

AN EVALUATION OF
THE EFFECT OF RECENT LEGISLATION
ON CHRISTIAN DISCIPLINE
AT BETHESDA LUTHERAN HOME

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Senior Church History

When one speaks of the separation of church and state which our constitution guarantees and particularly the areas where this distinction breaks down, much talk centers on the financial burden which government regulations can lay upon the church and its institutions. For institutions like Bethesda (or a group home such as the Wisconsin Luth. Child and Family Service operates in Milwaukee), there are laws governing their physical plant and the services they must offer, whether or not they receive or seek any government funding. When a law increases the cost of operating separate church institutions, people notice. Obviously it costs money to install handrails in every hallway of a large facility such as Bethesda. It is financially painful to see a building constructed and dedicated in 1972 to house 96 children in six wards become obsolete within five years, because it does not meet new government standards for privacy and space. Nevertheless, it should be of more concern to us when government regulations interfere with the church's sole purpose for existence, the preaching of sin and grace. No, the government hasn't said, "You can't preach Law and Gospel to residents within your institutions." and this paper doesn't really intend to deal with the role of chaplaincy at Bethesda, for example, but rather with the effect that government regulations have had on life on the ward or in the group home, the effect of certain laws on the application of what is heard in church or chapel to the lives of the retarded Christian struggling with his old Adam. The responsibility of a Christian parent extends beyond church and day school. The home itself is to be governed by God's will through the joyful obedience of sinners who know that in Christ they have forgiveness. The home is a place where God's Word and Will are applied daily to the life of each individual. Historically speaking, I believe that this has

been the case with Bethesda Lutheran Home, but that, as a result of recent legislation, the distinctive Christian orientation of the living areas is in danger. Naturally there are going to be failures within any Christian home in attempting to carry out Christian discipline. Even if Bethesda Lutheran Home could be fully staffed by dedicated Lutherans, there would still be problems. Yet, at the same time, the fact remains that the difficulties inherent in running a home for the retarded have been increased, not only by new government regulations, but also to a degree by our response to such legislation.

When one reads a history of Bethesda, the Christian orientation of the home shows up on every page, although quite naturally little is said directly about the way in which behavior problems were dealt with up until 1967. I consider it not only safe, but also natural to assume that in general Christian discipline was carried out. For Bethesda grew out of the efforts of the Lutheran Children's Friend Societies. In 1902, the Missouri Synod reacted favorably to the idea of a special Christian school for the handicapped, but recommended private rather than synodical support for this venture. That same year a memorial was presented to the Synodical Conference at Milwaukee by the Evangelical Lutheran Children's Friend Society of Wisconsin regarding this matter. When no action was taken by the Synodical Conference, the societies resolved to do the job themselves, the result being, Bethesda Lutheran Home in Watertown. In a history written for the tenth anniversary of Bethesda, Rev. F.H. Eggers indicates clearly the purpose these societies had in mind for their institution.

Sie (the societies) erkannten, daß etwas für diese arme Geschöpfe getan werden müße; daß die Kirche Jesu Christi die Pflicht habe, auch diesen Allergeringsten und Ärmsten das süße Evangelium zu verkündigen und für ihre geistliche Pflege zu sorgen. Sie waren

überzeugt, daß der einzig richtige Weg, dieser Not abzuhelpfen, die Errichtung und Erhaltung einer Anstalt sei. In einem solchen Heim, in welche die Christliche Liebe walte, könne das schwachsinnige und epileptische Kind finden; was es nötig habe, Eltern, Lehrer, Wärter, die von der Liebe Christi gedrungen, sich seiner annehmen würden, mit denen es in Lernen Schritt halten könne, eine Christliche Schule, in welcher es seinen Heiland kennen und lieben lernen und so den rechten Weg zum Himmel geführt werden würde, und in welcher auch sonst seine leiblichen und geistigen Kräfte entwickelt und gefördert würden. (1914, Zum zehnjährigen Jubiläum der Ev. Luth. Anstalt für Schwachsinnige und Epileptische zu Watertown, p. 3)

