



**New Location Options for
Austin State Hospital and
Austin State Supported Living Center**

**As Required By
Section 2.26, Senate Bill 200, 84th Legislature,
Regular Session, 2015
Texas Health and Safety Code, Section 552.0012**



**Health and Human Services Commission
September 2016**

- This page is intentionally left blank –

Table of Contents

| | |
|---|-----------|
| Executive Summary | 5 |
| Introduction | 8 |
| Legislation | 8 |
| Requests by Legislators | 8 |
| Background | 10 |
| Information Gathering | 11 |
| Feasibility Study | 11 |
| Public Input..... | 11 |
| Staff Comments | 11 |
| Feasibility Study | 12 |
| Public Input | 14 |
| Staff Comments | 16 |
| Staff Comments: Option 1 (Replace ASH Facility on Other State-Owned Land) | 16 |
| Staff Comments: Option 2 (Replace ASH Facility on Site Not Owned by State)..... | 17 |
| Staff Comments: Option 3 (Consolidated ASH/AuSSLC Facility at Existing ASH Campus) . | 18 |
| Staff Comments: Option 4 (Consolidated ASH/AuSSLC Facility at Existing AuSSLC Campus) | 19 |
| | 19 |
| Staff Comments: Option 5 (Replace ASH and AuSSLC Facilities on Site Not Owned by State) | 20 |
| | 20 |
| Staff Comments: Option 6 (Replace ASH Facility on Existing ASH Campus)..... | 21 |
| Conclusion | 22 |
| Appendix A (GLO Land Value Estimate) | 23 |
| Appendix B (HHSC Hospital Project Budget Estimates) | 24 |
| Appendix C (Representative Workman’s Request) | 27 |
| Appendix D (Senator Watson’s Request) | 28 |
| Appendix E (Historic Preservation Information) | 29 |
| Appendix F (Summary of Public Hearings) | 45 |
| Appendix G (Summary of Written Comments) | 53 |
| Appendix H (Public Hearing Sign-in Sheets) | 76 |
| Attachment 1 (Feasibility Study) | 88 |

- This page is intentionally left blank -

Executive Summary

This report provides information on six new location options for the Austin State Hospital (ASH), as required by Section 2.26, Senate Bill (SB) 200, 84th Legislature, Regular Session, 2015, codified as [Texas Health and Safety Code, Section 552.0012](#). This report also provides information requested by State Senator Kirk Watrson and State Representative Paul Workman. This report includes a feasibility study, which examines the feasibility of six new location options (See Attachment 1 for Feasibility Study). This report only provides options for legislative assessment, and is not a plan.

Throughout Texas, state mental health hospitals and state supported living centers struggle with maintaining safe, efficient and operational facilities due to age and deterioration. Some facilities are in immediate need of replacement. The State Hospital System Long-term Plan report, published in January 2015, identified ASH as in need of replacement.

New facilities, designed with modern standards of care in mind, would benefit patients and residents as well as improve staff recruitment and retention efforts. New facilities would reduce growing deferred maintenance needs, which directly impact the number of patients or residents a facility can serve. ASH has reduced its current patient capacity due to deferred maintenance needs.

This report is not a plan to comprehensively address the infrastructure needs of the state mental health hospitals and/or the state supported living centers. Instead of recommendations, this report provides legislators with information to assist them in making decisions. This report should be viewed as a starting point for legislators to review information on location options provided by stakeholders, the community, experts, and staff.

The Health and Human Services Commission (HHSC) worked with ASH/Texas Department of State Health Services (DSHS), Texas Facilities Commission (TFC), AuSSLC/Texas Department of Aging and Disability Services (DADS), Texas Historical Commission (THC), and the General Land Office (GLO) to develop this report.

In developing location options, consultants worked with subject matter experts from ASH/DSHS and AuSSLC/DADS to identify program assumptions. These assumptions served as the basis for developing location options. An assumption was made to provide state-of-the-art care for patients and residents based on published best practices and stakeholder input. For example, each hospital option assumes single-patient rooms and single-story facilities. The use of single-patient rooms reduces safety incidents at state hospitals by reducing opportunities for conflict among residents. Single-story facilities provide greater access to the outdoors which reduces agitation among its residents as well. Resident agitation is a significant safety risk to other residents and staff. If directed by the Legislature, alternative designs can be explored, such as multi-patient rooms and/or multi-story facilities. If pursued, Regulatory and Life Safety Code requirements will need to be considered to ensure evacuation and mobility concerns are addressed.

Findings from the feasibility study include the following information:

- Because of different populations served, there are few opportunities to share residential space and services between ASH and AuSSLC.
- The feasibility study does not identify a preferred option. The feasibility study recommends collecting and analyzing additional data to determine the amount of space clients and users need before an option is implemented.

New Location Options Required by Legislation (SB 200)

| | |
|------------------|--|
| <i>*Option 1</i> | <i>Replace ASH Facility on Other State-Owned Land</i> Option 1 is not feasible, because there is no state-owned land of at least 43 acres in Travis, Williamson, or Hays County (See page 48 of feasibility study). |
| <i>*Option 2</i> | <i>Replace ASH Facility on Site Not Owned by State</i> Option 2 is feasible (See pages 50-53 of feasibility study). |

New Location Options Requested by Legislators

| | |
|------------------|---|
| <i>Option 3</i> | <i>Consolidated ASH/AuSSLC Facility at Existing ASH Campus</i> Option 3 is feasible (See pages 56-61 of feasibility study). |
| <i>Option 4</i> | <i>Consolidated ASH/AuSSLC Facility at Existing AuSSLC Campus</i> Option 4 is feasible (See pages 64-81 of feasibility study). Option 4 identifies three sub-options. |
| <i>Option 5</i> | <i>Replace ASH and AuSSLC Facilities on Site Not Owned by State</i> Option 5 is feasible (See pages 84-87 of feasibility study). |
| <i>*Option 6</i> | <i>Replace ASH Facility on Existing ASH Campus</i> Option 6 is feasible (See pages 90-101 of feasibility study). Option 6 identifies two sub-options. |

*Option would not impact AuSSLC.

HHSC estimates the cost to build a free standing state mental health hospital ranges from \$300M to \$400M (See Appendix B for HHSC Hospital Cost Estimate). The feasibility study estimates costs for the new location options, some of which include construction of a new state supported living center, range from \$428M to \$824M. This amount includes land acquisition where applicable, development, construction, and related costs (See page 116 of feasibility study).

To assist in developing the report, GLO provided 2016 land value estimates for ASH and AuSSLC. GLO estimates the land value for the full ASH site is \$21M and for the full AuSSLC site is \$23.3M. These land values do not include existing bond debt of approximately \$10.5M for ASH and \$12.7M for AuSSLC (See Appendix A for GLO Land Value Estimate).

The feasibility study also estimates time until full occupancy for the new location options ranged from 9 years to 13.5 years (See page 116 of feasibility study).

It should also be noted this feasibility study developed the cost of each option using the identified assumptions. Several reports over the past few years have attempted to develop cost projections for a new hospital, each with different assumptions impacting costs. However, no previous reports have attempted to provide cost estimates for a new state supported living center. A more exact

cost estimate for a new state mental health hospital and/or a new state supported living center would require development of a full master plan, which would require additional funding from the Legislature.

Introduction

Legislation

Section 2.26, Senate Bill 200, 84th Legislature, Regular Session, 2015, codified as [Texas Health and Safety Code, Section 552.0012](#), requires HHSC to compile the results of a study to determine the feasibility, costs, and benefits of transferring operation of ASH to a new facility at a new location. The bill language is as follows:

- (a) The commission, in coordination with the department, the General Land Office, and the Texas Facilities Commission, shall conduct a study to determine the feasibility, costs, and benefits of transferring operation of the Austin State Hospital from the hospital's facilities as of January 1, 2015, to a new facility at a new location.
- (b) The study conducted under this section must consider potential locations and facilities for the operation of the Austin State Hospital that are owned by the state and that are not owned by the state. For each potential location, the study must consider:
 - (1) property and facility costs, including costs associated with purchasing or leasing facilities;
 - (2) ease of public access by main roads and public transportation; and
 - (3) capacity to accommodate the complete operation of the Austin State Hospital without overcrowding or interference in the delivery of services to patients.
- (c) In considering property and facility costs of a potential location for the Austin State Hospital under Subsection (b)(1), the study must assume that proceeds from the sale or lease of the Austin State Hospital's facilities as of January 1, 2015, would be used for the payment of property and facility costs of a new location.
- (d) The commission, in conducting the study, shall obtain input from appropriate stakeholders and from the public at public hearings held in locations across the geographic area served by the Austin State Hospital.
- (e) Not later than September 1, 2016, the commission shall compile a report containing results from the study and submit the report to:
 - (1) each legislative standing committee with primary jurisdiction over health and human services;
 - (2) the Sunset Advisory Commission; and
 - (3) the Legislative Budget Board.
- (f) This section expires September 1, 2017.

“Commission” is defined as HHSC in Texas Health and Safety Code, Section 551.001.

“Department” is defined as DSHS in Texas Health and Safety Code, Section 552.0011.

Requests by Legislators

This report also includes information requested by State Senator Watson and State Representative Workman.

- On June 9, 2015, Representative Workman requested HHSC examine AuSSLC co-locating with ASH. See Appendix C for Representative Workman’s request.

- On April 15, 2016, Senator Watson requested HHSC examine rebuilding ASH on the current location. See Appendix C for Senator Watson's request.

Background

Legislation (SB 200) and additional requests from legislators require HHSC submit a report, including results of a feasibility study examining six new location options for ASH and AuSSLC, to the Legislature by September 1, 2016. A steering committee of staff from HHSC, ASH/DSHS, AuSSLC/DADS, TFC, THC, and GLO developed the report.

New Location Options Required by Legislation (SB 200)

| | |
|-----------------|--|
| <i>Option 1</i> | <i>Replace ASH Facility on Other State-Owned Land</i> <ul style="list-style-type: none">• Identifies optimal design and construction needs for a new hospital.• Identifies financial scenarios for sale or lease of ASH Campus (See page 48 of feasibility study). |
| <i>Option 2</i> | <i>Replace ASH Facility on Site Not Owned by State</i> <ul style="list-style-type: none">• Identifies optimal design and construction needs for a new hospital.• Identifies financial scenarios for sale or lease of ASH Campus (See pages 50-53 of feasibility study). |

New Location Options Requested by Legislators

| | |
|-----------------|--|
| <i>Option 3</i> | <i>Consolidated ASH/AuSSLC Facility at Existing ASH Campus</i> <ul style="list-style-type: none">• Identifies optimal design and construction needs for a new hospital and new SSLC.• Identifies financial scenarios for sale or lease of AuSSLC Campus and maintains historic ASH Administration Building (See pages 56-61 of feasibility study). |
| <i>Option 4</i> | <i>Consolidated ASH/AuSSLC Facility at Existing AuSSLC Campus</i> <ul style="list-style-type: none">• Identifies optimal design and construction needs for a new hospital and various options for the SSLC.• Identifies financial scenarios for sale or lease of ASH Campus and maintains historic ASH Administration Building (See pages 64-81 of feasibility study).• Option 4 identifies three sub-options:<ul style="list-style-type: none">○ 4a is on pages 64-69 of feasibility study;○ 4b is on pages 70-75 of feasibility study; and○ 4c is on pages 76-81 of feasibility study. |
| <i>Option 5</i> | <i>Replace ASH and AuSSLC Facilities on Site Not Owned by State</i> <ul style="list-style-type: none">• Identifies optimal design and construction needs for a new hospital and new SSLC.• Identifies financial scenarios for sale or lease of ASH and AuSSLC campuses (See pages 84-87 of feasibility study). |
| <i>Option 6</i> | <i>Replace ASH Facility on Existing ASH Campus</i> <ul style="list-style-type: none">• Identifies optimal design and construction needs for a new hospital.• Identifies financial scenarios for sale or lease of part(s) of ASH Campus (See pages 90-101 of feasibility study).• Option 6 identifies two sub-options:<ul style="list-style-type: none">○ 6a is on pages 90-95 of feasibility study; and○ 6b is on pages 96-101 of feasibility study. |

Information Gathering

Information on the six new location options for ASH and AuSSLC came from the feasibility study; public input (public hearings and written comments); and staff comments.

Feasibility Study

HHSC contracted with TFC to engage a consultant to conduct the feasibility study (TFC Contract No. 16-082-000). TFC contracted with Page Southerland Page, LLP to conduct and develop the feasibility study (TFC Contract No. 13-119-000).

Some findings from the feasibility study are on pages 11-12 of this report.

Through the performance of its services, TFC also involved the Texas Historical Commission (THC) in the study. THC provided historic preservation information to consider on possible ASH and AuSSLC location options. See Appendix E for historic preservation information provided by THC.

Public Input

HHSC held three public hearings to obtain public input on location options.

| Hearing Date | Hearing Location |
|---------------------|---|
| <i>06/15/16</i> | <i>HHSC Brown-Heatly Building (Austin, Travis County)</i> |
| <i>06/20/16</i> | <i>San Marcos Public Library (San Marcos, Hays County)</i> |
| <i>06/22/16</i> | <i>Bluebonnet Trails Community Services (Round Rock, Williamson County)</i> |

The public could also submit written comments on location options to HHSC until June 30, 2016.

See Appendix F for a summary of the public hearings. See Appendix G for a summary of the written comments. See Appendix H for the public hearing sign-in sheets.

Staff Comments

Staff at HHSC, ASH/DSHS, AuSSLC/DADS, TFC, THC and GLO provided comments on location options. Staff comments were combined and summarized into themes for decision-makers to consider.

Themes from staff comments are on pages 16-21 of this report.

Feasibility Study

The following is a summary of some findings from the feasibility study.

New Location Options Required by Legislation (SB 200)

| | |
|-----------|--|
| *Option 1 | <p><i>Replace ASH Facility on Other State-Owned Land</i></p> <ul style="list-style-type: none"> • Option 1 is not feasible, because there is no state-owned land of at least 43 acres in Travis, Williamson, or Hays County (See page 48 of the feasibility study). • While the ASH catchment area encompasses 39 counties, the search for existing state-owned land was limited to these three counties in order to better serve the ASH patients, AuSSLC residents, visitors and families. |
| *Option 2 | <p><i>Replace ASH Facility on Site Not Owned by State</i></p> <ul style="list-style-type: none"> • Option 2 is feasible (See pages 50-53 of feasibility study). • Occupancy and cost estimates are on pages 53 and 117 of feasibility study. |

New Location Options Requested by Legislators

| | |
|-----------|---|
| Option 3 | <p><i>Consolidated ASH/AuSSLC Facility at Existing ASH Campus</i></p> <ul style="list-style-type: none"> • Option 3 is feasible (See pages 56-61 of feasibility study). • Occupancy and cost estimates are on pages 59 and 118 of feasibility study. |
| Option 4 | <p><i>Consolidated ASH/AuSSLC Facility at Existing AuSSLC Campus</i></p> <ul style="list-style-type: none"> • Option 4 is feasible (See pages 64-81 of feasibility study). • Option 4 identifies three sub-options: <ul style="list-style-type: none"> ○ 4a is on pages 64-69 of feasibility study; ○ 4b is on pages 70-75 of feasibility study; and ○ 4c is on pages 76-81 of feasibility study. • Occupancy and cost estimates for sub-options: <ul style="list-style-type: none"> ○ 4a is on pages 67 and 119 of feasibility study; ○ 4b is on pages 73 and 120 of feasibility study; and ○ 4c is on pages 79 and 121 of feasibility study. |
| Option 5 | <p><i>Replace ASH and AuSSLC Facilities on Site Not Owned by State</i></p> <ul style="list-style-type: none"> • Option 5 is feasible (See pages 84-87 of feasibility study). • Occupancy and cost estimates are on pages 87 and 122 of feasibility study. |
| *Option 6 | <p><i>Replace ASH Facility on Existing ASH Campus</i></p> <ul style="list-style-type: none"> • Option 6 is feasible (See pages 90-101 of feasibility study). • Option 6 identifies two sub-options: <ul style="list-style-type: none"> • 6a is on pages 90-95 of feasibility study; and • 6b is on pages 96-101 of feasibility study. • Occupancy and cost estimates for sub-options: <ul style="list-style-type: none"> ○ 6a is on pages 93 and 123 of feasibility study; and ○ 6b is on pages 99 and 124 of feasibility study. |

*Option would not impact AuSSLC.

Cost estimates include applicable land acquisition, demolition, renovation, site-work, design fees, and project management fees (See page 116 of feasibility study).

Cost estimates do not include proceeds from sale and/or lease of land.

The feasibility study estimates the residual land value for the ASH site ranges from \$14M to \$50M and for the AuSSLC site ranges from \$39M to \$64M (See page 108 of feasibility study). The feasibility study does not include existing bond debt of approximately \$10.5M for ASH and \$12.7M for AuSSLC.

Because of different populations served, there are few opportunities to share space and services between ASH and AuSSLC.

State Hospitals provide inpatient psychiatric services to patients who are usually committed through the civil or criminal court procedures. Intensive inpatient adult psychiatric services, as well as youth services, are provided by licensed psychiatrists, advanced practice registered nurses, physician assistants, nurses, psychologists, social workers, registered therapists, peer specialists and licensed professional counselors. Inpatient treatment primarily includes medication management, life skills training, continuity of care planning, and competency restoration. Medical services are also provided, though more serious conditions are referred to outside providers for treatment.

State Supported Living Centers (SSLCs) are certified as intermediate care facilities for individuals with intellectual disabilities or related conditions (ICF/IID), a Medicaid-funded federal/state service. SSLCs provide campus-based services to individuals with an intellectual or developmental disability (IDD). Services available at SSLCs include 24-hour residential services and comprehensive behavioral treatment and healthcare services, including physician, nursing, pharmacy, and dental services. Other services include skills training; occupational, physical, and speech therapies; nutritional management; vocational programs; short-term respite; emergency services; and services to maintain connections between residents and their families and natural support systems.

If on the same campus together, both ASH and AuSSLC need to maintain their unique identity.

The feasibility study does not identify a preferred option. The feasibility study recommends collecting and analyzing additional data to determine the amount of space clients and users need before an option is implemented.

Public Input

Stakeholders were notified about three evening public hearings HHSC conducted to obtain public input on location options.

| Hearing Date | Hearing Location and Summary |
|---------------------|---|
| 06/15/16 | <i>HHSC Brown-Heatly Building (Austin, Travis County)</i> 69 individuals attended and 25 registered to speak. This hearing was on webcast. A recording of the webcast is at http://texashsc.swagit.com/play/06152016-1040 . |
| 06/20/16 | <i>San Marcos Public Library (San Marcos, Hays County)</i> 7 individuals attended and 4 registered to speak. |
| 06/22/16 | <i>Bluebonnet Trails Community Services (Round Rock, Williamson County)</i> 14 individuals attended and 6 registered to speak. |

HHSC received written comments through June 30, 2016, ultimately receiving 37 written comments.

Email addresses, mailing addresses, and phone numbers were redacted from public hearings and written comments information.

The majority of input from the public hearings and written comments supported either keeping both facilities at their current sites or co-locating ASH to the AuSSLC campus. Some public input included support for downsizing or closing AuSSLC and using land proceeds for expanded community services and housing options.

Recurring themes from the hearings and written comments included:

- Moving residents from their homes at AuSSLC would be traumatic for them, as many have lived there for decades. Moving ASH to AuSSLC is preferable since the patients served by ASH are only there for short periods of time.
- The AuSSLC and ASH populations have differing needs. Some commenters spoke against co-location for this reason; others cited the need to ensure the populations and services remain separated if located on the same site.
- The central location of both campuses in Austin is essential to the continued care of the residents and patients. The central location provides easy access to hospitals and medical personnel, as well as public transportation for both employees and family members. Additionally, the central location makes it convenient for residents and patients to participate in community events such as sports and concerts. Moving the facilities to a peripheral location would disconnect the residents and patients from the community and negatively impact their care and recovery.
- Using the land for expanded services and increased community partnerships for the populations served by these facilities is preferable to selling the land. Some commenters

suggested partnerships with Dell Medical School and other programs at the University of Texas to create practicum sites for physicians and allied behavioral and health professionals. Others suggested supportive housing for persons with mental and physical disabilities and/or affordable housing for low-income individuals, out-patient services, and wellness programs for the community.

- Several nonprofit organizations serving persons with mental illness are currently housed on the ASH campus, providing visibility and accessibility for services integral for recovery. Any relocation of the facility would need to include plans for continued co-location of these services and ideally expansion of community partnerships.
- The facilities have historic structures and are important to the history of the communities. Any rebuilding or relocation should retain certain historical buildings.
- Neighbors to the current properties urge consideration of the impact of redevelopment on the neighborhoods and their inclusion in the planning process. The current campuses provide greenspace in the midst of central city development.

Conversely, several commenters were supportive of downsizing or closing AuSSLC, pointing out declining census, expensive upkeep, and repeated violation of federal requirements. Cost savings from closure of the facility and sale or lease of the land could be used to support expansion of community services and housing options.

