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# **A Review of Private Residential Facilities for the Mentally Retarded:**

## **Their Position in the Continuum of Care for Developmentally Disabled and Mentally Retarded Individuals**



**New York State  
Commission on Quality of Care  
for the Mentally Disabled**

**February 1983**

**Clarence J. Sundram**  
Chairman

**Mildred B. Shapiro**  
**I. Joseph Harris**  
Commissioners

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*The New York State Commission on Quality of Care for the Mentally Disabled was designated in 1980 as New York State's Protection and Advocacy System for the Developmentally Disabled, pursuant to Public Law 94-103 as amended.*

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A REVIEW OF PRIVATE RESIDENTIAL FACILITIES FOR  
THE MENTALLY RETARDED: THEIR POSITION IN THE  
CONTINUUM OF CARE FOR DEVELOPMENTALLY DISABLED  
AND MENTALLY RETARDED INDIVIDUALS

by

The New York State  
Commission on Quality of Care  
for the Mentally Disabled

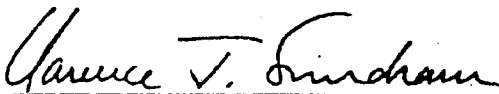
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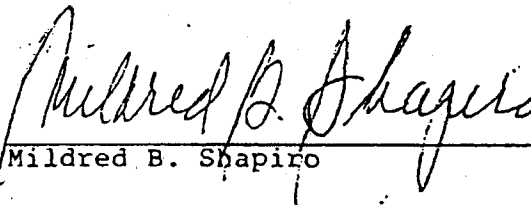
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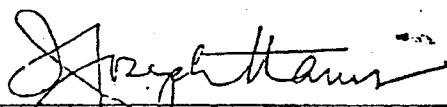
In accordance with its statutory responsibility to ensure the quality of care of programs serving the State's mentally disabled citizens, the Commission conducted a review of ten private residential facilities for the mentally retarded in the fall and winter of 1981. This report contains the findings, conclusions and recommendations of this review.

The purpose of the Commission's study was to survey the range and caliber of services delivered by such facilities, to explore their problems and to review the position of these private facilities in the continuum of services for the mentally retarded and developmentally disabled of the State. Additionally, the report examines the development of the regulatory process since it was last observed in the Commission's report: Profit vs Care: A Review of the Greenwood Rehabilitation Center, Inc., (1981), and since the enactment of Chapter 720 of the Laws of 1979. In the approval message of July 13, 1979, Governor Hugh L. Carey requested the Director of the Budget and this Commission to monitor the implementation of this bill, which granted supplemental funding for the care of adults in any private school for the mentally retarded which is in substantial compliance with the terms of its operating certificate and all applicable rules and regulations governing its operation. This report, therefore, includes a review of the Office of Mental Retardation and Developmental Disabilities' interpretation of "substantial compliance" under Chapter 720.

The findings, conclusions and recommendations contained in the report represent the unanimous opinion of the Commission and have been shared with the Office of Mental Retardation and Developmental Disabilities, the Division of the Budget, the State Education Department and each of the private facilities reviewed. The responses of the Office of Mental Retardation and Developmental Disabilities, the State Education Department and the New York State Coalition of Private Residential Facilities for Mentally Retarded/Developmentally Disabled Adults are appended to the report.

  
Clarence J. Sundram

  
Mildred B. Shapiro

  
I. Joseph Harris

## ACKNOWLEDGMENTS

The Commission wishes to express its gratitude to the many people who assisted in the preparation of this report: the residents and staff of the private residential facilities included in the review; staff members of the Private Schools Unit of the Office of Mental Retardation and Developmental Disabilities; and representatives of the New York State Education Department and Coalition of Private Residential Facilities for Mentally Retarded and Developmentally Disabled Adults. Their hospitality, insights and comments enabled the Commission to better understand this care modality and to formulate recommendations to enhance the caliber of care afforded the residents of private residential facilities.

