

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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The plans also failed to identify the programs needed by clients for them to be placed in community residences.

● **Normalization requirements.** "There were instances in which clients were not afforded the opportunity to experience 'normal' daily rhythms of life," the report said, noting instances of early bedtimes for adult patients, no variance of scheduling on weekends, serving dinner before 5 p.m., keeping buildings locked and the lack of field trips.

In addition, the auditors found a problem with dirty and ill-fitting clothing and an inadequate wardrobe for some patients.

● **Physical environment.** "The facility has shown tremendous improvement in making its residential living areas cleaner and safer since the fall of 1983," the report said.

However, there are still problems with curtains missing from windows, malfunctioning sinks, and lack of decorations, storage space for patients, partitioned sleeping areas and toilet paper, according to the report.

● **Staff training and development.** "The majority of the standards were positively cited," the report said.

● **Administration.** "Most ... standards did not show evidence of non-compliance," the report said.

Levy said he was particularly disturbed by the problems in programming and in evaluations and assessment. "How you are going to treat the clients if you don't know what they are doing?" he asked, noting his concern that some clients are receiving inappropriate programming.

In addition, he said, the report hints that clients are being drugged to eliminate anti-social behavior instead of receiving therapy. Thirteen of the patients surveyed received psychoactive drugs but were not in behavioral

programs.

"It's a real problem, (drugging) people ... that shouldn't be drugged," Levy said. "They drug people up, but there's no pharmacology review to check the possible side effects of the drugs, there's no programming to change the behavior, so the clients just stay on the drugs. And that's terrible. Drugs should not be used as a substitute for programming."

Walsh acknowledged problems in programming at SIDC. "We need to improve, especially in the clinical areas," he said, adding that the institution has been restricted by the lack of physical and speech therapists — "we can't recruit them with the salaries that the state pays."

However, he said he recently obtained permission to contract with professionals in private practice for those services, which should improve the situation.

In addition, Walsh said some of patients with deficient programming were recently transferred from United Cerebral Palsy of New York State, and the auditors looked at the patients before SIDC upgraded their programming. "All our patients are now receiving the six hours of programming," he said.

On other subjects, Walsh was more upbeat: "Across the board, the audit showed general improvement. In the area of community placement, there was no evidence of non-compliance, and that's our top priority.

"The auditors also said the nursing care plans were the best they had ever reviewed. In the area of physical environment, although there were some serious deficiencies, the auditors said the institution was basically much cleaner and safer.

"In the past, the administration was always cited for lack of control. That's been improved. Staff training was always an issue, but that's been improved.

"In the areas we have cited as priorities, we show dramatic improvement," he said. "And we can't do everything at once."

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