Staff Comments

Themes from staff comments on location options are summarized on pages 16-21 of this report. Comments from staff at HHSC, ASH/DSHS, AuSSSLC/DADS, TFC, THC and GLO were combined and summarized into themes for decision-makers to consider.

| Staff Comments: Option 1 (Replace ASH Facility on Other State-Owned Land) |
|---|
| No staff comments were provided, because Option 1 is not feasible. GLO determined there was no state-owned land large enough to accommodate a replacement ASH facility in Travis, Hays, or Williamson County. While the ASH catchment area encompasses 39 counties, the search for existing state-owned land was limited to these three counties in order to better serve the ASH patients, AuSSSLC residents, visitors and families. |

Staff Comments: Option 2 (Replace ASH Facility on Site Not Owned by State)

Possible Feasibility

- A remote location would be likely due to land availability and affordability.
- To maximize the residual land value of the ASH Campus, requires relocating HHSC and DSHS central office staff who office on ASH campus to leased office space and/or could require TFC to build a new office building and parking facilities.
- Community resistance is likely, if the ASH campus is sold and/or leased.
- Community involvement would be required.

Possible Costs

- More transportation costs incurred by patients, visitors, and staff to travel to a remote location.
- Replacing old ASH furnishings and equipment.
- New buildings, roads and infrastructure for utilities if needed.

Possible Benefits

- New facilities with lower maintenance costs.
- Eliminates current deferred maintenance backlogs and avoids capital replacement costs given the new facility.
- New buildings will better meet modern delivery of care needs.
- New buildings will be more energy and water efficient.
- Preservation protections and incentives on parts of current ASH campus could prevent private development from harming historic buildings.
- Ability to sell or lease existing ASH campus.
- Better physical plant.

Possible Ease of Public Access

- Access will depend on location (ASH impacts 39+ counties who transport patients to and from the hospital).
- If the new property is remote, public roads may be limited.
- Any location outside of the Austin urban core will face access to public transportation issues.

Possible Capacity to Avoid Disrupting Patients

- The level of disruption will depend on new location.
- Patients receiving outpatient services on the ASH campus will likely experience disruption if the new location is remote.

Staff Comments: Option 3 (Consolidated ASH/AuSSLC Facility at Existing ASH Campus)

Possible Feasibility

- Disruption to provision of services.
- Requires demolition and construction.
- Requires relocating HHSC and DSHS central office staff who office on ASH campus to leased office space and/or could require TFC to build a new office building and parking facilities.
- Likely opposition from neighborhood(s) surrounding AuSSLC.
- Design and construction could meet the needs of these different populations.
- Community involvement would be required.

Possible Costs

- Proceeds of sale/lease of AuSSLC will be minimal compared to project costs.
- Potential to reduce some overlapping administrative costs.
- Potential to reduce some shared services and facilities costs (e.g., recreation).
- Existing AuSSLC bond debt of approximately \$12.7M makes the sale/lease of AuSSLC not as attractive.
- Additional research and Historic American Building Survey (HABS) documentation prior to the demolition of any historical buildings.
- Replacing old ASH furnishings and equipment.

Possible Benefits

- Easier for persons with intellectual and developmental disabilities and serious mental illness to access services at ASH.
- Integration of care for applicable individuals.
- New buildings can meet modern care needs.
- Energy efficient buildings.
- Historic preservation of buildings/land/trees impact neighborhood tax credits.
- Having one administration for two facilities can maximize efficiencies.
- Eliminates current deferred maintenance backlogs and avoids capital replacement costs given the new facility.
- Better physical plant.

Possible Ease of Public Access

- Accessible to community resources (e.g., restaurants and healthcare).
- Accessible to public transportation (e.g., multiple bus stops).
- Separate and discreet entrances for both facilities could be easily created.

Possible Capacity to Avoid Disrupting Patients

- Any potential disruption to the residents at AuSSLC will need to be considered.
- ASH campus is large enough to accommodate construction of new facilities at the same time as leaving current patients and residents in place.

Staff Comments: Option 4 (Consolidated ASH/AuSSLC Facility at Existing AuSSLC Campus)

Possible Feasibility

- To maximize the residual land value of the ASH Campus, requires relocating HHSC and DSHS central office staff who office on ASH campus to leased office space and/or could require TFC to build new office building.
- Steep and undulating terrain of the northwest corner of the AuSSLC campus is a challenge.
- Consolidating a state hospital and SSLC has been done before (Rio Grande State Center), although on a much smaller scale.
- Community involvement would be required.

Possible Costs

- Existing bond debt of approximately \$10.5M, makes selling/leasing ASH not as attractive.
- Renovations and demolitions.
- Potential to reduce some overlapping administrative costs.
- Potential to reduce some shared services and facilities costs.
- Proceeds from sale/lease from ASH will be minimal compared to costs.
- Additional research and Historic American Building Survey (HABS) documentation prior to the demolition of any historically significant.
- Replacing old ASH furnishings and equipment.

Possible Benefits

- Consolidating applicable services could create some cost savings.
- New building would meet modern standards of care.
- Eliminates current deferred maintenance backlogs and avoids capital replacement costs given the new facility.
- Better physical plant.

Possible Ease of Public Access

- AuSSLC is not as accessible as ASH, because there is only one road on the campus.
- Public roads and transportation are in place.
- AuSSLC is not as accessible to restaurants, retail and healthcare services as ASH.

Possible Capacity to Avoid Disrupting Patients

- Minimal disruption in moving ASH to AuSSLC.
- Major long-term disruption to AuSSLC residents.

Staff Comments: Option 5 (Replace ASH and AuSSLC Facilities on Site Not Owned by State)

Possible Feasibility

- A remote location would be likely due to land availability and affordability.
- To maximize the residual land value of the ASH Campus, requires relocating HHSC and DSHS central office staff who office on ASH campus to leased office space and/or could require TFC to build a new office building and parking facilities.
- Community resistance is likely if the ASH and/or AuSSLC campus is sold and/or leased.
- Community involvement would be required.

Possible Costs

- New buildings, roads and possible infrastructure for utilities if needed.
- More transportation costs for patients, visitors, and staff for remote location.
- Replacing old ASH and AuSSLC furnishings and equipment.

Possible Benefits

- Promotes ease of movement for persons with intellectual and developmental disability and serious mental illness to access assistance.
- Eliminates current deferred maintenance backlogs and avoids capital replacement costs given the new facility.
- New buildings will better meet modern delivery of care.
- New buildings will be more energy and water efficient.
- Preservation protections and incentives on parts of current ASH and AuSSLC campuses could prevent private development from harming historic buildings.
- Ability to sell or lease ASH and AuSSLC campuses.
- Better physical plant.

Possible Ease of Public Access

- Access needs are different for ASH and AuSSLC (ASH serves 39 counties).
- If property is remote, public roads and transportation may be limited.
- Staff currently walking or taking public transportation to work will be impacted.

Possible Capacity to Avoid Disrupting Patients

- Potential disruption to residents at AuSSLC will need to be considered.
- Transition plans would need to be developed for ASH patients.
- Individuals receiving outpatient services at ASH may experience disruption if a new location is remote.
- 78 acres is large enough to provide a safe and welcoming environment for ASH patients and AuSSLC residents.

Staff Comments: Option 6 (Replace ASH Facility on Existing ASH Campus)

Possible Feasibility

- Community resistance is likely if any part of the ASH campus is sold and/or leased.
- Requires relocating HHSC and DSHS central office staff who office on ASH campus to leased office space and/or could require TFC to build a new office building and parking facilities.
- Community involvement would be required.

Possible Costs

- Cost can be expected to relocate HHSC and DSHS central office staff who office on the ASH campus.
- Additional research and Historic American Building Survey (HABS) documentation prior to the demolition of any historical buildings.
- Replacing old ASH furnishings and equipment.

Possible Benefits

- Better physical plant.
- New modern facilities for patients and practitioners.
- Eliminates current deferred maintenance backlogs and avoids capital replacement costs given the new facility.
- New buildings will better meet modern delivery of care.
- New buildings will be more energy and water efficient.
- Historic preservation will maintain Building 501, the Guadalupe Street entry gate, and the mature trees at the core of the ASH campus.
- Ability to sale or lease 55.5 acres of ASH campus.

Possible Ease of Public Access

- Maintains benefits of current location.
- The ASH campus is an ideal location for public access (e.g., 19 bus connections).
- The ASH campus is easily accessible to health and community services.

Possible Capacity to Avoid Disrupting Patients

- A transition plan would be needed for patients who are medically unstable and do not have discharge resources.
- During construction, there would be some disruptions encountered by patients, visitors, and staff.

Conclusion

As Texas increases in population, so too does the demand for existing services at state mental health hospitals and state supported living centers. As facilities designed in the mid-19th to early 20th centuries continue to deteriorate, it becomes more difficult to maintain the capacity and infrastructure needed to provide modern care.

This report identifies several options that balance providing services and preserving historic buildings. While this report does not make recommendations or decisions, it does provide a framework for legislators to analyze modernizing care at ASH and AuSSLC specifically.

In developing location options, consultants worked with subject matter experts from ASH/DSHS and AuSSLC/DADS to identify program assumptions. For example, an assumption was made to provide state-of-the-art care for patients and residents based on published best practices and stakeholder input.

With the exception of rebuilding ASH on state land in a specific geographic area, all the location options are feasible. HHSC estimates the cost to build a state mental health hospital ranges from \$300M to \$400M. Estimated costs for the new hospital location options, some of which include construction of a new state supported living center, ranged from \$428M to \$824M (See page 116 of feasibility study).

GLO estimates the land value for the full ASH site is \$21M and for the full AuSSLC site is \$23.3M. These land values do not include existing bond debt of approximately \$10.5M for ASH and \$12.7M for AuSSLC.

In addition to this report, previous studies have attempted to develop cost projections for a new state hospital, each with different assumptions impacting costs. However, no previous reports have attempted to provide cost estimates for a new state supported living center. A more exact cost estimate for a new state mental health hospital and/or state supported living center would require development of a full master plan, which would require more funding from the Legislature.



MEMORANDUM

TEXAS GENERAL LAND OFFICE • GEORGE P. BUSH • COMMISSIONER

Date: April 18, 2016

To: Shaun Seale
Inventory and Disposition Manager

From: Mark A. McAnally, MAI, ARA
Deputy Director/Chief Appraiser

Subject: Special Project #16-6811 - Austin State Hospital #749 and #16-6812 - Austin State Supported Living Center #748

At your request I am providing land values on the two above referenced properties. The Austin State Hospital and the Austin State Supported Living Center were inspected on April 20, 2016 and serves as the effective date of value. The following provides a brief overview and the general assumptions used in the valuation of each tract.

#749 – The Austin State Hospital Campus consists of 121.09 gross acres. The campus portion consists of 82.56 acres, of which 2.1562 acres is currently encumbered *by an easement for an Austin Energy substation* and 38.53 acres encumbered by a *long term lease, complete with leasehold improvements, known as the “Central Park” property*. Since these tracts are encumbered with a long term lease and easement it was our opinion that no value should be reported. This resulted in a net area of 80.404 acres to be valued.

The 80.404 acre unencumbered portion of Austin State Hospital Campus is considered to be fee simple estate. It was our conclusion that the fee simple value of the 80.404 acres, land only, was:

| | |
|--|--------------|
| 80.404 acres of land as of April 20, 2016: | \$21,000,000 |
|--|--------------|

The value was based the tract being vacant, free of any other encumbrances or environmental issues and did not include any demolition costs.

#748 - The Austin State Supported Living Center campus consists of 93.368 acres. It is situated at the southwest corner of the intersection of 35th Street and MOPAC Freeway. It has frontage on these two thoroughfares with additional frontage on east side of Exposition Boulevard. The fee simple value was estimated at:

| | |
|--|--------------|
| 93.368 acres of land as of April 20, 2016: | \$23,300,000 |
|--|--------------|

The value was based on the tract being vacant, free of any encumbrances or environmental issues and did not include any demolition costs. The appraisals will be routed to you when completed.

Filename: ASH & ASSLC Values

Appendix B (Hospital Project Budget Estimates)

Past Estimates

Over the course of the several previous biennia, multiple reports have been conducted to explore the general costs associated with constructing a new state mental health facility. The parameters defined for each report, and the related assumptions used to generate estimates, varied in each instance.

The State Hospital Long Term-Plan, published in January 2015, included construction estimates developed in 2014 that were based on the Cannon Design Analysis. Additionally, Page Southerland Page, LLP (Page), was contracted to produce broad state mental health facility construction estimates in 2014.

While each effort was useful at the time of production, the rapidly-changing market has made the estimates from these reports outdated. Additionally, each report was based on different assumptions about capacity and space for beds, treatment, and other needs. Not all reports took into account anticipated costs unique to a specific geographic location. For example, one of the reports included the construction of a state supported living center in conjunction with a state mental health facility. Further, the reports may not have considered costs related to demolition of existing buildings, infrastructure for utilities, or outfitting for the building. DSHS believes that up-to-date studies that contain common assumptions provide the most useful information for future strategic decision-making.

Page and Health and Human Services Commission Estimates – 2016

In response to the provisions of Senate Bill 200, Page has provided updated estimates for a hospital project budget. The Health and Human Services Commission (HHSC) has also provided estimates. These figures represent the best current understanding of broad cost estimates for building a new mental health hospital.

The Page and HHSC estimates indicate that rebuilding ASH could cost between \$300 and \$400 million. While these estimates are specific to options for ASH and the Austin SSLC, they may be used as a general framework for other hospitals in the state hospital system. Further formal evaluation of specific sites would be required for more exact cost estimates.

Austin State Hospital and Austin State Supported Living Center Feasibility Study – Budget Estimate Comparison for the Hospital Component

The following provides a comparison between the estimates provided by the study consultant, Page, and HHSC. Page included other costs associated with a hospital building and sitework development, projecting a higher cost than is projected by HHSC. Page additionally included considerations specific to the Austin State Hospital campus.

Hospital Project Budget Estimates – Specific to ASH

| Cost Component | Page (7/29/16) | HHSC (8/1/16) |
|--------------------------------|-----------------------|-----------------------|
| Hospital Building Construction | 208,039,888 | 166,258,500 |
| Hospital Building Other Costs | 147,595,770 | 107,552,712 |
| Sitework | 20,700,000 | 20,700,000 |
| Sitework Other Costs | 13,754,301 | 7,814,223 |
| Demolition | 3,447,536 | 3,500,000 |
| Demolition Other Costs | 2,290,746 | 1,321,245 |
| Hospital Subtotal | \$ 395,828,241 | \$ 307,116,680 |

Below provides a comparison of the assumptions included, and not included, in each estimate.

| Cost Component | Page (7/29/16) | HHSC (8/1/16) |
|--|------------------------------|------------------------------|
| <i>Hospital</i> | | |
| Square Feet | 470,000 square feet | 455,000 square feet |
| # of Private Rooms/Total | 340/340 | 350/350 |
| Bed Cost per Square Foot | \$443 per sq. ft. | \$365 per sq. ft. |
| <i>Sitework</i> | | |
| Replace Utility Systems | Included in estimate | Included in estimate |
| Roads and Parking | Included in estimate | Included in estimate |
| Storm Water Drainage | Included in estimate | Included in estimate |
| Site Lighting | Included in estimate | Included in estimate |
| <i>Demolition Including Asbestos Abatement</i> | Included in estimate | Included in estimate |
| <i>Other Costs</i> | | |
| Fixtures, furnishings, equip. | Included in estimate | Included in estimate |
| Professionals Fees | Included in estimate | Included in estimate |
| Project Management | Included in estimate | Included in estimate |
| Contingencies | Included in estimate | Included in estimate |
| Escalation from 2014 to 2016 | Included in estimate | Included in estimate |
| Design and Construction Escalation | 5 years included in estimate | 4 years included in estimate |

Other State Hospital Reports Required by the 84th Legislature

The 84th Legislature required two reports related to state hospital facilities beyond the ASH feasibility study required by Senate Bill 200. Key staff from Health and Human Services (HHS) and non-HHS agencies are involved with the development of each of these reports.

The General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2014 (Article II, Department of State Health Services, Rider 86) allowed DSHS to conduct information gathering related to replacing Rusk State Hospital. Similar to ASH, Rusk was also identified as in need of

replacement in the State Hospital Long-Term-Plan. The Rusk report will include general costs associated with replacing the facility while also preserving some historic buildings. The report will include general architectural concepts applicable to Rusk, as well as other facilities that could be selected for replacement. Similar to the ASH study, the Rusk study is not a plan. Rather, it provides a framework for future legislative decision-making.

Rider 86 also included a requirement to evaluate the possibility of academic partnerships with state mental health facilities, including the possibility of a university health-related institution operating a state hospital. The report identifies potential benefits and challenges to university-run state mental health facilities, as well as evaluations of preliminary proposals provided by some Texas public universities. A key barrier currently deterring the possibility of state-university partnership was identified by all responding academic institutions – the age and condition of current state mental health facilities.

Next Steps

None of the previous, current, and reports to be released in the near future include detailed planning needed to move from generic estimates to specific concepts and cost for a given facility. If the Legislature desires new facility construction, additional funding and legislative direction would be needed to develop the planning documents necessary to produce a detailed cost estimate to construct a new facility.

Appendix C (Representative Workman's Request)



PAUL D. WORKMAN
STATE REPRESENTATIVE
District 47

June 9, 2015

RECEIVED

JUN 15 2015

**OFFICE OF THE
HHS EXECUTIVE COMMISSIONER**

Executive Commissioner Kyle Janek
Texas Health and Human Services Commission
4900 N. Lamar Boulevard
Post Office Box 13247
Austin, Texas 78711

Dear Commissioner Janek:

During this past legislative session SB 204, the DADS Sunset bill, unfortunately, did not pass. I strongly supported the many provision of SB 204 that would have benefited seniors and the disabled community.

As you know, the House resoundingly added to SB 204 an amendment I authored (with over forty-five co-authors) directing HHSC, DADS, and DSHS to complete a study to replace the current Austin State-Supported Living Center and possibly collocate with the Austin State Hospital (see attached).

Despite SB 204 not passing, the need for positive changes to the Austin SSLC is a pressing matter. That being the case, I respectfully request, in coordination with the Texas Facilities Commission, that HHSC, DADS, and DSHS, immediately take whatever actions necessary to conduct the study called for in my amendment to SB 204.

I believe what will facilitate this request is the fact SB 200, the HHSC Sunset bill, contains Rep. Raymond's amendment calling for a study to relocate the Austin State Hospital (see attached). The study of the Austin State Hospital and collocating with the Austin SSLC should be able to be seamlessly rolled into a single study.

I would appreciate your consideration of and response to this request. Thank you.

Sincerely,


Paul D. Workman

cc: Harvey Hilderbran, Executive Director, Texas Facilities Commission

attachments

Appendix D (Senator Watson's Request)



KIRK WATSON
STATE SENATOR
DISTRICT 14

COMMITTEES:
TRANSPORTATION
BUSINESS & COMMERCE
ECONOMIC DEVELOPMENT
HIGHER EDUCATION - VICE-CHAIR
NOMINATIONS

CAPITOL ADDRESS
P.O. BOX 12068
ROOM E1.804
AUSTIN, TEXAS 78711
512/463-0114
FAX 512/463-5949

April 15, 2016

Michael D. Maples, Deputy Commissioner
Texas Department of State Health Services
1100 W. 49th Street, Mail Code: 1911
P. O. Box 149347
Austin, TX 78714

Dear Deputy Commissioner Maples:

I understand the SB 200 required feasibility study regarding a new location for the Austin State Hospital (ASH) is under your direction.

I write to request that you include rebuilding the hospital on the current location in that study as well.

Please include my office in appropriate meetings and communications regarding the study. Feel free to contact me or Sandy Guzman in my office with any questions.

Sincerely,

A handwritten signature in black ink that reads "Kirk Watson". The signature is fluid and cursive, with the first name "Kirk" being more prominent than the last name "Watson".

Kirk Watson

Appendix E (Historic Preservation Information)

(Texas Historical Commission Correspondence begins on the next page.)

TEXAS HISTORICAL COMMISSION

real places telling real stories

August 1, 2016

Harvey Hilderbran, Executive Director
Texas Facilities Commission
PO Box 13047
Austin, Texas 78711-3047

Re: *Austin State Hospital and State Supported Living Center Feasibility Study, Austin, Travis County (HHSC/TFC)*

Dear Mr. Hilderbran:

Thank you for the opportunity to participate in the working group studying the feasibility of a new location for the Austin State Hospital (ASH) and/or consolidating facilities with the Austin State Supported Living Center (AuSSLC). The group is considering various options that include some combination of construction of new facilities, rehabilitation, demolition, and disposition of state-owned property at both campuses. In accordance with the Antiquities Code of Texas, the Texas Historical Commission offers the following comments on the alternatives under consideration and their potential effects to historic properties.

ASH and AuSSLC are each highly-significant to the state's history for their associations with advancements in medical and patient care and for their architecture and design. The ASH Administration Building, completed circa 1860, is one of the oldest public buildings in Texas and is designated as a State Antiquities Landmark, the highest level of recognition and legal protection available from the state. Preservation and compatible rehabilitation of the Administration Building, and respect for its historic setting, must be of utmost importance when considering the future of ASH. However, based upon our preliminary research and site visits, THC also recommends that a larger 20-acre portion of the center of the ASH campus is eligible for listing in the National Register of Historic Places as a historic district, which would include the Administration Building, seven other historic buildings, and the grounds.