The Commission also wishes to acknowledge the efforts of its staff assigned to the project:

Thomas R. Harmon, Director  
Quality Assurance Bureau  
Elizabeth J. Chura  
Mental Hygiene Review Specialist  
Iris Banks  
Intern  
David L. Brown  
Stenographer  
Geraldine B. Kirpens  
Secretarial Stenographer  
Connie E. VanValkenburg  
Secretarial Stenographer

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Coalition of Private Residential  
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Crystal Run Village (two campuses), South Fallsburg, New York, and Middletown, New York, (serving 277 adults and children);

Greenwood Rehabilitation Center, Inc., Ellenville, New York, (serving 173 adults);

Hebrew Academy for Special Children, Parksville, New York, (serving 36 adults);

Margaret Chapman, Hawthorne, New York, (serving 139 adults and children);

New Hope Rehabilitation Center, Loch Sheldrake, New York, (serving 148 adults);

Rhinebeck County School, Rhinebeck, New York, (serving 82 children in Fox Run--the Office of Mental Retardation and Developmental Disabilities certified portion of the school);

Upstate Home for Children, Oneonta, New York, (serving 38 children).

The visits focused on programmatic, environmental and certain administrative issues -- namely, routine medical management and incident review mechanisms -- and included interviews with staff and reviews of selected client and administrative records.

Commission staff also examined OMRDD certification records pertaining to the schools visited to determine the adequacy of the certification process -- that is, its impact on the quality of life within private residential facilities and its ability to ensure substantial compliance with regulations. (Substantial compliance for schools serving adults is a prerequisite for the receipt of "720" supplemental funding. Four schools in the survey were receiving such supplemental funds.)

#### Findings

- (1) THE SCHOOLS INCLUDED IN THE SURVEY VARIED SIGNIFICANTLY IN THE POPULATIONS SERVED, THE CALIBER OF THE SERVICES OFFERED, THE QUALITY OF THEIR ENVIRONMENTS AND THE ADEQUACY OF THEIR MANAGEMENT OF MEDICALLY RELATED ACTIVITIES AND UNTOWARD INCIDENTS.



## EXECUTIVE SUMMARY

Over the past four years in investigating deaths and allegations of abuse or mistreatment, the Commission has had the opportunity to review the operations of selected private residential facilities for the mentally retarded.\* Also known as "private schools," today there are 18 private residential facilities certified by the Office of Mental Retardation and Developmental Disabilities (OMRDD) serving approximately 1300 developmentally disabled individuals.

On the basis of the findings of the Commission's "school-specific" reviews, as well as at the request of Governor Carey,\*\* in the fall of 1981 the Commission undertook a systemic examination of the private school modality and its position within the State's continuum of care for developmentally disabled individuals.

In this endeavor, Commission staff conducted visits to 10 of the 18 private schools:

Arlene Training Center, Brooklyn, New York,  
(serving 16 adults and children);

Camphill Village USA, West Copake, New York,  
(serving 105 adults);

Cobb Memorial School, Altamont, New York, (serving  
23 children);

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\*See: An Investigation of Selected Incidents at the Otsego School, (January 1982); Profit vs Care: A Review of the Greenwood Rehabilitation Center, Inc., (March 1981); and, In the Matter of Cheryl J.: A Resident of the Greenwood Rehabilitation Center, (April 1980).

\*\*Chapter 720 of the laws of 1979 created a funding mechanism by which private schools serving adults could receive supplemental funding if they were in substantial compliance with applicable regulations and met other criteria specified in the bill. In signing the legislation, Governor Carey requested the Commission to monitor its implementation.

were found at Hebrew Academy, Arlene Training Center and Greenwood. Required yearly physicals at Hebrew Academy appeared cursory and lacking in data which would identify residents' health care needs. This problem, however, paled in comparison to medication practices at Arlene Training Center which were seriously, if not dangerously, deficient. Medications were stored in mislabeled bottles, dispensed without doctors' orders, and were poorly charted and accounted for. It also appeared that Greenwood had made limited attempts to train its staff in first aid and cardio-pulmonary resuscitation, which was recommended more than two years ago following the death of Cheryl J., a Greenwood resident.

