

SIDC audit notes gains, deficiencies

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Improvements were duly noted, but the deficiencies at Staten Island Developmental Center (SIDC) were also highlighted in a new audit by the institution's court-appointed overseer.

The 81-page report says SIDC's administration, staff training and development and community placement come close to meeting standards ordered by a federal court almost a decade ago. But SIDC is still deficient in its record keeping and in programming for clients, according to the audit.

Predictably, the report received different interpretations from SIDC's administration and from patient advocates.

"It (the audit report) is pretty shocking," Robert Levy of the New York Civil Liberties Union, which represents SIDC residents, said. "It shows a lot of basic stuff that they are just not doing."

But SIDC Director James Walsh disagreed. "I think if you read the whole report it shows that Staten Island Developmental Center has come a long way," he said.

"I'm never pleased with deficiencies, but I think this report shows we have taken some dramatic steps forward."

Compiled by the Office of the Special Master and the state Office of Mental Retardation and Developmental Disabilities, the

report analyzes SIDC's compliance with the Willowbrook Consent Decree, signed in 1975 to settle a lawsuit charging gross neglect of patients at SIDC, then called Willowbrook State School.

The consent decree established minimum standards of care in 596 areas, including in the general categories of food, clothing, education, physical environment and medical treatment. The Office of the Special Master was established to oversee compliance with those standards.

For the audit, which was conducted in May, the special master's office examined records of 28 patients — half selected by SIDC administrators and half by the auditors. For the audit to mark SIDC as "in compliance" in any of the 569 areas, records for all 28 patients had to meet the consent decree standards.

The report found SIDC in compliance in 320 areas, or 62 percent of the total of 569.

Among the specific findings:

- **Evaluation and assessment.**

Some records were missing assessments in development functioning, speech language and hearing capability, vocational potential, physical therapy and nutritional status. Seven records showed required staff did not attend interdisciplinary team meetings.

- **Establishment of individual development plans.** Sixteen of the records failed to meet the minimum requirements for individual development plans, which chart the therapy course for a patient.

The audit noted that some reports lacked objectives for clients stated in measurable terms, and progress on patients' goals was not being recorded. Some clients were not receiving six hours of daily structured programming as required by the consent decree.

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