Established in 1915, AuSSLC was the first state institution dedicated to the care and treatment of those with developmental disabilities. Today, the property retains over forty historic-age buildings, making it one of the finest and most intact publicly-owned collections of early twentieth century architecture in the state. Although AuSSLC presently has no historic designation, THC recommends that the 55-acre eastern half of the property is eligible for listing in the National Register as a historic district. Because the buildings are all of comparable scale and significance and the strong cohesive design unifying the campus, THC recommends preserving and adaptively reusing as much of the historic core of the AuSSLC campus as possible.

Enclosed please find a report prepared by THC staff with more detailed information on the proposed historic districts, recommendations addressing each of the considered alternatives, and an outline of the regulatory review process that will be required for implementation of any plans at either property.

We appreciate this chance to be involved early in the planning process for the future of the historic ASH and AuSSLC campuses. We look forward to further consultation with your office and the feasibility study working group, and hope to maintain a relationship that will foster effective historic preservation. Thank you for your efforts to preserve the irreplaceable heritage of Texas. If you have any questions concerning our review, or if we can be of further assistance, please contact Justin Kockritz at 512/936-7403 or Elizabeth Brummett at 512/463-6167.

Sincerely,



Mark Wolfe, Executive Director



MW/jk

Cc: Peter Maass, Texas Facilities Commission
Bob Ward, Chair, Travis County Historical Commission
Kate Singleton, Executive Director, Preservation Austin

Austin State Hospital and Austin State Supported Living Center Feasibility Study: Texas Historical Commission Report

INTRODUCTION

Thank you for the opportunity to participate in the working group studying the feasibility of a new location for the Austin State Hospital (ASH). In accordance with Senate Bill 200 (84th Legislature, Regular Session, 2015) and the Antiquities Code of Texas, the Texas Historical Commission (THC) offers the following comments on the potential effect each of the six options under consideration could have on historic and cultural resources:

- 1) Consolidating ASH and the Austin State Supported Living Center (AuSSLC) on the existing ASH campus, and consider the sale or lease of the existing AuSSLC campus;
- 2) Consolidating ASH and AuSSLC on the existing AuSSLC campus, and consider the sale or lease of the existing ASH campus;
- 3) Replacing ASH on other state-owned land, and consider the sale or lease of the existing ASH campus;
- 4) Replacing the ASH facilities on the existing ASH campus, and consider the sale or lease of any remaining portion of the ASH campus;
- 5) Replacing ASH on non-state-owned land, and consider the sale or lease of the existing ASH campus; and,
- 6) Consolidating ASH and AuSSLC on a shared site on non-state-owned land, and consider the sale or lease of the existing ASH and AuSSLC campuses.

REGULATORY FRAMEWORK

Under the Antiquities Code of Texas, when notified of a project by another state agency, THC will inform the agency if historic properties or archaeological sites involved in the proposed project are designated as State Antiquities Landmarks (SAL) or are eligible for SAL designation. As a prerequisite for SAL designation, buildings and structures must first be formally listed in the National Register of Historic Places, either individually or as a contributing resource within a historic district. SAL designation is the highest form of historic recognition available at the state level and offers the strongest legal protection. For a building designated as an SAL, THC must review and issue an Antiquities Permit for proposed work to the exterior or to publicly-accessible interior spaces to ensure compliance with the Secretary of the Interior's *Standards for Rehabilitation*. For properties that are historically significant but not designated or eligible for designation as an SAL, THC may issue advisory comments or technical guidance. Antiquities Permits may also be required for investigations to discover potentially significant archeological deposits.

Should any of the above alternatives include federal involvement, such as federal funding (in whole or in part), federal permits, or other federal approvals, compliance with Section 106 of the National Historic Preservation Act will also be necessary. Section 106 requires the responsible federal agency to consider the effect of their undertaking on historic properties—those properties listed in, or eligible for listing in, the National Register—and seek ways to avoid, minimize, or mitigate any adverse effects.

HISTORIC CONTEXT

Austin State Hospital

Established as the Texas State Lunatic Asylum in 1856 on 380 acres of then-rural land two miles north of the Capitol, ASH was the first hospital in the state dedicated to the treatment of mental illness. Based on the latest medical science and treatment philosophies, the hospital opened in 1861 with twelve patients housed in a single building. As the patient population increased and treatment needs evolved, so too did ASH with large expansions

and redevelopment efforts in the 1880s, 1900s, 1930s, 1950s, and 1970s. Today, the campus retains fifteen buildings fifty years of age or older.

The Administration Building, which dates to circa 1857, is the oldest building on the ASH campus and one of the most significant buildings in Austin. In appreciation of its outstanding architectural design and its critically important role in the advancement of medical and psychiatric care in the state, the building was designated as a Recorded Texas Historic Landmark in 1966, listed in the National Register in 1987, and designated as a State Antiquities Landmark in 1990.¹ Preservation and compatible rehabilitation of the Administration Building, and respect for its historic setting, must be of utmost importance when considering the future of ASH.

Based on our preliminary research and site visits, THC recommends that an Austin State Hospital Historic District is eligible for listing in the National Register for its state-level significance to social and medical history and for its architecture, with a period of significance of 1857–1966. This proposed historic district would encompass the following buildings as contributing resources: 501 (Administration Building, c.1857), 554 (former Employees Dormitory, 1939), 540 (former Hospital Ward, c.1925), 551 (former Ice House, c.1911), 601 (former Power Plant, c.1900), 524 (former Laundry Building, c.1911–17), 736 (former African American Dining Hall, c.1954), and 519 (former African American Female Ward, c.1936). Other contributing features would include the main Guadalupe Street entrance and the fountain just east of Building 784. Two additional buildings, 639 (Chapel, 1973) and 626 (Canteen, 1979) would be located within the historic district, but considered non-contributing resources due to their age. At this time, this proposed Austin State Hospital Historic District is not eligible for designation as a State Antiquities Landmark as the district is not currently listed in the National Register.

Six additional buildings, the former Benjamin Rush Units (Adult Psychiatric Services Buildings 784 and 785, and Medical Services Complex Building 781) built 1955–1958, the Specialty Services Building 794 built in 1958, and the Mental Health and Substance Abuse Building 2 and Annex may also potentially be eligible for listing in the National Register as part of an expanded Austin State Hospital Historic District. Additional research on these buildings is strongly recommended, especially if proposed for demolition, disposition, rehabilitation, or other capital improvements.

Buildings 554, 540, 736, and 519, are each highly significant for their function at ASH and each retain a high degree of historic integrity. Preservation and rehabilitation of these four buildings should be considered a high priority for any future planning efforts. Buildings 524, 601, and 551, are each utilitarian support facilities that have been altered on the interior and exterior over the years and thus are a medium priority for preservation. THC recommends retaining and reusing these three buildings, the two non-contributing buildings, and the six potentially historic buildings if possible.

The enclosed map shows THC's proposed boundary of the Austin State Hospital Historic District and its contributing resources.

Austin State Supported Living Center

In 1915, the AuSSLC was established as the State Colony for the Feebleminded, later changing its name to the Austin State School, to serve the needs of those with developmental disabilities. Covering 95 acres in west Austin, the AuSSLC campus contains over 40 buildings of historic age, most in its characteristic Neoclassical architecture, and all clustered on the cohesively-designed eastern half of the property. Although the AuSSLC presently has no formal historic designation, in 2011, the campus was determined eligible for listing in the National Register as a historic district for its state-level significance to social and medical history and for its architecture, with a period of

¹ Victor, Sally S., "State Lunatic Asylum." National Register of Historic Places Nomination Form. Texas Historical Commission, Austin, Texas, December 4, 1987.

significance of 1915–1967, as a result of the Texas Department of Transportation’s (TxDOT) planned improvements to Loop 1 (MoPac).²

At the time, THC concurred with TxDOT’s findings. However, that determination of eligibility covered the entire 95-acre AuSSLC property; THC now recommends that a more compact historic district boundary located wholly east of Main Street/Valley Drive is appropriate. All historic-age buildings within the 55-acre district and other significant features, including the internal road patterns, landscaping, and cemetery, would be considered contributing resources. At this time, the proposed Austin State Supported Living Center Historic District is not eligible for designation as a State Antiquities Landmark as the district is not currently listed in the National Register.

The historic core of AuSSLC truly conveys itself as a unified campus, making any prioritization of individual buildings for future preservation impossible based on historic significance and architecture alone. Instead, preservation and adaptive reuse of the entire historic campus must be paramount.

The enclosed map shows THC’s proposed boundary of the Austin State Supported Living Center Historic District boundary and its contributing resources.

RECOMMENDATIONS

The working group studying the feasibility of a new location for ASH and/or consolidating facilities with the AuSSLC is considering various options that include some combination of the following activities at one or both campuses: construction of new facilities, rehabilitation of existing buildings, demolition of existing buildings, and disposition of state-owned property. The THC offers the following recommendations for best practices in historic preservation relative to these topics.

Additional Research

Prior to any demolition, disposition, major renovation, or other capital improvement project at the ASH campus, THC recommends additional research, especially on the history and condition of the ASH buildings outside of the Administration Building, ASH and the evolution of psychiatric care in the twentieth century, and the history of segregation at ASH. This research will allow THC, project consultants, and the public to provide comments, guidance, and recommendations in a greater level of detail, tailored to the existing conditions of each building. The existing TxDOT report on AuSSLC provides a good foundation, but prior to any such work at the campus THC recommends research on individual buildings and their condition.

Construction of New Facilities

The ASH and AuSSLC campuses contain individually significant buildings and districts that are eligible for historical designations, as described above. These historic properties should be among the constraints considered when determining the locations and footprints for new buildings. Significant landscape features, such as mature trees, the entry gate at ASH, and designed open spaces, should also be preserved where possible.

While each campus presents unique challenges for a major new facility, new construction should be sited to minimize the need for demolition. The Feasibility Study prepared by Page/ developed ideal diagrams for the distribution of various functions required for ASH and AuSSLC and test fit these prototypes without significant consideration for how they can be integrated into the historic campuses. The study acknowledges the need for a detailed space programming process if one of the options is selected for implementation. During that process, we encourage development of more nuanced proposals that make use of historic buildings to the greatest extent feasible.

² Moore, David W., Jr., *Reconnaissance-Level Survey-NRHP Evaluations, Loop 1 (MoPac): FM 734 (Parmer Lane) to the Cesar Chavez Street Interchange, Austin, Travis County, Texas.*

The THC evaluates modifications to historic buildings and their environs using the Secretary of the Interior's *Standards for Rehabilitation*. These ten standards establish best practices for historic preservation and are the benchmark by which the THC evaluates proposed work. Relative to additions to or new construction in the vicinity of historic buildings, they state that "The new work shall be differentiated from the old and shall be compatible with the massing, size, scale, and architectural features to protect the historic integrity of the property and its environment." Given that most new buildings are proposed to be a single story in height, they will be in keeping with the one- to two-story buildings that characterize both campuses. Attention should also be paid to the buildings' form, materials, and other aspects of their design. Differentiated yet compatible construction can take a range of appearances from traditional to modern.³

An Antiquities Permit may be required for archeological investigations prior to construction or monitoring during construction, depending on building location and the potential for historic archeological deposits. While no archeological site trinomial has been assigned to either property and no boundary for deposits associated with these state lands has been established, several archeological investigations have been required prior to past development. Areas of concern may include the foundations of non-extant buildings at ASH and the potential for unmarked burials on both campuses, particularly in the vicinity of the cemetery at AuSSLC.

Rehabilitation of Existing Buildings

Rehabilitation of historic buildings for modern use should be fully explored as part of any redevelopment proposal. To the maximum extent feasible, available historic properties should be used to fulfill the missions of ASH and AuSSLC. Administrative and support functions, and to some extent recreational or vocational uses, have considerable flexibility and compatibility with the existing building fabric. The Page/ study identified that administrative functions can be housed in multi-level buildings, and the existing, largely two-story building stock at each campus should be evaluated for such use. Residential and medical/therapy areas must conform to current best practices for patient care and may have more limited potential to work within the historic buildings, but the feasibility of reuse should nevertheless receive careful consideration. Those historic buildings to remain that are not identified for use by ASH or AuSSLC functions could be made available for lease by other state agencies, nonprofits, or business offices, as appropriate.

As previously stated, Buildings 554, 540, 736, and 519 at ASH should receive highest priority consideration, with reuse of Buildings 524, 601, and 551 considered where practical. At AuSSLC, reuse of the entire historic campus should receive consideration.

Rehabilitation of historic buildings should conform to the Secretary of the Interior's *Standards for Rehabilitation*. These standards emphasize retention of significant, character-defining features and materials while offering flexibility to accommodate efficient modern use through compatible alterations and additions, code-mandated upgrades, and accessibility improvements.

Demolition of Existing Buildings

Prior to selecting a proposal that would require demolition of historic buildings, the THC strongly recommends careful evaluation of alternate locations or configurations for new facilities and the feasibility of reusing existing buildings. In particular, the buildings identified above as high- or medium-priority for preservation should be retained where possible.

Should historic buildings be proposed for demolition, Historic American Buildings Survey (HABS) documentation would provide a permanent archival record for future study. Beyond individual building-by-building recordation, comprehensive documentation of an entire campus would also capture the setting of those historic buildings to

³ 36 C.F.R. 67. See <https://www.nps.gov/tps/standards/rehabilitation.htm>; *The Secretary of the Interior's Standards for Rehabilitation & Illustrated Guidelines for Rehabilitating Historic Buildings*, <https://www.nps.gov/tps/standards/rehabilitation/rehab/index.htm>; and additional guidance documents on a variety of topics at <https://www.nps.gov/tps/how-to-preserve/by-topic.htm>.

remain before new construction occurs. HABS documentation includes large-format, black-and-white photography that may be accompanied by written history and measured drawings. The THC and the National Park Service can consult on the appropriate level of documentation. HABS is the federal government's oldest preservation program, and the Library of Congress maintains records on more than 40,000 historic properties, which are available to the public without copyright limitations. Other potential repositories for documentation include the THC and the Austin History Center.

If some but not all of the historic buildings on a campus will be demolished, materials such as brick, windows, doors, and decorative details could be salvaged to repair those buildings that remain.

Disposition of State-Owned Land

Should the state dispose of all or a portion of the ASH or AuSSLC campus, either as part of this project or in the future, the following actions would encourage preservation of significant historic buildings by the new owner(s).

National Register of Historic Places Listing

Both the ASH and AuSSLC campuses have areas that are eligible for listing in the National Register of Historic Places as historic districts. This designation is primarily honorary but does confer some significant advantages. Federal and state tax credits for rehabilitation, further described below, are available to qualifying projects in National Register-listed buildings. The State of Texas also offers a sales tax exemption on labor to repair, restore, or remodel buildings listed in the National Register. The City of Austin Historic Preservation Office reviews permits within National Register districts and may designate local landmarks, which receive property tax relief.

The research and professional evaluation of the AuSSLC campus performed for TxDOT would provide a solid basis for a National Register nomination. Further study would be necessary for nomination of the ASH campus.

State Antiquities Landmark Designation

At present, only the ASH Administration Building (Building 501) is designated as a State Antiquities Landmark (SAL). Both campuses have additional buildings that would be eligible for designation if first listed in the National Register of Historic Places. While SAL designation is most common on public property, it provides equal protection to private property. The designation remains with the property if transferred from public to private ownership and could be pursued as a precursor to disposition of significant historic buildings to ensure their future preservation. As with the National Register, SALs are eligible for state tax credits for rehabilitation.

Preservation Covenant or Easement

The THC holds preservation covenants and easements that protect significant historic properties. These instruments are filed in county deed records and are binding on future owners in perpetuity or for a specified duration. Such protections could be attached to the deed of sale from the State of Texas to a private owner and would guide future redevelopment in a preservation-oriented direction. A covenant or easement provides a similar level of protection as SAL designation without the lengthy designation process.

Federal and State Tax Credits for Rehabilitation

The Federal Historic Preservation Tax Incentives Program includes a 20 percent income tax credit for the rehabilitation of historic buildings listed in the National Register and a 10 percent income tax credit for rehabilitation of non-historic buildings built prior to 1936. The Texas Historic Preservation Tax Credit Program offers a 25 percent franchise tax credit for the rehabilitation of historic buildings listed in the National Register or designated as SALs or Recorded Texas Historic Landmarks. The federal tax credit is available to income-producing properties, while the state tax credit is also available to nonprofit organizations. These programs spur economic development and incentivize the adaptive use of significant historic buildings by making projects more viable.

The availability of the federal and state tax credit programs could be included in marketing materials for the sale of the property. This would be most effective as a preservation incentive when paired with National Register listing prior to disposition.

FEASIBILITY STUDY OPTIONS

The Austin State Hospital and Austin State Supported Living Center Feasibility Study prepared by Page/ includes site test fit options, in which ideal diagrams for the distribution of various functions required for ASH and AuSSLC were superimposed on each campus. The following sections analyze the advantages and disadvantages of each option from a historic preservation standpoint.

Option 1

The first option under consideration entails consolidating ASH and the AuSSLC on the existing ASH campus. The test fit layout has a new ASH facility on the northern end of the site, new buildings for AuSSLC at the southern end of the site, and shared support buildings on the western portion of the site near Lamar Boulevard. This proposal retains the SAL-designated Building 501 and maintains its relationship with the Guadalupe entry gate as part of the AuSSLC campus. It is identified for potential reuse as the facility's administration building. Buildings 554 and 540 may also be retained for use as administration and storage space; the THC strongly encourages consideration of these buildings prior to proposal of new construction for the same functions. Option 1 involves demolition of the remainder of the historic buildings of the ASH campus. If this option is selected, each of these historic buildings should be evaluated for potential reuse, including with compatible additions, to meet facility needs.

This option also considers the sale or lease of the AuSSLC campus. By placing preservation protections on the property, such as SAL designation or an easement, the state could ensure future private development does not harm the historic district while leaving the remainder of the property unrestricted. The implications of retaining the historic district or specific historic buildings were not considered in the land value market analysis included in the Page/ report. Disposal of the property with no protections, or with all buildings razed, would be highly undesirable from a preservation perspective. We appreciate that the report identifies as a potential next step additional analysis and master planning for a mixed-use development that could retain historic buildings and heritage trees. Such analysis should take into consideration federal and state tax credits for rehabilitation of historic properties, which are not available for government use but may serve as an incentive for private investment in revitalization of the historic buildings.

Option 2

The second option under consideration entails consolidating ASH and AuSSLC on the existing AuSSLC campus. The Page/ study developed three sub-options. Options 2A and 2B entail construction of a new state hospital, while the AuSSLC remains largely in its existing buildings. Option 2C results in entirely new facilities for both ASH and AuSSLC.

Option 2A places the new ASH facility on land currently occupied by the historic district and retains only Buildings 543 (Administration Building, 1939), 727 (Infirmary, 1956) and 739 (Chapel for the Children, 1961). While the chapel may be individually eligible for historical designation for its architecture, this option removes the oldest historic buildings and destroys the cohesive campus setting. It offers limited potential to reevaluate and incorporate historic buildings during future space planning due to the large footprint for patient care and parking required by the ASH facility.

Option 2B retains a larger portion of the historic district, including many of the mature trees that lend to the peaceful atmosphere of the AuSSLC. The remaining buildings may be rehabilitated for use by the AuSSLC and shared functions. This option nevertheless results in demolition of a significant number of historic buildings and separation of those remaining from the cemetery.

Option 2C proposes two completely new facilities on the site and retains none of the existing buildings on the AuSSLC campus. From a preservation standpoint, this option is the least desirable.

In each of these options, construction of the new ASH facility will occur in the vicinity of the cemetery, which may necessitate archeological investigations prior to, or monitoring during, construction.

Option 2 also considers the sale or lease of the ASH campus. By placing preservation protections on the property, such as additional SAL designations or an easement, the state could ensure future private development does not harm primary historic buildings while leaving the remainder of the property unrestricted. The implications of retaining the historic district or specific historic buildings were not considered in the land value market analysis included in the Page/ report. Disposal of the property with no additional protections, or with all buildings other than 501 razed, would be highly undesirable from a preservation perspective. We appreciate that the report identifies as a potential next step additional analysis and master planning for a mixed-use development that could retain historic buildings and heritage trees. Such analysis should take into consideration federal and state tax credits for rehabilitation of historic properties, which are not available for government use but may serve as an incentive for private investment in revitalization of the historic buildings.

Option 3

The third option would entail replacing ASH on other state-owned land. No available parcels meet the size requirements, so this option did not receive further analysis.

Option 4

The fourth option under consideration entails replacing the ASH facilities on the existing ASH campus. The Page/ study developed two sub-options.