Schools also appeared to have inconsistent approaches to managing untoward incidents (a topic addressed in the Commission's 1982 report on the Otsego School). While Margaret Chapman had an exemplary system for reporting, investigating and reviewing untoward incidents to prevent their recurrence, the systems developed by other schools lacked clear definition of what constituted an incident and the purpose and methodology for investigating and reviewing such to preclude recurrence.

(2) THE REVIEW ALSO INDICATED THAT THE REGULATORY FRAMEWORK GOVERNING THE PRIVATE SCHOOL MODALITY IS MULTIPLY LAYERED, WEAK, IDIOSYNCRATIC AND FAILS TO PROVIDE CONSISTENT APPROACHES TO CORRECTING PROBLEMS. THUS, IT FOSTERS THE VARIABLE CONDITIONS FOUND DURING THE SURVEY (pp. 43-47).

A. While a number of agencies share responsibility for funding or monitoring the schools (including the State Education Department, Department of Social Services and

A. Of the ten schools surveyed, three (Cobb Memorial, Rhinebeck and Upstate Home for Children) served only children. Four others (Camphill Village, Greenwood, Hebrew Academy and New Hope) served only adults. The remaining three (Arlene Training Center, Crystal Run and Margaret Chapman) served both children and adults. The clients themselves ranged in age from 6 to 60 and, while some were mildly retarded, others were severely retarded or suffered multiple physical or mental disabilities.

B. While the habilitative and educational services offered children generally appeared adequate (Report pp. 6-14), the quality of programs for adults was uneven (pp. 14-22). In contrast to a school such as Camphill Village, which offered its adult residents a range of well-planned, individualized and age-appropriate skill building activities, the programs of Arlene Training Center, Greenwood and Hebrew Academy were limited by a lack of challenging opportunities for higher functioning adults or inadequate treatment planning.

C. Environmentally, the schools ranged from exemplary (pp. 24-26) to abysmal (pp. 27-31). At Hebrew Academy, for instance, bathrooms were dirty and unsanitary, walls were in need of scraping and fresh paint, and furnishings were old, damaged or inadequate in number. Margaret Chapman's Sherman Hall, which housed approximately 90 children and adults, was similarly deficient. There, visitors were greeted by exposed pipes, peeling paint, damaged bathrooms and uncarpeted lounges.

D. Striking contrasts were also found among the schools in the adequacy of their management of medically related activities and untoward incidents (pp. 33-42). While most schools appeared to have adequate mechanisms to attend to the health care needs of their residents, problems

A. The dangerously deficient medication practices at the Arlene Training Center were cited by OMRDD in December 1980. Although the Center agreed to remedy the deficiency, such was not done until the Commission found the same deficiency nearly 12 months later. During that one year period, OMRDD took no action to ensure that the dangerous medication practices were corrected.

B. OMRDD certification records indicated that the abysmal environmental conditions at Hebrew Academy and Margaret Chapman's Sherman Hall have existed for years. Not only have the deficiencies gone uncorrected but, in the absence of indicators of substantial compliance, both facilities have been granted supplemental funding intended for facilities which are in substantial compliance with regulations.

#### Recommendations

In order to ensure a uniformly high caliber of care for private school residents, action is warranted on both a systemic and school-specific basis.

1. The Commission recommends that all agencies involved with the private schools join in an effort to formulate one set of regulations that govern all certification issues, and that the agencies conduct joint visits and issue joint reports to the maximum extent practicable. The ideal to be strived for is the attainment of a certification process that provides the facility and each of the oversight agencies a comprehensive and integrated view of the quality of life at the schools. Toward this end it is recommended that a task force, consisting of representatives from OMRDD, the State Education Department, Department of

OMRDD), there is no comprehensive set of regulations governing private schools. Consequently, oversight agencies, each operating on the basis of its own regulatory requirements, have a myopic view of the schools, and no single agency has an all-encompassing view of the quality of the private school modality as a whole. In fact, at times, the recommendations of one oversight agency may be overturned by another.

