

**From:** [Sunset Advisory Commission](#)  
**To:** [Dawn Roberson](#)  
**Subject:** FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Tuesday, May 27, 2014 8:11:23 AM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Saturday, May 24, 2014 6:18 PM  
To: Sunset Advisory Commission  
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Saturday, May 24, 2014 - 18:18

Agency: DEPARTMENT AGING AND DISABILITY SERVICES DADS

First Name: leroy

Last Name: haverlah

Title: Mr.

Organization you are affiliated with: retired social worker, FPS

City: austin, tx

State: Texas

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

Patient care is our biggest concern. Direct care workers are grossly underpaid, turnover is high, supervisors are poorly paid. How can we expect patients to receive good care? Where is the failure?  
Closing the center(s) will not create even equal care to what they receive now.

Any Alternative or New Recommendations on This Agency:

The Commission should be looking at the problem from the standpoint of patient care, and what makes it better. Just like doctors who look for increased wellness instead of focusing on disease.

It appears the Commission is looking at costs only, not care of human beings.

Leadership/administration/camera monitoring/terminations of staff are NOT the answer. The Commission should recommend that the Legislature properly fund direct care staff, now. That is the only way our brothers and sisters will get quality care. Abuse/neglect will automatically go down.

The heavy handed approach taken so far is obviously not working. Why not?

Do you drive a car off the cliff if it doesn't run?

Where is the moral duty here?

My Comment Will Be Made Public: I agree

I appreciate the opportunity to present a personal perspective to the Commission, as a professional social worker in Texas with 40 years experience in working with adults and children with varying forms of physical and intellectual limitations. My background is with several Texas private and state agencies. I am a long time member of Texas State Employees Union, but speak as an individual.

## The Challenge:

Through birth defects, disease, trauma, abuse, other causes, we have fellow Texans who cannot function independently. With experience and dedication, we have fashioned ways in which many people can live in protected environments in the community. This takes substantial planning, starting with the abilities of the individuals, as determined by professionals and as adjusted as needed at times. We should pause to commend these successful efforts.

In my own family, as with many others, parents have been able to keep in their own homes a daughter with limited abilities, made possible with the help of Medicaid and later community agencies and still later, nursing home care.

Had my sister-in-law not had two parents and my wife, she would have needed 24/7 care outside the home. Many people do not have family resources, not even one parent or one sibling. In those situations, is it not a moral obligation, according to any ethical code or religion, for the community to step in?

The state of Texas many years ago established "state schools" for hearing impaired, visually impaired, and intellectually challenged persons. The wisdom and concerns of Legislators of the past is deeply admired. We today must duly honor those established principles by ensuring that the care given is in keeping with the kind of love we would want for ourselves, should adversity suddenly strike any of us.

Some today do not look at people, only dollars. If decisions are made on the basis of costs, assets, return on investments, people like my sister-in-law suffer, as well as hundreds of people with whom I have worked. Our great state of Texas will live up to its grandest traditions if it cares for its weakest members, and will be judged by the kind of care it offers them.

Quoting the Old Testament in regard to the “poor”, which also speak to the disadvantaged, we read in Deuteronomy 15:4 “But there will be no poor among you...if only you will obey the voice of the Lord”.

Today, I observe people living in SSLCs, many of whom would never be able to get anywhere the level of care off campus. There are not sufficient and accessible specialized care givers that are required, especially in rural areas, or even cities.

But there are serious concerns for our fellow Texans inside the SSLCs. When an individual is totally dependent for bathing, feeding, dressing, medications on another person, that staff member should be respected as a career person, dedicated to and understanding the needs of the human being in their charge. This includes evening and weekend staff. When the organization recognizes this fact, careers develop and work commitments are sustained.

The wrong solutions:

When there are abuses, the superficial, knee jerks response is camera observation, more rules, more inspections, talk of privatization, closing facilities, changing administrations, committee investigations, and more. These are costly! And they do not address the basic problem: quality of patient care, the basic one-to-one relationship. The feeling of one human being knowing that someone is there for them. Not someone punching a clock.

The positive approach:

The only reason SSLCs exist is for our fellow Texans, who through disease, trauma, birth defects, neglect, etc., none of which is their own fault, to receive basic care that meets their needs. Some of those needs are extensive. Various levels of professionals are necessary, and are on site, available as needed. Nonresidential care suggests availability can be tenuous, delayed, even dangerous.

But the most important consideration is how to ensure that the one-to-one caregiver is someone who cares. This must be someone who in their innermost being naturally reaches out to a fellow human being and shows love in feeding, touching, listening.

This someone must be encouraged by the SSLC with continued training, recognition of their work, and certainly far better pay than they now receive. The 10% targeted pay increase given to direct care staff in 2013 Legislative Session is a step in the right direction. However, other employee positions continue to struggle with low pay; such as, Rehab Therapy Techs and Licensed Vocational Nurses. In reality, all DADS employees need a 10% increase. Without decent pay, new hires will likely view their work as only a job; not a career or a "calling" to utilize their unique talents.

The fix:

Focusing on the moral issue of care for the patient, we must do everything possible to improve quality of care. Invest resources in the people who will stay with agency, stay with the patients, and be able to tell other people where they work and why they are proud to be part of what could easily be one of the best programs in the country. And again the Old Testament exhortation, "obeying the voice of God" (Deut. 15:4).

I respectfully ask that the legislature keep all 13 State Supported Living Centers open!