Option 4A consolidates the new ASH facility in the center of the site. This proposal retains the SAL-designated Building 501 and maintains its relationship with the Guadalupe entry gate and mature trees in the core of the campus. It is identified for potential reuse as the facility's administration building or shared with a related user. Buildings 519 may be retained for support functions but is separated from the other historic buildings by the new ASH facility. Building 554 is identified as optional to retain. The THC strongly encourages consideration of these buildings prior to proposal of new construction for functions they could accommodate. Option 4A involves demolition of the remainder of the historic buildings of the ASH campus, including 540 and 736. It offers limited potential to reevaluate and incorporate historic buildings during future space planning due to the large footprint for patient care and parking required by the ASH facility.

This option creates two parcels for future development. These areas are outside of the historic district identified for the ASH campus, but additional research and documentation are recommended.

Option 4B consolidates the ASH campus on the northern end of the site and creates a single parcel for future development at the southern end of the site. The phasing plan calls for ultimately clearing the entire site, except Building 501 and support buildings outside of the historic district. Building 519 is the only building within the historic district that crosses into the consolidated ASH campus. Rather removing the other buildings to provide a clear site for redevelopment, the THC strongly encourages placing preservation protections on the historic district and exploring a mixed-use development using rehabilitation tax credits, as described under Option 2 above.

Option 5

The fifth option under consideration entails replacing ASH on non-state-owned land. As a specific parcel has not been identified, it is not possible to determine if archeological investigations would be needed or other best practices recommended.

This option also considers the sale or lease of the ASH campus. As discussed with Option 2 above, the THC strongly recommends placing preservation protections on the historic district and exploring a mixed-use development using rehabilitation tax credits.

Option 6

The final option under consideration entails replacing ASH and AuSSLC on a shared site on non-state-owned land. As a specific parcel has not been identified, it is not possible to determine if archeological investigations would be needed or other best practices recommended.

This option also considers the sale or lease of the ASH and AuSSLC campuses. As discussed with Options 1 and 2 above, the THC strongly recommends placing preservation protections on the historic districts and exploring a mixed-use development using rehabilitation tax credits.

CONCLUSION

We appreciate this chance to be involved early in the planning process for the future of ASH and AuSSLC campuses, two properties exceedingly significant to the state's history. THC staff in the History Programs, Architecture, and Archeology Divisions is available for further consultation and discussion of any of the recommendations listed above. Please contact Justin Kockritz, 512/936-7403 or justin.kockritz@thc.texas.gov, or Elizabeth Brummett, at 512/463-6167 or elizabeth.brummett@thc.texas.gov. We look forward to further consultation with your office and the feasibility study working group, and hope to maintain a relationship that will foster effective historic preservation. Thank you for your efforts to preserve the irreplaceable heritage of Texas.

Texas Historical Commission
P.O. Box 12276
Austin, TX 78711-2276
512.463.6100
fax 512.475.4872
thc@thc.state.tx.us



TEXAS HISTORICAL COMMISSION
real places telling real stories

www.thc.state.tx.us

Appendix

AUSTIN STATE HOSPITAL PHOTOGRAPHS



Administration Building (501)



Hospital Ward (540)



Employee Dormitory (554)



African American Female Ward (519)



African American Dining Hall (736)



Power Plant (601)



Adult Psychiatric Service Building (784)



Medical Services Complex (781)



Mental Health and Substance Abuse Building 2

Mental Health and Substance Abuse Building Annex

AUSTIN STATE SUPPORTED LIVING CENTER PHOTOGRAPHS



Administration Building (543)



Girls' Dormitory No. 14 (514)



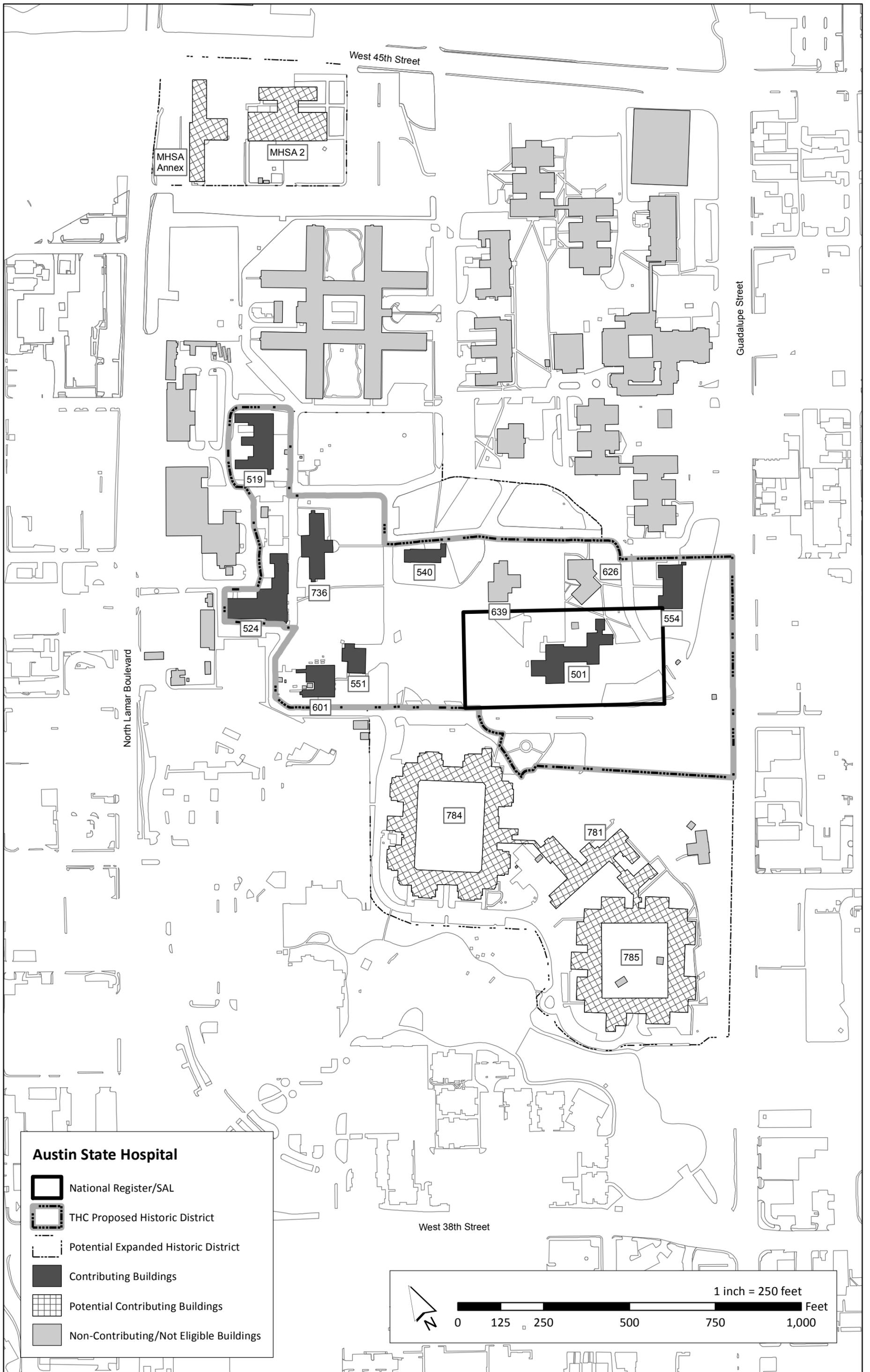
Superintendent's Residence (520)

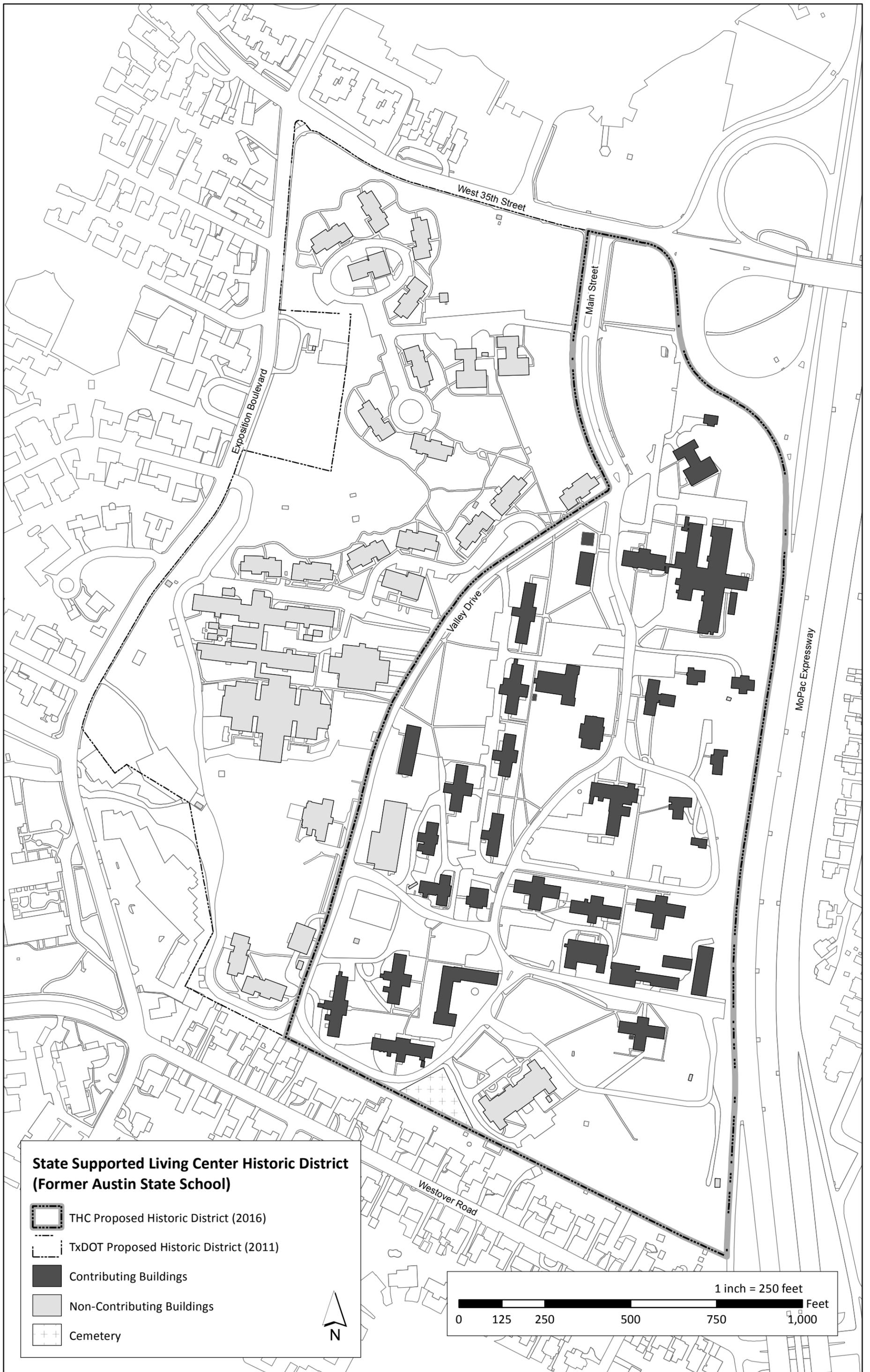


Girls' Dormitory No. 5 (514)



Chapel for the Children (739)





Appendix F (Summary of Public Hearings)

The following is a summary of the comments received during the three public hearings. Comments have been deidentified.

On July 28, 2016, location options were renumbered to distinguish between options required by legislation (SB 200) and options requested by legislators.

| Numbering of New Location Options After July 28, 2016 | |
|---|--|
| *Option 1 | Replace ASH Facility on Other State-Owned Land |
| *Option 2 | Replace ASH Facility on Site Not Owned by State |
| Option 3 | Consolidated ASH/AuSSLC Facility at Existing ASH Campus |
| Option 4 | Consolidated ASH/AuSSLC Facility at Existing AuSSLC Campus |
| Option 5 | Replace ASH and AuSSLC Facilities on Site Not Owned by State |
| Option 6 | Replace ASH Facility on Existing ASH Campus |

*Required by SB 200

| Numbering of New Location Options Before July 28, 2016 | |
|--|--|
| Option 1 | Consolidated ASH/AuSSLC Facility at Existing ASH Campus |
| Option 2 | Consolidated ASH/AuSSLC Facility at Existing AuSSLC Campus |
| Option 3 | Replace ASH Facility on Other State-Owned Land |
| Option 4 | Replace ASH Facility on Existing ASH Campus |
| Option 5 | Replace ASH Facility on Site Not Owned by State |
| Option 6 | Replace ASH and AuSSLC Facilities on Site Not Owned by State |

For the hearing presentations, the numbering of location options was before July 28, 2016, which is different than the numbering of location options in the report.

**June 15, 2016 - Austin
Health and Human Services Commission
Brown-Heatly Building
4900 N. Lamar Blvd.**

This meeting was webcast live and archived at <http://www.hhsc.state.tx.us/news/webcasting.asp>

Austin Public Hearing Comment 1

Sister resides at AuSSLC, 64 years old, lived there 55+ years and well taken care of and getting better. Supports Option 2. All existing facilities at AuSSLC should remain even if ASH is collocated. Both facilities should remain and be upgraded on state-owned land. Facilities are already owned and serving the need. Oppose the sale of either property. Does not support moving AuSSLC due to impact on residents who have lived there a long time. Moratorium needs to be lifted. Consideration of residential services for dual-diagnosed for ASH population. Historical value of both properties should be considered.

Austin Public Hearing Comment 2

Physical therapist working with persons with intellectual disabilities. AuSSLC should stay centrally located. Benefits: near hospital; access to specialists care; professional positions filled by

qualified people; clients able to take advantage of city activities with minimal travel time; exposure and integration; Austin citizens can volunteer easily; increases acceptance of people with disabilities.

Austin Public Hearing Comment 3

Brother resides at AuSSLC. Because he lives close, he is better able to care and advocate for the well being of his brother. Oppose sale of AuSSLC land. Supports Option 2. AuSSLC has sufficient acreage to support both programs and ability to expand. Campus is owned outright. Campus is close to medical services and community activities. Campus is integral part of history. West Austin neighborhood supports the location. Would be detrimental for citizens to move. Offers onsite medical and dental services that could be expanded to ASH and community. Buildings are structurally sound. Proper funding can help repurpose buildings into state-of-the-art facilities.

Austin Public Hearing Comment 4

Brother lives at AuSSLC since 2007 and receives excellent care. Supports Option 2 to create state of the art facilities for intellectually and mentally disabled. Opposed to selling any state property used for social services. Definitely opposes Option 6.

Austin Public Hearing Comment 5

Lives in Northfield around ASH. Consider the impacts of any decisions on the surrounding neighborhoods. Reach out to neighborhoods and planning teams. If ASH is vacated, they should have a good idea of what will go in its place. This will affect the neighborhood.

Austin Public Hearing Comment 6

Was a patient of ASH due to trauma. Has made tremendous strides. Peer support and club houses are important to recovery. Most concerning proposal is putting facility outside city. Need to keep close to society, not outside city.

Austin Public Hearing Comment 7

Represents Austin Clubhouse. ASH serves best being located in heart of Austin. Send a message by wrapping city around individuals at a most vulnerable time in their lives. Provides easy access for family visits, links to community resources before patients leave the facility, and ensures continuity of care. Tremendous resource to clubhouse; provides office space and fosters partnerships with mental health groups on campus. Possibility to partner with Dell Medical School and other groups on ASH campus. Supports Option 4.

Austin Public Hearing Comment 8

Represents Disability Rights Texas. For people who reside at AuSSLC, no matter how complex needs, should be about the quality and amount of services that they get, not bricks and mortar. Invest the money in community settings, for residents. This is an opportunity to expand and enhance the services. Downsizing and closure of AuSSLC should be accelerated. Keep moratorium in place. Not supportive of any options.

Austin Public Hearing Comment 9

Represents Hyde Park Neighborhood Association. ASH borders neighborhood and is an integral part of neighborhood history. Many early employees of ASH lived in neighborhood. Areas have been mutually beneficial for over 100 years. Top priority of most recent neighborhood plan was to maintain ASH at current location and maintain historic administration building and parkland.

Austin Public Hearing Comment 10

Represents ARC of Texas. With the declining census of all SSLCs, demand for service is not there. Missions of ASH and AuSSLC do not align with each other. Would like to expand conversation around AuSSLC to consider how services are improved rather than focusing only on downsizing the facility. Several other organizations have recommended the closure of AuSSLC.

Austin Public Hearing Comment 11

Sister lived at AuSSLC for 56 years, has received excellent care and quality of life. She is very active in the community; is her family rather than a service. Could not survive out of AuSSLC. Important to be in a place where familiar with surroundings and staff. Opposes the sale of either property. Some of the buildings at AuSSLC have been repurposed and are beautiful. AuSSLC campus is beautiful and anyone can drive on and feel peace. Central location is near to the hospitals in case of need. If an option was required, would support ASH being located on AuSSLC campus.

Austin Public Hearing Comment 12

Legislative aide. Appreciates inclusion of AuSSLC in study. Central Texas (Austin specifically) must have a state supported living center facility. AuSSLC must be kept open, group home is not an option for many. Status quo of ASH and AuSSLC is not acceptable. Facilities are old and many buildings are well past usefulness. Solution is to collocate and construct new facilities. Efficiencies can be gained by collocation. Benefit of sale or lease of vacated parcel to help fund new facility.

Austin Public Hearing Comment 13

Represents Community Now. None of the current SSLC proposals are feasible. AuSSLC has significant issues with infrastructure. Do not support funding any state health facility on AuSSLC campus. If selling the land at facilities, make sure proceeds go back to supporting community services.

Austin Public Hearing Comment 14

Has history of mental illness, speaking on behalf of all with mental health/developmental disability issues. "Feasibility study" definition is where the stakes are very, very high. Keep ASH on current campus, make it the best model for mental health research and care in the country. Current location is perfect. Community is more than real estate, is shared common goal and compassion.

Austin Public Hearing Comment 15

Represents AuSSLC Family Guardian Group and PART. Has fought tirelessly to keep SSLC open and proud of 100+ votes in Texas House to oppose the bill to close facilities. Sister has lived in AuSSLC since 8 years old, she is now 50. Support keeping AuSSLC open and fully funding services for anyone with a disability. Supports Option 2 "if it comes down to it."

Austin Public Hearing Comment 16

Represents Adapt Texas and Personal Attendant Coalition. Study needs to be seen in context of what is really going on with Medicaid budget. One of the biggest needs is affordable, accessible integrated housing. Supports smart downsizing and closing of current facilities. Can receive lower cost services in the community. Land from current facilities could be used for affordable accessible integrated housing. AuSSLC has been threatened to be shut down by federal government for abuse of people. Has been violating people's rights for years.

Austin Public Hearing Comment 17

Physician at AuSSLC. Supports either option that would consolidate the facilities. Was previously a physician in the community and the level of care at AuSSLC is much higher than was able to achieve in the community. SSLCs provide vital services for people with complex medical problems. Access to medical care is better when located in center of city as have increased access to hospital services and specialists. Future goal of AuSSLC could be to provide services to people living in the community. Also goal for all people with disabilities to have community integration. Residents able to work at restaurants and attend community events due to central location. Great opportunity for residents and students at Dell Medical Center to learn about disabilities.

Austin Public Hearing Comment 18

Represents AuSSLC Family Guardian Association and volunteer at Austin Clubhouse. Opposes sale of either property. SSLC population would be affected by any move. Sister thrived at AuSSLC for 20 years; died within one year of moving into the community. Recommends lifting moratorium on admissions at AuSSLC. Need to make campuses more permeable. Repurpose under-utilized facilities. Maintain safe and affordable facilities for those in need and provide transition housing and affordable living options on site. Addition of fitness centers and green space. Need for these settings will only grow with increasing population in the city. Both campuses will continue to need secured residential area.

Austin Public Hearing Comment 19

Son lives at AuSSLC. Keep AuSSLC open. Does not support any of the options, except possibly Option 4. Not overly familiar with ASH campus but know they need better help. It is not true that AuSSLC has a census issue, the declining population is a self-fulfilling prophecy. At the entry level, severely disabled are rarely directed towards a location like the AuSSLC. If you really know the IDD population then you know that there are hundreds, maybe thousands, of unserved people in the community that need the AuSSLC. Son is autistic, projected growth in autism. Shouldn't lump ASH people in with AuSSLC when the AuSSLC should be growing.

Austin Public Hearing Comment 20

Represents PART. Sister lives at Brenham SSLC. This is an opportunity to expand quality services for both populations. ASH opened in 1861, AuSSLC in 1917. Originally farm land, community came to them. Land was donated for services. Land belongs to people who get services. Both need new facilities, expand services to both populations. Fort Worth SSLC has repurposed the property to resources for persons with disabilities. Collocating would be better at AuSSLC because residents would not move. Services need to be expanded for both populations.

Austin Public Hearing Comment 21

Represents Communities in Recovery, which is located on ASH campus. Access to services make a huge difference to the people they serve. Central location is important. Most people served come to us on public transportation. Serve 1000 people a month, 30 support groups a month. Supports continuity of care, close proximity to proposed sobriety center. Cooperative relationship with ASH, ASH patients participate in their groups. Access to facility saves them rent, that money is put into programs. Allows ASH to connect patients to them before discharge. Appears that this is a land grab for developers and pushes patients to the outskirts. Supports Option 1 and 4.