B. In the absence of clear and comprehensive regulations, schools are at times subjected to the varying interpretations of staff engaged in the oversight process. Conditions found to be deficient at one school may not be deemed so at another school, although similar if not identical conditions exist.

C. Often acting without the benefit of sound regulatory guidance, schools develop operating policies and procedures which are, in many cases, inadequate as was found in reviewing incident reporting and medication practices.

D. Compounding these problems is the fact that the schools rely on a three-person unit of the central office of OMRDD for technical assistance while all other providers of service for the developmentally disabled rely on regionally based OMRDD personnel for such assistance. This reliance tends to isolate schools from the resources available, and often necessary, at a local level to resolve problems such as finding alternative placements for clients, seeking community-based day programming services, etc.

(3) FINALLY, IDIOSYNCRATIC OVERSIGHT AND A LACK OF FOLLOW-UP, AS WELL AS AN ABSENCE OF INDICATORS OF SUBSTANTIAL COMPLIANCE, HAVE RESULTED IN IDENTIFIED DEFICIENCIES REMAINING UNCORRECTED FOR LONG PERIODS OF TIME AND THE GRANTING OF SUPPLEMENTAL FUNDS TO SERIOUSLY DEFICIENT SCHOOLS (pp. 47-50).

schools and the needs of their clients to the resources available through County Service Groups which monitor and provide assistance to all other mental retardation agencies in their catchment areas.

4. It is further recommended that a needs assessment of the 1,300 persons in private schools be undertaken. The present and future residential, vocational and educational requirements of this population, especially those residents who are aging and growing enfeebled, should be addressed and planning begun to meet the identified needs.
5. Finally, it is recommended that, for the purpose of determining "substantial compliance," OMRDD develop a system for assigning weight to critical compliance issues. When an oversight agency is faced with the challenge of enforcing a diverse set of regulations which range from requirements concerning maintenance of meeting minutes to requirements concerning substantial life safety and environmental issues, it is imperative that minimal criteria be established which all schools must meet in order to be considered in substantial compliance.

In an effort to correct those deficiencies specific to particular institutions, the Commission offers the following recommendations:

6. Hebrew Academy for Special Children.

The OMRDD report dated May 1980 certifying the facility until April 1982 cited numerous environmental violations (some originally cited as far back as 1973) including unsanitary bathrooms,

Social Services and Department of Health be created for the purpose of designing the consolidation of regulations and oversight activities. We recommend that this body welcome and encourage input from the private schools themselves and submit periodic reports of its activities and a final report of its recommendations within one year to this Commission, the Commissioners of the affected State agencies, and the directors of the schools.

2. This Commission has cited major environmental, programmatic and health-related deficiencies which, despite their identification by OMRDD, have been allowed to continue for years without correction. It is therefore recommended that OMRDD set reasonable time limits for the implementation of corrective actions and that certification granted to the facility during this correction period be conditional and revoked if corrections are not implemented on a timely basis.
3. To further advance the integration of the private schools into the mainstream of the mental hygiene delivery system, it is recommended that the dual functions of technical assistance and certification presently the responsibility of the Private Schools Unit within OMRDD be divided, with the Private Schools Unit retaining the certification function and the County Service Groups serving as technical advisors. This will enable the certification unit to vigorously monitor compliance issues and the implementation of plans of correction at the schools. At the same time, this will better align the technical assistance needs of the

8. Margaret Chapman.

- (a) The environmental conditions in Sherman Hall have been investigated in the past by the OMRDD Schools Unit, the Southeastern County Service Group, Westchester Developmental Center, and this Commission. Although some changes have been made, substantial problems remain. The Commission recommends that Margaret Chapman be instructed to make non-structural changes in this building. Each resident should have a dresser in good repair and a chair. No child should be in a bed with peeling paint. Toys that are clean, safe, complete and unbroken should be readily available in the lounge used by the children. The lounges should have living room type furniture and rugs on the floor. Decorations and personalizing items should be provided. We further recommend that the County Service Group be charged with the responsibility for monitoring these improvements and that they report to this Commission quarterly on the progress made by Margaret Chapman.
- (b) Secondly, the Commission recommends that OMRDD review the plans submitted by the school for the construction of a new dining area and the conversion of the present dining room to lounge space, and if the plan is acceptable, facilitate its movement from plan to reality by whatever means it has at its disposal.
- (c) Finally, the Commission recommends that the County Service Group assess the Margaret Chapman population and make substantial



