

9/78

## Unit Reorganization

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## UNIT REORGANIZATION

The geographic reorganization of the Units is intended to improve the delivery of services to the clients by improving the efficiency of the day to day operation. This is accomplished by grouping a Unit physically closer than present.

Travel time between areas is eliminated or reduced to the least possible amount of time. Communications between Unit living areas will improve and amount of services delivery for a Unit will be increased in some cases through the elimination of lengthy travel times. (As long as 10-15 minutes to walk from Unit II office to living areas or living area to living area).

The functional progression concept for clients is still retained in the new geographic reorganization. Instead of six (6) of the nine (9) Units being functionally defined, each living area will be a functional entity. That is, the criteria for entrance will be defined for each of the 45 living areas. Movement up the functional ladder will be possible using living areas in all units rather than one unit to another unit.

There will be no movement of clients in order to accomplish this reorganization. Staff movement will be limited to Unit Directors, Clerical, MRA IIIs, some relief MRA IIs and professional staff.

The following information explains what the new units will look like in terms of clients and staff. There are descriptions, T Os, statistics and explanations to help develop a picture of what will happen, how it will happen and what the Units will look like after the change.

At this time, the new Units are designated by letters A through G. Once the Unit Directors are identified names will be selected for the new Units.

The geographic reorganization of residential Units, by itself, will not produce the improvements desired. More important are the other changes: The reorganization of the Table of Organization at the Administrative level, the creation of the Program Manager position, the deployment of structured days for our clients and staff, and most important the reduction of the number of clients and retaining the present complement.



UNIT	LOCATION	POPULATION
A INDEPENDENCE	MODULAR 1	Female
	MODULAR 2	Male
	MODULAR 3	Male
	MODULAR 4	Female
	MODULAR 5	Female
	MODULAR 6	Male
	MODULAR 7	Female
	MODULAR 8	Female
	MODULAR 9	Male
	MODULAR 10	Male
B WASHINGTON	C 5	Male
	C 6	Male
	C 7	Male
	C 8	Female
C LINCOLN	C 9	Female
	C 10	Male
	C 11A	Female
	C 11B	Female
	C 14	Female
D HUMPHREY	47	Female
	48	Male
	49	Male
	50	Female
	51	Male
	52	Male
E EISENHOWER	D 1	Male
	D 2	Male
	D 3	Female
	D 4	Male
	D 5	Male
	Penn Hall I	Male
	Penn Hall IIW	Male
Penn Hall IIE	Male	
F TRUMAN	M 1	Male
	M 2	Male
	Q 1	Male
	Q 2	Female
	T 1	Male
	T 2	Male
G JOHNSON	H 1	Female
	H 2	Male
	I 1	Male
	I 2	Male
	Ward W	Female
	Ward I	Male
	Ward II	Female

UNIT AINDEPENDENCE

Located geographically in the Modular Community

Offices in trailers now used as Unit II offices

There will be ten (10) living areas, 156 clients and a complement of 88 as follows

1 Unit Director  
 1 Program Manager - 4 additional later  
 2 M R A IIIs 7 - 3  
 1 M R A III 3 - 11  
 1 M R A III 11 - 7  
 80 M R As on all three shifts  
 2 Clerical

88

LIVING AREA	CURRENT UNIT	# NOW CLIENTS	CAPACITY at 850	COMPLEMENT M R A
Modular 1	I	17	15	5
Modular 2	V	12	15	13
Modular 3	III	16	15	11
Modular 4	I	17	15	4
Modular 5	VI	19	15	9
Modular 6	III	15	15	8
Modular 7	VI	17	15	10
Modular 8	III	14	15	8
Modular 9	II	14	15	6
Modular 10	II	15	15	6

## MODULAR 1

The women living in Modular 1 range in age between 19 and 54 years of age. Most are in their thirties. Adaptive behavior ranges between mild and moderate. Most suffer from institutionalization; a few have emotional and/or behavioral problems. All have potential for community living with varying degrees of supervision needed. All are receiving training in personal, social and vocational skills. They are former Unit 1 clients.

## MODULAR 2

- The clients currently housed on Modular 2 are males and females under 21 who function in the severe to profound level of retardation. These clients are dependent on staff to provide basic self care skills and program emphasis is on development of these skills. Some of the clients are medical frail and have impaired ambulation making a ground floor living area preferable. They are former Unit V clients.

## MODULAR 3

Moderately to severely retarded males live on Modular 3. Some are physically handicapped, others have sensory problems. The Communication Center which programs (sign language) for handicaps is on this living area. Several of the clients are abusive to themselves and others. They are former Unit III clients.

