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IMPACT

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Photo by Everett Hullum

Chaplain Robert F. Cullum reaches out to those who need a friend.

Interview:

Robert F. Cullum, Th.D.

By Judy Osborn, Former IMPACT Editor

Robert F. Cullum, Th.D., is director of Chaplain's Services at San Antonio State Hospital (SASH) and San Antonio State School (SASS). He also serves as coordinator for chaplains throughout the TDMHMR system.

He and his fellow chaplains are responsible for the spiritual welfare of clients in the schools and hospitals. This requires them to understand the dynamics of institutions while recognizing the increasing influence that families and local communities have on clients' lives. As clergymen, they represent the church; as counselors, they listen, observe and facilitate change among the members of their flock; as chaplains, they join other members of the treatment team to serve the whole person.

IMPACT: How do chaplains contribute to client care?

CULLUM: The chaplains are developing a format for determining a client's interest in a denomination. They try to do an interview within 10 days after admission, asking about the clients' denominational ties, whether they'd like a visit from their pastor or a local pastor, the location of their last church and how active they were in that church's activities. This gives us a handle on the kinds of services we could deliver while they're in the installation.

We also ask, "What has recently changed in your religious life?" Some say they've had a conversion experience and now read their Bibles every day, and some say they just don't go to church anymore, or believe in God anymore. This also leads to their telling about their fantasies, like "You know, I'm really an angel," or "I'm Jesus," or whatever.

We're not trying to be social workers or psychologists or physicians; what we're looking for is theological rungs, such as their understanding of grace and forgiveness and grief—those problems.

We then may suggest self-referral, where the client can see the chaplain. Or we may suggest one-to-one work, or that they try out for choir. We ask, "Is there something the chaplain's department can offer that client?"

That's part of our input into the team treatment meetings. And we share any clues or nuances—not affecting confidentiality—that would be good to pass on to a social worker or whomever.

We also try to give some of our impressions of how the person appeared, whether distraught, well-groomed or whatever, that say something about how the person feels. Then that goes on the chart. We're working toward this kind of documentation.

How does a theologian tie in with some of the other disciplines in a meaningful way? That's what we're working on.

IMPACT: What is your role as coordinator of the chaplains?

CULLUM: I don't dictate policy or anything. The position involves interpretation, liaison work and keeping peace in the family. We need a person who can gather information from the chaplains and feed material to the superintendents and the commissioner. It cuts down on misinterpretation.

I'm also on the commissioner's review team, so I'm going around with others on the team to the schools and hospitals for their annual evaluations. I'm looking at the chaplaincy programs and then giving a report to the superintendent, to Quality Assurance, to Dr. Kavanagh [TDMHMR Commissioner] and to the chaplains.

We're looking toward a uniform reporting system. I look at seven areas—pastoral care, outreach, community relations, worship services, counseling,

"All we claim to be is bridges; we don't claim to be the pastor of the people who come to our chapels."

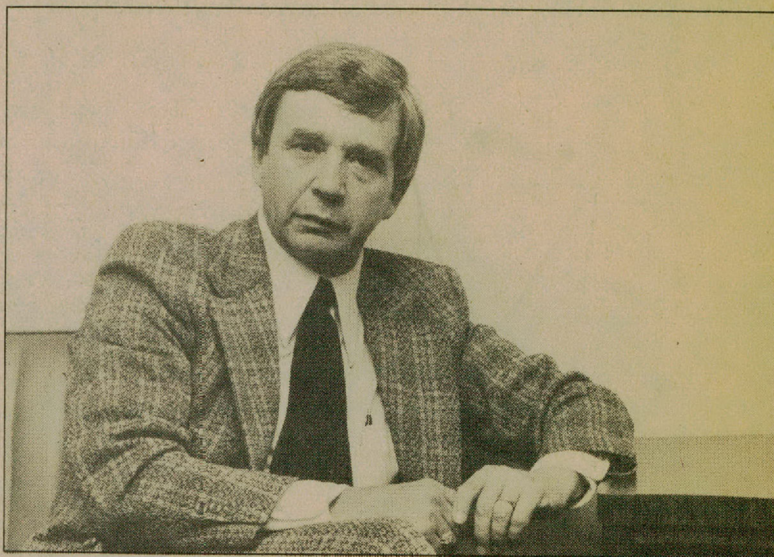


Photo by Jackie Stilwell Neuman

Photo by Everett Hullum

religious education and, at four of our facilities, clinical pastoral education.

