

APPENDIX “A”

Steps, Standards, and Procedures

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WILLOWBROOK CONSENT JUDGMENT

APPENDIX "A" -

Steps, Standards, and Procedures

ABRIDGED by Murray B. Schneps* ©

A. Resident Living

1. Residents provided least restrictive and most normal living conditions possible. This apply to dress, grooming, movement, use of free time, and contact and communication with the outside community, including access to educational, vocational and therapy services outside the institution. Residents learn to manipulate environment and make choices for daily living.

2. Staff prepare residents to from 1) more to less structured living; 2) larger to smaller facilities; 3) larger to smaller living units; 4) group to individual residences; 5) segregated from community to integrated with community living and programming; 6) dependent to independent living.

3. Living groups not contain unrelated residents differing widely in age level or level of retardation. Blind not grouped with lower functioning residents segregated unless circumstances require.

4. institution's rhythm of life to conform with community.

5. Multiply handicapped and non-ambulatory, except by physician's order, spend major waking day out of bed, spend portion of waking day out of bedrooms, planned daily activity, and rendered mobile by methods and devices. Residents not stay in beds, cribs, wheelchairs

or orthopedic carts all day long, except order physician, writing order more than four hours.

6.

NO COMMENT

7. Residents with clean, adequate and seasonally clothing, including shoes and coats, readily accessible for use. (C)lothing comparable in styles and quality with worn by persons of similar age and sex in community.

B. Environment

1. Defendants afford residents privacy, dignity, comfort and sanitation. This include:

- accessible, private, easily usable toilets and bathing facilities, specialized equipment for physically handicapped;
- accessible and easily usable sinks and drinking facilities;
- adequate toilet paper, soap, towels, linen and bedding;
- training residents use of toilet facilities;
- individual bed and dresser or storage place;
- attractive, comfortable spacious living and sleeping areas;
- attractive normalizing furnishings and leisure equipment, reduce noise level;
- normal temperatures and adequate ventilation;

- separate clean and dirty linen storage areas.

2. Living areas partitioned no more than eight residents in one unit. Programming and working areas quiet, designed and conducive to programming. Architectural barriers impede living and programming corrected or removed. Residents encouraged to decorate living areas.

3. Every building kept clean, odorless, and insect-free at all times, sufficient equipment as brooms, mops, etc., provided to housekeeping staff. In particular, lavatory areas cleaned as necessary every day, and bathtubs cleaned after bath.

4. Housekeeping staff and services to all living units every day both the day and evening shifts. Additional housekeeping employed.

5. Residents sit or be on the floor only for therapeutic reasons (i.e., physical therapy positioning). If on floor for play or other purposes, be on mats, a sufficient number provided so not crowded.

6. Residential life structured so residents wear and use glasses, hearing aids, crutches, braces, rolling walkers, and similar aids in living units, and residents who need aids provided with to use them.

7. Toys and equipment readily accessible during waking hours.

C. Direct Care Staff, Mid-Level Supervisors & Clinical Staff

1. Each receive attention each day from direct care staff in living unit, direct care staff not perform routine housekeeping chores, except 3rd (night) shift.

2. NO COMMENTS

3. Willowbrook employ and maintain sufficient therapy aides to ensure numbers present and on duty

a) During hours residents awake

1) One for four for children, non-ambulatory or multiply handicapped, receiving intensive psychiatric care;

2) One for sixteen adult residents;

3) One for every receiving intensive behavior modification program; 4) One for six not covered above.

b) During sleeping hours, average of one therapy aide every twelve residents on an institutional basis.

4. NO COMMENTS

5. NO COMMENTS

6. NO COMMENTS

7. NO COMMENTS

8. Willowbrook maintain overall ratio of clinical staff to residents of 1 to 3, clinical staff include physicians, psychologists, dentists, nurses, teachers, physical therapists, social workers, speech and hearing therapists, recreation therapists, music therapists, unit chiefs, and team leaders.

9. Defendants begin steady progress towards ratios.

D. Programming and Evaluation

1. Each plan of care, prepared and re-evaluated annually by interdisciplinary team. The plan include all education, speech, physical therapy or other plans required. The plan reviewed by team, quarterly.