need for furniture repair, painting and lack of sufficient chests and chairs. Since the facility is presently receiving 720 funding, this Commission recommends that the OMRDD ensure that these funds are used to correct environmental deficiencies and improve the quality of life at the facility. Additionally, a financial audit of the use of the clients' wages and personal allowances is also recommended.

7. Arlene Training Center.

In view of the fact that the seriously deficient medication practices noted during the Commission visit had been cited one year earlier and no corrections had been made, we recommend that the County Service Group give immediate technical assistance to this institution to bring it into compliance with standard medical practice. We request that the County Service Group advise this Commission of the details of the program they establish for the school and of the monitoring procedure they will use to insure its implementation.

The area of programming for the adult residents at the Arlene Training Center remains a serious problem. In an effort to find meaningful vocational training and employment opportunities for this population, the Commission recommends a program review of the Arlene Training Center which considers, in addition to an evaluation of the existing programming, client assessment and placement. The vocational program that is presently in operation should undergo a critical evaluation and the possibility of using community resources should be fully explored.

a skills assessment of their populations for the two-fold purpose of identifying those residents ready to move to a less restrictive environment and to identify those skills lacking in residents who will soon be ready to move.

\* \* \*

In their responses to a draft copy of this report (included in Appendix A), the Office of Mental Retardation and Developmental Disabilities, State Education Department, and New York State Coalition of Private Residential Facilities for Mentally Retarded/Developmentally Disabled Adults largely concurred with the Commission's observations and recommendations. Specifically, the Commissioner of the Office of Mental Retardation and Developmental Disabilities stated that the:

... OMRDD concurs that new regulatory base is warranted. Development is going forward and OMRDD will keep the Commission apprised of progress. It is anticipated that the new regulations will incorporate a system for assigning "weights" to specific requirements, to address the issue surrounding the definition of "substantial compliance" and to further insure the consistent application of standards for which OMRDD is striving. With regard to the environmental, programmatic and health-related deficiencies cited in the draft report, OMRDD has been actively working to remedy existing problems through several means. These include the issuance of time-limited certificates with addenda indicating required actions; the monitoring of plans of corrective action through site visits and correspondence; and the rendering of technical assistance, using the resources at the Office's disposal.

... OMRDD concurs with the recommendation that a needs assessment for the residents of the schools be undertaken. It is the perception of the OMRDD that the schools themselves are best situated to complete this task, with monitoring and appropriate assistance. The Commission will be apprised of progress in this regard.

efforts to find appropriate alternate living situations for those clients capable of more independent functioning. As residents are moved out of Margaret Chapman, the census in Sherman Hall should be correspondingly reduced and no new admissions accepted.

9. Greenwood Rehabilitation Center.

The Commission recommends that the County Service Group provide Greenwood with technical assistance aimed at providing comprehensive programming to meet the habilitative, social and vocational needs of the residents. In addition, the Commission recommends that the Private Schools Unit at OMRDD monitor closely the programming offered at Greenwood to be sure that it is in compliance with all of the rules and regulations (NYCRR Part 81.6) that govern programs in schools for the mentally retarded.

