



## **OAK VIEW II CBRF PROGRAM STATEMENT**

*Revised 2/28/10*

### ***Description:***

Oak View II is a Class A CBRF designed to serve up to five (5) adults, 18 years or older, with mental illness, developmental disabilities, traumatic brain injuries, conditionally released, or behavioral problems. It is located at S10580 Cty. Trk. B, Eleva, Wisconsin, 54738.

Oak View II is a unique living environment in Eleva that safely serves male persons who live with the effects of mental illness, developmental disabilities or behavioral problems. It's smaller size and location in the country creates a warm, home-like environment, which allows for more personal attention and facilitation of integration into the community.

### ***Admission Policy:***

Residents considered for admission to Oak View II must be compatible with each other.

Residents must be ambulatory, and must be able to follow directions so that they can take action in emergency situations.

Oak View II welcomes individuals who exhibit challenging behaviors, but may exclude persons who are actively suicidal, who present a chronic and severe danger to themselves or others, and/or who are destructive of property, unless an Individual Service Plan identifies the areas of risk and serves as a reasonable plan to minimize these risks. Initial referral and assessment information must be at Oak View II on admission of the resident.

Within 90 days prior to admission, each resident must be examined by a physician or registered nurse and found to be free of communicable disease. Documentation of this examination is required prior to admission of resident.

### ***Program Goals:***

The overall goal at Oak View II is to promote successful community reintegration for our clients, providing a therapeutic environment that promotes and supports individual preferences, choices and goals.

Oak View II assists residents in being, to the greatest degree possible, active and contributing members of their community. Both the resident and the significant persons in the resident's life, such as the guardian, case managers and family members, are encouraged to participate in ongoing and goal-directed service planning. Everyday living experiences that occur within the naturally occurring residential and community environment are utilized to foster use of strengths and functional abilities, and to provide opportunities for natural relationships.

### ***Specific Program Goals Include:***

1. Reintegration of resident in personal care activities such as dressing, grooming, and bathing.
2. Reintegrating resident in daily living skills such as meal planning and preparation, laundry, household chores, and taking public transportation.
3. Reintegrating residents in appropriate socialization, including productive and independent leisure time, one-on-one interaction, and small group activities.
4. Assisting residents in understanding and expressing their emotions and feelings, focusing on building good self-esteem and a sense of self worth.
5. Encouraging and helping residents in maintaining involvement with family members and other significant

people in their lives.

6. Accurately assessing and responding to the unique and changing needs of each resident.

### ***Behavioral Programming:***

The emphasis of behavioral programming is two fold: first, prevention and redirection or de-escalation of ineffective behaviors and second, teaching effective behavior. In order to prevent ineffective behaviors, staff observe the effects of the environmental demands on the resident and then control for the demands that result in ineffective behavior. Confusion and frustration, resulting from excessive environmental demands on impaired brain functioning, often lead to such behaviors as aggressiveness, destructiveness and lack of behavioral control. When appropriate, the resident's environment will be structured to reduce confusion and frustration by minimizing common distractions such as background noise, movement, clutter and harsh colors; by increasing predictability in daily routines; by decreasing demands that stress the resident's current coping skills; and by matching expectations to the resident's current abilities and interests. In addition, redirecting or de-escalating ineffective behaviors as they occur may be necessary for clients who have difficulties in self-regulation and control. Examples of strategies that may be utilized include removing the source of the problem; diverting the resident's attention with a novel stimulus change; decreasing environmental stimulation; talking the resident through relaxation techniques; and modeling calm, slow, objective, positive, and controlled behavior. Concurrently, effective behaviors are taught to replace ineffective behaviors. Behavioral programming may include increasing motivation through connection to personal goals; proceeding from external supports to internal control; increasing insight into behavior, identifying, preventing and teaching social skills and providing opportunities to practice these skills; and educating significant others.