2. Each plan describe specific needs, capabilities, program goals, short and long range objectives and timetables for attainment, provide six scheduled hours of program per weekday, designed to contribute achievement of objectives established, and each receive six hours of such program activity per weekday. In exceptional cases, fewer than six hours of program activity per weekday if physician certifies in writing medically harmful to resident. Such certification promptly to Professional Advisory Board for approval. The plan state criteria for release to less restrictive settings, including criteria and projected date for release, discharge, or transfer to a community placement, and programming necessary to achieve such release, discharge or transfer.

3. A single member, identified in plan, responsible reviewing and supervising program progress, including toward community placement, and coordinating inputs and assignments professionals and disciplines. For each shift specific direct care designated responsibility for daily living and safety. Records listing employees and residents responsible. Such records to Review Panel and parents, relatives or guardians. Professional team members for training, supervising, evaluating therapy aides and direct care staff who implement part of the program.

4. Defendants, with plaintiffs, establish and submit to Review Panel mechanism for appeal

when parents, (etc.) disagree with individual development plan.

5. Residents not back to living units from programming as punishment, and not withdrawn from any individual except part of approved behavior modification program. Programming regularly scheduled for day and evening shifts.

6. Parents, relatives and guardians kept informed quarterly of educational, vocational, and living skills, progress, and medical condition, and allowed access to resident's records, subject to objection of resident, who have access to his or her records.

E. Personnel - Recruitment, Screening, Training, Qualifications, Terminations

1. Defendants recruit qualified staff, top level management and professionals, licensure, certification or qualifications suitable for practice or employment comparable in the community.

2. There be full staff or education and training to increase employees' skills. Within 60 days, defendants prepare and submit to Review Panel for evaluation and recommendation plan to improve Willowbrook's orientation and in-service programs.

3. Personnel policies directed at best use of employees' skills and enhancement programming.

4. All employees with direct care responsibilities be able communicate in English. Sufficient bilingual hired to serve Spanish-speaking residents.

5. Staff involved by administration in development and assessment of Willowbrook policies and programming.

6. Supervisors responsible for regular review and assessment of subordinates. The administration pursuing every procedure and requirement by law, regulation or contract, in termination or reassignment employees unsatisfactory.

7. When necessary to expedite recruitment or maintain staff, exceptions permitted under the Civil Service Law or other law utilized; defendants develop plan increasing length probationary period for grade 7 mental hygiene therapy aides [MHTAs], and seek, approval from Civil Service Commission.

F. Education

1. The education philosophy all presumed capable of benefitting from education. Except over age 21 involved in six or more hours of appropriate, formal, daily programming, all provided full and suitable educational program, regardless chronological age, degree of retardation, disabilities or handicaps. No presumed incapable of educational development. Each in formal education program have individual education plan short and long term objectives. The education staff consult weekly basis.

2. Educational services generally equivalent to special educational in New York City in terms of:

- a. Staff qualifications and competencies, training, and diagnostic or prescriptive teachers;
- b. Program hours per student;
- c. Nature, content and quality of programs;
- d. Curriculum guides, equipment, resource materials and diagnostic, testing, and screening.

3. There sufficient teachers' aides, therapy aides and assistants to achieve one aide for each teacher, to assist staff.

4. There no more than six residents in a class for severely and profoundly retarded residents, nine for moderately retarded residents, and twelve for mildly retarded residents. Generally, classes for school-age children shall be conducted for six hours per day. For this purpose, classes include lunch periods if used for training purposes, physical education, and similar non-academic programs of instruction. In exceptional cases, residents may receive fewer than six hours of educational

activity per weekday if physician certifies in writing activity be medically harmful to the resident. Such certification shall promptly be submitted to the Professional Advisory Board for approval.

5. The Department and the Director seek and develop educational services in community for who are able to take advantage of such services.

6. Those with specialized needs, the blind, deaf and multiply handicapped, receive programs of special education and development designed to meet those needs, and special education staff shall receive specialized training for this purpose.

7. Toilet training not a prerequisite to receiving educational services.

8. All necessary classroom materials and equipment on hand and re-ordered. Teachers 7.11 have major voice in what needed. All necessary diagnostic ordered immediately. Teachers trained to use equipment.

9. Education on year-round to those require year-round educational services part of plan.

10. Defendants advise New York City schools of number school-age Willowbrook being prepared for transfer to community, and supply a projected timetable for transfer to jurisdiction of schools.