Austin Public Hearing Comment 22

Represents Accessible Housing Austin, which provides services to individuals with disabilities. Extreme need for more accessible affordable housing. Shortage of 48,000 rooms for low income individuals. Opposed to selling either property. Any re-development must include integrated affordable housing for persons with disabilities. Concerned with motivation or temptation to sell and monetize these parcels. Critical to preserve central locations.

Austin Public Hearing Comment 23

Brother is in AuSSLC. Favors Option 2 as a compromise, considering financial pressures to State. Most residents at AuSSLC cannot be responsibly served by community homes. AuSSLC has special traffic rules and facilities for persons with disabilities and is a safe haven for individuals. Claims that AuSSLC is unsafe is misleading. Sending residents to care far away will be detrimental to residents. Family members cannot travel long distances to visit. Closing AuSSLC will mean moving residents and change will be difficult for them. Stability is paramount to individuals.

Austin Public Hearing Comment 24

Resident of Hyde Park and practicing architect. Owns building across from ASH. Is on City of Austin Planning Commission. Supports maintaining ASH services and campus as it is. 2000 Hyde Park Plan was to maintain ASH. The neighborhood has a 125 year relationship with ASH. Neighborhood wants to be involved in planning. Neighborhood is very happy with facilities and want to continue to be part of conversation.

Austin Public Hearing Comment 25

Represents 6th Street Property Owners Association. Keep the campuses. Group has been studying the ASH campus for many years. Campus is not being fully utilized and has opportunity to provide more services to the community. Many opportunities for funding for public/public partnerships. Many buildings can be refurbished in existing state. Can use campus for pilot programs. Offer primary care for disadvantaged citizens, affordable housing. It is feasible to open 50 beds that could be put into service in 90 days. Homeless and transients have mental health issues and need to be treated in places other than jails. Could use 25 vacant beds today for transient population.

**June 20, 2016 – San Marcos
San Marcos Public Library
625 E. Hopkins Street**

San Marcos Public Hearing Comment 1

Sister resides at AuSSLC. Very pleased with the quality and continuity of care, devoted very caring staff. Family relocated to Austin when her sister was admitted in 1959. She feels very strongly about keeping her sister and housemates at this property. Supports keeping the AuSSLC property with refurbishments or rebuilding of buildings. Also feels the ASH facility is worth more than brick and mortar. Both properties should be kept by the State for their designated uses. If a move must happen, she prefers ASH relocating to AuSSLC in order to prevent AuSSL residents from having to move. Both facilities should be used for teaching and training upcoming interns/students and practicing physicians, perhaps in conjunction with new UT Dell Medical School. Increasing the experience and knowledge of medical staff that has been dealing with an aging community make this an awesome resource for the mental health community.

San Marcos Public Hearing Comment 2

Concerned with moving AuSSLC. There are a number of old buildings to be rehabilitated or replaced at AuSSLC, but the state school should not be moved. His son has been there 52 years. It is the only home that he has ever known. It would be traumatic if the residents were to be moved. His choice is any one that does not change the AuSSLC. Having the state hospital on the same grounds would make good fiscal sense. There are problems keeping the populations separate that can be worked out.

San Marcos Public Hearing Comment 3

Younger sister resides at the Brenham facility. The San Antonio State School is on the same campus as the State Hospital. Everything runs well there. If any facility needs to be moved, ASH should be relocated. Keep AuSSLC on their campus that was given to them. She feels it is a moral issue on selling any state property, this population needs the facilities and services. Would like to see services even further expanded.

San Marcos Public Hearing Comment 4

Son resides at AuSSLC and receives excellent care. He referenced recent attempts and failures regarding the AuSSLC closure. He said he could see some possibilities for the two facilities sharing a single campus, but he prefers ASH come to the AuSSLC campus if that were to happen. Even though he can see how the two institutions could co-exist, he is opposed to it. If there is vacant room at AuSSLC, there shouldn't be. The population is out there, there are many people out there like his son who need the services. There are people who are aging out of the school system and are going to need a place to go. They have highly structured security and programs. The existing capacity within the existing buildings at AuSSLC should be used to increase capacity for more residents. ASH clients should not be near Mopac, and ASH clients should be centrally located. If remodeling has to be done to ASH, he supports this.

**June 22, 2016 – Round Rock
Bluebonnet Trails Community Center
1009 Georgetown Street**

Round Rock Public Hearing Comment 1

Sister has been patient at ASH on numerous occasions. The land is very valuable, does not personally see a problem with selling land as long as they build a new state of the art hospital with additional beds. It would be better if it could stay where it is on part of the land. Money gained from the sale of the land should go to mental health services. Make sure the cemetery is kept intact. Do not turn the hospital over to private enterprise. New outpatient facilities for mental health services needs to be on a bus line. If everything could be placed at one facility, instead of spread out all over the city/state, it would be much better for everyone.

Round Rock Public Hearing Comment 2

He has discovered that many people do not understand the difference between AuSSLC and ASH and that there is a tendency to lump both populations together. He is worried that with Option 2, given with the number of beds at ASH. ASH has 299 beds, which would crowd the AuSSL site that they worked hard to save. They are different populations with different needs and to combine them is going to increase the notion that they are all alike. That is not going to benefit either population. ASH population is transitional; they need to be able to maintain contact with society and they would not have same access at AuSSLC. They will also take up half of the campus that they fought to keep last legislative session. He prefers Option 4 with addendum that programs and activities at both campuses be increased.

Round Rock Public Hearing Comment 3

Legislative aide. Pursuant to SB 200, this study looks at benefits of transferring ASH to another location. He appreciates the agency taking this seriously. 127 members voted to save AuSSLC; central Texas needs an SSLC to support the population. Putting these individuals in a group home is not an option. Moving them to a government funded property or another SSLC is inappropriate. There is a moral obligation to protect and care for the disabled population. AuSSLC is a necessary facility, but status quo is not acceptable. AuSSLC facilities are very old, spread out, and inefficient; ASH campus is in similar situation. Solution for both AuSSLC and ASH is to construct new facilities collocated on either the ASH campus or the AuSSLC campus or a third location yet to be determined. Both current sites are adequate in size to handle the new facility or facilities. The current site not to be used can be monetized thereby reducing costs and other efficiencies could be found through common administrative food service and medical services. Positive partners to create new and improved AuSSLC and hospital must think creatively, including collaboration for community services, leveraging and accentuating community ties, and partnerships with UT Health and the new Austin Dell Medical Center.

Round Rock Public Hearing Comment 4

Represents NAMI Austin. NAMI provides training and classes to individuals, interacts with families of those who need services. Families have very strong opinions on location of ASH and want to maintain current location. The facility serves Austin and surrounding counties and needs to be centrally located. Partnership with Dell Medical School provides excellent opportunities for clinical and medical staff and physicians and doctors. ASH is well located to address the need for

adequate access to beds. This is truly a golden opportunity to create a visionary practice for best practices of care in the state. As Texas continues to face a mental health workforce shortage, the ASH campus continues to support mental health support groups. ASH houses NAMI Austin and Austin Clubhouse. This is an opportunity to expand these partnerships. Cannot underestimate the importance of community support. ASH can be a hub for services for people living with mental health issues and their families and provide support for the community for a variety of diverse community services. Envisions a state hospital that has the best in mental health care in the state.

Round Rock Public Hearing Comment 5

Represents NAMI Temple. ASH serves population of individuals with severe mental illness. Unique perspective that she does not live in Austin. Her daughter became ill at 14 and was in ASH. Very critical for people who are mentally ill to have support. Keeping a facility centrally located is critical. Having places families can stay is critical. Individuals need to know there is someone there to help them. Would like to have consideration for the families and how they manage. Last time she was in Austin, there was a homeless man, whose wife was in ASH; it was critical that they had a place to stay. Please consider central location and the facilities available for families to help.

Round Rock Public Hearing Comment 6

AuSSLC should be right sized or closed. The upkeep for the current structures only become more expensive each year. The monies should be used to fund waiting list slots for community services. Cost for mental health care has risen due to the high cost of fixing crumbling buildings on the properties. Cost at SSLC is five times more than supporting individuals in the community.

Appendix G (Summary of Written Comments)

The following written comments were received through a dedicated email account set up to receive comments May 25 – June 30, 2016 or were provided in writing at one of the public hearings. Identifying information has been removed from the comments.

On July 28, 2016, location options were renumbered to distinguish between options required by legislation (SB 200) and options requested by legislators.

| Numbering of New Location Options After July 28, 2016 | |
|---|--|
| *Option 1 | Replace ASH Facility on Other State-Owned Land |
| *Option 2 | Replace ASH Facility on Site Not Owned by State |
| Option 3 | Consolidated ASH/AuSSLC Facility at Existing ASH Campus |
| Option 4 | Consolidated ASH/AuSSLC Facility at Existing AuSSLC Campus |
| Option 5 | Replace ASH and AuSSLC Facilities on Site Not Owned by State |
| Option 6 | Replace ASH Facility on Existing ASH Campus |

*Required by SB 200

| Numbering of New Location Options Before July 28, 2016 | |
|--|--|
| Option 1 | Consolidated ASH/AuSSLC Facility at Existing ASH Campus |
| Option 2 | Consolidated ASH/AuSSLC Facility at Existing AuSSLC Campus |
| Option 3 | Replace ASH Facility on Other State-Owned Land |
| Option 4 | Replace ASH Facility on Existing ASH Campus |
| Option 5 | Replace ASH Facility on Site Not Owned by State |
| Option 6 | Replace ASH and AuSSLC Facilities on Site Not Owned by State |

Information posted on the Department of State Health Services public website during the comment period included the numbering of location options before July 28, 2016, which is different than the numbering of location options in the report.

Written Comment 1

We live in Rosedale and fully support wisely increasing City density. We fully support moving the State Hospital and Living Center, as well as the School for the Deaf. There is a minor historical significance but no functional reason these facilities should continue to be located in such prime real estate perfect for expansion. The only glitch will be dos COA has not supported the neighborhood input to the development of new PUD, like the Grove. The School for the Blind and Visually Impaired likely has a claim to interacting with urban life, but was originally constructed on the edge of town.

Written Comment 2

We've just received notice that there will be an HHS hearing w/regards to SB200, which deals with potential relocation of the Austin State Hospital and the Austin State Supported Living Center. We strongly support NOT RELOCATING these facilities simply to satisfy legislators who have succumbed to the real estate and development lobby, which covets these properties for their own greedy interests. The Austin State Hospital facility is a historically important part of Austin history, and should remain as is. The Austin State Supported Living Center is conveniently

located for the patients and those who visit them. Therefore, we're asking the commissioners to deny any relocation attempts if the primary result will be to benefit special interest groups who are prostituting the "highest and best use" concept for their own selfish interests.

Written Comment 3

I would like to ask that officials consider relocating the Austin State Hospital to Wise County, Texas. I have no collective information, other than this is an up-and-coming area that would provide a good (almost) central Texas location for the facility, and easy access for patients, families and providers commuting through the DFW area, as well as the Wichita Falls and Denton areas. And it would offer countless benefits to the state and to our community.

Although I work at the local hospital, Wise Health System, this is no way a suggestion or request from this facility. It is purely a personal request for consideration, because I do believe this is such a great area, and I realize professionally as a nurse, that growth and expansion in healthcare provision has long-term very positive impacts on thousands of people, especially those persons closest to the exact place where that expansion takes place. So, my neighbors, my friends, and my family would all benefit from this move, as well as our more distant neighbors throughout the rest of Texas!

Thank you for your consideration. I feel certain that by moving our (Austin) Texas State Hospital to this area, you would find all of the means and resources necessary to make this move a tremendous success for all involved.

Written Comment 4

I am guardian and brother of a client of ASSLC, I support keeping the ASSLC open to serve the clients there, and also exploring bringing the State Hospital clients here to co mingle, realistically I accept the fact that that may not be an real option I support going to a new facility, spacious to where the clients who like the outdoors can enjoy it, if need be big enough for both to coexist.

Written Comment 5

I am writing in response to the Senate Bill 200 that is before the 84th legislature. I understand there is a movement underway to relocate the Austin State Hospital. Why is this being considered? What is the purpose in moving ASH? It serves the Austin community and clientele at this location quite well and has done so for many, many years. It is a serene, green oasis amid the traffic noise of the rest of the city. It is a peaceful refuge from the rigors of the surrounding area.

If the purpose for relocating ASH is to develop more condos, shops, restaurants, movie houses, etc.there is enough of that all over!! Austin is looking like "Gotham City"!! It is losing its uniqueness. The agencies, organizations and staff that serve the community use buildings on the ASH campus. They want it to remain and so do I. My son needed the services and care that ASH provided and still does. It is a beautiful site. I see no benefit in moving. Be wise and keep it as is.

Written Comment 6

I have a sister with bipolar disease who lives in Castroville. Thankfully she has not had to use the Austin State Hospital. I've been involved with NAMI (National Alliance for Mental Illness) this

past year. I support maintaining the location of Austin State Hospital on 43rd and Guadalupe for the following reasons:

1. Easy access for visits: For patients and families and friends. Bus routes allow for this.
2. Cooperative opportunities for the students and doctors of University of Texas Dell Medical School to work with the staff and patients of ASH.
3. To allow the state of Texas to control this wonderful facility, upgrade it, all the while maintaining a beautiful and needed green space in the center of Austin.

Please do not move the ASH!

Written Comment 7

I am writing today to voice my support for moving the Austin State Hospital and Supported Living Center from their current locations. As a resident of the Tarrytown neighborhood bordering the Supported Living Center, I can personally attest to the lack of retail options (e.g., restaurants, shops, parks and adequate grocery store) in the neighborhood. With Tarrytown Center effectively unusable and Lions Municipal in danger of being developed, these two state assets could be developed into uses which are more beneficial for the community. Further, the land value alone of each tract mandates a higher and better use than what currently exists.

Written Comment 8

Please do preserve this property for a useful use rather than destroying the buildings and/or radically changing the property. I would rather pay to restore the property, or sell it to a responsible entity who will respect its history.

Written Comment 9

Why are you considering selling this property? It has been home to the mentally ill for a long time and they deserve to have continuity over development. Beside which, Texas has a pathetic reputation for the mentally ill, and their health issues as well as minimal funding support. Appalled you are even considering this. Where is the humanity in this decision? I am opposed opposed, opposed.

Written Comment 10

Just wanted to touch ask if it would be feasible to make them into low income senior housing. It is so much trouble getting into senior housing with the long wait for low cost apartment buildings in and around Austin. Every day 10000 of us baby boomers turn 65 or 62 required to be in the housing.

Written Comment 11

Locating the Austin State Hospital on the campus of the Austin State Supported Living Center is an excellent idea. This campus is large enough for both facilities, and there are good, unused buildings on the campus that could be adapted for Hospital occupancy. Aunt and guardian of Living Center resident.

Written Comment 12

I am the guardian of a resident at the ASSLC since 96, I support having the ASSLC remain open either at the current grounds or at new location. The center had been her home and she has many

friends and staff she has grown to know and love. These years have good to her and the care she receives has contributed to her longevity. I strongly urge the committee to keep the facility open.

Written Comment 13

I support Option 4 for the feasibility study that replaces ASH facilities on the same property and not moving AusSSLC to the same ASH property. I was a board member of the ASH Volunteer Services Committee and understand how important ASH's central location is to patients, employees and caregivers. It is imperative that the study makes a decision which holds the patients' and employees' best interest as the top priority rather than prioritizing filling state coffers with money from a property sale. The property was donated specifically to serve people with mental illness and needs to remain dedicated to this cause. In my opinion, studying the feasibility of ASH and AusSSLC properties as a source of profit rather than caring for our most vulnerable populations is morally and ethically flawed. Is there a feasibility study to determine options of how to serve and treat MORE people with mental illness and disabilities since our population is growing at a staggering level?

Written Comment 14

Most definitely!! We cannot keep up with the growing number of mental illness patients to even consider closing ASH. Thank you for the support and concerns.

Written Comment 15

I am writing to you regarding the above referenced matter. My daughter is a resident at the Austin State Supported Living Center and has been since 1997. She is severely handicapped and requires 24 hour around the clock nursing care, as well as many others at the Center. I was involved with the Family/Guardian Group that fought hard to keep the Austin State Supported Living Center from closing in 2015. Many, many of the residents there (including my daughter) could not survive in a government-funded private group home somewhere.

For the benefit of the severely disabled in this community, I think it is time for you to consider co-locating the Austin State Supported Living Center and the Austin State Hospital together on one of the stated properties. These facilities need to be updated to state-of-the-art facilities. Other services (i.e. dental, medical) could also be incorporated and used by the community on either of the properties. A lot has already been stated by family members at the June 15th meeting and I am in agreement with the family members of residents located at AuSSLC. I ask for you to seriously consider the construction of a new co-located Austin State Supported Living Center and Austin State Hospital. I feel this is important to those residents at the AUSSLC and ASH, and will be eventually needed due to the decline of the existing properties.

Written Comment 16

It's important for the mentally disabled to be central, to have access to doctors, hospitals, activities.

Written Comment 17

As an employee of Austin State Hospital, I implore you to consider whether the decisions you make are for the best interest of mental health in Austin, Texas. This site and location has such historical significance, and I am proud to be a part of this rich history at this location. What would a move mean for the patients AND the employees currently here at Austin State Hospital? And if

a sale of the land is to occur, I find it doubtful that 100% of that profit would return to mental health in Texas. Please consider a newer, updated facility with efficient flow and evidence-based design, as it would not only build the morale of both patients and employees here, but also provide for more effective mental health healing. To feel advocated for and invested in, would increase staff retention rates. Combining the State School to be closer and on the same campus as ASH, may increase the effectiveness of meal delivery. Or better yet, in the new renovation, having the dining rooms actually be used for meal prep and the staff associated with such delivery added to the team. My background is in architecture, and now I am a nurse. I am passionate about bridging evidence-based practice with evidence-based design. There is much to improve at Austin State Hospital. But, there **MUST** be an investment in mental health to see long-term cost-effectiveness.

Written Comment 18

Please do not move Austin State Hospital. It has been at its current location for at least 99 years and is an essential part of the Austin community. It houses many mentally ill patients who need long term care, unlike other hospitals in Austin. Volunteer at Austin Clubhouse-day program for mentally ill members.

Written Comment 19

The great State of Texas owns the two grandest parks in Austin: the Capitol grounds and the ASH campus. At the north entrance of ASH, 3 beautiful cottonwood trees greet you. The perimeter of the property is framed in rose bushes. The east gate announces a campus set apart from the hustle of the city. The administration building existed 100 years before my birth. Hawks soar among the trees, some of which fell in the past storms. A fountain gurgles. The great lawns, carefully maintained, provide solace and peace for strolling or sitting or swinging. Each of the patient units hosts its own courtyard lawn. The campus roads see a yearly 5k, the ASH Dash. One year, a cycling Criterion raced around and around the ASH streets; the infamous Rock Racing with Tyler Hamilton competed. A couple of times a week, I cycle through here amazed and delighted by the grounds and the buildings. The buildings are like a step back to other eras. The architectural variety maintains so much soul. The feeling evoked on the campus exists uniquely here. The State has such a treasure chest - the lawns, a closed campus, stately buildings - to repurpose for State use. My heartfelt thank you to the Texas government and civil servants for preserving this campus environment.

Written Comment 20

As a resident, a father of someone who has used ASH, and a member of NAMI Austin, I agree with key points that NAMI Austin and NAMI Texas promotes below:

Key Points: NAMI Austin encourages its members and supporters to advocate for keeping Austin State Hospital in its current location and to consider the points below: Maintaining the current location:

- Provides families and friends of patients easy access for visits, especially for those requiring use of public transportation, as the hospital is located in the region's population center and is served by local bus routes as well as both of the area's rapid bus routes. Staff also have the opportunity to utilize public transportation in commuting to and from work.

