

2001

## Skills Center senior program

Ronald Lee  
*California State University, Monterey Bay*

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### Recommended Citation

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**Senior Capstone Project  
Skills Center Senior Program**

**Keywords:** Developmental Disabilities, Aging, Downs' Syndrome, Cerebral Palsy, Regional Center Services, Skills Centers Incorporated, Collaboration, Department of Developmental Services, Department of Aging, Individual Program Plan

**Abstract:** Facilitating coordination at the grassroots level between aging and developmental disability service providers is the best option for serving individuals with developmental disabilities facing issues of longevity in Santa Cruz County. Agencies currently serving the general aging population and Skills Center Inc. can coordinate within existing programmatic guidelines to create a schedule of services for this population.

## **Executive Summary of Capstone Project**

### **Skills Center Senior Program**

Improvements in medical care, knowledge of people with developmental disabilities (DD), and more progressive public policies over the last 30 years have combined to increase the average life span of individuals in this population. The aging of the DD population has created demands for services that many communities are not prepared to provide. Santa Cruz County currently has no programs specifically aimed at serving this population and is in need of an organized plan to provide services for this growing population.

Facilitating coordination at the grassroots level between aging and DD service providers is the best option for serving individuals with developmental disabilities facing issues of longevity in Santa Cruz County. Agencies currently serving the general aging population and Skills Center Inc. can coordinate within existing programmatic guidelines to create a schedule of services for this population.

The Skills Center Inc. (SCI) is a non-profit organization that has been serving the DD community in Santa Cruz for over forty years. SCI management is interested in assessing the needs of this aging DD population in Santa Cruz County and determining the best practice program models currently in the field. It is the intention of SCI to implement a program that will best serve this population.

## **Proposed Skills Center Senior Program**

### **Aging and Developmental Disabilities Services**

People are living longer. In 1980 there were approximately 26 million people age 65 or over in the United States. That figure is expected to increase to almost 70 million by the year 2030 (Kisor, McSweeney & Jackson, 2000). The increase in expected life span also holds true for the developmentally disabled (DD) population. Estimates indicate 4 out of every 1,000 elderly people live with a developmental disability (Janicki, 1991).

Improvements in medical care, knowledge of people with developmental disabilities, and more progressive public policies over the last 30 years have combined to increase the average life span of individuals in this population (McCallion & Janicki, 1997; Coogle et al, 1995). The aging of the DD population has created demands for services that many communities are not prepared to provide (McCallion & Janicki, 1997). Santa Cruz County currently has no programs specifically aimed to serve this population and is in need of an organized plan to provide services for a growing population of aging individuals living with a developmental disability.

The Skills Center Inc. (SCI) is a not for profit organization that has been serving the DD community in Santa Cruz for over forty years. Over that time the agency has witnessed the graying of the DD population. SCI serves clients in this population in Santa Cruz, Monterey, and Santa Clara Counties. SCI has a vertical administrative structure and a horizontal site based structure with case

managers functioning as independent teams. I have worked as a case manager with SCI since 1996.

Most individuals with developmental disabilities living in Santa Cruz County receive case management services through the San Andreas Regional Center (SARC). SARC also funds a variety of programs serving the DD population including Activity Centers and Adult Developmental Centers (ADC) and Behavioral Management Programs.

The California Department of Rehabilitation (DR) Habilitation Services Program (HSP) also provides services to adults with developmental disabilities. DR programs provide vocational training and opportunities for employment. HSP programs include Supported Employment Programs (SEP) and Work Activity Programs (WAP). SEP programs provide community based and supervised 'sheltered' workshop employment opportunities to regional center consumers.

A recent SARC demographic study of the older DD population in Santa Cruz County showed the following usage patterns for day activity and employment services for individuals with developmental disabilities 60 years of age or older (San Andreas Regional Center [SARC], 2000).

?? 20% use Regional Center funded Programs

?? 15% use generic services

?? 10% use Department of Rehabilitation funded programs.