10. Finally, the selection of appropriate candidates for residency in schools such as Greenwood, Hebrew Academy for Special Children and the Arlene Training Center, where opportunities for community interaction are severely limited, must be undertaken cautiously. The fact that mildly and moderately retarded residents with significant capabilities (e.g., those who can participate in clerical skills classes) are placed in these restrictive environments raises questions regarding the selectivity of the admissions procedures and the rigor with which the institutions seek community contacts and opportunities for work and recreation beyond their walls. This Commission recommends that these institutions undertake

... OMRDD concurs with the recommendations regarding the organizational locus and mandate for provision of technical assistance and performance of certification functions. As stated earlier, the central Private Schools Unit was established to provide a centralized focus to this class of providers. Its functions were and continue to be of time-limited duration. The unit has been successful in performing the first phase of priority initiatives assigned to it, is ready to undertake a second phase, and has begun the transition of some functions to other units. All of these activities will ultimately lead to certification, inspection and monitoring responsibility resting with the Division of Quality Assurance and with direct technical assistance resting with the DDSOs and County Service Groups.

## INTRODUCTION

Re-enacted time and again in countless homes across this State is the tragic scene of a family forced to admit it can no longer care for a mentally retarded child. Twenty or thirty years ago, families unable to provide care at home for mentally disabled relatives had to reconcile themselves, in many cases most painfully, to placement in a State institution. Some families could not or would not accept this. Such families, joined in part by humanitarian and religious groups and by private entrepreneurs who also saw the need for a more humane and personalized residential setting for the mentally retarded, created an option more acceptable to themselves -- the private residential facility for the mentally retarded. Presently, these facilities, numbering 18, serve some 1300 developmentally disabled individuals.

The original aim of this study was to provide a body of site visit reports to serve as baseline information. With the availability of Chapter 720 funding, the initiation of fee-for-service billing and conversions to not-for-profit status and ICF/DDs,<sup>1</sup> many private residential facilities, also referred to as "private schools," will be undergoing significant changes in the near future -- changes which will undoubtedly impact on the caliber of services for the schools' residents.

Additionally, it was the intent of this Commission to examine the development of the regulatory process since it was last observed in Profit vs. Care: A Review of the Greenwood Rehabilitation Center, Inc. (1981) and since the

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<sup>1</sup>An Intermediate Care Facility for the Developmentally Disabled (ICF/DD) is designed to provide intensive care through a combination of services, structured programs and 24-hour residential arrangements.

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enactment of Chapter 720 of the Laws of 1979. In his approval message dated July 13, 1979, Governor Carey requested the Division of the Budget and this Commission to monitor the implementation of this bill, which granted supplemental funding for the care of adults in any private school for the mentally retarded which is in substantial compliance with the terms of its operating certificate and all applicable rules and regulations governing its operation. Pursuant to this mandate, the Commission has included in this report a review of the Office of Mental Retardation and Developmental Disabilities' (OMRDD) interpretation of "substantial compliance" for purposes of Chapter 720.

This report then seeks to explore the private schools -- the range and caliber of their services, their problems and their position in the continuum of services for the mentally retarded in an age of increasing treatment alternatives.

#### Nature and Scope of Commission Review

In the fall and winter of 1981 Commission staff undertook a review of private residential facilities for the mentally retarded in New York State. During each announced site visit, Commission staff toured the residential and on-site program areas. A record review of treatment plans and individualized education plans (IEP) yielded information on assessment methods, long and short-term goal identification and program implementation. Additionally, each selected case record was reviewed to determine whether the delivery of mandated health care services was accomplished in an appropriate and timely fashion.

Generally at the conclusion of each visit, the directors of the facilities were invited to share with the Commission staff any concerns or issues. They were encouraged to offer their own perceptions of their program, its strengths and weaknesses, their priorities, their plans for the future.

Commission staff visited ten schools, representing both large and small facilities, rural and urban ones, long-established and newer facilities, not-for-profit and proprietary schools, schools for children only, schools for adults and schools which serve both children and adults. This sample, which represents over 50 percent of the total number of private residential schools for the mentally retarded certified by OMRDD, is comprised of the following schools (approximate number of residents follows in parentheses):

Arlene Training Center, Brooklyn, NY (16 adults and children);

Camphill Village USA, West Copake, NY (105 adults);

Cobb Memorial School, Altamont, NY (23 children);

Crystal Run Village (2 campuses), South Fallsburg, NY and Middletown, NY (277 adults and children);

Greenwood Rehabilitation Center, Ellenville, NY (173 adults);

Hebrew Academy, Parkville, NY (36 adults);

Margaret Chapman, Hawthorne, NY (139 adults and children);

New Hope Rehabilitation Center, Loch Sheldrake, NY (148 adults);

Rhinebeck Country School, Rhinebeck, NY (82 children in OMRDD certified portion of school);

Upstate Home for Children, Oneonta, NY (38 children)

4.

