

I will show how important the services provided by Shared Living have been to the quality of my son [REDACTED] life and how he has flourished. To do that I will discuss [REDACTED] life before Shared Living.

[REDACTED] was born in 1977 and diagnosed with autism in 1980. The doctors at that time suggested institutionalizing him. He attended the Child Development Centers, a program for special needs children, in 1980. He was aggressive while in this program, biting himself and others. In 1983 he attended the Central Susquehanna Intermediate Unit at Shamokin Area School District and was labeled as Severely Mentally Retarded.

In January of 1986, when [REDACTED] was 8 years old, his behavior was uncontrollable. He did not sleep for 18 days and was drinking out of the toilet. Northumberland County Department of Mental Health and Mental Retardation (MHMR) arranged for inpatient care at the John Merrick Institute in Pittsburgh for 3 months for Behavior Modification.

When he returned in April 1986 he was set up in a Community Living Arrangement with another client who was much older and larger than [REDACTED] which was potentially dangerous to him the entire time he was there. In 1989 they did away with this program and he was set up in a Family Living Arrangement. Two years later, in 1991, he left this home because he became aggressive with this family and returned to John Merrick Institute for 4 months. He was involved in medical trials and evaluations. We did not receive any valuable information about Bill.

When he returned in 1991 he went to live in another Family Living Arrangement. This was when the doctors tried to come up with medications to help him cope with his aggression and other issues. They could not come up with anything worthwhile. On family visits we feared for our safety because of his aggression. In the midst of all this [REDACTED] became the first person to use Facilitated Communication (FC) in Pennsylvania. FC is when a non verbal person can type on a computer or board to communicate his needs.

In 1996 he left this home because he was aggressive and harmed one of the family members. He was taken to Chambersburg, Pennsylvania until they could find another program. The staff there could not respond to his behavioral challenges and placated him with food. He was there for 4 months and he gained between 40 and 50 pounds.

He returned in 1996 where he was set up in another Family Living Arrangement. The two young college-aged men who were initially taking care of him quit because it was too demanding and overwhelming with his behaviors.

The history of [REDACTED] time in Family Living Arrangements has proven he cannot do well in this type of environment.

The same contracted service provider switched to a Shared Living Arrangement where staff rotated in to a home on shifts providing 24-hour coverage of care. At this home some of the staff felt [REDACTED] was not aware of anything because he could not speak, but he communicated their actions through FC. One staff member locked him out of the house because he wanted to watch TV and not be bothered by [REDACTED] going in and out of the house. Another member did not bathe him regularly and smoked marijuana when taking care of [REDACTED]. Another incident was when the water heater was acting up and producing very hot water. So [REDACTED] was given a bath where he received 3<sup>rd</sup> degree burns on his feet. The staff person waited until the next day to take him to the hospital. At this home there was no accountability. [REDACTED] was not the staff's top priority during their shifts.

He left this home in 2003. MHMR communicated to his parents [REDACTED] wanted to leave but could not provide reasons why. He was taken to Lancaster, Pennsylvania for respite until they could find him another program. He was there for 4 months.

When he returned in 2003 from Lancaster he was set up in a Shared Living Program under the care of Shared Support and is still there at the present time. In this program he has flourished. He flew on a plane for the first time to go to conduct presentations on autism. Also in this environment he voted for the first time and dressed in a tuxedo for the wedding of a member of his staff. He is also included in family functions of the staff members where he has gone swimming at their house and attended picnics. Problems have occurred with [REDACTED] but they are handled immediately and professionally. In this program they are always looking for ways to improve [REDACTED] quality of life. In the Shared Living Program the staff has proved time and time again that he is their Number One Priority.

When he comes home he is such a joy to be around. I can't say enough about this program. I hope he will continue to receive all of the important services that he needs which are provided by a Shared Living Arrangement under Shared Support.