- Creates significant opportunities to partner with the University of Texas Dell Medical School which can provide clinical and medical staff, residency training, grant and research opportunities—all aspects of a much-needed mental health workforce development and retention strategy.
- Supports important partnerships with community-based mental health groups currently housed on the ASH campus which benefit the community: NAMI Austin, NAMI Texas, Communities For Recovery, PLAN of Central Texas, and Austin Clubhouse (administrative offices). Expanding these partnerships creates the potential for ASH to become a “hub” for entities addressing the diverse needs of individuals living with serious mental health conditions and their families.
- Keeps in place and encourages collaboration within a centralized, well-known, accessible location for many vital components of the region’s mental health system, including inpatient adult psychiatric and forensic services, inpatient child/adolescent psychiatric services, Travis County Mental Health Court, Austin Police Department and Travis County Sheriff’s Crisis Intervention Team units, Department of State Health Services / Health and Human Services Commission mental health and substance offices, and Outreach Screening Assessment and Referral (OSAR) for substance use disorder services.
- Facilitates partnerships with the University of Texas at Austin, including internship programs for students (such as the nursing students who intern in the mental health units, and the human development and family sciences students who intern at NAMI Austin and NAMI Texas).
- Helps to address, when working in collaboration with local private psychiatric hospitals, the need for adequate access to psychiatric beds (for some voluntary patients as well as both forensic and civil commitments on both an acute or long-term care basis) in this fast-growing region of the state
- Allows the State of Texas to maximize its use of ideal space for creating a visionary campus, both building and green space, that integrates current best practices in integrated care and has the potential to stand as a model for the state and country
- Would allow for repairing old buildings and constructing new buildings without disturbing current service

Written Comment 21

My brother who has Down Syndrome and Alzheimer’s Dementia has been living and receiving excellent care at the specialty care campus at Austin State Supported Living Center since 2007. Those of us who have family members and friends, who need the campus residential environment with services, whether they are identified as Intellectually and Developmentally Disabled or in need of mental health aid, know how important this moment is in Texas. I am grateful that legislators, agency personnel, and individuals are willing at this time to help formulate plans for action here in Austin, Texas that will bring to fruition infrastructure, staff, services, and elegant minds to help care for both the Intellectually and Developmentally Disabled and persons in need of mental health aid and persons who are dually diagnosed. Co-locating Austin State Hospital on the grounds of the current location of Austin State Supported Living Center is a plan I support.

The Austin State Supported Living Center currently provides residents with physicians, dentists, nurses, pharmacist, audiologist, therapists, chaplain and staff right on the campus. Many of the residents have lived together for decades and the lifelong friendships are very valuable. A safe happy home and secure life on the campus of Austin State Supported Living Center is what many families have chosen for their loved one. As a parent or guardian ages, the subject of what to do about care for an Intellectually and Developmentally Delayed person arises. Austin State

Supported Living Center has been offering excellent residential care for almost one hundred years (1917-2017). As the current century unfolds, families and guardians continue to look to Austin State Supported Living center as a resource to help care for their loved one. Currently, there is a moratorium on admission to Austin State Supported Living Center. I would like to see this moratorium on admissions lifted at Austin State Supported Living Center. A pilot project at Austin State Supported Living Center currently offers a few services to private providers. This is a beneficial pilot project.

The current location of AuSSLC on 35th Street in Austin, Texas is very beneficial to the campus setting. A major hospital (Seton Medical Center) is close by and I know that AuSSLC and Seton Medical Center work very closely together in order to provide any necessary medical care that the AuSSLC resident might need. The fact that AuSSLC has an infirmary that works closely with Seton Medical Center is invaluable. When my brother needed to be hospitalized at Seton Medical Center, the liaison nurse from Austin State Supported Living Center visited Seton Medical Center to assess my brother and make sure that communication between the Austin State Supported Living Center and Seton Medical ran smoothly. It is my understanding that the new electronic health records being installed at AuSSLC match the electronic health record program that Seton Medical Center uses. If Austin State Hospital (ASH) is co-located on the current property of Austin State Supported Living Center, I would want all of the current services that are offered at Austin State Supported Living Center to continue to be available.

If the Austin State Hospital (ASH) is co-located on the current property of Austin State Supported Living Center, I would like to see thought given to having more residential services on the Austin State Hospital (ASH) portion of the campus that would allow the dual diagnosed and mental health challenged persons the ability and choice to live on the campus at the Austin State Hospital (ASH) portion. I am opposed to having any Texas state land that is currently Austin State Hospital being sold for any reason. I am opposed to having any Texas state land that is currently Austin State Supported Living Center being sold for any reason. I continue to be very grateful that my brother can live at Austin State Supported Living Center. I want to express my gratitude to the legislators and agency personnel and individuals who are working hard to find good relevant solutions for Austin State Hospital. I am very grateful that the Austin State Supported Living Center has been included in the feasibility study. Thank you very much for your attention to this letter.

Written Comment 22

I am writing to you as the parent of an adult son who was in Austin State Hospital (ASH) for 3 months continuously 13 years ago; he has schizophrenia/schizo-affective disorder, OCD and PTSD. I was grateful that my son could be close by in an Austin facility – all studies show that family involvement is highly important in the long-term recovery from mental illnesses.

I am very much in favor of the ASH campus staying where it currently is. It is centrally located, with accessible public transportation and convenient not only to family members, but to staff, law enforcement, medical personnel from other institutions, and supportive groups such as the local mental health authority (ATCIC), the National Alliance on Mental Illness of Austin and Texas (NAMI Austin and NAMI Texas respectively), the Austin Clubhouse, Plan of Central Texas (PLANCTX), and Communities for Recovery, all of which are integral in the recovery, care and/or support of persons with mental illness.

The state of Texas already owns this parcel and currently uses some of the buildings for staff offices and meeting spaces. Offering green space for health and recreation, the campus is large enough to rebuild while not disrupting services so desperately needed, given the shortage of state hospital beds. Finding a comparable site is impossible, for one with substantial acreage would be in the outskirts of Austin or out of Austin, certainly less accessible to all involved. To sacrifice this location for the quick monetary gain of selling to a developer is unconscionable and shortsighted; indeed it is selling out those in crisis from mental illnesses, which affects a significant percentage of Texans.

This is an opportunity to be truly visionary, to expand the thinking and build a complex in the Texas capitol city that is state-of-the-art for mental illness, exhibiting best practices and incorporating not only a crisis center with an increased number of beds for both civil and forensic patients, but also supportive housing and services on site, as many of the ones mentioned above are right now. An opportunity may be available to partner with the University of Texas Dell Medical School to increase the number of psychiatrists, residents and interns, and other mental health personnel, given the workforce shortage being experienced in our state. Also, much more coordination is possible with the judicial and criminal justice systems.

For too long, the condition of the state hospitals in Texas has been allowed to deteriorate to the point of no return. We have consistently left those most ill with too few services and thus the least chance for meaningful recovery. I urge you to seize this opportunity to make bold and positive decisions that are consistent with the needs of these vulnerable citizens and reflect the growing awareness about, and leadership in, mental illness in 21st century Texas.

Written Comment 23

I'm strongly in favor of 1) continuing services on the current ASH campus and 2) keeping the historic building intact on the current ASH campus. Some buildings do need to be torn down and replaced. Others are "good to go" as they are. Just do the best that you can to consolidate and preserve the heart and mission of ASH on the current location. It is a lush and serene sanctuary and thus "asylum" from our bustling city...a great place for persons with serious and persistent mental illnesses to regain as much health and strength as possible. Please do not take this gem away from those with mental illnesses and give it all to the ever-encroaching and sprawling huge city that Austin has now become.

I also want to say that ASH hosts several non-profits who help persons with mental illnesses, and their families, and does it for no charge to the non-profits. It improves visibility and accessibility to their much needed services. This is critical to continue doing. Please support it. I work at one of the non-profits called PLAN of Central Texas, Inc. (PLACTX, Inc.) and we would not be able to continue to exist without this support.

Written Comment 24

I am a PhD RN – an international nurse researcher – and the legal guardian of my profoundly intellectually disabled, strong, fully mobile, 6'5" nonverbal younger brother. I was unable to attend the hearings on this issue; therefore, I appreciate the opportunity to submit my testimony in writing. My brother's imposing appearance is exacerbated by the fact that he walks on his toes. He

has challenging food-seeking behaviors and lacks fine motor coordination. He is extremely impulsive, requiring close supervision, and he occasionally loses his temper. When this occurs, it can take four or five well-trained individuals to keep him from harming himself or others. He rarely chooses to communicate other than by taking what he wants and suddenly dashing where he wants to go. Most of my brother's problems have no ideal solutions, but the AuSSLC has proven to be an excellent living arrangement for him. He smiles a lot these days, engaging in activities such as workshop and outings. He likes to sit on the porch watching the world go by. This would be unsafe if he were forced to live in an integrated setting.

I found it interesting that of all the people who testified at the Austin hearing, the only ones who testified in favor of closing ASH and the AuSSLC were people who receive salaries from organizations which stand to benefit financially from the closure of these facilities. I would like to address some of the false "facts" these individuals propagate at every public hearing on the issue of closing the AuSSLC.

1) Replacing SSLCs with private for-profit community homes will save the state money while improving outcomes. Even the rather biased 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 and/or have behavior disorders. As an analogy, consider this: Medical patients attending corner clinics tend to have low bills and good outcomes, whereas ICU patients tend to 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 two groups of patients are fundamentally different. SSLCs residents are the ICU patients of the IDD population. Significantly disabled residents require complex integrated care that is best provided by a relatively large institution.

2) The decline in the population of the SSLCs indicates a lack of demand for this model. The population decline at SSLCs does not reflect demand. It is coerced. Even before the formal moratorium on new admissions, I spent *over a year* proving that my brother could not be cared for safely *anywhere* else in Texas before I was able to get him moved, in 2006, from a neglectful community home to the AuSSLC. And, but for my tenacity, he would have been evicted from the AuSSLC years ago. The Community Placement Recommendation in the annual reviews is worded to permit only one possible answer: the resident can be served in the community. Members of my brother's care team publicly admitted that they would be *fired* if they did not give this answer. However, at his annual care team meetings, every single year the recommendation is reversed when I challenge it. All 20+ members readily agree that my brother is best cared for in the AuSSLC and community placement would be dangerous to him and to those around him. Residents who have no one to challenge the recommendation are evicted.

3) Deinstitutionalization is a national trend. Aside from invoking a logical fallacy (the bandwagon effect), it is important to note that this trend has reversed in recent decades, as we have realized the errors of our pendulum swing. As an example, Alzheimer's Care facilities, which draw a special needs population out of the community and into an institution to better serve their needs, are increasingly popular. As the life expectancy of people with Down's Syndrome has increased from age 9 to age 61, we have found that this genetic defect causes dementia, with aggression and wandering, usually by age 50. The movement to deinstitutionalize IDD individuals was a noble

effort in the past, when many citizens with mild IDD and no serious medical or behavioral issues were inappropriately housed in institutions. However, there is a growing recognition that many Texans with IDD and complex medical and/or behavior issues are best served in residential SSLCs where integrated services can be provided. Demand for both ASH and SSLCs is likely to grow. ASH already hosts mental health related nonprofits. *I propose both campuses become centers for integrated resources for their respective populations.*

4) Texans with IDD are strongly against SSLCs. Nonverbal SSLC residents without guardians are transferred out of SSLCs based upon surveyors divining their opinions by showing them two pictures: a child swinging in a lovely playground, or an austere high-rise building. Are residents who gaze longer at the child really signaling that they want to move out of SSLCs? Texans with IDD who are able to draft and present their own testimony to the legislature clearly do not require the supports that enter into this discussion. Further, organizations who claim to represent all Texans with IDD could be exploiting their verbal members. My brother is clearly happier at AuSSLC than he was in the community home.

5) The facilities at the AuSSLC are so old that it is cost-prohibitive to renovate them. The state has invested significant funds to renovate many AuSSLC buildings. All residents at the AuSSLC live in home-like buildings which meet the most recent recommendations. The older buildings at the AuSSLC are used by administration or for storage, and the main street has been used as a movie set, which generates income. However, the consolidation of the AuSSLC and ASH would be a reasonable choice.

6) Costs for the same services are dramatically higher at SSLCs than in Community Homes. Reports do not compare equal services. Residents at the SSLC receive comprehensive, integrated care. My brother receives much closer monitoring of his needs than is provided in group home settings. Most group homes do not even provide regular day-hab, much less special shoes, music therapy (which brought my brother out of a severe depression), and an on-site nurse 24/7 to provide migraine medication to prevent escalation of agitation. My brother stayed in the SSLC Infirmary several days last year and this year, decreasing his lengths of stay at Seton Hospital. This saved Medicaid significant money but increased the perceived cost of the SSLC. Also, attentive staff led to further cost savings. My brother appeared to be fine until he refused a snack. Based solely on this, the nurse was notified, who promptly sent him to Seton Hospital, accompanied by familiar staff. He had an aggressive bacterial UTI and was on the verge of developing sepsis. The subtle signs of this illness in a nonverbal individual can easily be missed. A few hours delay could have led to weeks of expensive IV antibiotic treatment. Small private homes do not have on-site nurses, and do not provide familiar staff for hospitalized residents.

7) Abuse and neglect is a major problem at the AuSSLC. Even if this were true, the obvious next question is, "How does it compare with the alternatives?" and we have no answers, because private facilities are not subject to the same scrutiny as the SSLCs. However, the statement is NOT true. Most of the noncompliance issues are simply failing to document care exactly the way the DOJ demands. Further, in order to pass the measures, the SSLC is required to be in 100% compliance. This is often not possible because the SSLCs must also obey laws respecting the rights of residents. For example, my brother's dorm cannot pass a fire safety measure because my brother refuses to get out of bed for a fire drill. Although they could do so in an emergency, staff cannot

legally force my brother to get out of bed for a mere drill. Other residents' seizure disorders cannot be adequately controlled by medications. If the SSLC protects these residents from seizures with sedatives, they are over-sedating them and fail that measure. If they do not over-sedate them, they are permitting harm from seizures and fail another measure. The AuSSLC failed both measures because of their choices for two such patients. Moving residents to another residential setting does not solve any of these issues.

8) Homes run by private corporations are easier to regulate than are SSLCs, and the evidence for this is that several group homes have been shut down, but no SSLCs have ever been closed.

Closure is certainly not the only means of regulating a facility, and SSLCs in both Ft. Worth and Travis County were closed down; this statement is clearly not true. Closing the privately-owned Hutto homes took months, despite residents' essential medications being stolen by the owner and sold, an infraction far worse than any at the AuSSLC. While SSLCs can easily be inspected at any time, group homes cannot reasonably be subjected to surprise inspections because it is cost-prohibitive for inspectors to travel to distant homes without knowing whether or not the residents will be at the home or on an outing. The state relies primarily upon families to report neglect and abuse at private homes, which is an ineffective system. I did not report my brother's neglect at first because he had no alternative – if the home were shut down, where would he live? After he moved to the ASSLC, I had no motivation to report the neglect. However, despite this disparity in oversight, neglect and abuse in for-profit homes is commonly found. When psychiatrist Dr. Judi Stonelake testified about private facilities' abuse and neglect, she was forced to resign her position at the AuSSLC.^{1,2} HIPPA laws prevent newspapers from investigating this problem, and because the State does not maintain a database for community homes the way they do for nursing homes, figures for comparison are not available.

As a small government conservative, I strongly support free markets. However, forcing the closure of SSLCs for Texans with IDD is neither free, nor market-driven. It is cronyism. Private enterprise, by its nature, aims to maximize profits, and thus requires free exchanges by willing consumers with real choices to keep quality high and to avoid abuse. The consumer in this case – the individual with IDD – is not the payer and is not capable of evaluating the quality of the service provided. Family geographical constraints and shortages further prevent the free market system from being effective in this situation. I personally believe charities are best equipped to care for Texans with IDD. However, because the government has taken this role from charities, government is clearly responsible for providing appropriate services for Texans with IDD.

Rather than pitting groups against one another, fighting for federally matched funds (pieces of the Keynesian pie), look to SSLCs such as Richmond to see how charities can be recruited to help so that we are no longer beholden to the federal government. Restore oversight and gradually move the role of managing group homes to the state. Strictly enforce laws against abuse and neglect. Allow Texans with severe IDD and dual diagnoses living off-campus to come to SSLCs for day habilitation, specialized medical and dental care, therapists, orthotists, and even short-term stays in the infirmaries. Reopen the SSLC homes to residential admissions to provide choices for the medically fragile and for individuals like my brother, for whom a campus setting provides the least restrictive living environment. Empower direct care staff with further training and better pay so that fewer middle managers are needed. **Texans can do this!**

1. https://www.sunset.texas.gov/public/uploads/pdf_import/DADS/Stonedale_Judi.pdf
2. <http://kut.org/post/looming-state-school-closure-leaves-austins-most-vulnerable-limbo>
3. <http://spectator.org/articles/38661/justice-denied>

Written Comment 25

This is in response to the request for public comment regarding the ASH Facility Proposal. After reviewing the 6 options here is my comment:

- Recommend Options 3, 4, or 5.
- Focus on best practices, state-of-the-art Behavioral Health prevention model.
- Increase public accessibility to State facilities
- Increase civil bed capacity and wrap around services to meet the needs of the population.
- Current percentage of state operated forensic beds are disproportional to the percentage of civil beds.
- There is a dire need for State Supportive Housing for the behavioral health population to include prevention services, programs, social services, and medication management.
- Increased accessibility to Behavioral Health Services for the State's behavioral health population will result in the reduction of civil and eventual forensic population.

When designing and building a new facility, the need for increased capacity needs to be considered. Currently there are not enough beds to care for the behavioral health population in the catchment area. This catchment area for ASH is one of the fastest growing areas in the nation. Funding for additional beds must be procured and the new facility must be designed with future expansion in mind.

I am the CEO of a private facility in Georgetown, but also on the [task force]. All members on the task force agree, that the number of beds currently available at ASH is woefully inadequate.

Written Comment 26

As the mother of a resident of the AuSSLC, I welcome this hearing about new possibilities for keeping two valuable institutions, the State Hospital and the AuSSLC. I agree that it would make sense to move the two facilities together. Both have large campuses, parts of which are now going unused. As the AuSSLC is sitting on the larger parcel of land with many unused buildings, the State Hospital could move there. I would therefore welcome a study of Option 2.

The possibility that the AuSSLC would be closed has hung over our family like a dark cloud. The reason is that my son who lives there would not be safe in community homes as they now exist, and we would hate for him to move to another living center where visiting would be difficult. At the AuSSLC, he has medical professionals and facilities right on the campus. In fact, everything is adjusted toward people with developmental disabilities and fragile health. This is why the AuSSLC could become a health center also for developmentally disabled in the community. It would be even better if mental health services were also be expanded in that location by addition of the State hospital; after all, some of the developmentally disabled also have mental health issues.

Written Comment 27

Our great state of Texas has served its citizens well by offering the services that the Austin State Supported Living Center provides. Most if not all of the current residents there cannot be responsibly served by community homes. Community homes do not have the facilities and staff to responsibly care for people with developmental disabilities as profound as those that my brother and others at the AuSSLC have.

Let me give an example of this. A couple of years ago, as I was driving with my mother out of the ASSLC after visiting (my brother), we came to a resident pedaling an adult sized tricycle in the road. We and two other cars patiently drove three or so miles per hour behind this resident until we reached our turn off. As visitors of the ASSLC, we were familiar with the unique traffic safety issues there. Furthermore, signs clearly indicate that the speed limit on the ASSLC campus is ten miles per hour. A community home could not offer a resident a similar opportunity to ride such a tricycle safely—it would be unthinkable in a residential neighborhood.

Facilities like the ASSLC provide an environment for both safety and personal growth for people as developmentally disabled as my brother. He often enjoys sitting outside at the AuSSLC. Sometimes he will very suddenly bolt out of his chair and run across the road to a neighboring building. If he were in a residential neighborhood, the chances of him being injured by passing vehicular traffic would be great. Placing him in a community home would significantly reduce either his safety, quality of life, or both.

Existing centers are too far away for family and friends living in the Austin area to visit easily. As it is now, many family members are elderly or have other circumstances that can make traveling long distances extremely difficult. Many family members are literally using walkers or have visual disabilities. Sending the residents of the ASSLC to centers far away from family and friends will greatly reduce the quality of life that family relationships and friendships bring to these residents. Considering their special challenges in life, infrequent visits may well impact their development as well.

Austin is nationally recognized as an economic dynamo with the fastest growth rate among cities of a million or more. Austin contributes a lot of money to the State of Texas' coffers. Texas, in turn, should serve all of its citizens in all parts of the state responsibly. It should live up to its responsibility by continuing to provide a state supported living center in the ever more populous Austin area.

If financial pressures are considerable, then economies could be created by combining the Austin State Supported Living Center with other institutions on its present site. Bringing the AuSSLC and the Austin State Hospital together on the same campus, for example, would be synergistic. Change can be very upsetting to some of the residents at the AuSSLC. Keeping the AuSSLC at its current site would allow them to stay in an environment with which they are comfortable. Maintaining the present location would also help to moderate increases in traffic not only along MoPac, but also in the Tarrytown neighborhood, which includes nearby Casis Elementary.

As Texans, we can take pride in many great things. The care that Texas provides through a state supported living center in Austin is one of them. As a state, let's continue to do the right thing for

our less able citizens. Let's live up to our responsibilities by providing them with a state supported living center in Austin.

Written Comment 28

Thank you for the opportunity to provide input regarding the Austin State Hospital (ASH) and Austin State Supported Living Center (AuSSLC) location feasibility study. TCDD is established by federal law and is governed by 27 board members, appointed by the Governor, 60% of whom are individuals with developmental disabilities or family members of individuals with disabilities. TCDD's purpose in law is to encourage policy change so that people with disabilities have opportunities to be fully included in their communities and exercise control over their own lives.