?? 40% services used unknown

?? 15% Client or Gaurdian refused services

It is the policy of SARC to make referrals to generic resources when available and to use SARC funded programs as the last resort (Yep, 2000). These programs include Adult Day Health Care (ADHC), Alzheimer's Day Care Resource Center services and multi-purpose senior centers, that are funded by the California Department of Aging (CDA). Title III of the Americans with Disabilities Act (ADA) requires that individuals with disabilities have access to these services. Services and supports created for the general welfare should be used where possible to facilitate integration (Catapano, Levy & Levy, 1985). If used effectively, generic senior services can increase the number of retirement alternatives available to an individual with developmental disabilities.

Unfortunately, many older individuals with developmental disabilities may not be able to access or may not be appropriate to use these generic resources (McCallion & Janicki, 1997; Grijalva, personal communication, 2000). Senior center staff are not always eager to include individuals with developmental disabilities, and the seniors frequenting the centers may be uncomfortable socializing with disabled people.

Many senior centers also have age related eligibility requirements (Coogle *et al*, 1995). For example, Food and Nutritional Services (FNS) generally require that participants be 60 years of age or older. This may create problems for individuals who experience early aging, such as those with Downs' Syndrome (DS) and Cerebral Palsy (CP). Recent studies suggest that individuals

with DS may experience dementia and other age related issues 10-15 years earlier than the general population (Holland, 1999; Holland, Hon, Huppert & Stevens, 2000). Inclusion into a local senior center may be problematic for an individual with DS in their early 50s who is experiencing aging issues. Currently only 15% of individuals with developmental disabilities, 60 years of age or older are known to use generic services in Santa Cruz County (SARC, 2000).

### **History of Services**

Historically, individuals with developmental disabilities have relied on family supports or institutionalized care (Jacobsen, Suttan, & Janicki, 1985). Yet, formal supports over the last 30 years have moved from the institutionalized model to a community-based approach (Lippman & Loberg, 1985). In California, the Lanterman Developmental Disabilities Services Act of 1969 opened the door for more community-based services. The California Department of Developmental Disabilities (DDS) administers the Lanterman Act through the Regional Center system. DDS provides funding for the majority of programs serving the Californian DD population (DDS Fact Sheet, 1999). In the past, these programs have tended to focus on services for children and young adults without developing specific services for individuals as they age.

Recent policy initiatives have stressed the importance of coordination and collaboration between the aging and DD service sectors. Amendments to the OAA in 1987 and 1992 made aging services more available to the older DD population (McCallion & Janicki, 1997). Coordination and collaboration

strategies are often modeled at the federal level. As stated in a study from the Virginia Commonwealth University, "The 1989 Memorandum of Agreement between the Administration on Aging and the Administration on Developmental Disabilities serves as a model for cooperation between the aging and the Mental Retardation (MR)/DD services systems (Coogle *et al*, 1995)." The result of these policy initiatives has been increased pressure at the state level to coordinate services to reduce fragmentation and duplication of services. The effects of these initiatives on service provision in Santa Cruz County have yet to be seen.

The objectives of DDS policy and procedure are outlined in section 4501 of the Lanterman Act which states that, "The complexities of providing services and supports to persons with developmental disabilities requires the coordination of services of many state departments and community agencies to ensure that no gaps occur in communication or provision of services and supports." The section goes further to state, "An array of services and supports should be established which is sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, and at each stage of life and to support their integration into the mainstream life of the community (California Welfare and Institutions Code 4501)."

The Department of Aging is also required to coordinate with different community resources. The OCA defines the Departments' responsibilities as, "Identify(ing) methods of addressing the issues, such as: program development and promotion, targeting attention to frail and vulnerable older individuals,



accounting for diversity of older individuals, suggesting that California Department of Aging coordinate with other state departments on specific issues that impact older individuals (e.g., rights of free choice, independence, advocacy, preventive care, housing, etc.).” Adequate services for the older DD population will require coordination between the different service sectors (Coogle *et al*, 1995).

### **Proposed Senior Program Project**

SCI management is interested in assessing the needs of this aging DD population in Santa Cruz County and to determine the best practice program models currently in the field. This action is in line with the SCI mission statement which reads, “The Skills Center will become a leader by following ambitions and aspirations of the people it serves (Skills Center Inc., 2000).” It is the intention of SCI to implement a program model that will best serve this population. The project includes the following components.