11. Sufficient bilingual/bicultural staff and instructional and testing materials provided to meet needs of residents from Spanish-speaking backgrounds.

G. RECREATION

1. There be recreational program meets needs of each, as set forth in development plan to design equipment, functional level, physical or visual handicap. There be enough rec. equipment to provide adequate rec. services to all. The rec. program conform to normal community recreation activities, in terms of equipment, age and sex grouping, facilities and surroundings.

2. Unless medical order to contrary, two hours per day of recreation activities provided for each, and weather permitting, recreation take place outdoors.

3. Recreation in small groups, except for activities as baseball or swimming, where larger numbers appropriate.

4. Whenever possible, rec. activities in community. Additional vehicles provided to ensure adequate transportation for all, regardless of handicap.

5. There be at least one recreational therapist for 60 residents, assisted by rec. therapy aides. Rec. staff receive in-service training and conduct activities during day and evening. Additional supervised rec. and leisure activities be available weekends and holidays.

6. Rec. part of programming. A resident not considered receiving rec. programming because outdoors.

7. Library facilities be developed for use of residents.

H. Food and Nutrition Services

1. Consistent with capabilities and handicaps, residents taught to feed selves and fed hot and cold foods and beverages with regard personal hygiene, use utensils, appropriate food, dining room surroundings, meal schedules correspond community standards, no less than 30-45 minutes for each resident's meal; residents be taught eat in leisurely family style and choose quantities and items according tastes and preferences. Direct care be trained in and utilize proper feeding techniques.

2. A nourishing, well-balanced, nutritionally diet provided; liquids at appropriate intervals during each meal, not just at end of meal. The food and nutrition needs met with Recommended Dietary Allowances of Food and Nutrition Board of National Research Council, adjusted for age, sex, activity, disability and special therapeutic needs. There be mechanism ensuring residents require special diets receive them.

3. A medical order required if diet other than solid foods, fed in setting other than dining area, or fed in prone.

4. There be sufficient competent personnel with experience in mental retardation, to instruct staff and fulfill objectives of food and nutrition services, including:

- Institution Food Administrator;
- Nutritionists and/or dieticians;
- Other food service personnel;
- Clerical personnel.

Every in preparation and serving food have food handler's permit or pending application.

5. Dining areas and food storage, pre., and distribution in compliance with state and local sanitation requirements. There be sufficient dishes and utensils for all be thoroughly cleaned between uses.

6. Food prepared that preserve nutritive value, served at normal temperatures, and protected from contamination.

7. Denial of a nutritional diet not used as punishment, or part of behavior modification program.

I. Dental Services

1. full range of necessary or appropriate dental services supplied by qualified professionals, include diagnosis, treatment, and annual examination and cleaning. Emergency treatment by a dentist 24-hour seven-day a week basis available. each provided with and taught to use toothpaste and own toothbrush, or, if incapable, brushing performed for resident by staff morning and evening.

2. Specialized services available to all. Painkillers normally associated with dental work administered when needed.

J. Psychological Services

1. at least annual psychological evaluations; evaluation, consultation, development plan preparation, therapy and behavior modification by qualified psychology staff and supporting personnel.

2. All psychology staff other than M.A. or Ph.D. psychologists actively and regularly supervised by M.A. or Ph.D. psychologists.

K. Physical Therapy Services

1. physical therapy services on regular basis (7 days a week) provided can benefit, including all cerebral palsy and all non-ambulatory residents, and include positioning, feeding programs, self-ambulation, intervention and activation.

2. Sufficient numbers qualified staff to determine number of wheelchairs, braces, orthopedic shoes, walkers, crutches, positioning equipment, bolsters, helmets, adaptive chairs, etc., that needed. Such equipment be ordered and/or constructed quickly as possible. Carpenters employed to make adaptive equipment, tailored to the needs.

3. There be immediate physical therapy follow-up who undergone orthopedic surgery.

L. Speech Pathology and Audiology Services

1. The purpose speech pathology and audiology to improve the verbal or non-verbal communication skills of all. For this, presumed all benefit from services. Speech pathology and audiology services provided to all. Speech therapy integrated with educational program.