Senate Bill (SB) 200 requires the Health and Human Services Commission (HHSC) to conduct a study to determine the feasibility, costs, and benefits of transferring operation of ASH from its current facilities to a new facility at a new location. Recognizing the need for action regarding state supported living centers (SSLCs), Rep. Workman requested the inclusion of AuSSLC in the study. The two facilities are located in nearby locations. AuSSLC in particular struggled with serious deficiencies, and the high cost of replacing the facility is documented in the Department of Aging and Disability Services' (DADS) own reporting. While it is clear the infrastructure at our state facilities is crumbling, ASH provides services for which there is great need and no other source, while AuSSLC represents an outmoded and expensive way of serving individuals with intellectual and developmental disabilities-- especially because community based services are available to provide higher quality services. While TCDD supports evidence informed ways to expand mental health service system capacity, the evidence shows declining demand for the SSLC system.

Different Services, Different Needs

Despite concerted investment in mental health by the Texas Legislature, availability simply has not kept pace with growing need. Nearly 400 people were on waiting lists for state hospitals as of April 1. ASH covers 30 counties, has 299 beds, and admits about 1600 people a year. The facility focuses on helping people return to the community following treatment, and provides peer support programs as well as other recovery-based initiatives. Renovation, relocation, and reconstruction of ASH may serve to provide more beds and better facilities to a system that desperately needs it.

By contrast, the demand for SSLC beds has continued to decrease. There is no need for increased capacity—indeed, the time, effort, and funding put into studying relocation options for AuSSLC would be better spent on promoting transitions to more independent and less restrictive living options for AuSSLC residents. The AuSSLC census has decreased from 361 in 2011 to 185 as of April 2016, or roughly 49%, and enrollment is projected to further decrease. The evidence does not support investment in the AuSSLC institutional capacity, particularly allocating state funds toward relocating and rebuilding an unneeded institution when there are still 78,034 people waiting to receive Home and Community-based Services (HCS). DADS' own analysis indicates the cost of replacement is more than four times the total market value of the facility—nearly \$104,000,000 for replacement, with total market value at just over \$25,000,000.¹ That's nearly \$79,000,000 to support less than 200 individuals that would be better spent elsewhere.

The needs of people admitted to AuSSLC and ASH are not necessarily the same. AuSSLC is a long-term residential facility, where residents often live for many years. This is not the case with

ASH, where many admissions are forensic in nature and the average length of stay is 50 days.² ASH is comprised of multiple locked and contained units and is designed to address the needs of people experiencing serious behavioral health crises; by contrast, AuSSLC is part of the broader Long-term Services and Supports (LTSS) system, which aims to support people in the activities of daily life in the least restrictive living environment of their choosing. The working culture on a locked ward is very different from the working culture in a residential environment. Co-location of the two facilities would require staff, who already fall below standards of care, to be cross-trained in different treatment modalities and ways of interacting with residents. Given that ASH and AuSSLC are both plagued by high turnover, it seems likely increasing staff workload and scope of care would only lead to more turnover.

Co-location and staffing shortages would be further complicated by DADS' plan to offer SSLC services to people living in the community. This is a plan where people who have clearly chosen to receive community based services would spend their Medicaid acute and home and community based services waiver dollars coming to AuSSLC (or other SSLCs) to receive services that DADS and the Department of Justice (DOJ) report do not meet the agreed upon integrated standard of care. With recent directives by the Texas Legislature, evidenced-based downsizing and rebalancing recommendations, as well as critical (and growing) staffing challenges have been ignored in favor of prioritizing unwarranted institutional expansion. Efforts to expand SSLC services while also attempting to co-locate with a facility that serves a disparate population risks further eroding already questionable care.

SSLC Systems Change

Finally, replacing or relocating AuSSLC will not address some of its most pressing problems. Seven years into the DOJ settlement, the system still lacks substantial compliance with about 70% of the provisions. Barriers to compliance are not limited to the physical plant. It is not clear how the \$79 million investment in construction of a new AuSSLC facility would give rise to an acceptable community living discharge process, fill perpetually empty behavior analyst positions, or reduce unnecessary restraints. Given these concerns and the substantial work necessary to meet agreed upon standards of care we believe it is unnecessary to divert attention and resources to options that would involve the renovation, relocation, or co-location of AuSSLC with ASH. HHSC, DADS, and DSHS must prioritize the treatment needs of the individuals served at ASH and the long-term support needs of residents at AuSSLC, and co-location or relocation does not meet this goal.

¹ Department of Aging and Disability Services, *State Supported Living Centers Long-term Plan, Rider 39 Report*. January 2015.

https://www.dads.state.tx.us/news_info/publications/legislative/Rider39/rider39-1-15.pdf

² Legislative Budget Board, *State Hospitals: Mental Health Facilities in Texas Legislative Primer*. April 2016. http://www.lbb.state.tx.us/Documents/Publications/Primer/3144_State_Hospitals-Mental_Health_Facilities_in_Texas_Diehl.pdf

Written Comment 29

NAMI Austin is the local affiliate of the National Alliance on Mental Illness. We are a grassroots, volunteer-driven organization with a 32-year history of existence in the Austin area and committed to providing no-cost classes, support groups, trainings, presentations and resource materials for

families and individuals living with mental illness as well as the school, faith, neighborhood and workplace environments that support them. By the nature of the work we do, we have an opportunity to interact with many of the individuals and families whose lives are impacted by the challenges of living with a mental illness and who have strong opinions about the location of Austin State Hospital.

They believe Austin State Hospital serves both Austin and the surrounding counties best when located in the heart of Austin, especially now. In just a few short weeks, the University of Texas will welcome its first class of students to Dell Medical School and the hospital stands in a unique place of great potential. A partnership with Dell Medical School has the capacity to provide clinical and medical staff, residency training as well as grant and research opportunities that will benefit not only the Austin community but also the State of Texas. In addition, the Austin State Hospital is well-located to address the need for adequate access to psychiatric beds in one of the fastest growing regions of the state.

There is a golden opportunity to utilize current Austin State Hospital space for creating a visionary campus that integrates current best practices in integrated care and has the potential to stand as a state and national model. As Texas continues to face the challenge of a mental health workforce shortage, imagine what a powerful recruitment and retention tool this type of campus could be!

The Austin State Hospital campus already supports important community partnerships by providing on-campus offices for public entities and non-profit groups specifically serving individuals and families with mental health needs. It currently houses DSHS offices, the Austin Police Department and Travis County Sheriff's Crisis Intervention Team units, as well as NAMI Austin, NAMI Texas, Communities For Recovery, PLAN of Central Texas, and Austin Clubhouse (administrative offices). Expanding these partnerships creates the potential for this campus to truly become a "hub" for entities addressing the diverse needs of individuals living with serious mental health conditions and their families.

This vision of a "hub" has great value for the individual and families Austin State Hospital serves because community support is an increasingly vital component in the recovery process when navigating serious and persistent mental illnesses. The best of recovery happens when it involves not only easily accessible health care but also a variety of diverse and integrated community resources. Creating a space where people receive the best of care and have access to some of the best community resources all in one place reflects a community that is truly committed to addressing this important public health issue.

In addition, the maintaining the current location of the Austin State Hospital would allow for the development of new buildings which integrate the latest in best practices for care while not disrupting services. The campus is expansive enough to allow for creative ways to address the needs of both the State Supported Living Centers and Austin State Hospital. Its current location is also well-suited to easy access to public transportation.

On behalf of the many families and individuals we serve, NAMI Austin challenges this commission to take the long view. Step back and look beyond the current situation and join us in envisioning an state hospital campus that has the potential to not only address the needs of the 30+

counties it serves, but also become a respected model for the type of innovative, collaborative and integrated care which creates the potential to benefit communities by decreasing the high cost of caring for individuals in prisons, hospitals and on the streets.

Written Comment 30

I am a retired educator. My brother resides at the Austin State Supported Living Center (ASSLC)—a secure, protected and well-functioning residential setting for persons with severe intellectual developmental disabilities. Because he lives close to me I am better able to advocate for his well-being. This is particularly important, as he grows older and more fragile.

We are at a crossroads in the disability and mental health movements. It's not by chance we find ourselves at this juncture. For decades, many groups and individuals (from differing perspectives) have fought to do what's right for persons who struggle to self-advocate and express desires and preferences. Your committee has been charged to study and recommend new directions for two of the State's most worthy and decent programs: the ASSLC and the Austin State Hospital (ASH).

Thank you for reaching out to those of us who are familiar with the programs' strengths, weaknesses, and needs. My experience leads me to two concrete positions:

- 1) I oppose the sale of the ASSLC land. I believe retaining this property is a good option for economic and social justice reasons.
- 2) I support co-locating the two programs at the ASSLC campus.

My positions are based on the following points:

1. The ASSLC property has sufficient acreage to adequately serve both programs, including any future expansions;
2. The campus is owned outright (without encumbrances) and is fully operational;
3. The campus is close to other medical and hospital facilities if needed, and provides easy access to a myriad of city resources (such as parks, restaurants, and movie theatres);
4. The campus is an integral, historically important part of Texas history;
5. The West Austin neighborhood community where the campus is located actively supports its continued existence;
6. At present significant numbers of medically fragile and aging residents are cared for at the Center. A move for these residents would not be easy. For some it would be potentially life threatening;
7. The ASSLC campus offers and houses onsite, specialized medical, dental, and psychiatric services easily expanded and/or shared (when appropriate) with ASH consumers. This could also benefit others in the greater community with specialized care needs who find access to essential services difficult to obtain, inadequate, or lacking altogether.
8. The ASSLC site comprises buildings that are structurally sound. With proper funding many can be repurposed or remodeled into state-of-the-art facilities. With vision and the right supports, the "New" campus will offer not only quality residential, medical and therapeutic services for our most challenged citizens with IDD, but also shorter and intermediate-term mental health, medical and behavioral supports for those affected by mental illness. The "New" campus will become a resource for research and training, partnering with institutions of higher education. For example the new Dell Medical School and other programs at the University of Texas could create practicum sites for doctors and allied behavioral and health professionals.

Co-locating the Austin State Hospital and the Austin State Supported Living Center at the current living center site makes good sense. I applaud the legislature for its forward-looking and visionary position to commit to whatever it takes to protect, serve and dignify our State's most fragile and vulnerable citizens.

Written Comment 31

Pursuant to Senate Bill 200 (84R, 2015), you are considering the statutorily-mandated study to determine the feasibility, costs, and benefits of transferring operations of the Austin State Hospital to a new location. The Austin State Supported Living Center is also included in the study. I appreciate agency leadership and staff taking this study very seriously and ensuring the inclusion of the Austin State Supported Living Center.

Through overwhelming support in the Texas House, a staggering 127 members voted for saving the Austin State Supported Living Center and creating a new facilities and services' delivery model for both the State Supported Living Centers and State Hospitals. Central Texas - Austin - must have a State Supported Living Center facility which can meet the needs of our most severely disabled population. For these people, living in a group home is simply not an option. Seeing our State Supported Living Center patients in person, it is clear that putting these people in a group home somewhere is simply the wrong thing to do.

The state has a moral obligation to protect the life of and care for our most severely disabled population. This does not mean simply moving them into a government-funded private group home somewhere. "Shipping 'them' off" to some other State Supported Living Center, as some have advocated, is inappropriate. It is my strongly held belief that the Austin State Supported Living Center is a necessary state facility.

But, for the patients and the loved one's and guardians of the patients, the status quo is not acceptable. The Austin State Supported Living Center facilities are very old, spread out and inefficient. The Austin State Hospital campus is in a similar situation. The Austin State Supported Living Center site is on 93 acres with the buildings well past their useful life. The Austin State Hospital is on over 90 acres and the first building was built in 1857, making it 158 years old.

The solution for both Austin State Supported Living Centers and state hospitals, which can be the model for the future throughout Texas and even the nation, is to construct new facilities collocated on either the Austin State Supported Living Center property or the Austin State Hospital property or a third location yet to be determined. Both current sites are adequate in size to handle the new facility or facilities. The current site or sites not used for the collocated facility or facilities can be monetized, thereby, reducing costs. Cost and other efficiencies could be found through common administrative, food service and medical services. In addition to less cost to the state, this will bring our care for this vulnerable population into the 21st century. We must have a state-of-the-art living center and hospital.

In conclusion, positive partners in creating a new and improved state-of-the-art living center and hospital must think big and creatively. This includes collaborations for community services,

leveraging and accentuating community ties, and partnerships with UT Health and the new UT Austin Dell Medical School.

I ask you to support the construction of new collocated Austin State Supported Living Center and Austin State Hospital so the needs of this important segment of our citizens can be met and improved.

Written Comment 32

I support keeping the Austin State Hospital in its current location. It makes sense to do for several reasons:

The site could easily accommodate expansion without disruption to treatment and the safety of patients.

- Easy access to public transportation.
- There could be exciting opportunities to partner with the University of Texas Dell Medical School which can provide clinical and medical staff, residency training, grant and research opportunities—all aspects of a much-needed mental health workforce development and retention strategy.
- Supports important partnerships with community-based mental health groups currently housed on the ASH campus which benefit the community: NAMI Austin, NAMI Texas, Communities For Recovery, PLAN of Central Texas, and Austin Clubhouse (administrative offices).
- Allows the State of Texas to maximize its use of ideal space for creating a visionary campus, both building and green space, that integrates current best practices in integrated care and has the potential to stand as a model for the state and country.

Written Comment 33

As a resident of Hyde Park, and [involved with] the Hyde Park neighborhood, I urge you to consider the impact of redevelopment of the ASH property on the neighborhood that immediately abuts the east side of the ASH property. Hyde Park was established in 1891, and has for 125 years had a relationship with the Austin State Hospital and its grounds. The campus character of the grounds provides a green respite from intense central city development all around it. It actually provides an opportunity to establish a “Central Park” that is real parkland in the densifying city of Austin along with its historic structures.

Please consider planning efforts of ASH’s neighbors. I am providing you with two copies of the cover pages of the City of Austin adopted Hyde Park Neighborhood Plan and Chapter 5 – Protect and Enhance the Guadalupe Corridor and other Commercial Areas. Changes to the ASH property will have a tremendous effect on adjacent residents and small businesses. I have [worked in Hyde Park since 1987 and been involved with the Hyde Park Neighborhood Association]. I am also an owner of [a local retail building in Hyde Park].

We care very much about the future of the Hyde Park commercial strip that abuts the ASH property and expect that whatever happens that property owns and the Hyde Park Neighborhood will be a part of any planning conversation. Please consider the broader issues, beyond simply obtaining cash for this property, including keeping state property for future generations and their needs and consideration for adjacent residents and businesses.

Written Comment 34

We appreciate the opportunity to provide written comment on the future of the Austin State Hospital campus (ASH). ASH is a monumental historic architectural and cultural asset that has belonged to and served the people of Texas for over 150 years. At its inception, Texas took great pride in being the first state west of the Mississippi to provide progressive mental health care for its residents.

The lives of those who have received treatment at ASH have crossed racial, cultural and class boundaries across almost every period of the history of our state (including John Neely Bryan, the founder of Dallas). The story of this place where so many Texans lived and died touches on some of the most tragic and difficult histories that Texas families ever face. The value of this history and the need for its protection cannot ever be valued monetarily.

Since last fall, our offices have been located at ASH. We have spent a great deal of time reflecting on the significance of ASH and its history, its architecture and its remarkably beautiful open spaces. While we are in no way qualified to recommend what sort of facilities are required for the 21st century treatment of mental health, we are in every way qualified to say, without hesitation that ASH is of the highest importance to the history of our state. Through public and private initiatives, the campus and its historic assets should be protected, restored and interpreted in a way that honors and dignifies this history.

The Administration Building, which was begun in 1857, is perhaps the second-oldest state building in Texas and is probably the largest and most important unrestored pre-Civil War building in Texas. Its importance is no less than that of other early state buildings, including the old General Land Office, the Governor's Mansion and the State Capitol. While not as visible as these other iconic Austin structures, the possible sale of the Administration Building would be as inappropriate as the idea of selling the General Land Office, the Governor's Mansion or the State Capitol. All of these buildings are so much more than brick or stone – they share significance as landmarks of value to all Texans that should forever be owned by the people of Texas.

The Administration Building should be designated as a National Historic Landmark, befitting its importance. The building can be restored and used to interpret the history of ASH, using the valuable historic records, artifacts and photographs in the ASH collection. This interpretation includes its patients, its employees, its architecture, its landscapes, its impact on Texas and the evolution of mental health treatment. Both in Texas and elsewhere in the United States there is ample precedent for considering a long-term lease and partnership with a non-profit organization. Supplemental private funds could be raised for restoration and interpretation, ensuring continued public use of the building.

Ancillary ASH buildings constructed in the early to mid-20th century, many of which are vacant and in disrepair, represent the architectural accomplishments of a range of important Texas architects (see attachment). These buildings should be preserved and can be adapted to new, compatible uses. Rehabilitation efforts supported by private investment could potentially benefit from valuable state and federal historic preservation tax credits.

The historic open space at ASH, which includes significant heritage trees, should be maintained, particularly in areas adjacent to historic structures. Additionally, historic buildings and features that have been demolished or lost, such as African-American patient housing and a possible early cemetery, have left archaeological remains that merit protection. In summary, the historic assets and landscapes of ASH merit vigilant protection and careful restoration. The future use of its historic buildings and the possible redevelopment of the campus should complement its nationally-significant history. But under no circumstances should the State of Texas sell the Administration Building. It is a building that should belong to the people of Texas forever, with a story that can be told no where but at ASH.

Written Comment 35

I'm speaking on behalf of both campuses and populations today, as I am currently [an officer with the Austin State Supported Living Center Family Guardian Association], as well as a [volunteer] at the Austin Clubhouse, an international, NAMI-affiliated community program, servicing people with mental health diagnoses. First let me say that I oppose the sale of either the ASH or SSLC property, no matter how we decide to arrange things. I think our first step should be to lift the moratorium on admissions at the SSLC before we move anyone. And I must stress that the SSLC population would be the most devastated by any move, since it's traumatizing just to move them into a different cottage on the same campus. I also had a sister who thrived at the Austin SSLC for more than 20 years, and she died tragically within a year of moving into the community. I say we take this opportunity to learn from both our failures and successes, and create an exemplary model of care for our most vulnerable citizens in Austin, which could lead the rest of the state, and county, by integrating with the surrounding communities, while filling many large gaps in service.

We could address several issues by repurposing underutilized spaces and buildings, and possibly consider, instead, the sale or relocation of purely administrative state properties and offices. First and foremost, however, is our concern for the quality and continuity of care for all. We need to maintain and build safe and affordable, permanent residential settings for an ever-growing population of medically fragile people, and for those with severe behavioral challenges, such as the profoundly autistic or people with traumatic brain injuries. We could also provide transitional housing for those who can be rehabilitated, while offering hybrid services that intersect community providers and caregivers with state services and funding, and critical oversight. We need to make these campuses more permeable, to offer this integration and consistency of care. Another possibility is provide affordable living options, onsite or nearby, especially to state-employed or community-based staff members, who might otherwise find the surrounding neighborhoods, or long commute, cost prohibitive. This would help foster diversity and inclusion within these neighborhoods. We might consider the addition of fitness centers and green space for overall community wellness and physical therapy programs.

But lastly, I must reemphasize that both populations now currently demand, and will continue to require, a secured residential area with ample space for those who cannot safely live in the so-called "least restrictive" community. That is a reality we must face as a society, and particularly as a booming population in Austin. The need for these settings will only grow, not decline, whether from a given percentage of new people moving here, or to an increasing rate of profoundly disabling autism within our society as a whole. We simply cannot bury our heads in the sand, and I suggest that our famously creative city of Austin can rise to the occasion and work with our state

departments and legislature to build an innovative and efficient, integrated and highly successful system of care for both populations, and set a shining precedent for all such systems across the state of Texas, and the entire nation. Yes we can. Thank you.

Written Comment 36

WHEREAS the Austin State Hospital (ASH) is of unique historic importance to the State of Texas as the oldest continuously operating mental health facility west of the Mississippi River; AND WHEREAS the ASH Administration building, constructed in 1857, is listed on the National Register of Historic Places; AND

WHEREAS ASH and the Hyde Park neighborhood have enjoyed over 100 years of a mutually beneficial relationship as a source of employment and recreational space; AND

WHEREAS the ASH campus is in close proximity to the urban core, with ample access to public transportation, and is ideally located to continue serving patient needs in accordance with their original charter of over 160 years; AND

WHEREAS the Hyde Park Neighborhood Plan (HPNP), adopted by the City of Austin in 2000 and included in the Imagine Austin Comprehensive Plan of 2012, affirms the goal of maintaining the historic relationship between Hyde Park and ASH; AND

WHEREAS the [association] has been involved in the planning process of nearby development projects, including Central Park, Central Market, the Heart Hospital, Gables, and the Triangle; AND

WHEREAS Hyde Park is one of the most densely populated areas of Austin with a critical need to preserve remaining public open space; AND

WHEREAS recent development near Hyde Park has substantially increased water runoff that has overtaxed its old infrastructure, resulting in flooded homes near the Guadalupe corridor;

THEREFORE, be it resolved that the [association] urges the preservation of ASH structures, trees, and campus character. We request action to preserve and restore the historic ASH Administration Building. Any future plans to develop any portion of the ASH property should be restricted to public use and should require the input of surrounding neighborhood stakeholders.