Carrying out this stated purpose no doubt included not only regular worship and instruction in God's Word, of which we have many references, but also, the regular application of the preaching of sin and grace to the lives of individual residents, not only by the chaplain, but also by the staff, wherever that proved necessary. For this reason, they hoped to always have a Lutheran staff. Even in Watertown, a city with a large number of Lutherans of the Synodical Conference, this often proved difficult. Actually, they often had difficulties just finding enough staff, period. In her history of the home, Marlys Taege (1979) writes, "For several periods in 1920, four ward attendants were caring for almost 150 patients, not only during the day, but also at night. Despite a regulation that all staff must be Lutheran, only one of the four met that requirement." "The demand for unselfish, consecrated workers was the major reason for the founding of the Lutheran Deaconess Association in 1919." (p. 53)

In 1925, Bethesda became the fourth location for the training of deaconesses, who received instruction in religion, teaching, practical nursing, missions and office method in the morning and received practical experience on the wards in the afternoons. By 1926, there were 15 women in training at Bethesda and the first graduation was held May 1, 1927 at St. John's Church. Some of the eight graduates remained at

Bethesda.

Nevertheless, staffing continued to be a major problem. In 1943 there were 370 residents, to be cared for by one chaplain, two teachers, and thirty employees. In 1946, there was interest in a plan to construct space for 150 more residents, but Pastor Wescott reported. "We have whole wards of 50 or more patients in the care of one person 24 hours of the day, which usually begins at 5 a.m. and hardly ends before 10 p.m., subject to call at all hours of the night, not to mention that the boy's department has 110 persons from 8 years to 80 to be cared for by two house parents. There is no relief shift... We thank and praise God for these tireless and faithful workers, and pray that He will give them courage to continue in their labors of love for Jesus' sake." (p. 83)

In January 1950, Rev. Clarence Golisch became the assistant superintendent, and later that year, the superintendent. (In 1956, he was named executive director.) By 1952, he had added 21 people to the staff (ward parents, nurses and teachers), while also expanding the administrative staff. (Director of Social Services, 1954; a full-time psychologist in 1962) Chaplain Eggers, who left in 1953, was replaced by Rev. Adolph Harstad of the Norwegian Synod. Harstad was also named director of Bethesda's entire educational program, which indicates the continuing importance placed on religious instruction during the Golisch years. Since that time various other programs of religious instruction have been added. Since the arrival of Chaplain Stiemke seven years ago, every resident has been included in a weekly Bible class, even the severely and profoundly retarded. One-on-one instruction is offered where the individual cannot profit from a group classroom situation. Bethesda continues to be a rich well of source material for the religious instruction of the mentally retarded.

Whatever influence government regulations may have had on Christian discipline at Bethesda from its founding to the 70's was certainly minimal, especially in comparison to the effect which the legislation of that decade continues to have. The struggles for civil and human rights also carried over into concern for the rights of the mentally retarded. On October 24, 1968, the International League of Societies for the Mentally Handicapped adopted a statement, the "Declaration of General and Special Rights of the Mentally Retarded, " as an extension of the "Declaration of Human Rights" and the "Declaration of the Right of the Child," which had been approved by the United Nations. This Document stated:

- I. The mentally retarded person has the same basic rights as other citizens of the same country and same age.
- II. The mentally retarded person has a right to proper medical care and physical restoration and to such education, training, habilitation and guidance as will enable him to develop his ability and potential to the fullest possible extent, no matter how severe his degree of disability. No mentally handicapped persons should be deprived of such services by reason of the costs involved.
- III. The mentally retarded person has a right to economic security and to a decent standard of living. He has a right to productive work or to other meaningful occupation.
- IV. The mentally retarded person has a right to live with his own family or with fosterparents; to participate in all aspects of community life, and to be provided with appropriate leisure time activities. If care in an institution should become necessary, it should be in surroundings and under circumstances as close to normal living as possible.
- V. The mentally retarded person has a right to a qualified guardian when this is required to protect his personal well-being and interest. No person rendering direct services to the mentally retarded should also serve as his guardian.
- VI. The mentally retarded person has a right to protection from exploitation, abuse and degrading treatment. If accused, he has a right to a fair trial with full recognition being given to his degree of responsibility.
- VII. Some mentally retarded persons may be unable, due to the severity of their handicap, to exercise for themselves all of their rights in a meaningful way. For others, modification of some or all of these rights is appropriate. The procedure used for modification or denial of rights must contain proper legal safeguards against every form of abuse, must be based on an evaluation of the social capability of the mentally retarded person by qualified experts and must be subject to periodic reviews and to the right of appeal to higher authorities.