2. there sufficient appropriately qualified staff and supporting personnel to carry out speech pathology and audiology services. Staff assume independent responsibilities shall possess educational and experience qualifications required.

3. annual evaluation include audiometric test by audiologist, and by speech therapist. Sufficient audiometers for testing, conditioning and therapy, and all speech therapists and specialists develop plan for each after evaluation. Testing diagnostic and include speech and language evaluation. speech therapist develop plan for each after evaluation.

4. Speech therapists teach parents and relatives to stimulate language.

5. Residents who require hearing aids to wear as recommends.

6. Speech therapists consult with physicians if surgery appropriate.

7. Speech therapists' recommendations to ENT, dental referrals and programming considered by the team.

8. Where appropriate, deaf be taught sign language.

M. Medical and Nursing Services

1. Willowbrook comprehensive program of health services provides quality, continuity and accessibility of care. Each at least annually a comprehensive medical examination. A full range preventive, acute, and specialized medical services and resources as needed; services and diagnosis closely coordinated with development plan.

2. Residents not requiring medical or nursing care not kept in infirmary for personal safety, discipline, or any other reason.

3. Adequate provision for direct-care supervision isolated with contagious diseases. Such isolation only upon written order of physician after personal examination; order valid 10 days, renewals not employed excessively. No resident remain in isolation more than 30 days without contemporaneous written approval of Director for each 30 day period. Isolation of a resident alone in locked room, living unit or area deemed seclusion, and prohibited.

4. All residents in the infirmary more than 5 days receive same amount and kind of programming would otherwise receive, unless written order of physician certifies programming would medically harmful.

5. A full-scale immunization program established so receive all necessary immunizations within 3 months after the date of this judgment and as often thereafter.

6. Arrangements to increase and improve ambulance services so ambulances always available when requested respond rapidly (within fifteen minutes) to emergency calls. To extent this met by

personnel employed at Willowbrook, meet same standards required for public or private ambulance personnel in the geographical area. There be training sessions for direct care on identification and treatment medical problems, with emphasis on seizure control, aspiration, prevention of bed sores, etc.

7. Physicians' schedules include adequate provision for medical coverage, on a 24-hour, seven-day-a-week basis. In particular, additional and adequate physicians, no event less than two, scheduled present on duty during early morning, breakfast, and dinner periods, and during third (night) shift.

8. Willowbrook maintain contract for acute, medical, care with accredited hospitals.

9. The comprehensive medical evaluations evaluation of comprehensive eye examinations. An adequate number optometrists and ophthalmologists employed or retained to ensure every receives eye examinations. Glasses provided when indicated and replaced if broken.

10. Defendants employ or contract full-time services of ENT physician, and one neurologist or other physician with specialized training in diagnosis, treatment and control of seizures not assigned for a building, or other responsibility.

11. Nurses part of care service team. Residents provided with nursing services shall include.

a. Provision of skilled nursing; and

b. Control of communicable diseases
and infections through

- (1) NO COMMENT
- (2) NO COMMENT
- (3) NO COMMENT

12. Defendants request conduct public health inspection, and all required to meet health codes implemented immediately.

N. Restraints and Abuses

1. Mistreatment, neglect or abuse in any form prohibited; use of all forms restraint eliminated. Physical restraints only absolutely necessary to prevent seriously injuring self or others. Restraints never as punishment, convenience, or substitute for programs; restraints only if alternative techniques failed (documented in records) and only if restraints impose least possible restriction consistent with purposes. Willowbrook have written policy defining (1) use of restraints, (2) professionals who may use, and (3) mechanism for monitoring and controlling use.

2. Only professionals designated by Director may order restraints. Such orders in writing and not for over 12 hours. A resident in restraint checked every 30 minutes by staff trained and written record of checks kept.

3. Mechanical restraints for minimum discomfort and not cause injury. Opportunity for motion and exercise not less than ten minutes each-two hours in restraint.

4. The use and duration restraints, mittens, tying devices, camisole and restraint shirts, documented daily reports to Director by professionals ordering.

5. Strait jackets never used, nor tied, spread-eagled, to a bed, or subjected to corporal punishment, degradation, or seclusion, defined as placing resident alone in a locked room, living' unit which leave at will.

6. Alleged instances of mistreatment, neglect or abuse reported immediately to Director, and written report thoroughly and promptly investigated. Such written reports available to Consumer Advisory Board and Professional Advisory Board.