- ?? Collecting and analyzing demographic data from both SARC and SCI databases regarding population characteristics.
- ?? Researching and reviewing best practice models.
- ?? Interviewing service providers from both the Aging and DD service sectors.
- ?? Creating an assessment tool specific to the population.
- ?? Assisting in the creation of a grant proposal to fund start-up and transitional costs.

By collaborating with other service providers, clients and appropriate public agencies, SCI will better address the needs of this growing population.

### **Vision and Major Learning Outcomes (MLOs)**

This project reflects the California State University at Monterey Bay vision statement by creating a needed service in the Tri-County region. Quoting the CSUMB vision statement, “The curriculum of CSUMB will be student and society centered and of sufficient breadth and depth to meet statewide and regional needs, specifically those involving both inner-city and isolated rural populations, and needs relevant to communities in the immediate Tri-County region (Monterey, Santa Cruz, and San Benito).”

The Major Learning Outcomes applicable to this project are as follows.

### **Information Management**

I will demonstrate my ability to apply computer technology to the development of data networks in human service settings by using computer programs such as Access and Excel for the storage and organization of demographic data pertaining to the project. The final project will include data organized by Excel into a professional layout format.

### **Leadership**

I will demonstrate my ability to motivate others and promote a shared vision by uniting service providers, clients and funding agencies in the creation of a common program design to serve this population.

### **Statistics and Research Methods**

I will demonstrate knowledge of statistics and research methods by using standard statistical analysis when evaluating population demographics. I will also create and administer a client assessment.

### **Systems Management**

I will demonstrate the skills necessary to manage complex systems of health and human service delivery by helping to create a program that utilizes services from both the Aging and DD service sectors. New relationships will be fostered between aging and DD services providers.

### **Capstone Presentation**

At the Capstone Festival, I will be presenting the final project in a ten-minute lecture presentation, augmented with a power point slide show.

### **Conclusion**

Facilitating coordination at the grassroots level between aging and DD service providers is the best option for serving individuals with developmental disabilities facing issues of longevity in Santa Cruz County. Agencies currently serving the general aging population and SCI can coordinate within existing programmatic guidelines to create a schedule of services for this population.

Service providers at the local level have the opportunity to observe directly the needs and resources of their local communities, and should be able to plan and coordinate services more effectively than planners at the state or federal level. Studies also show that many older individuals with developmental

disabilities live in families that have not previously used DD services (Davidson *et al.*, 1999; McCallion & Janicki, 1997). Building relationships between SCI and local agencies serving the general aging population may assist in outreach efforts. Strong relationships between providers in different service sectors can also help in achieving compromise on entrance criteria. By frequenting local senior centers and AAA hearings, SCI can help to begin building those relationships.

Experience has shown that top down legislation aimed at facilitation and coordination of aging and DD services is not always effective (Grijalva, personal communication, 2000; Bozarth, personal communication, 2000). Increasing demands for services combined with the different priorities and funding streams of the aging and DD service sectors have created many barriers to collaboration (Machemer & Overeynder, 1997). For example, the OCA requires the DDS and Department of Aging to collaborate, but local service providers from both the aging and DD sectors have seen little implementation. Quoting Elvis Bozarth chairman of the California ARC Committee on Aging and Futures Planning, "Coordination of the DDS and the Department of Aging is not likely to happen unless some legislator in Sacramento decides to champion the cause." For this reason, it is imperative that SCI take the lead in the creation of a program designed specifically for this population.

The aging DD population is as heterogeneous as any other population in the United States. To adequately address issues of longevity, SCI must

accurately address each individual's unique needs and strengths (Oliver, 1999). If a consumer's Individual Program Plan (IPP) is truly person centered, as the Lanterman Act stipulates, then SARC and SCI should make additional options for retirement available. Retirement and other issues of longevity should be a part of an individual's planning process. SCI cannot wait for SARC to begin the dialogue and should begin to build the relationships necessary to eliminate the current fragmentation of services for aging individuals with developmental disabilities.

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# Geriatric Survey

We at the Skills Center would like to better serve our consumers who may be experiencing issues of aging. In order to develop programs that serve our consumers needs we are asking for your input in this survey.

