

JUN 19 2014

June 17, 2014

Sunset Advisory Commission  
PO Box 13066  
Austin, TX 78711

Re: May 2014 Department of Aging and Disability Services Staff Report

Dear Members:

I have a son who has been a resident of The Lubbock State Supported Living Center for the last 44+ years, since August, 1969. During the latter stages of his first year we knew something was not quite right, so we consulted with various doctors and professional people for guidance, and in the mid sixties spent a week with him as a patient of The Texas Children's Hospital at the Houston Medical Center. During the wrap-up session we were advised that if they were looking for a "perfect physical specimen" of a human body, our son would be that person, however all people have millions of brain cells with hundred's of thousands of those being dead or damaged. In our son's case some of his vital brain cells fell in this category and consequently there was no hope for a cure and we should consider looking for a place he could reside for the remainder of his life. State schools for the retarded seemed to be our only option at that time, however there was only one problem, the waiting list to get in was in the thousands. We kept our son in our home for the first 8 years of his life, 8 rather difficult years since he only slept an average of 3-4 hours per night. Then in August, 1969 we made another very difficult decision by placing our 8 year old son into the hands of complete strangers at The Lubbock State School for the Retarded( now Lubbock State Supported Living Center). As I reflect back over these last almost 45 years, placing our son in the Lubbock State Supported Living Center was probably one of the better decisions we ever made. Our son has no speech, a severe PICA problem (loves to eat screws, coins, rocks –you name it), has no knowledge that he should not run into the street in front of cars or 18 wheelers, etc.. Approximately 23 years ago, two graduate students from Texas Tech, with the blessings of the LSSLC, worked with our son for a full semester to increase his attention span from 15 seconds to 15 minutes, quite an accomplishment. As a result, he can now work in the small workshop on the grounds of LSSLC and actually earn a little money, which he enjoys spending at the canteen or on outings. Over the years the personnel at LSSLC have also been able to teach him some sign language (and in return he has taught the employees some signs of his own), which is a great communication tool. The medical staff have also helped considerably, particularly in controlling his allergies which alleviated the instantaneous banging of his head on the concrete (or whatever was available), whenever these headaches would appear. Positive things continue to happen, as within the last year as I picked up my son for our 30-40 minute weekly ride in the country, one of the direct care staff ask me if I had ever heard him say "haircut". I stated "no". She ask him a couple of times to say "haircut" and he did. Let me tell you, it matters not when this happens, at age 2 or 52, you as a parent just have this feeling of accomplishment. But almost as gratifying was to see the proud look of accomplishment on the staff's face. Approximately 2 weeks before my son's mother passed on, she made this comment to me:"You know, there is something I am REALLY LOOKING FORWARD TO." Wondering "What could that be", I said "What is it?" Her answer was "I am looking forward to the time David (our son) joins me and he can tell me everything that has been in his mind all this time." You see, they have been doing such a "GREAT" job at LSSLC, she has been waiting 24+ years, and hopefully it will be another 24 years, because I also want to be there for that reunion, but I still have things to do here.

In the years prior to Special Education becoming a part of public education and the subsequent degrees in special education being taught by our universities in the 1970,s the "State Schools for Retarded" were merely warehouses with control being kept by keeping the clients drugged. Today these facilities on the whole have made tremendous progress, and consequently many have been moved into the community and survive fairly well with proper supervision, which in turn leads us to where we are today and your captioned report.

I STRONGLY believe you are heading in the WRONG direction in your recommendation to close 6 of the 13 Living Centers (Austin + 5 more). The report is keyed on all the dollars saved by closing these facilities, but does it really? In your report you acknowledge the ever increasing admissions of "alleged offenders". The report does not address the growing numbers of the elderly suffering from dementia. All three of these categories require some of the same type of professional help and supervision.

So I suggest you consider the following:

1. Keep all 13 facilities.
2. When you look at the state map, these 13 facilities are spread fairly evenly across the more heavily populated areas. This is an advantage, because the clients will receive increased contact with their family members, which is a plus for both the client & staff. You might say this advantage is "Priceless". (Granted, in isolated cases this is a disadvantage.)
3. You restructure these facilities into what I would call a "Gated Community". In other words segregate the lodging only into the aforementioned 3 categories by enclosing each group with a fence (not the prison type with the barbed wire). Perhaps you would only need to fence the "alleged offender" group. These fences could be rearranged as needs change.
4. One set of facilities for administrative staff, medical & dental, food service, maintenance, laundry and warehouse would serve all categories.
5. You have a "golden opportunity" to perhaps use the Austin SSLC (if it truly has this type market value) to sell the property, temporarily relocate these clients to other facilities while you purchase suitable property & build a new facility to accommodate the above 3 mentioned categories. ( Your test facility.)

If you close all 6 facilities you are probably affecting the livelihood of approximately 3000 employees and the community in which they reside. Also, remember not all of the St. Supported Living Centers are located on state property, so closing one of these has no market value. If the 2 groups (alleged offenders & dementia) continue to increase, at some point the state will in all likelihood have to step in and help. So why scuttle facilities already in place and then have to turn right back around and build new ones? Let's really make these "LIVING CENTERS"!!!!

Thank you for your consideration.

Sincerely,  
  
Al Mersiovsky (A concerned parent)

CC: Honorable Senator's: Jane Nelson and Robert Duncan  
Honorable Representatives: Four Price and Charles Perry  
Libby Allen, Director, LSSLC