At the conclusion of the site visiting phase of the review, Commission staff undertook an examination of the certification reports for the selected schools prepared by OMRDD. It is the responsibility of this agency to inspect and certify residential schools for the mentally retarded. This review brought to light, in conjunction with conversations with the directors, the interplay between OMRDD and the New York State Education Department (SED), the Department of Social Services (DSS) and the Health Department (HD) which share with OMRDD oversight and/or funding responsibilities.

#### Organization of the Report

The subsequent chapters of this report detail the results of site visits and record reviews at the selected facilities in three major areas:

1. Programming - including educational programming for residents under 21, vocational and prevocational programming for adult residents, and training in activities of daily living (ADL);
2. Environment - including the internal environments of common and personal space and the environment of program areas; and
3. Administrative concerns - focusing on the incident reporting and review system and the delivery of mandated medical services.

The certification process and the relationship of the private schools to other service agents within the mental hygiene system are explored in Chapter IV. Finally, the concluding chapter enumerates the findings and recommendations that emanated from the review of the private residential schools.



## Chapter I PROGRAMMING

Any consideration of programming in the residential schools for the mentally retarded and developmentally disabled is best preceded by a description of the populations served. The ten schools visited serve some 1,000 residents between the ages of 7 and 55. The heterogeneity of this population is noteworthy. Some schools (Cobb, Upstate and Rhinebeck) serve only children; some serve both children and adults (Arlene Training Center, Crystal Run and Margaret Chapman) and the remainder serve only adults. Some schools serve only the mildly and moderately retarded (Hebrew Academy); some serve clients whose psychiatric disabilities are as debilitating as their mental retardation (Rhinebeck), and some serve residents with significant physical impairments (Upstate). Some schools provide programming for everyone within the school itself (Cobb, Upstate, Arlene Training Center, Camphill, Hebrew Academy and Greenwood), and some secure community-based programming for nearly all of their residents (New Hope).

Those schools that serve children are required to make available an education program which meets standards established by the NYS Department of Education. Cobb Memorial, Upstate, Arlene Training Center, Rhinebeck, Margaret Chapman and Crystal Run provide on-site educational programming for children. Schools serving adults offered a range of programming options from programs focused on prevocational and daily living skills to those which include on-site and community sheltered workshop experiences. While each of these programming options offers the possibility for excellence, striking contrasts in the quality of actual programming were evident in each sector -- adult and children's services.

Programs for Children

In reviewing the educational program for children and adolescents in the schools, Commission staff paid particular attention to assessment techniques, the adequacy of the individualized education programs (IEPs), the continuity displayed in the selection of behavioral objectives from year to year, the relationship of actual classroom activities to the prescribed plan and the mode and subsequent use of data collected. In addition, staff made note of general classroom environment and those observable indicators reflective of the relationship between teacher and child, e.g., the posture, tone of voice, attentiveness of each.

Upstate Home for Children. The Upstate Home for Children is a not-for-profit facility in Oneonta, New York which presently serves 38 moderately to profoundly retarded residents ranging in age from 7 to 21, many with significant physical disabilities in addition to mental retardation.

As Commission staff members toured each classroom, they noted the variety of activities available in attractively furnished activity centers. Quiet space was available with reduced visual and auditory stimuli, an arrangement particularly appropriate since it provided a "recovery area" for a number of children with seizure disorders. The concerned, consistent approach of the staff was evident throughout the facility.

During snack time in a classroom of younger children, each staff member employed the same strategies to keep the youngsters on task even to the point of using identical phrasing. This approach proved successful -- these highly distractable children were able to peel oranges, eat them, and look at storybooks until everyone was finished and the snack area cleaned up.