### ***Community Reintegration:***

The typical goals of the client is to become an active and contributing member of both their family and community; therefore, successful reintegration is the primary focus of the program. Functional community reintegration occurs at Oak View II and public settings and addresses the client's history, the varied patterns of abilities and dysfunction's that exist, the clients personal goals, and the community setting. Functional reintegration strategies that are successful may include structuring tasks for success through environmental engineering and staff support, providing routine and structure with the client's schedule of alertness and attention span; pairing new learning with old familiar tasks and concepts, providing concrete cues and feedback through the most effective sensory mode prior to, during, and after natural learning situation; and providing numerous practice sessions and opportunities to use skills in the natural environment. Community reintegration is promoted at Oak View II by encouraging residents to utilize existing community resources that incorporate novel mainstream situations rather than groups and activities specifically designed for the disabled. These may include continuing education, job coaching and the opportunity for meaningful employment in the community.

### ***Staff Levels and Training:***

Oak View II will have at least one staff on duty at all times. The ratio of staff to residents shall be adequate to meet the needs of the residents as defined in their assessments and individual service plans and for the type of facility.

All staff at Oak View II are trained through BrotolocNorth inservices as well as at least 24 hours of on the job training. Inservices include:

CPR	Observing & Charting	Introduction to TBI
First Aid	Seizures	Introduction to M.I.
Fire Safety	Vital Signs & Assessment	Introduction to D.D.
Medication Monitoring	Resident Rights (part 1 & 2)	Personal Care Training
Standard Precautions	Sexuality Issues	
Dietary/Sanitation	Recognizing & Responding to Challenging Behaviors	

The staff are also all trained as Personal Care Workers. All training must be completed within the first three months of employment. Refresher courses are required for CPR, First Aid, Medication Monitoring, Vital Signs & Assessment, and Recognizing & Responding to Challenging Behaviors. In addition, extra inservices are offered throughout the year.

### ***Safety Issues:***

Oak View II will train residents to develop a working knowledge and understanding of areas where precautions may be necessary, such as emergency plans in case of fire or severe weather, community safety as well as sexuality and abuse issues.

### ***Program Services:***

Program services are provided as described in each resident's Individual Service Plan in the following areas:

#### ***Health Monitoring/Psychiatric Services***

Health Monitoring Services are provided by an on-staff Registered Nurse who ensures that each resident receives an initial health screening assessment and at least yearly examinations by a physician. BrotolocNorth employs a consulting psychiatrist and provides for health care through a number of local health care providers, dentists, neurologists, pharmacy services, and other specialists.

#### ***Medication Monitoring***

Medications will be self-administered and monitored by trained staff. Medication administration by authorized staff will occur only when ordered by a physician.

#### ***Leisure Time Services***

Leisure Time Services are designed to maximize community involvement through frequent attendance at activities and utilization of various resources in the Eau Claire and surrounding area. Residents have the opportunity to structure their leisure time through group consensus, attend sporting events and movies, use the library, the YMCA, and go on picnics and fishing. Special events and tours are scheduled for the residents throughout the year, and they also have opportunities for vacation trips and camping. BrotolocNorth participates in Special Olympics, and at least monthly, the Eau Claire Region of BrotolocNorth holds a region-wide recreational event – a dance, party, hayride, barbecue, etc. Additionally, weekly gatherings at other houses for arts and crafts promote social interaction with peers. Family-style, home-centered recreational activities include playing cards and board games, listening to music, viewing television and videos, and reading. Participation in exercise programs, walking, and sports activities are also offered and encouraged.

#### ***Personal Care Services***

Personal Care Services are provided by BrotolocNorth staff who assist and support the residents in activities of daily living as specified in the residents' Individual Service Plans. Supportive home care service referrals will be made to outside providers when such services are ordered by a physician.

#### ***Information and Referral Services:***

Residents are also offered an educational program with one on one instruction and the "Double Trouble" support group that focuses on mental health and AODA issues. Additional vocational, educational, counseling and mental health service referrals not included in the per diem rate are provided as necessary or when determined by the interdisciplinary team or recommended by the consulting psychiatrist.

For information and referral services, contact the BrotolocNorth of Eau Claire Regional office.