7. Parents, relatives or guardians notified in writing when restraints used.

O. Labor

1. Institution Maintenance: No resident to perform labor involves operation and maintenance or under contract with outside organization. Privileges or release from institution not conditioned upon performance of labor covered by this provision. Residents may voluntarily engage in such labor if compensated with applicable minimum wage laws. No resident regularly in care, feeding, clothing, training, or supervision of residents.

2. Training Tasks and Labor:

- (A). Residents required perform vocational training tasks not involve operation and maintenance of institution, subject to presumption assignment longer 4 months not training task, provided the specific task or change in assignment is:
- (i) An integrated part of development plan and approved a program activity by a professional supervising resident's program; and
 - (ii) Supervised by staff member; and
 - (iii) Compensated with applicable minimum wage laws.

B). Residents may voluntarily engage habilitative labor during non-program hours for which institution otherwise have to pay an employee.

3. Personal housekeeping: Residents may be required to perform tasks of personal housekeeping such as making one's own bed.

4. If defendants bill residents for costs of care, treatment and maintenance, the total amounts billed shall not exceed 50% of total amounts received by residents pursuant.

**P. Behavior Modification,
Research and Hazardous
Experimental Treatment**

1. Residents who require services for psychiatric or emotional problems treated in living units or small residential groups within a living unit of no more than four residents. Defendants prepare and submit to plaintiffs' counsel for approval plan incorporating due process standards and procedures to precede transfer to specialized psychiatric unit, or retention therein.

2. The use of aversive conditioning permitted only after positive reinforcement procedures and other less drastic alternatives explored and approval obtained:

A. from resident, capable giving informed consent, or

B. from parent, relative or guardian if resident cannot give informed consent and parent, relative or guardian can give informed consent, and

C. from three person special committee on aversive conditioning, designated by Director, include one designee from the Consumer Advisory Board and Professional Advisory Board.

Deputy Commissioner, and the New York City Regional. Director be advised when decision reached and approved to utilize aversive conditioning. Aversive conditioning techniques under supervision of and in presence of psychiatrist or psychologist licensed in the State of New York had proper training in

techniques, and authorized by Director to conduct aversive conditioning.

3. Behavioral research or experimentation conducted only after approval obtained as set forth in paragraph 2(A)-(C) above.

4. Because of necessity to concentrate on basic programmatic needs and history of experimentation, no physically intrusive, Chemical, or bio-medical research or experimentation shall be performed at Willowbrook or upon members of plaintiff class. This recognizes possibility such research or experimentation, may be appropriate for persons-who not members of class.

Q. Medication

1. No prescription except order of physician. Orders be confirmed in writing by physician.

2. Notation of medication kept in medical records. At least weekly attending physician review drug regimen of each. All prescriptions with termination date not exceed 30 days. chief medical or pharmacological provide annual statement of volume and frequency of drugs administered, by type and condition of resident.

3. Residents free unnecessary or excessive medication. The resident's records state of psychoactive medication. When dosages psychoactive medications changed or other prescribed, notation made in record concerning effect of new medication or dosages and behavior changes.

4. Medication not as punishment, convenience of staff, substitute for program, or in quantities that interfere with program.

5. Pharmacy directed by professionally competent and licensed pharmacist. pharmacist graduate of school of pharmacy accredited by American Council on Pharmaceutical Education. officials may hire pharmacist or pharmacists fulltime or contract.

6. Whether fulltime or contract basis, pharmacist duties include but not limited to the following:

- a. Receiving original, or direct copy, physician's order;
- b. Reviewing drug regimen, changes, for adverse reactions, allergies, interactions, contraindications, rationality, and laboratory test modifications, and advising physician of recommended changes, with reasons and with alternate drug regimen;
- c. Maintaining individual record all medications dispensed, quantities and frequency of refills

7. Only trained staff administer drugs. oral medications ensure they swallowed.

8. Written Policies and procedures govern safe administration and handling of drugs developed by responsible pharmacist, physician, nurse, and other professional staff

a. The compounding, packaging, labeling, and dispensing of drugs, done by pharmacist, or under direct supervision with proper controls and records. Each drug identified to administration. Procedures established for obtaining when pharmacy is closed.

b. There be written policy of drugs used, including prescribed by attending practitioner. There be written policy routine of drug administration, standardization of abbreviations. Medications not used by other than one for whom issued.

9. Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation and security.

a. All drugs kept under lock and key except when authorized personnel in attendance.

b. The security requirements of federal and state laws be satisfied in storerooms, pharmacies, and living units.

- c. Poisons, drugs used externally, and internally stored on separate shelves or cabinets, all locations.
- d. Medications stored a refrigerator other than drugs kept in separate compartment with security.
- e. A perpetual inventory maintained of each narcotic and each unit in which drugs kept.
- f. If drug storeroom separate from pharmacy, a perpetual inventory of receipts and issues by such storeroom.

10. Discontinued and outdated drugs returned to pharmacy for disposition.

11. Medication errors and reactions recorded and reported to practitioner who ordered drug.

R. Maintenance, Safety and Emergency Procedures

1. All steps to correct health and safety hazards, covering radiators and steam pipes to protect from injury, prompt repair of broken windows, and removal cockroaches and other insects and vermin.

2. All lead paint interior and exterior removed and replaced, or covered with paneling to extent necessary, so old lead paint not accessible.

3. Willowbrook comply Life Safety Code of the National Fire Protection Association. Staff and residents be trained in emergency procedures, particularly in case of fire. Procedures be followed in case of fire, medical, missing person, or other emergencies, promulgated by Director. Special attention paid to needs of physically handicapped. There shall be monthly fire drills for each.

4. All buildings used by residents, other than the gymnasium, shall be air-conditioned promptly as possible.

5. establish and maintain program of adequate maintenance of buildings and equipment include prompt elimination of existing maintenance backlogs.

6. Outside windows and doors be provided screens.

7. Floors in living or sleeping areas other than dining or bathroom areas provided with carpets or rugs, consistent with pleasant, clean, quiet and safe residential environment.

S. Advisory Bodies and Volunteers

1. Consumer Advisory Board shall be established, and responsibilities include evaluation of dehumanizing practices, violations or legal rights. participate in the development of Willowbrook's philosophy, goals and long-range plans, advise Director on regular basis, and quarterly submit written reports to him, Commissioner, and Review Panel.

2. Membership on Consumer Advisory Board include parents or relatives, community leaders, and residents or former residents.

3. Professional Advisory Board responsibilities advising on professional programs and plans, budget requests and objectives, investigations of dehumanizing practices violations of human and legal rights. Board quarterly submit written reports to him, Commissioner, and Review Panel.

4. Professional Advisory Board consist eminent professionals in relevant fields. Members nominated by Review Panel and approved by the Commissioner.

5. The Professional and Consumer Advisory Boards have direct access to living areas and program areas and all records directly relating to resident care, other than personnel records.

6. expand volunteer program through recruitment and training of volunteers.

7. Defendants apply for federal funding for foster grandparent program.

8. Members of Professional and Consumer Advisory Boards reimbursed for reasonable expenses. Members of the Professional Advisory Board, and where appropriate, members of the Consumer Advisory Board, shall receive appropriate compensation.

T. Management

1. table of organization maintained, defining areas of responsibility and accountability by position and name. A means resolving disputes between units and departments, disputes concerning deployment or supervision of staff, created, for clarifying misunderstandings. There be regular outside evaluation of management and all major program elements covered by judgment.

2. A current and meaningful policies and procedures manual developed, incorporating recommendations from Ivey Institution staff as well as consultants.

3. Consultants used as catalysts, evaluators, and monitors of programs and services structured and regular basis. Whenever consultants or evaluators utilized, prepare written reports and evaluations forwarded to Director, Review Panel, and parties. Where appropriate, reports may be available to Professional and Consumer Advisory Boards by Director or Review Panel, and confidentiality maintained.

4. Director prepare intelligible budget request with program objectives.

U. Records

1. There be a system of records and maintained under supervision of competent librarian or registrar. Each resident's records readily available to all professional staff. Direct care staff involved with a resident have access to portions of individual's records relevant to programming. Information in resident's record in detail to enable to provide effective, continuing services.