## MODULAR 4

The women living in Modular 4 range in age from 27 to 70 years of age. Most range between mild and high severe mental retardation. All suffer from varying degrees of institutionalization. Some have limited ambulation as a result of cerebral palsy and there are several with other physical and/or emotional problems. All are receiving, in the degree to which they are capable, training in personal, social and vocational skills. All have potential for community living with varying degrees of supervision. They are former Unit I clients.

## MODULAR 5

These women previously resided on an unlocked cottage in Unit VI functioning within the severe to profound range of mental retardation and require minimal supervision with self help skills and daily activities. Training for these women focus on the development and refinement of pre-vocational skills leading to vocational placement and on increased social skills so as to allow for increased independent living. They are former Unit VI clients.

## MODULAR 6

Adult males who are mildly to moderately retarded live on Modular 6. All of the clients have visual handicaps and are legally blind. Most attend school and other therapies which focus on environmental orientation, communication and social independence skills with the hope that their ability to function will eventually lead to placement in a community placement suitable for the visually handicapped.

UNIT A cont'd

MODULAR 7

The women previously resided on an unlocked cottage in Unit VI. They function within the severe to profound range of mental retardation and require minimal supervision with self help skills and daily activities. Training for these women focus on the development and refinement of pre-vocational skills leading to vocational placement and on increased social skills so as to allow for increased independent living. They are former Unit VI clients.

MODULAR 8

Adult moderately to severely retarded females live on Modular 8. They attend classes in U Basement, school and many other therapies on campus for communication, social independence and environmental orientation with the hope that they may function well enough to be placed in a community placement suitable for the visually handicapped. They are former Unit III clients.

MODULAR 9

The men residing in Modular 9 formerly resided in Penn Hall I. Generally they function in the mild to high severe range of mental retardation. These men are all ambulatory and have all self care skills. Programmatically they are involved in V A S and paid workshop training as well as community orientation. The majority of these men participate in the Scrip Program and Town Pass Program. Aggressive behavior is exhibited by several of these clients. They are former Unit II clients.

MODULAR 10

The men residing in Modular 10 function in the mild to high severe range of mental retardation. These men are all ambulatory and have all self care skills. Programmatically they are involved in V A S and paid workshop training as well as community orientation. The majority of these men participate in the Scrip Program and Town Pass Program. Aggressive behavior is exhibited by several of these clients. They are former Unit II clients.



UNIT B

WASHINGTON

Located geographically in Building 3

Offices will be in the basement of Building 3 where the current Unit III offices are located

There will be four (4) living areas, 139 clients and a complement of 75 as follows:

- 1 Unit Director
  - 4 Program Managers (all M A areas)
  - 1 MRA III 7 - 3
  - 1 MRA III 3 -11
  - 1 MRA II 11 - 7
  - 65 MRAs between three shifts
  - 2 Clerical
- 
- 75

The clients and Direct Care staff are divided as follows:

<u>LIVING AREA</u>	<u>CURRENT UNIT</u>	<u># NOW CLIENTS</u>	<u>CAPACITY at 850</u>	<u>COMPLEMENT M R A</u>
C 5 MA	III	29	24	15
C 6 MA	VII	34	24	18
C 7 MA	VII	37	24	17
C 8 MA	VII	39	24	15
		—	—	—
Four Areas		139	96	65

## C 5

Adult profoundly and severely retarded males who are all visually impaired live on C 5. Environmental orientation which involves trailing following guides, squaring off and taking directions are part of their programming along with self care skills. Several of the clients are abusive to themselves and others which necessitates very close supervision. The main goal of the programming focuses on the clients moving independently in their immediate living environment and performing basic self care and social tasks with verbal prompts. They are former Unit III clients.

## C 6

Adult ambulatory males functioning at profoundly retarded level live on C 6. They have limited self help skills and exhibit high degree of aberrant behavior. They are former Unit VII clients.

## C 7

Adult ambulatory males live on C 7. They function at the profound level of retardation with limited self help skills and exhibiting high incidence of aberrant behaviors. They are former Unit VII clients.

## C 8

Adult ambulatory females live on C 8. Functioning at the profound level of retardation with very limited self help skills and exhibiting a high incidence of aberrant behaviors. They are former Unit VII clients

UNIT C

LINCOLN

Located geographically in Buildings 4 & 5

Offices will be in the basement of Building 5 where the current Unit VII offices are located.