ABOVE ALL-- THE MENTALLY RETARDED PERSON HAS THE RIGHT TO RESPECT.

(Taege, p. 110)

Through the lobbying efforts of many people concerned for the welfare of retarded friends and relatives, much legislation was passed during the course of the seventies which expresses the spirit of that statement of the rights of the retarded. Clearly much of this legislation was badly needed to protect retarded individuals from abuse and has successfully served that purpose. Some of these laws also appear to have a negative effect on carrying out Christian discipline within an institution like Bethesda or group homes.

--a licensed administrator must be in charge of a facility serving the mentally retarded.

--Resident rights include: ... c) freedom from mental and physical abuse--and freedom from chemical and physical restraints, unless authorized in writing by a physician for a specified and limited period of time; d) full information about treatment and care-- and the right to participate in the planning of that treatment and care; e) not to be required to perform services for the facility that are not included for therapeutic purposes in the plan of care.

-- A home may not accept or keep patients who are destructive of property or themselves, who disturb or abuse others, unless the facility can prove it has the physical and professional resources to manage such patients in a way that does not jeopardize the health and safety of themselves or others.

-- A person can be admitted to a facility for the mentally retarded only on order of a physician and recommendation of a qualified mental retardation professional and only if the facility has adequate programming for that individual. The home must provide a written program for every mentally retarded resident, specifying services, evaluation procedure,

and staff personnel assigned to accomplish the goals listed for each individual.

--The facility must have written policies governing all services, as well as written job descriptions and an organizational plan that shows lines of communication. Staffing ratios are also prescribed.

-- No patient shall be expected to care for another.

-- A thorough job orientation must be provided for new personnel and continuing inservice educational programs for the staff. (Taege, p. 114-112)

-- (From the Wisconsin Administrative Code, Chapter H32 Nursing Home Rules) H 32.13 (1)(c) All patient care personell shall be instructed and supervised in the care of emotionally disturbed and confused patients and helped to understand the social aspects of patient care.

-- 32.23 The home shall have satisfactory arrangements for identifying the health related psychosocial needs of residents and shall provide services for the identified needs.

--32.23 (1)(b) Referral to appropriate agencies where there are indications that financial, psychiatric, restorative or social service help will be needed that the nursing home cannot provide.

-- 32.23 (1)(e) Assistance inproviding inservice training to nursing home personell directed toward understanding emotional problems and social needs of aged and ill persons and recognition of social problems of residents and assistance in solving these problems.

-- No one shall abuse or punish any resident... This includes, but is not limited to physical punishment, threats... (Physical restraints, withdrawal of privileges, temporary confiscation of property are not allowed.)

---There is an established legal procedure which may be used in certain circumstances to receive permission to use time-out devices or aversive stimuli after positive reinforcement techniques of behavior change have

been attempted and determined to be ineffective. First of all a request for permission to use aversive techniques must be approved by the Bethesda Human Rights Committee, which consists of a number of staff personell (Chaplaincy Services Director, Manager of Psychological services, and others), two residents and a community representative, together with the consent of the affected resident's parents or guardian. The request can then be sent on to the Wisconsin Department of Health and Social Services. According to Chaplain Stiemke, the odds on approval are perhaps 50 %. In addition, all behavior modification programs using time-out or aversive stimuli which involve residents who are capable of understanding their rights and who do not have signed waivers may be implemented only after informed consent by the affected resident. The trend away from the use of aversives, especially of time-out devices, took a sudden jump late in 1976, I believe, after the death of a girl by suicide at Mendota, who was being treated with a program that involved the use of time-out for a personality disorder.