**Thank you very much for your time and assistance.**

## Client Personal Information

Client ID# \_\_\_\_\_

1. Client's name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_
2. Address: \_\_\_\_\_ City \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_
3. Phone Number \_\_\_\_\_
4. Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender M/F \_\_\_\_\_
5. Guardianship: Self: \_\_\_\_\_ Other \_\_\_\_\_ Relationship \_\_\_\_\_
6. Primary Diagnosis (Include Etiology, i.e. Down's Syndrome, Cerebral Palsy, etc.)  
\_\_\_\_\_

## Medical Information

1. Current Medications:  
(Please list name, dose, and frequency)
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
2. Hospitalizations:  
(Name of Hospital, date, reason, and duration of stay)
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

### 3. Have you noticed any of the following?

#### Eyes:

- |                      |     |    |
|----------------------|-----|----|
| a. Pain              | Yes | No |
| b. Tearing           | Yes | No |
| c. Glasses/Contacts  | Yes | No |
| d. Date of last exam |     |    |
- \_\_\_\_\_

#### Ears:

- |                            |     |    |
|----------------------------|-----|----|
| a. Aches/pains             | Yes | No |
| b. Ringing                 | Yes | No |
| c. Discharge               | Yes | No |
| e. Date of last evaluation |     |    |
- \_\_\_\_\_

#### Respiratory:



- a. Pain Yes No
- b. Cough Yes No
- c. Wheezing Yes No
- d. Shortness of breath Yes No

- a. Chronic diarrhea Yes No
- b. Constipation Yes No
- c. Weight change Yes No
- d. Loss of appetite Yes No
- e. Increased thirst Yes No

Gastrointestinal:

Musculoskeletal:

- a. Pain/swollen joints Yes No
- b. Pain in feet Yes No
- c. Cerebral Palsy Yes No
- d. Decreased motion Yes No  
Where? \_\_\_\_\_
- e. Back Pain Yes No  
Where? \_\_\_\_\_
- f. Shoulder pain Yes No

Neurological:

- a. Trembles Yes No
- b. Forgetfulness Yes No
- c. Incoordination Yes No
- d. Difficulty with Yes No  
memory
- e. Difficulty with Yes No  
speech
- f. Difficulty with Yes No  
walking  
How long \_\_\_\_\_

Sleep:

- a. Hours of sleep at night \_\_\_\_\_
- b. Difficulty falling asleep Yes No
- c. Fitful sleep Yes No
- d. Difficulty staying asleep Yes No
- e. Difficulty awakening Yes No
- f. Naps during day Yes No  
How often \_\_\_\_\_
- g. Sleep apnea Yes No

**4. Is there any family history of the following conditions?**

- Anemia Yes No
- Arthritis Yes No
- Bleeding Disorder Yes No
- Cancer or Tumors Yes No
- Depression Yes No
- Epilepsy or seizures Yes No
- Glaucoma Yes No
- Gout Yes No

- Heart Trouble Yes No
- High Blood Pressure Yes No
- Memory Problem Yes No
- Nervous Disorder Yes No
- Obesity Yes No
- “Senility” Yes No
- Stroke Yes No