Moreover, any future plans should be compatible with the historic and residential character of Hyde Park, in accordance with the Hyde Park Neighborhood Plan. Flood mitigation structures and improvements in the Hyde Park sewer system must be top priorities of any development plan.

Written Comment 37

In a recent vote of the [association] membership, 88 Hyde Park residents voted out of our 290 members, 73% of the voters voted to support and encourage the responsible development of the Austin State Hospital site (in keeping with its location within the urban core) with housing of all types ("Missing Middle" housing – carriage houses, triplexes, fourplexes, townhouses, small apartments, as well as Vertical Mixed Use buildings). [Association] also asks that you consider keeping the Adult Psychiatric Services, Specialty Services, and Children & Adolescent Psychiatric Services on-site, or carefully transitioning them to another appropriate location that is central to Austin and has similar/ample access to public transit.

Our neighborhood association has the largest participation of residents in our votes out of any other neighborhood association in the area and strives to represent how the majority of the neighborhood residents feel about neighborhood issues. Our neighborhood borders the Austin State Hospital land and so any development could impact our neighborhood more than any other.

Hyde Park residents want greater access to more walkable amenities including restaurants, grocery stores, and small businesses and to provide more needed housing in central Austin. We ask that the State consider these needs when considering the sell or lease of the land.

For more information on our membership's vote on the Austin State Hospital view the full resolution below.

[Association] members support and encourage the responsible development of the Austin State Hospital site as long as a few considerations be taken:

1. Adult Psychiatric Services, Specialty Services, and Children & Adolescent Psychiatric Services should be kept on-site or carefully transitioned to another appropriate location that is central to Austin and has similar/ample access to public transit.
2. The site should be developed in keeping with the urban core, with housing of all types (including “Missing Middle” housing and Vertical Mixed Use buildings). A reasonable percentage of units built should be considered affordable to a range of low to moderate income households and priced so that these households are also able to meet other basic living costs.
3. The ASH Administration Building should be preserved and restored as part of the overall development of the site.
4. A reasonable amount of green space should be preserved and open to public use.
5. Development should encourage walkability in its design with a pedestrian/cycle focus, offer connectivity between Hyde Park and Rosedale, and focus on providing a healthy connected street grid to help with traffic and improve safety.
6. Stakeholder input should be considered in all phases of development.

Appendix H (Public Hearing Sign-in Sheets)

(Sign-in Sheets begin on the following page.)



HEALTH AND HUMAN SERVICES COMMISSION
 Feasibility Study Regarding
 Austin State Hospital – Austin State Supported Living Center Location
PUBLIC HEARING
REGISTRATION OF ATTENDANCE
 June 15, 2016 – 6:00 p.m.
 Austin, Texas



**DSHS Employees do not need to sign-in

| Name PLEASE PRINT | Representing PLEASE PRINT | Address PLEASE PRINT | Wish to Speak? Circle one | <u>PLEASE NOTE:</u> |
|----------------------|------------------------------|-------------------------------|--|---|
| 1 LINDA JOHNSON | SELF | Addresses Redacted | Yes <input checked="" type="radio"/> No <input type="radio"/> | IF YOU WISH TO PROVIDE TESTIMONY, YOU MUST ALSO COMPLETE A REQUEST TO SPEAK FORM PRIOR TO THE BEGINNING OF THE MEETING. |
| 2 Tammie Parker | Self | | Yes <input checked="" type="radio"/> No <input type="radio"/> | |
| 3 MIRNI HECKER | Self | | Yes / <input checked="" type="radio"/> No | |
| 4 Jeff Heckler | RAT | | Yes / <input checked="" type="radio"/> No | |
| 5 NONA ROGERS | self | | <input checked="" type="radio"/> Yes / No | |
| 6 Jacqueline Cain | Austin Clubhouse | | Yes / <input checked="" type="radio"/> No | |
| 7 Amanda Royston | Austin Clubhouse | | <input checked="" type="radio"/> Yes / No | |
| 8 Kay McAllister | Kay McAllister | | Yes / <input checked="" type="radio"/> No | |
| 9 Lachelle Greif | HMSC | | Yes / <input checked="" type="radio"/> No | |
| 10 Susan Marshall | Self + Hyde Park | | Yes / <input checked="" type="radio"/> No | |

**DSHS Employee



HEALTH AND HUMAN SERVICES COMMISSION
Feasibility Study Regarding
Austin State Hospital – Austin State Supported Living Center Location
PUBLIC HEARING
REGISTRATION OF ATTENDANCE
 June 15, 2016 – 6:00 p.m.
 Austin, Texas



| Name PLEASE PRINT | Representing PLEASE PRINT | Address PLEASE PRINT | Wish to Speak? Circle one | <u>PLEASE</u> <u>NOTE:</u> |
|----------------------|------------------------------------|-------------------------------|---|--|
| 11 Susan Payne | PART/self | Addresses Redacted | <input checked="" type="radio"/> Yes / <input type="radio"/> No | <i>IF YOU WISH TO PROVIDE TESTIMONY, YOU MUST ALSO COMPLETE A REQUEST TO SPEAK FORM PRIOR TO THE BEGINNING OF THE MEETING.</i> |
| 12 Nancy S. Hain | ↓ ↓ | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 13 Dr. Forrest Noug | Self | | <input checked="" type="radio"/> Yes / <input type="radio"/> No | |
| 14 Parvathi Nadish | Self | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 15 Dee Ann Wilson | self | | <input checked="" type="radio"/> Yes / <input type="radio"/> No | |
| 16 Reid Lang | Hude Park Neighborhood Association | | <input checked="" type="radio"/> Yes / <input type="radio"/> No | |
| 17 CAM MULLHARKEY | SISTER/SELF | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 18 CITRIS STERLING | SELF | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 19 Amanda Foster | Rep. Naishtat | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 20 Sandy Guzman | Sen. Watson | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |

78

Appendix H

**DSHS Employee



HEALTH AND HUMAN SERVICES COMMISSION
Feasibility Study Regarding
Austin State Hospital – Austin State Supported Living Center Location
PUBLIC HEARING
REGISTRATION OF ATTENDANCE
 June 15, 2016 – 6:00 p.m.
 Austin, Texas



**DSHS Employees do not need to sign-in

| Name PLEASE PRINT | Representing PLEASE PRINT | Address PLEASE PRINT | Wish to Speak? Circle one | <u>PLEASE</u> <u>NOTE:</u> |
|----------------------|------------------------------|-------------------------------|--|--|
| 21 Susan Hanson | self | Addresses Redacted | <input checked="" type="radio"/> Yes / <input type="radio"/> No | <i>IF YOU WISH TO PROVIDE TESTIMONY, YOU MUST ALSO COMPLETE A REQUEST TO SPEAK FORM PRIOR TO THE BEGINNING OF THE MEETING.</i> |
| 22 Karl Hanson | self | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 23 Kels Schludermann | SELF | | <input checked="" type="radio"/> Yes / <input type="radio"/> No | |
| 24 Lindsay Zischke | TRAD | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 25 Kevin Heyburn | self | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 26 Helen Sneed | self | | <input checked="" type="radio"/> Yes / <input type="radio"/> No | |
| 27 Noah Abdouva | Self | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 28 Fabian Poyson | COMMUNITIES For Recovery | | <input checked="" type="radio"/> Yes / <input type="radio"/> No | |
| 29 Michael Cseri | self | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 30 Stephen Carter | Self | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |

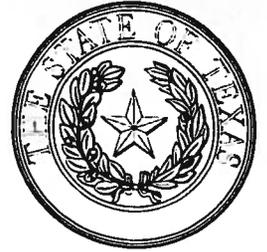
79

Appendix H

**DSHS Employee



HEALTH AND HUMAN SERVICES COMMISSION
 Feasibility Study Regarding
 Austin State Hospital – Austin State Supported Living Center Location
PUBLIC HEARING
REGISTRATION OF ATTENDANCE
 June 15, 2016 – 6:00 p.m.
 Austin, Texas

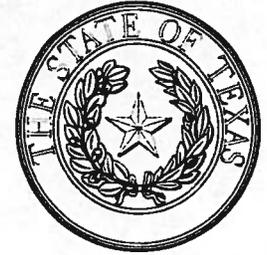


| Name PLEASE PRINT | Representing PLEASE PRINT | Address PLEASE PRINT | Wish to Speak? Circle one | <u>PLEASE</u> <u>NOTE:</u> |
|-------------------------------------|------------------------------|-------------------------------|---|--|
| 31 Anissa Hurley | Self | Addresses Redacted | Yes / <input checked="" type="radio"/> No | <i>IF YOU WISH TO PROVIDE TESTIMONY, YOU MUST ALSO COMPLETE A REQUEST TO SPEAK FORM PRIOR TO THE BEGINNING OF THE MEETING.</i> |
| 32 Kyle Piccola | The Arc of Texas | | Yes / No | |
| 33 Lindsay Liepmann | KEGE-TV | | Yes / <input checked="" type="radio"/> No | |
| 34 Peggy Perry | DSHS | | Yes / <input checked="" type="radio"/> No | |
| 35 Lorre Weidlich | Hyde Park | | Yes / <input checked="" type="radio"/> No | |
| 36 PETER MASS | TRC | | Yes / No | |
| 37 Athena McClendon | Austin Clubhouse | | Yes / No | |
| 38 Sarah Watkins | Community Now! | | <input checked="" type="radio"/> Yes / No | |
| 39 Bob Kaska | ADAPT/PAC | | <input checked="" type="radio"/> Yes / No | |
| 40 Stephen Walli Stephen Wallace | self. | | <input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No | |

**DSHS Employee



HEALTH AND HUMAN SERVICES COMMISSION
Feasibility Study Regarding
Austin State Hospital – Austin State Supported Living Center Location
PUBLIC HEARING
REGISTRATION OF ATTENDANCE
 June 15, 2016 – 6:00 p.m.
 Austin, Texas



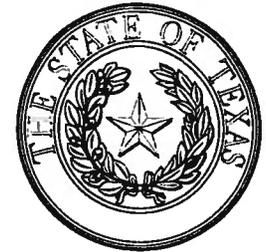
| Name PLEASE PRINT | Representing PLEASE PRINT | Address PLEASE PRINT | Wish to Speak? Circle one | <u>PLEASE</u> <u>NOTE:</u> |
|--------------------------|---|-------------------------------|--|---|
| 41 Liz Belik | Austin State Supported Living Center | Addresses Redacted | <input checked="" type="radio"/> Yes / No | IF YOU WISH |
| 42 BEVERLY BARRINGTON | AUSSLC and Austin Clubhouse | | <input checked="" type="radio"/> Yes / No | TO PROVIDE |
| 43 SHANIVON HALLEY | MAYOR PRO TEM KATHIE TOYO | | Yes / <input checked="" type="radio"/> No | TESTIMONY, |
| 44 Nancy Hohengart | Court 5 | | Yes / <input checked="" type="radio"/> No | YOU MUST |
| 45 Shawn Seale | GLO | | Yes / <input checked="" type="radio"/> No | ALSO |
| 46 Robyn Rose | self | | Yes / <input checked="" type="radio"/> No | COMPLETE A |
| 47 JOHN ROBERT | HHSC | | Yes / No | REQUEST |
| 48 Carl DAYWOOD | (self) 64th + Historic Dist Prop Assoc. | | <input checked="" type="radio"/> Yes / No | TO SPEAK |
| 49 Billy C. | AUSSLC and AUSTIN CLUBHOUSE | | Yes / <input checked="" type="radio"/> No | FORM PRIOR |
| 50 | | | Yes / No | TO THE BEGINNING OF THE MEETING. |

81

Appendix H



HEALTH AND HUMAN SERVICES COMMISSION
 Feasibility Study Regarding
 Austin State Hospital – Austin State Supported Living Center Location
PUBLIC HEARING
REGISTRATION OF ATTENDANCE
 June 15, 2016 – 6:00 p.m.
 Austin, Texas



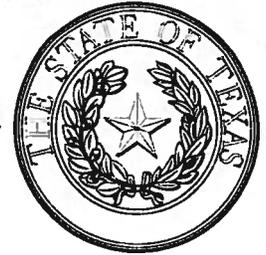
| Name PLEASE PRINT | Representing PLEASE PRINT | Address PLEASE PRINT | Wish to Speak? Circle one | PLEASE NOTE: |
|-----------------------------|-------------------------------------|--------------------------------|---|--|
| 51 Ginger Maugeaux | The Arc of Texas | Addresses Redacted | Yes / <input checked="" type="radio"/> No | IF YOU WISH TO PROVIDE TESTIMONY, YOU MUST ALSO COMPLETE A REQUEST TO SPEAK FORM PRIOR TO THE BEGINNING OF THE MEETING. |
| 52 Donald G Barber | Rep. Paul Workman | | Yes / <input checked="" type="radio"/> No | |
| 53 Camille Euritt | Austin Clubhouse | | Yes / <input type="radio"/> No | |
| 54 Carolee Russ | self / NAMI | | Yes / <input checked="" type="radio"/> No | |
| 55 JIM TERRELL | HHSC EXT. REL. | | Yes / <input checked="" type="radio"/> No | |
| 56 Will Garner | Aust SSLC | | Yes / <input type="radio"/> No | |
| 57 Greg Hanson | NAMI TX | | Yes / <input checked="" type="radio"/> No | |
| 58 Debbie Webb, Ph.D. | PLANCTX, INC | | Yes / <input checked="" type="radio"/> No | |
| 59 Ann Johnson | Ann Johnson | | Yes / <input checked="" type="radio"/> No | |
| 60 Isabelle Heachick | Accessible Hearsby Austin | | Yes / <input checked="" type="radio"/> No | |

82

Appendix H



HEALTH AND HUMAN SERVICES COMMISSION
 Feasibility Study Regarding
 Austin State Hospital – Austin State Supported Living Center Location
 PUBLIC HEARING
 REGISTRATION OF ATTENDANCE
 June 15, 2016 – 6:00 p.m.
 Austin, Texas



| Name PLEASE PRINT | Representing PLEASE PRINT | Address PLEASE PRINT | Wish to Speak? Circle one | <u>PLEASE</u> <u>NOTE:</u> |
|---------------------------|------------------------------|-------------------------------|--|--|
| 61 Susan Murphy | DRTX | Addresses Redacted | <input checked="" type="radio"/> Yes / <input type="radio"/> No | IF YOU WISH TO PROVIDE TESTIMONY, YOU MUST ALSO COMPLETE A REQUEST TO SPEAK FORM PRIOR TO THE BEGINNING OF THE MEETING. |
| 62 Jeff Miller | DRTx | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 63 Susan Bergstrom | NAME | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 64 April Young | HHSC | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 65 Antonia Blasini-Vargas | Self | | <input type="radio"/> Yes / <input type="radio"/> No | |
| 66 WANDA PENN | Self | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 67 Mark McAnally | GLO | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |
| 68 Jon Luckstead | Self | | <input checked="" type="radio"/> Yes / <input type="radio"/> No | |
| 69 Karen McGraw | Self | | <input checked="" type="radio"/> Yes / <input type="radio"/> No | |
| 70 Hannah Frankel | Self | | <input type="radio"/> Yes / <input checked="" type="radio"/> No | |

83

Appendix H



HEALTH AND HUMAN SERVICES COMMISSION
 Feasibility Study Regarding
 Austin State Hospital – Austin State Supported Living Center Location
PUBLIC HEARING
REGISTRATION OF ATTENDANCE
 June 20, 2016 – 6:00 p.m.
 San Marcos, Texas



**HHS System Employees do not need to sign-in

| Name PLEASE PRINT | Representing PLEASE PRINT | Address PLEASE PRINT | Wish to Speak? Circle one | <u>PLEASE</u> <u>NOTE:</u> |
|----------------------|------------------------------|-------------------------------|--|---|
| 1 Tammie Parker | Myself + Sister | Addresses Redacted | <input checked="" type="radio"/> Yes <input type="radio"/> No | IF YOU WISH TO PROVIDE TESTIMONY, YOU MUST ALSO COMPLETE A REQUEST TO SPEAK FORM PRIOR TO THE BEGINNING OF THE MEETING. |
| 2 STERLING ROGERS | MYSELF | | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| 3 84 | | | Yes / <input checked="" type="radio"/> No | |
| 4 Jeff Heckler | TSG | | Yes / <input checked="" type="radio"/> No | |
| 5 Barbara Morris | myself | | Yes / <input type="radio"/> No | |
| 6 Shaun Serle | GLO | | Yes / <input checked="" type="radio"/> No | |
| 7 Stephen Walker | SELF | | Yes / <input checked="" type="radio"/> No | |
| 8 | | | Yes / <input type="radio"/> No | |
| 9 Appendix | | | Yes / <input type="radio"/> No | |
| 10 H | | | Yes / <input type="radio"/> No | |

**HHS System Employees do not need to sign-in



HEALTH AND HUMAN SERVICES COMMISSION
 Feasibility Study Regarding
 Austin State Hospital – Austin State Supported Living Center Location
PUBLIC HEARING
REGISTRATION OF ATTENDANCE
 June 20, 2016 – 6:00 p.m.
 San Marcos, Texas



| Name PLEASE PRINT | Representing PLEASE PRINT | Address PLEASE PRINT | Wish to Speak? Circle one | PLEASE NOTE: |
|----------------------|------------------------------|-------------------------------|---|--|
| 11 Susan Payne | PART / self | Addresses Redacted | <input checked="" type="radio"/> Yes / No | IF YOU WISH TO PROVIDE TESTIMONY, YOU MUST ALSO COMPLETE A REQUEST TO SPEAK FORM PRIOR TO THE BEGINNING OF THE MEETING. |
| 12 | | | Yes / No | |
| 13 85 | | | Yes / No | |
| 14 | | | Yes / No | |
| 15 | | | Yes / No | |
| 16 | | | Yes / No | |
| 17 | | | Yes / No | |
| 18 | | | Yes / No | |
| 19 Appendix | | | Yes / No | |
| 20 H | | | Yes / No | |

**HHS System Employees do not need to sign-in



HEALTH AND HUMAN SERVICES COMMISSION
 Feasibility Study Regarding
 Austin State Hospital – Austin State Supported Living Center Location
PUBLIC HEARING
REGISTRATION OF ATTENDANCE
 June 22, 2016 – 6:00 p.m.
 Round Rock, Texas



**HHS System Employees do not need to sign-in

| Name PLEASE PRINT | Representing PLEASE PRINT | Address PLEASE PRINT | Wish to Speak? Circle one | <u>PLEASE NOTE:</u> |
|----------------------|------------------------------|-------------------------------|------------------------------------|--|
| 1 Susan Payne | PART | Addresses Redacted | Yes / No ? | IF YOU WISH TO PROVIDE TESTIMONY, YOU MUST ALSO COMPLETE A REQUEST TO SPEAK FORM PRIOR TO THE BEGINNING OF THE MEETING. |
| 2 Matthew Saylor | Cedar Crest Hosp. | | Yes / No | |
| 3 Ross Gaetano | Metroplex | | Yes / No | |
| 4 Amanda Brandeis | KXAN | | Yes / No | |
| 5 Jamie Molbert | Rock Springs | | Yes / No | |
| 6 Rachel Strudel | Wilco | | Yes / No | |
| 7 Pat Pomeroy | Self | | Yes / No | |
| 8 Steve Wallace | Self | | <u>Yes /</u> No | |
| 9 Andrew Hart | GLO | | Yes / <u>No</u> | |
| 10 Don Barber | Don Barber | | <u>Yes /</u> No | |

** HHS System Emplo



HEALTH AND HUMAN SERVICES COMMISSION
 Feasibility Study Regarding
 Austin State Hospital – Austin State Supported Living Center Location
PUBLIC HEARING
REGISTRATION OF ATTENDANCE
 June 22, 2016 – 6:00 p.m.
 Round Rock, Texas



| Name PLEASE PRINT | Representing PLEASE PRINT | Address PLEASE PRINT | Wish to Speak? Circle one | <u>PLEASE NOTE:</u> |
|------------------------------------|------------------------------|-------------------------------|---|--|
| 11 Karen Paris | NAMI, Austin | Addresses Redacted | <input checked="" type="radio"/> Yes / <input type="radio"/> No | IF YOU WISH TO PROVIDE TESTIMONY, YOU MUST ALSO COMPLETE A REQUEST TO SPEAK FORM PRIOR TO THE BEGINNING OF THE MEETING. |
| 12 Paula Baker | NAMI, Temple | | <input checked="" type="radio"/> Yes / <input type="radio"/> No | |
| 13 ⁸⁷ Jimmy Williams | SELF, ASSU | | Yes / <input type="radio"/> No | |
| 14 Linda Litzinger | Texas Parent to Parent | | Yes / <input checked="" type="radio"/> No | |
| 15 | | | Yes / <input type="radio"/> No | |
| 16 | | | Yes / <input type="radio"/> No | |
| 17 | | | Yes / <input type="radio"/> No | |
| 18 | | | Yes / <input type="radio"/> No | |
| 19 Appendix H | | | Yes / <input type="radio"/> No | |
| 20 H | | | Yes / <input type="radio"/> No | |

** HHS System Emp

Attachment 1 (Feasibility Study)

(The Feasibility Study is available in a separate file.)