The question then is, what has been the result of these and other laws passed by the state and federal legislatures during the seventies? In attempting to answer this question it should remain clear that it is impossible to present a clear cause-effect relationship in many of these areas. Then, too, much of the conflict as I see it exists between psychology and religion, more specifically between behavior modification and Christian discipline, concerning which little has been written,

In order to fill the requirement that a licensed administrator be in charge of the facility, and also no doubt for practical reasons, i.e. to be able to deal with the many government rules and regulations, a new executive director was hired. (During inspections in 1974, Bethesda

was found to have over 100 deficiencies.) "As the new executive director, the board hired a Lutheran experienced in institutional administration and skilled in dealing with legislative requirements. His name was Alexander Napolitano. He was installed in February 1975." (Taege, p. 112) From my experience as an employee of Bethesda from May of 1975 through May 1977, and again from January 1978 to August 1979, I can state that he is an expert in organization and administration. History will clearly show that he has accomplished a great deal for Bethesda, making it financially possible to expand the home itself, the staff, and also the chaplaincy department. He is a concerned Lutheran. Yet, I feel personally that in some respects the change from pastoral leadership to organizational leadership has hurt Bethesda. (Recognize that this is a statement of personal opinion mixed with speculation.) (Presently the government allows Bethesda to discriminate in hiring not only for chaplaincy positions, but also for the top three administrative positions. That is, they can limit these positions to Lutherans.) (for the present)

The law also made it necessary for Bethesda to establish a department to produce the necessary programs for individuals, policy statements and procedures and to hire individuals with the necessary education and experience to staff that department and to instruct the rest of the staff. At times, the resulting statements are positive. From the statement, Discipline/Abuse of Residents Policy A-602, the recommended procedure is as follows. "Each employee is encourage to relate with ^{the} residents according to the precepts of the Christian faith: to do unto others as he would wish for himself; to forgive as he as been forgiven, to love every brother and sister as he is loved by Christ." If I were to find any weakness in this statement, it would be that there is no mention of

admonishing residents when they sin. There is perhaps the fear that that would run the risk of being accused of abuse, which by legal definition includes verbal threats.

Recent laws have clearly limited the means available to the home for dealing with behavior problems. With some residents, positive techniques and rewards work well in changing behavior, but with others the laws cause some difficulties, not only in regard to being able to change behavior, but also in regard to pointing out what is sin and as such displeases God. The result is policy statements such as the following: Approved Behavior Management Techniques for BLH staff (retitled --for handling of disruptive resident.) I. Praise for appropriate behavior. II. Removal from the situation for disruptive behavior. Group Home Behavior Management Techniques: I. Encourage appropriate behaviors. II. Expected behaviors. A. Group participation in the establishment of expected resident behavior and the consequences of non-compliance is to be urged. D. In everyday living, group home managers will intervene when residents are engaging in inappropriate behaviors, give corrective feedback, model the correct behavior, redirect residents into appropriate behavior and reinforce resident for engaging in the appropriate behavior. In addition, staff will outline the prearranged consequences of uncooperative behavior. III. Managing inappropriate behavior. (Prevent where possible) B. ... remain calm! Remind the resident of the expected behavior and the natural or logical consequences for not doing what is expected. D. Behavior problems exhibited by a resident will be brought to the attention of the social worker, who will discuss alternatives with the group home manager. This may include the development of a specific behavior program or referral to local psychological services.

Under present legal restrictions, behavior modification programs consist of two different techniques: ignore inappropriate behavior and praise or reward appropriate behavior. Because of the requirement that programs and policies be established to handle such situations, behavior modification has become the system at Bethesda. When a behavior problem develops, a behavior modification program is developed for the individual.