## Functionality Assessment

**We are looking for changes from the normal for this individual.**

<p><b>1. Mobility</b></p> <p>Independent, no assistive device needed. 0</p> <p>Independently uses assistive device (cane, walker, wheelchair) 1</p> <p>Needs assistance (no adaptive device) 2</p> <p>Needs assistance (with adaptive device) 3</p> <p>Is dependent for mobility 4</p> <p>Comments _____</p> <p>_____</p>	<p><b>4. Personal Hygiene (tooth brushing, grooming, menses-female)</b></p> <p>Independent 0</p> <p>Needs verbal prompts only 1</p> <p>Minimal assistance 2</p> <p>Some hand over hand 3</p> <p>Is dependent for personal hygiene 4</p> <p>Comments _____</p> <p>_____</p>
<p><b>2. Dressing</b></p> <p>Independent 0</p> <p>Needs verbal prompts only 1</p> <p>Minimal assistance 2</p> <p>Some hand over hand 3</p> <p>Is dependent for dressing 4</p> <p>Comments _____</p> <p>_____</p>	<p><b>5. Routine Memory (Person remembers the location of commonly used items)</b></p> <p>Always (rare exceptions) remembers 0</p> <p>Frequently remembers 1</p> <p>Occasionally remembers 2</p> <p>Rarely remembers 3</p> <p>Never (rare exceptions) remembers 4</p> <p>Comments _____</p> <p>_____</p>
<p><b>3. Bathing</b></p> <p>Independent 0</p> <p>Needs verbal prompts only 1</p> <p>Minimal assistance 2</p> <p>Some hand over hand 3</p> <p>Is dependent for bathing needs 4</p> <p>Comments _____</p> <p>_____</p>	<p><b>6. Wandering (Leaves residence or workplace without notice)</b></p> <p>Never (rare exceptions) wanders 0</p> <p>Rarely wanders 1</p> <p>Occasionally wanders 2</p> <p>Frequently (daily) wanders 3</p> <p>Always (rare exceptions) wanders 4</p> <p>Comments _____</p> <p>_____</p>

<p><b>7. Incontinence: Urine/Feces (circle one)</b></p> <p>Never incontinent (rare exceptions) 0</p> <p>Rarely incontinent (less than 1x/month) 1</p> <p>Occasionally incontinent (1-2x/week) 2</p> <p>Frequently incontinent (more than 2x/week) 3</p> <p>Always incontinent (more than 1x/day) 4</p> <p>Comments _____</p> <p>_____</p>	<p><b>10. Routine performance: Are they able to perform tasks that they have routinely performed? (Wash clothes, cooking, etc.)</b></p> <p>Always (rare exceptions) 0</p> <p>Frequently 1</p> <p>Occasionally, with prompts 2</p> <p>Rarely, even with prompts 3</p> <p>Is dependent for staff guidance 4</p> <p>Comments _____</p> <p>_____</p>
<p><b>8. Orientation (Can they find the bathroom/kitchen?)</b></p> <p>Always (rare exceptions) 0</p> <p>Frequently 1</p> <p>Occasionally 2</p> <p>Rarely 3</p> <p>Never (rare exceptions) 4</p> <p>Comments _____</p> <p>_____</p>	<p><b>11. Gait: (walking differently, changes in stance)</b></p> <p>No change 0</p> <p>Rarely changes 1</p> <p>Occasionally changes 2</p> <p>Frequently changes 3</p> <p>Daily changes 4</p> <p>Comments _____</p> <p>_____</p>
<p><b>9. Leisure Time:</b></p> <p>Always active (rare exceptions) 0</p> <p>Usually active 1</p> <p>Needs prompting to participate 2</p> <p>Rarely participates even with prompts 3</p> <p>Never participates even with prompts 4</p> <p>Comments _____</p> <p>_____</p>	<p><b>12. Time: Are they aware of month, day, year and seasons?</b></p> <p>Never knew them 0</p> <p>Always knows (rare exceptions) 1</p> <p>Frequently knows 2</p> <p>Occasionally knows 3</p> <p>Never knows (rare exceptions) 4</p> <p>Comments _____</p> <p>_____</p>

<p><b>13. Challenging Behavior: Do they express excessive anger or unreasonable demands.</b></p> <p>Never 0</p> <p>Rarely 1</p> <p>Occasionally 2</p> <p>Frequently 3</p> <p>Consistently (rare exceptions) 4</p> <p>Can this individual's anger/behavior be redirected? Yes No</p> <p>Comments _____</p> <p>_____</p>	<p><b>16. Personality: Have there been changes in this individual's interactions with others or his/her mood?</b></p> <p>No 0</p> <p>Minimal changes 1</p> <p>Occasional changes 2</p> <p>Frequent changes (monthly) 3</p> <p>Daily changes 4</p> <p>Comments _____</p> <p>_____</p>
<p><b>14. Eating: Have there been changes in this individual's eating pattern?</b></p> <p>No 0</p> <p>Yes, needs prompting 1</p> <p>Eating poorly, even with prompts 2</p> <p>Some physical assistance needed 3</p> <p>Must be fed 4</p> <p>Comments _____</p> <p>_____</p>	<p><b>17. Vocational: Does the individual attend program, workshop or job regularly?</b></p> <p>Always (rare exceptions) 0</p> <p>Attends only when promoted 1</p> <p>Occasionally chooses not to attend (less than 2x/month) 2</p> <p>Frequently chooses not to attend 3</p> <p>Regularly chooses not to attend (more than 2X/week) 4</p> <p>Comments _____</p> <p>_____</p>
<p><b>15. Sleep: Have there been any changes in the individuals sleep pattern?</b></p> <p>No 0</p> <p>Yes, rarely up to use the bathroom 1</p> <p>Yes, up occasionally to use the bathroom 2</p> <p>Up frequently 3</p> <p>Up more than two hours nightly 4</p>	<p><b>18. Time on Task:</b></p> <p>No recent change 0</p> <p>Minor changes, returns to work when Prompted 1</p> <p>Significant change, but returns when Prompted 2</p> <p>Unable to be prompted to return to task 3</p> <p>Unable to remain on task 4</p>

