RECEIVED
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By

RITA DAWSON
>PARENT & LEGAL
GUARDIAN OF BARBARA
DENISE DAWSON, A
RESIDENT OF SWVTC

RECEIVED
OCT 03 2014
By

SB627 WORK GROUP
DBHDS
1220 BANK ST. Rm 1323
RICHMOND, VA. 23219

Thank you for the purpose and work of this group. As an elderly parent of an aging and dependent handicapped daughter, I have felt helpless and at the mercy of the DOJ and the State of Virginia, w/whom I am now at odds concerning the on-going care of this daughter, in the matter of her continuing place of residence.

Not only am I unable to meet her needs at home, her vulnerability in the larger community is the scariest scenario I can imagine. It actually causes a physical "butterflies-in-the stomach" response when I consider such a reality for her. This is not dismissable as merely the over-reaction of an overly-concerned parent — it is based on what I know about my daughter, and what we <u>all</u> know about the world in which we live.

My daughter is without speech, functioning on the mental level of a two-three year old. She is without conceptual skills and cognitive reasoning, or any means for dealing with an abusive or negligent caregiver, much less make anyone else aware of it. This is due to <u>permanent</u> brain damage as a result of a birthing trauma. It cannot be corrected or idealized away by a change of environment. If it <u>was</u> that simple, she would still be at home; she didn't need a <u>home</u> at the time she entered SWVTC —

she had a home. She needs the consistent, structured, around-the-clock accountability & care she receives at SWVTC, along with the secure campus there. One or two caregivers who would be 'on-duty' 24/7/365 cannot be as prepared & able, as three shifts of six people, in addition to adjunct staff who are in & out and present for other care-giving reasons. My daughter also has behavior episodes and emotional outbursts in which she can be (& has been) harmful to herself, others around her, and her physical surroundings. In addition, she suffers from a heart condition of a serious nature, requiring a minimum of physical or emotional stress, and benefits in this regard from the presence of an on-staff, on-campus physician & nurses. She does not do well with changes in routine or in unfamiliar settings. At SWVTC, when there is staff-turnover, there are still established employees who know her, who are present to help the newer ones get to know how she communicates her wants and needs, preventing many upsets.

What many seem to not understand is that SWVTC is a community — cottages w/ neighbors w/whom to interact and socialize, with activities and programs to attend daily, and from which the residents interact with the extensive larger communities around them. The beautiful campus there is open and yet secure — certainly not the Draconian place described in a newspaper in the D.C. area early on, by someone who had

obviously never laid eyes on places such as SWVTC. It is becoming more & more apparent that many of the "Do Gooders" are actually doing harm in their efforts to make the world into what they are seeing through their rose-colored glasses. It is not a perfect world this side of heaven. Everyone is not, will not, or can not be the same. Some are more fragile, more needy, more dependent, through no fault of their own, no choice of anyone's, no changeable condition. These are the ones most vulnerable, the ones the State has a constitutional duty to protect and provide for, and a moral obligation to do so. (General welfare).

I applaud those placements which are optional for those to whom they are appropriate; however, we must acknowledge and provide for those for whom such placements are not appropriate. There are many layers in the conditions and capabilities of the mentally handicapped (even when we keep applying different P.C. labels, such as 'developmental disability, etc). There will always be those who require more, not just different, services. The State cannot choose not to be there for them. If funds are at issue, the care of our most vulnerable citizens has to remain a priority in budgeting, not an afterthought.

I have visited five examples of off-campus placements; some are more isolated than SWVTC; one had two "older" ladies as caregivers for multiple residents, w/one of ladies needing a cane to get around, and a quarantine situation back-up in a mobile home next door, as well as steep, narrow steps into the basement recreation room. None

were appropriate for my daughter, or for the family member of the other parents with me that day. Although I do realize that there <u>are</u> beneficial placements off-campus, with loving and capable caregivers – I saw some of those that day as well – this other reality cannot be ignored. I do not want – I cannot bear – to have my daughter removed from what I believe to be a better placement for her, and have her care and security and peace of mind threatened or at risk – or ever uncertain. (If older, unwell people are being accepted as providers, what happens when they become incapacitated or die: the resident(s) must then move <u>again</u> ... and again?) When placements fail, and there is <u>no</u> SWVTC – what then? If Medicare cannot fund the <u>existing</u> wait list for waivers, how does this (the closures) benefit the larger & larger wait lists? I have a hard time grasping the logic of a duplication of services that are necessary to meet <u>all</u> the needs, in countless locations, as being cheaper than what is now being provided in only five. I do see the potential for fraud & mis-use of funds in the same way it is now being experienced within the foster care system and nursing home system throughout the nation, due simply to the impossibility of providing <u>enough</u> staff to <u>properly</u> oversee the out-working of it.

Please take these concerns to heart as you work to determine the future of these loved and dear ones who look to others for their well-being.

Sincerely –

Rita Lawson