Behavior modification is a system for controlling behavior. The government requires that a home control the behavior of its residents, particularly when it is a matter of self-abuse or violent behavior. (In the past, Bethesda has had to transfer some residents to state run facilities for this reason. The system is biased toward state facilities in that they are more easily granted the use of aversives and the right to lock doors, etc.) At the same time, the home is held responsible if it is unable to control a resident and that resident or another resident is hurt. The best that behavior modification can accomplish is to control or modify behavior. Of course, in many cases, that may be satisfactory. Behavior modification is very useful in toilet training and teaching self-help skills. However, as a law system of rewards (and aversives or "punishment"), it does not have the power to change sinful behavior to God-pleasing behavior. It doesn't seek to change the motivation, only the behavior.

Another legal requirement is instruction for staff, both initial and ongoing. Although the content of such sessions is not legally regulated, the law does require that instruction be given in dealing with problems. At a whole house inservice, held in June of 1978 at Bethesda and presented by staff psychiatrists, the basic message was that all socio-behavioral

problems of residents are the result of factors such as the institutional situation, physical disabilities, mental limitations, and so on. Ten or twelve causes were listed. Sin was not one of them. At an inservice for the whole house held in August of 1979 on the topic of setting up behavior programs presented by Kurt Spangler, the question was asked of him, "How do you set up a behavior modification program to deal with sin?" He answered the question with a question, "What is sin?"

As the situation existed in August of 1979, and as I assume it still exists today, behavior modification is the system by which the staff attempts to change resident behavior. This is not to say that chaplaincy does not counsel the resident where possible, or that certain staff on the wards do not also deal with the residents as one Christian to another, but that normal, established procedure is simply to establish a behavior program. I am convinced that there is a world of difference between behavior modification and the "n^rture and admonition of the Lord."

Not only is it a matter of failing to give a troubled resident guidance from God's Word, but it often also a matter of giving the people who are on the staff a mistaken impression of what Christian discipline is.

(In my own experience, I believe it led me to some confusion over the distinction between Law and Gospel, specifically, the idea that the law can improve an individual, because I continually saw negative reinforcement improving behavior.) Forgiveness and the Gospel are not written into behavior programs, and while those important concepts continue to be taught in Bible classes and chapel at Bethesda, I believe it is necessary that efforts be made to bring the application of those truths back onto the living areas,

Education would appear to be the key to making changes in the way behavior problems are dealt with at Bethesda, beginning with the administration and continuing with the ward and program staff. First of all, the need would have to be clearly presented, no doubt more clearly than I have been able to in this paper. In many ways, it is a very complicated issue and at the heart is the distinction between law and Gospel, a subject taught in the school of experience of the Holy Spirit through the Word. At present, the chaplaincy staff is limited as to the role it plays in preparing the worker for the ward. During the present two-week orientation program, Chaplain Stiemke is given the last hour and a half of the third day, a time period which he has found to be less than ideal and too short to present everything he would like to teach. In the past, Bethesda has offered courses in behavior modification, taught, I believe, by Dr. John Giebink of the University of Wisconsin. It would be helpful if the same could be done with the scriptural principles behind Christian discipline. There has also been a turnover in the psychological services staff and Chaplain Stiemke indicated that he feels that the people serving there now have a much better understanding of the relationship between their department and his. Looking to the future he sees the possibility of the need of a chaplain to work not with the residents, but with the staff, which would help them to better serve the residents of Bethesda.

Of the laws which have come out of recent years, those which deal with hiring practices and limiting negative reinforcement have had the most direct effect on Christian discipline, direct in the sense of being the cause of the change. The other laws, which deal mainly with education

of staff to deal with behavior problems and the production of programs and policy statements have had a more indirect effect on carrying out Christian discipline. There is still a great deal of latitude within these laws, within which the Lutheran church can continue to work to carry out its God-given mission, preaching the Gospel. Finally, these difficulties, whether caused by the laws of our country or by the response to those laws by the staff at Bethesda Lutheran Home during the '70's haven't changed several things. The Gospel is still preached to the residents of Bethesda by Chaplain Stiemke and his staff and that Gospel continues to bear fruit in the lives of the many residents of that Home. If I had a child, a retarded child that needed to be institutionalized, Bethesda would be the place.