**Add the circled numbers from all 18 questions \_\_\_\_\_**

What are some of the interests of this individual?

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What are some things this individual does not like?

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What types of services would you like to see made available to this individual?

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Any additional comments about the individual or survey? \_\_\_\_\_

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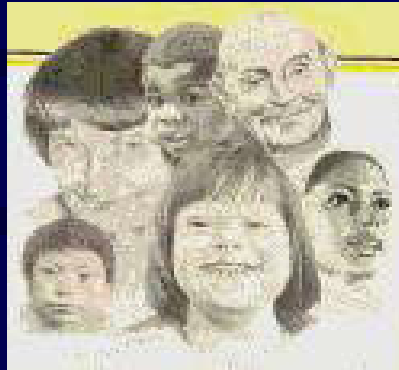
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**Name of person filling out survey: \_\_\_\_\_**

**Relationship to consumer: \_\_\_\_\_**

**Once again thank you for taking the time to fill out the survey. Please contact us if you have any questions.**



# Senior Capstone Project

Skills Center Senior Program

# Proposed Senior Program

- There is a population of seniors with developmental disabilities in Santa Cruz County that is not receiving appropriate services
- Skills Center Incorporated has the resources and dedication to provide much needed services for this population



# Skills Center Incorporated

- Private, Non-profit agency serving individuals living with developmental disabilities in Monterey, Santa Clara and Santa Cruz counties
- The Skills Center will become a leader by following the ambitions and aspirations of the people it serves

# What is a developmental disability?

- A severe and chronic disability that is attributable to a mental or physical impairment. The disability must begin before the 18th birthday, be expected to continue indefinitely and present a substantial disability

# Common Diagnosis

- Down's Syndrome
- Cerebral Palsy
- Epilepsy
- Autism

# Project Goals

- Determine which day services are being utilized by target population
- Research best practice models
- Submit a grant proposal to the California Department of Developmental Disabilities to fund start-up and transition costs for program

# An Aging Population

- Improvements in medical care
- More progressive public policies
- Increased knowledge of people with developmental disabilities

# History of Services

- Institutionalization
- Community based services and the Lanterman Act of 1969
- Youth and working age adults

# San Andreas Regional Center (SARC)

- Provides case management services to individuals with developmental disabilities in Monterey, San Bonito, Santa Clara and Santa Cruz counties
- 102 individuals with developmental disabilities ages 45 and over receiving case management services through SARC

# Current Service Patterns

- 20% use Regional Center funded programs
- 10% use Department of Rehabilitation funded programs
- 15% use generic services
- 15% refused services
- 40% Unknown



# Best Practice Models

- Community Integration
- Specific Integration with age cohort
- Specific site based services
- Choice

# Grant Proposal

- Collaborative between Hope Rehabilitation and Skills Center Inc.
- Community based program design
- Linkages letter of support

# Current Status

- In-service Training
- Assessment Tool
- Grant submitted May 10th, 2001
- Grant outcome October 1, 2001
- Program operation to begin April 1, 2002

# Conclusion

- CHHS faculty and staff
- CHHS students
- The clients and staff of the Skills Center Inc./Hope Rehabilitation Services
- Rebecca and Ian



# The End