In reviewing the IEPs for two students, one known to Commission staff and the other randomly selected, Commission staff found them to be timely, complete and appropriately written in behavioral terms. Significantly, skills learned in the summer session were identified for refinement and/or amplification in the fall individualized plans. The classroom activities of the two children chosen for review were reflective of the short-term behavioral objectives identified for each in his IEP.

Cobb Memorial School. Another program characterized by its excellence is that provided for young children at Cobb Memorial School in Altamont, New York, a not-for-profit private institution administered by the Sisters of the Presentation. All of the 23 residents and two day students are ambulatory and most function in the moderate retardation range.

Commission staff observed that each of the younger children, who comprise 25 percent of the school's population, receives individual one-to-one instruction in all subject areas except physical education. Communication is the core curriculum. All residents and staff use a total communication approach (verbal language accompanied by sign) to encourage communication between verbal and non-verbal youngsters. In addition to speech and language specialists, an art teacher, a physical education teacher and a developmental specialist work along with three classroom teachers.

Programming efforts for the older girls are focused on self-help skills defined in this instance as sewing, knitting and cooking. Commission staff watched a group of older girls working on a knitting project. A display of samples of finished products the young women had made in the past was, indeed, quite impressive. The teacher conducting the class pointed out that the young women especially enjoyed making gifts for their families.

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This class of five residents to one instructor was the largest class Commission staff observed in the program. Even physical education classes contained only five students who seemed dwarfed in the large gym. The staff-to-student ratio in the classroom, in this instance, has effectively maximized the children's learning opportunities. Commission staff noted that all of the teachers in the classrooms were directly interacting with students and every child was occupied productively. An additional programming component worthy of mention is the consistent methodology employed in teaching daily living skills. Cobb staff members explained that when a child awakens in the morning, he is taught to dress himself using exactly the same techniques that his teachers will use when he changes for gym. A task analysis of other daily living skills, such as toothbrushing is used, again, to insure consistency.

Each of the two case records Commission staff reviewed at Cobb, one randomly selected and one of a resident known to Commission staff, was divided into seven parts, facilitating access to the substantial quantity of material amassed for long-time residents. Each record contained monthly progress notes written by the housemother, a quarterly progress review and the results of the annual treatment conference with contributions by the administrator, teachers, nurse, social worker and psychologist. Both records contained the results of bi-annual psychological testing and semi-annual psychiatric evaluations. The IEPs examined were carefully done. Goals were set twice a year (September-December, January-June) and each specific behavioral objective from last year was followed by a closure date and a note regarding the level of accomplishment. In reading the last three years' IEPs for one student, they

showed a definite progression in skills taught and competency level considered acceptable. Also reflected in the case records examined by Commission staff in addition to individualization of behavioral objectives, the school day schedules of various ages of residents differed markedly according to their needs. Motor, self-help and social skills occupied two hours and 45 minutes of classroom time per day for the younger children. This was significantly reduced for the older students, and reading, math, hygiene skills and crafts were added to the program.

Having indicated the substantial merits of this program, an area of consequential programmatic deficiency remains; namely, the lack of vocational training available to the women students who remain until they are 21. The Director was able to recount only a very few graduates of the program who have successfully secured competitive or sheltered employment. Thoughtful consideration must be directed toward the initiation of programs, beyond training in domestic skills, specifically designed to meet the future employment needs of these women.

Margaret Chapman School. The Margaret Chapman School in Hawthorne, New York, presently a proprietary school scheduled for conversion to not-for-profit status, serves 45 mentally retarded children and 94 adults. Although only students with a primary diagnosis of mental retardation, ranging from mild to severe, are admitted, an appreciable number of residents present behavior problems.

The children have been divided into five instruction groups based on developmental level and degree of socially appropriate behavior. One teacher and one teacher aide instruct each group of seven to ten children. The youngsters aged 16-20 are provided instruction in a room specially equipped to foster prevocational skills. The room,