Bibliography (and reference people)

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Wisconsin Administrative Code, Chapter H32 Nursing Home Rules.

The policy and procedure manuals of Bethesda Lutheran Home.

Pastor F. Stiemke

Fred Matzke

Marlys Taege

Prof. Paul Eickmann

Marilyn Worswick

Appendix A

Wisconsin Lutheran Child and Family Service

Due to the difference in size and the services offered, I chose not to directly compare Bethesda Lutheran Home with the various departments of Wisconsin Lutheran Child and Family Service. I intend to comment briefly on several areas where one can see the effect of legislation on their operations.

Inservice at the W.L.C.F.S nursing home is under the direction of Barbara Keyes, a Roman Catholic. While this position at Bethesda is a very vital position, as far as the Lutheran orientation of the home is concerned, this is not the case. ^{with W.L.C.F.S} Last fall I went through the orientation course at W.L.C.F.S and felt that Mrs. Keyes presented the home's position quite well. The only possible weak spot was in the class held in November as part of the ongoing education program, where Mrs. Costello, a certified physical therapist opened her presentation on back problems with a demonstration of how poorly the human spine had evolved. I rank that right up there with hearing Dr. Giebink ridicule the Old Testament and anyone who believes in miracles at inservice at Bethesda in 1976 for staff and resident workers.

According to Fred Matzke, all the social workers at the Social Services Division are Lutherans. The group home has been staffed by couples from the Seminary student body. Bethesda has had some problems finding Lutheran social workers at times for some of their group home locations. The turnover rate nationally for houseparents of group homes is 18 months. Accordingly, the Missouri Synod group homes have had some problems with finding staff. Bethesda has placed over 200 residents in group home over the last seven years.

Attached are a statement of resident's rights (required by law) and other program statements for the W.L.C.F.S. group home for ^{the} retarded.

WISCONSIN LUTHERAN CHILD AND FAMILY SERVICE
Social Services Division
Group Home for the Mentally Retarded

RESIDENT'S RIGHTS

1. The right to be informed of Bill of Rights.
2. The right to confidentiality of conversations and medical records.
- * 3. The right to refuse to perform work which involves the operation and maintenance of the facility except for matters of personal care (e.g. making one's bed, etc.) or for therapeutic purposes.
4. The right to petition a court according to law.
5. The right to maintain the rights of citizens (e.g. voting, marriage, obtaining driver's license, etc.).
6. The right to receive prompt and adequate treatment.
7. The right to receive medication and treatment on a voluntary basis from a health provider of the resident's choice.
8. The right to the least restrictive treatment conditions necessary.
9. The right to be given reasonable advance notice and rationale for transfer or discharge.
- * 10. The right to be free from unnecessary or excessive medication.
- * 11. The right to be free from physical restraint and involuntary isolation.
- * 12. The right not to receive psychosurgery, electroconvulsive treatment, aversive conditioning, etc.
13. The right not to participate in experimental research.
14. The right to religious worship.
- * 15. The right to humane psychological and physical environment.
16. The right to send and receive sealed mail and to use a telephone.
17. The right to select, use, and wear one's own clothes, etc.
18. The right to have individual storage space for private use.
19. The right to privacy in dressing, toileting, and bathing.
20. The right to receive visitors.
21. The right to manage one's own financial affairs.
22. The right to be informed, in writing, of the cost and availability of services to be provided.
- * 23. The right to be fully informed of and participate in establishing the resident's own individual treatment plan.
24. The right to privacy for visits.

WISCONSIN LUTHERAN CHILD AND FAMILY SERVICE
Social Services Division
Group Home for the Mentally Retarded

GRIEVANCE & COMPLAINT PROCEDURES

In a church-related group home, all grievances and complaints are dealt with on a Scriptural basis. (cf. Matthew 7:12; 18:15-17 and I Corinthians 14:40).

If you feel you have a valid grievance or complaint with the group home, you should discuss the matter first with your group home parents. Every reasonable effort should be made to solve the problem at that level. If it cannot be resolved, meet with the Coordinator of the group home in order to discuss and resolve the problem. If it still cannot be resolved, the parents or guardians should be asked to discuss and resolve the problem.