There will be five (5) living areas, 144 clients and a complement of 91 as follows:

- 1 Unit Director
  - 2 Program Managers and 1 additional later
  - 1 M R A III 7 - 3
  - 1 M R A III 3 - 11
  - 2 M R A III 11 - 7
  - 82 M R A staff over three shifts
  - 2 Clerical
- 
- 91

The clients and Direct Care staff are divided as follows

<u>LIVING AREA</u>	<u>CURRENT UNIT</u>	<u># NOW CLIENTS</u>	<u>CAPACITY at 850</u>	<u>COMPLEMENT M R A</u>
C 9 MA	IV	53	38	29
C 10 MA	II	47	38	17
C 11A	VII	28	15	14
C 11B	V	9	12	12
C 14	I	7	15	10
Five Areas		<hr/> 144	<hr/> 118	<hr/> 82

## C 9

Non-ambulatory multiple handicapped females with limited self help skills functioning on the profoundly retarded level (with few exceptions). Some display language difficulty, impaired vision and hearing. Program activity is geared to maintaining and increasing those skills which would provide the client a more meaningful life. Activity must also be directed toward prevention of further physical disabilities. They are former Unit IV clients.

## C 10

The male clients living on C 10 are all over 21. These men function in the low moderate to high severe range of mental retardation and are involved in programs to develop and refine their self care skills especially personal hygiene and dressing. They participate in all institutional programs. Outbreaks of assaultive and aggressive behavior are exhibited by several of these clients. They are former Unit II clients.

## C 11A

Adult ambulatory females functioning at the profoundly retarded level with partial self help skills and exhibiting some aberrant behaviors. They are former Unit VII clients.

## C 11B

In C 11B the adolescent females live. They function in the severe to profound range of retardation. Since this is the only cottage for ambulatory females in the unit, there is diversity both in size and levels of functioning of the girls living here. They are former Unit V clients.

## C 14

The women living in C 14 range in age from 21 to 61 years of age. Adaptive behaviors ranges from mild to severe. Some of these women have behavior problems and some are emotional adolescents, and others are motivational problems. Most suffer from institutionalization. All have potential for community living with supervision, but most need more training. Those willing to accept training are being trained in personal, social and vocational skills. They are former Unit II clients.

UNIT D

HUMPHREY

located geographically in New Horizons Building

Offices will remain on the second floor where Unit IX offices are located.

There will be six (6) living areas, 146 clients and a complement of 106 as follows:

- 1 Unit Director
- 3 Program Managers
- 1 M R A III 7 - 3
- 1 M R A III 3 - 11
- 1 M R A III 11 - 7
- 97 M R As over three shifts
- 2 Clerical
- 
- 106

The clients and Direct Care staff are divided as follows:

LIVING AREA	CURRENT UNIT	# NOW CLIENTS	CAPACITY at 850	COMPLEMENT M R A
47 MA	IX	27	18	15
48 MA	IX	22	18	16
49 MA	IX	26	18	15
50 MA	IX	26	18	16
51 MA	IX	21	18	17
52 MA	IX	24	18	18
Six Areas		—	—	—
		146	108	97

47

Female clients, most over the age of 35 with very limited self help skills. Physical dysfunctions such as C. P., dependent edemas, epilepsy. Some clients exhibit self abusive behaviors and all lack self protective skills and need supervision to accomplish self help skills whether in a training or maintenance type program. All need nursing care with emphasis on medication delivery and administration of treatments as ordered by the attending physician and related services such as physical, occupational therapy, dental, ear-nose-throat and podiatry services. They are former Unit IX clients.

48

Male clients, most over the age of 35, with very limited self help skills. Physical dysfunctions such as C.P., epilepsy. Two clients exhibit self-abusive behaviors and one is very hyperactive. All need supervision, whether on training or maintenance level to accomplish self help on medication administration and administration of treatments as ordered by the physician and implementation of services such as physical therapy, occupational therapy, dental, ear-nose-throat and podiatry services. They are former Unit IX clients.

49

Male clients who score lowest on the Slosson and Vineland Maturity Scale but have more self help skills performed under supervision at maintenance level because of intensive training. All need nursing care with emphasis on medication delivery and administration of treatments as ordered by the attending physician and related services such as physical therapy, occupational therapy, dental, ear-nose-throat and podiatry services. They are former Unit IX clients.

50

Female clients, a few older women, with very limited self help skills. Many exhibit hyperactive and/or abusive behaviors. Physical dysfunction such as epilepsy, chronic cellulitis of lower extremities. Few independently toilet trained; some must be fed. They are former Unit IX clients.

51

Male clients, young men with limited self help skills. All exhibit hyperactive abusive and assaultive behaviors. These clients score highest on Slosson and Vineland Maturity Scale, but interfering behaviors interrupt most training attempts and interfere with progress. Some have acquired bizarre eating habits (asbestos ceiling tiles, shoe laces). All need skills habilitative nursing services. They are former Unit IX clients.