IMPACT: What is clinical pastoral education?

CULLUM: Clinical Pastoral Education, or CPE, is a training program with a certified chaplain and a center certified by the Association of Clinical Pastoral Educators. Many CPE programs are at general hospitals or military installations or the like. We're not unique, but there aren't many mental hospitals where people can train.

There are two basic programs. One is a summer introduction program composed of second- or third-year seminary students who need a semester of CPE to graduate. So these men and women go either to Austin, Terrell, Rusk or now Vernon and spend the summer with the CPE supervisor.

Those who have an undergraduate degree and have completed their seminary work can get a year's clinical training, so they enter the second type of program. The graduates of these clinical programs either will go into chaplaincies or back into the parish setting or continue on to be supervisors.

IMPACT: What type of chaplain is attracted to work for our department?

CULLUM: I think one thing you'll find is they often had a lot of work in the behavioral sciences in their undergraduate years, and that interest continued through their time at the seminary. That's motivated them to go into the clinical internship for a year.

If they've done all that, they're usually looking for a berth either in a school for the mentally retarded, or a mental hospital or a general hospital—somewhere with an institution as opposed to a parish.

The turnover rate among chaplains in our system is slim. Once they come, they usually stay, and that's not true among most of the helping professions. Winton Gable at Terrell has been there over 25 years, and Carl Case has been with Rusk over 20 years. I'll mark my fifteenth year in August.

IMPACT: Are there any women chaplains?

CULLUM: We've had some clinical students in our CPE programs the last two years who could become ordained ministers and qualify as chaplains. And there's a religious educator in Lufkin who works along with their chaplain. There's another in Denton and one in San Antonio too.

There'll be a day when a woman will have one of the chaplaincies, and that's appropriate. Balance is important to us; "if she can do the job, come on" is our attitude.

IMPACT: How many chaplains are there?

CULLUM: Every facility has one, and several have more. And there are backup staff who do music and religious education and support the chaplain.

Sometimes there are chaplains on a half-time or consultation basis. We have few Jewish clients in our hospitals and schools, for example, but we have a strong consultation network among the rabbis. In Terrell, for example, a lay leader from Dallas has come every Friday for years to do the services for their Jewish clients. The hospital has set aside an area where the Jewish clients are comfortable.

And when we don't have enough Catholic clients or a Catholic chaplain available, then we work through the diocese and a priest is provided. Or lately, because of the shortage of priests, the Catholic church has given certain rights to lay people to come and serve communion once the breads are consecrated.

IMPACT: What faiths are represented among our clients?

CULLUM: I've been taking a look at that. It's interesting that they fall about the same at every facility.

You find a large block—about a quarter—whose denomination is listed as "none" or "unknown." Another quarter is Baptist, and Catholics vary from a quarter to a half. The other denominations usually are less than six percent each. Jewish clients are rare.

IMPACT: Can you draw any conclusions from that?

CULLUM: The conclusion isn't too surprising. This state was settled primarily by evangelicals and Catholics, so it stands to reason why there's a heavy population of them in our facilities.

IMPACT: What is the impact of the new commissioner's rule on chaplains effective March 1, 1981?

CULLUM: The new rule gives purpose and order to the chaplaincy program and specifies the kinds of services chaplains should deliver. It also puts in the hands of the chaplains the ability to maintain some policy standards.

It's important that we maintain standards in such a way that chaplaincy is a viable part of the treatment program and doesn't slide into a nebulous appendix. Meeting religious standards is in keeping with meeting treatment standards. As coordinator for the chaplains, I also support the superintendent and the chaplaincy in meeting standards of excellence in hiring new staff.

IMPACT: Does the public question the state's funding chaplaincy programs?