2. These records shall include:

- a. Identification data including legal status;
- b. The resident's history:
 - (i) relevant family data,;
 - (ii) prior and institutional medical history, physical and mental, prior institutionalization;
- c. inventory of life skills;
- d. record of each physical examination, psychological report, evaluations;
- e. copy of the development plan, modifications and evaluations;
- f. The findings made in periodic (at least quarterly) reviews of development plan, with directions to modifications, prepared by professional involved;
- g. copy of post institutionalization plan and modifications, summary of steps to implement that plan;
- h. A medication history and status;

- i. signed order for physical restraints;
 - j. description of extraordinary incident or accident involving resident, entered by staff member;
 - k. A monthly summary of nature of any work activities and effect of activity on resident's progress;
 - l. All team minutes re resident.
- m. orders and certifications required by this judgment.

3. employ adequate number qualified staff, and supporting personnel, to facilitate the prompt and accurate processing typing, checking, indexing, filing and retrieval of records and record data.

V. Community Placement

1. Defendants shall take all steps necessary to develop and operate a broad range of non-institutional community facilities and programs to meet the needs of Willowbrook's residents and the class. Within six years Willowbrook shall be reduced to an institution of 250 or fewer beds to serve the needs of who require institutional care and come from geographic area of Staten Island. The Review Panel shall annually evaluate progress towards objective.

2. defendants shall each Year for the next five years request legislature to appropriate sufficient additional funds for development and operation of community facilities and programs to serve needs of class to ensure an increasing

proportion, exclusive of increases in salaries, of the Department's budget, resources and expenditures shall be devoted to development and operation of facilities and programs.

3. Until other private or governmental agencies develop and operate community facilities and programs sufficient to meet the needs of Willowbrook's resident and of the class, defendants accept direct responsibility for development and operation of facilities and programs, including development and operation of hostels, halfway houses, group homes, sheltered Workshops, and day care training programs.

4. Within 12 months, defendants shall develop and operate, or cause to be developed and operated, at least 200 new community placements. For purposes of this section, except for placement in hostels currently under construction or development, in no event shall exceed 15 beds, a "community placement" shall mean a non-institutional residence in the community in a hostel, halfway house, group home, foster care home, or similar residential facility of fifteen or fewer beds for mildly retarded adults, and ten or fewer beds for all others, coupled with a program element adequate to meet the resident's individual needs.

5. Promptly following the date of this judgment, defendants shall request an appropriation not less than two million dollars (\$2,000,000) to finance leasing and operation of the 200 community placements required. If such request is not approved by the legislature, defendants shall earmark and utilize for this purpose a sum of not less than two million dollars from sums already appropriated by the legislature for the 1975-1976 fiscal year.

6. Within six months the Review Panel, working in close collaboration with plaintiffs and defendants, who provide all necessary assistance and information for this purpose, shall prepare and recommend- for-implementation by defendants a detailed and comprehensive plan for the development and operation of additional community facilities and programs, to meet the needs of Willowbrook's residents and the class. Said Plan be referred to as the "community placement plan."

7. The community placement plan may recommend additional community facilities and programs developed and operated during the six months following recommendation of the plan, and recommend, by type and size, the development and operation of a specified number of community facilities and programs, together with a recommended timetable for development and operation.

8. In order to prepare the community placement plan described hereof, the Review Panel shall be authorized, at its discretion, to retain consultants with expertise in development and operation of community facilities and programs. Defendants shall provide a sum of not less than \$50,000 to be used by Review Panel for this purpose.

9. The primary goal of Willowbrook and the Department shall be to ready each resident, with due regard for his or her own disabilities and with full appreciation for his or her own capabilities for development, for life in the community at large. In this end, defendants shall develop full program of normalization and community placement with a full complement of community services.

10. The Director shall immediately identify residents, including those with only physically handicapping conditions, who lack only the proper preparation to benefit from community placement. There shall be at least an annual review of each resident's progress for this purpose.

11. Interdisciplinary teams responsible for development of specific programming for an individual's normalization, including projected date for progress to a community setting, in consultation with the individual resident and his or her parents or guardian. An individual staff member shall be designated to ensure carrying out each resident's program plan. Preparation for advancement to community placement shall include specific instruction, at Willowbrook and in the community, in living skills, and include participation in residential-type programs housed in smaller units on the Willowbrook grounds, by conversion of residential facilities currently used by staff, to accommodate such programs.