52

Male clients, young men with limited self help skills. Most exhibit hyperactive abusive and assaultive behaviors. A few refuse to wear clothing. All need supervision to accomplish self help skills. All need nursing care with emphasis on medication delivery and administration treatments as ordered by the attending physician and related services such as physical therapy, occupational therapy, ear-nose-throat, dental and podiatry services. A number of clients have acquired bizarre eating habits (string, cigarette butts, feces, wood, floor tile). All need skilled habilitative nursing services. They are former Unit IX clients.

UNIT EEISENHOWER

Located geographically in Building D and Penn Hall.

Offices will be located in basement of D Building in current Unit V offices or in present D 5 living area.

There will be seven (7) living areas initially and six (6) after closure of D 5, 226 clients and a complement of 104 as follows:

1	Unit Director
1	Program Manager initially and 5 additional later
2	M R A IIIs 7 - 3
1	M R A III 3 - 11
1	M R A III 11 - 7
96	M R As over three shifts
2	Clerical

—  
104

The clients and Direct Care staff are divided as follows:

<u>LIVING AREA</u>	<u>CURRENT UNIT</u>	<u># NOW CLIENTS</u>	<u>CAPACITY at 850</u>	<u>COMPLEMENT M R A</u>
D 1	V	19	22	17
D 2	VI	44	22	14
D 3	VI	29	22	13
D 4	VI	36	22	15
D 5	VI	36		14
Penn Hall I	II	28	29	13
Penn Hall II	I	34	33	10
		—	—	—
Seven Areas		226	150	96

## D 1

The clients in D 1 are under the age of 21 who are either non-ambulatory or who exhibit some medical problem that necessitates close observation. Since physical limitations determine the population, intellectual capabilities range from mild to profound. Program emphasis is on basic self care skills. Children in this area require a ground level area to accomodate wheelchairs. They are former Unit V clients.

## D 2

This is an unlocked living area that houses men who function within the severe and profound range of mental retardation and require minimal supervision in self help skills and general daily activities. Training programs for these men focus on refining pre-vocational skills so as to assist in vocational placement and to increase social skills so as to allow for increased independent living. They are former Unit VI clients.

## D 3

The majority of women residing on this locked area function within the profound range of mental retardation and require considerable supervision with self help skills and activities of daily living. Training focuses on the refinement of self help skills, the development of pre vocational skills and simple housekeeping chores and orientation to institutional grounds. They are former Unit VI clients.

## D 4

The majority of men residing on this locked area function within the profound range of retardation and require considerable supervision both on and off the living area. Approximately one fourth of these men exhibit abusive and/or destructive behaviors which adds to their need for supervision. Training and supervision is required with all self help skills except toilet skills. Training programs on this living area focus on the refinement of self help skills and the development of basic housekeeping skills. They are former Unit VI clients.

## D 5

This living area house men who function within the severe and profound ranges of mental retardation. The amount of supervision these men require with self skills and daily living activities from moderate to minimal. Training programs for this population are designed to assist these men in achieving independence in the areas of self help and simple housekeeping chores and to develop pre-vocational and grounds orientation skills. They are former Unit VI clients.

## PENN HALL 1

The men in Penn Hall 1 function from high severe to low moderate range of mental retardation. They are all ambulatory and possess all self care skills. These men are involved in vocational workshop programs as well as socialization programs. They are former Unit II clients.



UNIT E cont'd

PENN HALL 11 West

The men who reside in Penn Hall IIW range in age from 22 to 72 with adaptive behavior ranges from mild to moderate. All have potential for community living with varying degrees of supervision. Most suffer from institutionalization to some degree. A few have emotional problems. Those who will accept programming are receiving training in personal, social and vocational skills. They are former Unit I clients.

PENN HALL II East

The men who reside in Penn Hall IIE range in age from 22 to 70. Adaptive behavior ranges from mild to high severe. One man has a severe emotional problem and several have behavioral problems. All suffer various degrees of institutionalization. All have some potential for community living with appropriate supervision. Those who will accept programming are being trained in personal, social and vocational skills. They are former Unit I clients.