If the grievance does not find resolution prior to the court of last resort, namely a meeting of all involved parties with the Executive Director, the decision of the Executive Director, upon a full discussion of the issue, is final. A written report of this matter, listing the essential facts and the final decision, will be placed in the personal record of the resident. This report shall be signed by the resident or parent or guardian, the Coordinator and the Executive Director.

WISCONSIN LUTHERAN CHILD AND FAMILY SERVICE
Social Services Division

GROUP HOME

House Rules

- *1. You are expected to display a Christian attitude toward one another.
2. You are expected to attend worship services regularly.
3. You are expected to indicate your whereabouts at all times.
4. You are expected to clean your own room plus other designated areas.
- *5. You are expected to assist with meals and household chores when scheduled or requested.
6. You are expected to wake yourself at the appropriate time in the morning.
7. You are expected to use the telephone within reason.
8. You will be issued a house key and it is your responsibility to keep it.
9. You are expected to use your money carefully.
10. You are not permitted to smoke in your bedroom.
11. You are to request permission in advance for all meal guests.
12. You are not to use alcoholic beverages in excessive amounts.
13. You are to display modesty in dress.

FM 10/31/79

PROGRAM STATEMENT

WISCONSIN LUTHERAN CHILD AND FAMILY SERVICE

Group Home
6880 N. 76th St.
Milwaukee, WI 53223

The group home is a small, type A facility with a maximum of five residents. In addition, there is a private bedroom for the live-in group home parents. The admission statement indicates that the residents must be developmentally disabled (mentally retarded), must be 18 years of age or older, must be a member of a Wisconsin Evangelical Lutheran congregation or congregation in fellowship with WELS, must be ambulatory, must have the capacity to function in the least restrictive environment provided by an open single family residential facility, must be able to spend 20 hours or more each week in an out of home "program," must have a physical examination within 90 days of admission and a statement that the resident is free from communicable disease.

The group home for the mentally retarded is owned and operated by Wisconsin Lutheran Child and Family Service. WLCFS is a Christian service organization of the three hundred and ninety-six Wisconsin Evangelical Lutheran Synod congregations in the state of Wisconsin. It conducts programs in the fields of convalescent care, a residence for the aging, and social services including adoption, unwed parents, family counseling, group education and foster care. The entire delivery of service program is under the direction of the administrative and professional staff of WLCFS. The Director of Social Services is serving as co-ordinator of the Group Home Program.

The group home parents will provide the following services: Provide a Christian family-style environment, be responsible for all meals and maintaining home and resident cleanliness, assist in resident money management, maintain all resident records and provide guidance and supervision for leisure time activities.

The co-ordinator for the group home will provide supervision and consultation to the group home parents, individual counseling to residents of the group home.

Emergency medical services will be available from the staff of the convalescent facility which is located adjacent to the group home property.

Supplementary leisure time activities will also be available through the cooperation of the Activity Department in the convalescent unit.

The responsibility for developing the individualized service plans for all residents will be that of the co-ordinator of the group home. He will develop those plans in cooperation with the group home parents and the residents of the facility. Since this is a small facility with quite capable residents, the group home parents will assume the major responsibility for the delivery of the services.

Each resident is expected to develop independent living skills to the extent possible. The group home parents have the responsibility for training the residents in the use of self-care activities. Since the facility was a single family residence, it provides the motivation for each resident to develop his independent living skills in order to live in this least restrictive environmental setting.

The residents will have several opportunities for participation in community activities. Since the facility is part of the Lutheran church, various congregational members and groups will provide opportunities for the residents to participate in

their home church activities. In addition, the house parents will also be able to provide transportation and opportunity for the residents to participate in community events. The facility is located on a major north/south bus route which also will provide the residents with an opportunity to independently participate in community functions. Another opportunity will be available through the Activity Department of the convalescent/aging facility.