12. The community services office conduct intensive campaign to secure appropriate community placements. Evaluation by interdisciplinary teams include recommendations as to the community alternative best suited for each.

13. No resident be placed in the community or transferred to another State institution unless and until Director find such placement will offer the individual better services, an opportunity for personal development, and a more suitable living environment than Willowbrook. Services offered in the community shall include, where appropriate, work placement, legal services, health services, recreational services, citizen advocacy, respite care and family planning services and education.

14. The Department will urge and facilitate the development of New York City proposals to take full vantage of some of the \$2,000,000.00 authorized and appropriated by the legislature by Chapter 620 of the Laws of 1974, for the purposes specified therein.

W. Miscellaneous

1. unless otherwise specified herein, and except for steps, standards and procedures relating to capital construction and renovation, all other steps, standards and procedures contained herein, including those relating to staffing, programming, clothing, housekeeping, recreation, education, food and maintenance shall be achieved, and maintained, within thirteen (13) months from the date of this judgment. Capital construction and renovation shall be completed as promptly as possible. To this end, defendants shall promptly prepare and submit to the Review Panel for evaluation and recommendation a detailed plan for all capital construction and renovation required by this judgment, which plan shall include timetables for the achievement of specific objectives.

2. The moratorium on admissions to Willowbrook continued indefinitely. This moratorium, not preclude "paper admissions" of persons not actually admitted to Willowbrook, but, instead, placed in other facilities and programs, and not preclude short-term readmissions of members of the class or residents of Staten Island for the purpose of respite care or for specialized

intensive services that cannot be provided in the community, and not preclude emergency admissions of residents of Staten Island to the Staten Island Unit of Willowbrook Developmental Center, upon notice to the Professional Advisory Board.

3. Defendants shall promptly prepare and submit to Review Panel for evaluation and recommendation a plan for adequate hearing procedures, incorporating appropriate due process safeguards, to precede any (1) refusal after demand to admit or transfer any Willowbrook resident to a less restrictive setting, or (2) transfer of a Willowbrook resident to any other residential placement. Community Placements and transfers to other institutions or developmental centers shall be accompanied by written notice to the Mental Health Information Service, and to parents, relatives, or legal guardians, at least one month prior to the date of transfer.

4. Defendants shall not reduce the level of services and programming provided in other facilities and programs for the mental-retarded in order to meet the requirements of this judgment.

5. The Review Panel shall evaluate and make recommendations concerning the appropriateness of the Keener Unit as a residential facility for the retarded prior to the transfer to or admission of any member of the class to Keener.

6. Nothing in this judgment deemed to expand or restrict the classes of persons otherwise entitled to participate in any disciplinary proceedings authorized by law or contract. The Review Panel, however, may designate one of its members to observe one or more of such proceedings.

That member shall not participate in such proceedings, except as an observer, and shall keep confidential the name or names of any employees or residents involved in such proceedings.

7. Plaintiffs and defendants expressly waive the rights of the residents to confidentiality of resident records under S15.13 of the Mental hygiene Law for the limited purpose of allowing the Consumer Advisory Board or its designees to act in *loco parentis* with respect to Sections D1,D4,D6,N7,P2, V11,and W3 hereof for residents whose interests under those sections are not actively represented by a parent, relative or legal guardian or committee. If necessary, or advisable, the Consumer Advisory Board may apply to an appropriate court for authority to exercise directly, or through its designees, the function of a guardian, with respect to this judgment. In general the defendants shall support such applications but reserve the right to oppose the particular person or persons nominated to serve such guardian.

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* All words contained in the Abridged© Appendix "A" of the Steps, Standards, and Procedures are directly from the Willowbrook Consent Judgment. In order to abridge the Appendix "A", words deemed to be unnecessary to convey the key content and essences of Appendix "A", have been omitted to reduce the number of words without essentially changing the essence and intent of the Consent Judgment with Appendix "A". The original unabridged Appendix "A" has almost 8,500 words over 29 pages of single spaced lines. The Abridged copy contains approximately 6,000 words over more pages with wider spaced lines on each page. The Abridged Appendix "A" will present you with an accurate depiction of Appendix "A."

A copy of the entire Willowbrook Consent Judgment with the Appendix "A" can be seen in its entirety (unabridged) in my website: www.murrayschneps.com