UNIT FTRUMAN

Located geographically in three buildings - M, Q, T

Offices located in either P building or M 3

There will be six (6) living areas, 143 clients and a complement of 104 as follows:

1 Unit Director  
 3 Program Managers and one additional later  
 2 M R A III 7 - 3  
 1 M R A III 3 - 11  
 1 M R A III 11 - 7  
 94 M R As over three shifts  
 2 Clerical

—  
 104

The clients and Direct Care staff are divided as follows:

LIVING AREA	CURRENT UNIT	# NOW CLIENTS	CAPACITY at 850	COMPLEMENT M R A
M 1 MA	IV	30	22	17
M 2 MA	VII	31	22	15
Q 1 MA	VIII	15	14	18
Q 2	VIII	13	14	17
T 1	III	40	24	14
T 2	V	14	24	13
Six areas		143	120	94

## M 1

The men on M 1 are profoundly retarded and exhibit multi-physical handicaps. For the most part the men are confined to wheelchairs. The clients have deficiencies in toileting and self care skills. Program activity is geared to maintaining and increasing those skills which would provide the client a more meaningful life. Activity must also be directed toward prevention of further physical disabilities. They are former Unit IV clients.

## M 2

Adult, ambulatory males, functioning at the severely retarded level (with few exceptions) with partial self help skills, exhibiting some aberrant behavior. They are former Unit VII clients.

## Q 1

The clients on Q1 are males. Unit VIII is designed as a short term treatment center for the remediation of severely maladaptive behaviors which prevent clients from achieving expected growth and socialization. Their functional level varies from moderate to profoundly retarded.

## Q 2

The clients on Q 2 are females. Unit VIII is designed as a short term treatment center for the remediation of severely maladaptive behaviors which prevent clients from achieving expected growth and socialization. Their functional level varies from moderate to profoundly retarded.

## T 1

Moderately to severely retarded adult males live on T1 who have various degrees of physical handicaps. Their programs consist of ambulation (limb motion, sitting, transfer techniques using wheelchairs, standing and walking), communication and social independence. The clients physical handicaps are severe which makes it necessary for the majority of them to use wheelchairs. To permit entry into a community setting suitable for the physically handicapped they must be able to make their needs known. They are former Unit III clients.

## T 2

The clients on T 2 are males under 21 years of age who fall within the severe to profound levels of retardation. Self-care skills are minimal and therefore program emphasis is in this area. Outbreaks of aggressive and assaultive behavior is episodic. They are former Unit V clients.

UNIT G

JOHNSON

Located geographically in three buildings - H, I, Hospital  
Offices will be located in either F Hall or the old Hospital offices.

There will be seven (7) living areas, 112 clients and a complement of  
84 as follows:

- 1 Unit Director
- 1 Program Manager with three additional later
- 1 M R A III 7 - 3
- 1 M R A III 3 - 11
- 1 M R A III 11 - 7
- 77 M R As over three shifts
- 2 Clerical

—  
84

The clients and Direct Care staff are divided as follows:

LIVING AREA	CURRENT UNIT	# NOW CLIENTS	CAPACITY at 850	COMPLEMENT M R A
H 1 MA	III	23	18	15
H 2			18	
I 1	V	15	13	13
I 2	V	12	13	13
W	III	32	14	14
Ward I	IV	16	14	10
Ward II	IV	14	14	12
Seven Areas		112	104	77

## H 1

Adult profoundly and severely retarded females live on H 1 all with visual handicaps. Programming concentration is on environmental orientation (to dining, living, toilet and shower areas) and self care skills. Several of the clients have behavior problems and are abusive to others as well as to themselves. They are former Unit III clients

H 2 - vacant but will house ambulatory clients currently on ground floor to reduce crowding on T 1

## I 1

The clients on I 1 are males under 21 who function in the severe range of retardation. Outbreaks of aggressive and assaultive behavior are episodic. Program emphasis is on basic care skills and development of social skills. They are former Unit V clients.

## I 2

The clients on I 2 are males under 21 who function in the severe to profound ranges of retardation and who exhibit severe form of maladaptive behavior. Program emphasis is on the basic self care skills and individual behavior modification. They are former Unit V clients.

## Ward W

Moderately to severely retarded femal clients reside on Ward W and are wheel chair clients. Ambulation, communication and social independence (social interaction and education) are stressed in the program area of Ward W. The clients are being programmed for eventual placement in a community setting suitable for the physically handicapped. They are former Unit III clients.

## Ward I

Partially ambulatory adult males with multiple handicaps and limited self help skills live on Ward I. These "frail" ambulatory men function at the profound level of retardation. Clients have a wide range of abilities and skills. The individual program activity is geared to toilet training, self help skills (beginning with dressing) and ambulation. They are former Unit IV clients.

## Ward II

Non-ambulatory multiple handicapped adult females live on Ward II. Functioning at the profoundly retarded level (with a few exceptions) they have limited self help skills, and exhibit physical deformities. Program activity is geared to maintaining and increasing those skills which would provide the client a more meaningful life. Activity must also be directed toward prevention of further physical disabilities. They are former Unit IV clients.