

From: [Sunset Advisory Commission](#)
To: [Dawn Roberson](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Wednesday, June 04, 2014 7:54:26 AM

-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Wednesday, June 04, 2014 1:22 AM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Wednesday, June 4, 2014 - 01:21

Agency: DEPARTMENT AGING AND DISABILITY SERVICES DADS

First Name: Barbara

Last Name: Rosenberg

Title: Speech Pathologist

Organization you are affiliated with:

City: Sugar Land

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or
Opposed:

I am opposed to closing such a large number of State Supported Living Centers in favor of placement in group homes.

For several recent years I volunteered my professional services at the Richmond facility because there are so many residents with communication limitations. My volunteering took me inside the dormitories and cottages where I saw many residents who are nonverbal and need specially trained staff to help them communicate through signs, gestures, and facial expressions, as well as communication boards (with pictures to indicate needs), and other more specialized assistive devices. I saw progress in most of the residents I worked with, but the need for ongoing therapy in speech, occupational therapy, and physical therapy is severe. It is much more easily accomplished with many residents in a central location. I also saw residents receive aquatic therapy and hippotherapy (horseback riding) to improve mobility, some with amazing results, especially when the therapies are combined. (i.e. speech and hippotherapy) Those are elements not available at group homes.

I saw excellent staff members in direct care, and also some who needed more training. In a central facility, those who need more training are almost always under the eyes of someone nearby who can assist. That cannot so easily be said of group homes. The lack of monitoring of group homes was evident in Houston a few years ago when a home burned and residents were killed. It was not necessarily true that caregivers were lacking in compassion, but it is harder to monitor all clients at all times in a group home. Unfortunately, there is a profit motive in the group home situation that can also produce neglect by cutting corners financially.

While there are clients who can function in a group home, perform helpful activities, and have vocational skill, there are many who cannot. However, I have found that even those with severe limitations, with multiple handicaps, can

lift my spirits just with an appreciative look and a smile, and a look that says, "we understand each other." There is a great deal of communication that is nonverbal!

A few years ago I remember an effort to transition higher functioning residents to group homes. I would like to find out how successful that initiative really was. I recall one patient of mine who came to the Richmond facility because she had been dissatisfied in a group home that housed both men and women. Fortunately she was able to verbalize that she had no bathroom privacy at the group home, and that a man would walk into the bathroom while she was in there. In the Richmond facility she was much more comfortable in a women's dormitory.

I have heard that the life span of those transferred to group homes is often much shorter than the life span in a larger central facility with more resources. I hope you have those statistics available when you make your decision. I understand the need for both types of facilities, but based on the population I have observed rather thoroughly at one facility, I cannot imagine that almost half of them could function as well in a group home. Unfortunately, in most neighborhoods group homes for the handicapped are not welcome. Therefore, residents tend to stay inside. At the state facility, many residents feel comfortable strolling the campus or riding adult "tricycles" on their own, or riding in the golf carts driven by the staff in the fresh air. Therefore the group home can actually be a much more restrictive environment than the state facility, the opposite of the goal of "inclusion."

Any Alternative or New Recommendations on This Agency:

Increase volunteers at state facilities to assist in taking residents to and from therapies.

Note the model used at V.A. Hospitals where there are large numbers of transportation volunteers to push wheelchairs. A therapist can greatly increase his/her caseload if clients are brought to the therapy area where resources are housed, rather than having the therapist walking across the campus to the various dorms with only the materials he/she can carry.

My Comment Will Be Made Public: I agree