

**From:** [Sunset Advisory Commission](#)  
**To:** [Dawn Roberson](#)  
**Subject:** FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Monday, June 02, 2014 4:24:37 PM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Monday, June 02, 2014 1:44 PM  
To: Sunset Advisory Commission  
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Monday, June 2, 2014 - 13:43

Agency: DEPARTMENT AGING AND DISABILITY SERVICES DADS

First Name: Linda

Last Name: Benskin

Title: Dr.

Organization you are affiliated with:

Email: lindabenskin@utexas.edu

City: Austin

State: Texas

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

Several years ago, the state forced the SSLCs to move every resident who could possibly be integrated into a community home. Now your commission wants to close the SSLCs, citing "declining enrollment" as a foundational reason?  
Please!

Due to the strong push towards (mostly for-profit) community homes, the ASSLC currently houses only residents who are either extremely medically fragile or who have serious behavior issues. I testified before the Texas Senate that the ASSLC is the least restrictive environment available for my 6' 5" 200# fully mobile impulsive brother who occasionally loses his temper. He had been neglected in the only community facility that would accept him.

Think about this: It is relatively inexpensive treat sick people at walk-in clinics, and few patients ever die in such health care facilities. In contrast, ICUs are extremely expensive, and a high percentage of the patients in ICUs die. Think of all the money and lives we could save if we just shut down all the ICUs and transferred those patients to walk-in clinics!

Clearly, shuttering the ASSLC will not "improve outcomes and save money."  
When the individuals who require more intensive care are moved into the community, costs will escalate accordingly, and there will be no way to return to the previous system. Further, physically powerful individuals like my brother will lose their freedom of movement because the public must be protected from them, and they must be protected from streets, bullies, and other dangers. This is ALL about diverting tax dollars into the hands of the community home investors, and our loved ones are the collateral damage.

Any Alternative or New Recommendations on This Agency: Build a new smaller facility which includes an infirmary and workshop, as well as residences, on less valuable land in the Austin area so that this special population of Texas citizens (the intellectually disabled who are medically fragile or have serious behavior issues) can be kept safe and can continue to receive visits from their families

My Comment Will Be Made Public: I agree

**From:** [Sunset Advisory Commission](#)  
**To:** [Dawn Roberson](#)  
**Subject:** FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Friday, June 20, 2014 8:28:34 AM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Thursday, June 19, 2014 7:59 PM  
To: Sunset Advisory Commission  
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Thursday, June 19, 2014 - 19:58

Agency: DEPARTMENT AGING AND DISABILITY SERVICES DADS

First Name: Linda

Last Name: Benskin

Title: sister, guardian of Lee Luckstead, ASSLC resident

Organization you are affiliated with: none

City: Austin

State: Texas

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

The argument that the State of Texas will save money and improve outcomes by moving the residents of the SSLCs away from their families is fallacious on its face. The Sunset Report admits that the individuals remaining in the SSLCs are the most difficult to place in the community due to the severity of their disabilities. Most are medically fragile or have behavior disorders.

Medical patients attending corner clinics have low bills and good outcomes, whilst ICU patients have high bills and far lower survival rates. Would we save money and improve outcomes by shutting down all of the ICUs in Texas and moving the patients to corner clinics? Of course not! The exact same logic can be used in the decision about the SSLCs. Significantly disabled residents require complex integrated care that is best provided by a relatively large institution.

Seizure disorders are a problem for which we in medicine simply do not have a solution for every patient. When diet and medications are ineffective at preventing grand mal seizures, we have tough choices to make. Do we sedate the individual, which protects them but destroys quality of life? Or, do we grant them freedom, which guarantees that they will be injured when they seize? Two of the cases of neglect for which the ASSLC was cited were for residents with seizure disorders. In one case, the resident was sedated, and in another case, the resident was injured. How is it fair to blame the ASSLC for this? Would moving these individuals to the community really fix this problem?

My brother and ward, Lee Luckstead, is a very large fully mobile man with an IQ that tests as less than 20. On the rare occasions when he loses his temper, it takes 5 trained staff to subdue him and protect the other residents from tossed furniture. Do community homes have such resources?

Any Alternative or New Recommendations on This Agency:

- 1) Build a new facility to house up to 500 residents on less expensive land in the Austin area so that the public and the disabled population are kept safe and the current residents of the ASSLC do not lose their families. If the staff knew that there were long-term job prospects in the area, they would be less likely to quit. A more supportive administration would help with the attrition problem as well
- 2) If #1 is unacceptable, consider renovating some disused buildings on the Austin State Hospital campus for the residents of the ASSLC with severe behavioral issues. These residents have both a cognitive impairment and a psychiatric disorder. It is not reasonable to focus on the cognitive impairment to the exclusion of the psychiatric problem.

My Comment Will Be Made Public: I agree

20 June 2014

Dear Committee Members,

I regret that I am unable to come to you with my statement in person. Many of the people who are testifying before you in favor of moving all residents of SSLCs into (usually) for-profit community homes are being paid to do so. In contrast, my job precludes me from being present.

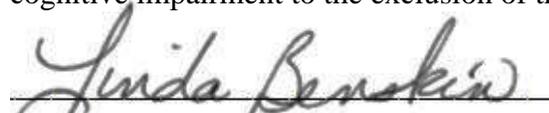
It is illogical to expect the State of Texas to save money and improve outcomes by moving the residents of the SSLCs into community homes. Those remaining in the SSLCs are the most difficult to place in the community due to the severity of their disabilities (per the Sunset report). Most are medically fragile or have serious behavior disorders. Consider this analogy: Medical patients attending corner clinics have low bills and good outcomes, whilst ICU patients have high bills and far lower survival rates. Would we save money and improve outcomes by shutting down the ICUs and moving the patients to corner clinics? Of course not! Significantly disabled residents require complex integrated care that is best provided by a relatively large institution. At the SSLCs medical and psychiatric personnel coordinate care and specialize in this population.

Some problems simply have no good solutions. Changing the geography will not miraculously make those problems vanish. For example, some seizure disorders elude management. When diet and medications do not control seizures, we medical professionals make tough choices. We can sedate the individual, protecting them physically but destroying quality of life, or we can grant them freedom, guaranteeing that injury will occur when they seize. Two of the ASSLC's citations for neglect involved seizure disorders. In one case, the resident was "overly sedated," and in the other case, the resident was seriously injured when he fell during a seizure. What was the correct choice? Would a community home really fix this problem? At least at the ASSLC the individual who was injured had medical personnel close at hand.

My brother and ward, Lee Luckstead, is a powerful 6'5" fully mobile man with autism and an IQ that tests as less than 20. On the rare occasions when he loses his temper, it takes up to 5 trained staff to subdue him and protect other residents from tossed furniture. I have found no community homes with such resources. He has freedom of movement at the ASSLC because staff there are plentiful. There is an economy of scale. Will he be neglected in a community home due to fear of his size, as he was prior to being placed at the ASSLC 8 years ago? Will he harm a child?

I suggest: 1) Build a new facility in the Austin area to keep the public and the disabled population safe. ASSLC residents should not lose their families due to distance.

Or, 2) If #1 is unacceptable, consider renovating some disused buildings on the Austin State Hospital campus for the residents of the ASSLC with severe behavioral issues. These residents have both a cognitive impairment and a psychiatric disorder. It is not reasonable to focus on the cognitive impairment to the exclusion of the psychiatric problem.



Dr. Linda Benskin, sister and guardian of Lee Luckstead

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