It is expected that each resident will be out of the residence for the major portion of each working day. As a result, the leisure time activities will primarily be in the evenings and on weekends. The recreational room in the basement of the home will provide the major area for recreational activities conducted in the home. The living room and sunporch area can also provide opportunities for embroidery and reading type activities.

The group home facility is located on 76th Street which has a major north/south bus route on it. This north/south bus route intersects with all the east/west bus routes in the greater metropolitan area. As, in fact, the bus stop is immediately in front of the residence, this provides easy accessibility to public transportation. In addition, WLCFS owns a van and leases some automobiles. These vehicles may be used when public transportation is not possible. The residents would use public transportation to the Northridge shopping area or to go to a variety of services which are located on 76th Street. In addition, private automobiles would be used to help residents attend church services on Sunday mornings together with providing transportation to other activities which are not accessible or convenient by public transportation.

Our plan is to provide for as much independent living as possible. Under the direction and supervision of the group home parents, each resident will be expected to participate in the housekeeping chores to the extent possible. The group home parents shall have the responsibility of maintaining the cleanliness of the facility. If and when outside resources are needed, arrangements can be made with the Housekeeping Staff of the Convalescent/Aging Center. These and other arrangements with the available resources at the Convalescent/Aging Division are to be made through the co-ordinator of the group home.

The group home parents have the stated job responsibility to assist the residents with disbursing and accounting for their individual allowance funds. The extent of supervision in this area will be dependent upon the level of functioning and competence of each individual resident. Guidance by the group home parents will help the residents to gain competency in their personal money management. Where this is not possible, the group home parents will make provisions for an accurate accounting of all resident funds and personal allowances.

Our program goals state that each resident is to have an "out of home" program of not less than twenty hours per week. This will be implemented by arrangements made with facilities such as Goodwill and Jewish Vocational Services. Contacts will also be made with the appropriate representative of the Division of Vocational Rehabilitation for funds to implement a training program for each of our residents. Our admission policies indicate that each resident is to be capable of being out of the home for a major portion of each working day.

Each resident will have a file in the possession of the group home. These records will contain evidence of biannual dental/medical examination or treatment as necessary and the individualized service plan.

Leisure Time Services:

Our goal is to operate a home which very closely resembles an ordinary residence in the community. Planning and utilizing community activities also follows the pattern of ordinary community living. The group home parents are responsible for leisure time services. A basement recreational room is available for cards, crafts and socializing. The residence is located near a number of leisure time services such as miniature golf, movie theaters, eating establishments, shopping centers, etc. As individual needs arise, provisions are made for the residents to participate in the community based services.

These services will be documented by a log which will be kept by the group home parents.

Supportive Home Care Services:

The coordinator of the group home together with the group home parents are responsible for arranging supportive home care services. Since our residents are quite able to care for themselves, very few supportive services are needed. Counseling is provided to the residents according to need by the coordinator. Currently there is one resident who has weekly appointments and the other two residents schedule appointments when needed.

The group home is in the community and connected with a convalescent/aging facility. A physician in the community is to be secured as the personal physician. If this is not immediately available, the resident medical director for the nursing facility can be secured for an immediate health screening.

Each resident is to have a completed and signed physical examination report in his/her file.

A posted schedule of physical examinations will be kept to ensure initial and follow-up health assessments.

Information of Programs:

The group home parents are primarily responsible for information of programs. The coordinator of the group home is also aware of available local programs and activities.

Referral services are implemented by the coordinator after discussion with the residents and group home parents.

Relief Staff:

Provisions have been made for relief staff to be available when the group parents are absent from the home. Generally, this will be for one weekend each month plus one evening in a two week period. The duties of the relief parents are listed in their job specifications.

Board Authorization:

The Board of Directors of Wisconsin Lutheran Child and Family Service passed the following at its regular meeting held on June 26, 1978: The motion was made and seconded to initiate a group home program for the mentally retarded on the basis of the encouragement of the Southeastern Wisconsin District Special Ministries Board to have Wisconsin Lutheran Child & Family Service work with the mentally retarded. This group home will be established as a Class A, CBRF for eight or less residents, 18 years of age and over.