_ Mixing bowls  
\_\_\_\_ Storage containers (tupperware)  
\_\_\_\_ Utensils: potato peeler  
                  paring knives  
                  colander  
                  measuring spoons/cups  
\_\_\_\_ Can opener  
\_\_\_\_ Canisters  
\_\_\_\_ Cookbook  
\_\_\_\_ Dish drainer  
\_\_\_\_ Coffee pot

Supplies

\_\_\_\_ Saran wrap  
\_\_\_\_ Dish soap  
\_\_\_\_ Sponge/scouring pads  
\_\_\_\_ Pot holders  
\_\_\_\_ Dish towels  
\_\_\_\_ Garbage bags  
\_\_\_\_ Food