CULLUM: Not really. As long as the chaplain is an acceptable part of the delivery system to the military, there's a carry-over tradition to the chaplain in institutions like prisons, hospitals for the mentally ill and schools for the mentally retarded. Being incarcerated or separated from your local community justifies religious services being provided.

All we claim to be is bridges; we don't claim to be the pastor of the people who come to our chapels. That's why we have "all-faiths" chapels.

We provide religious services that clients have a right to take part in or not. Take choir. Music therapists do choirs that are separate from the chaplaincy, and staff can assign patients to that hospital choir. But the chaplain's choir has to remain the patient's choice. They can't be assigned to it, and they have the privilege and right to leave it.

It's the same with religious services. If they want to go, fine; if they don't want to, that's fine too.

One thing that helps is that our chaplains have to be endorsed by their own denominations. We can't work in the state system unless our denominations approve it. Chaplain I positions even make room for faith groups that do not have formal seminaries or other education requirements. This makes it possible for those with less training to function as chaplains.

IMPACT: What's the role of volunteers?

CULLUM: Volunteers and chaplains have parallel roles. In many ways the chaplain can be an important liaison, or catalyst, for volunteers.

In May, for example, Jean Sweeney [coordinator of Volunteer Services for SASH] and I went to Bay City to speak to the Ministerial Alliance about volunteers beginning a program of day

"Someone I have learned from is a former mental patient. He says, 'Don't just tell me that God loves me. Show me that you care, and on that basis, I'll make my decision about God.'"

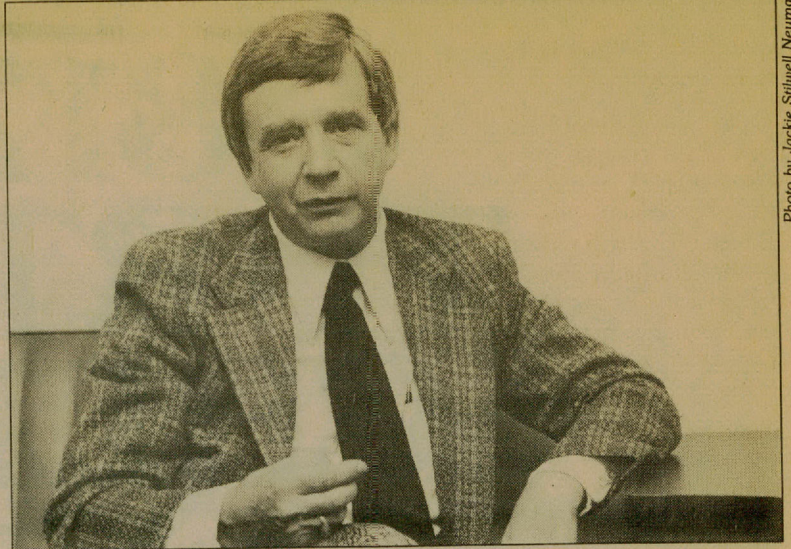


Photo by Jackie Stilwell Neuman

care centers. My role is to connect her with a group who can make it possible for these volunteers to evolve.

On the other hand, volunteers often help us. They solicit community people who are interested in doing things for the clients. Our Volunteer Services department, for example, has made it possible for us to keep our chapel open from 8 to 5 because we have a corps of volunteers who help out.

IMPACT: How many facilities have chapels?

CULLUM: Terrell, Mexia, Big Spring, San Angelo, Austin (both the school and the hospital), San Antonio and Richmond. Corpus Christi has a utility building that was built as a worship center, but it's not dedicated to use as a chapel.

Others are planning chapels: Brenham, Abilene, Vernon (two chapels, as a matter of fact; there are two campuses), Wichita Falls and they're renovating an auditorium at Waco. They're in various stages of fund raising. It takes a lot of support, and it depends on how much interest the community has.

Even if the facility doesn't have a chapel, a place has always been made available for church on Sunday.

IMPACT: How do the religious needs of the mentally ill differ from those of the mentally retarded?

CULLUM: I've learned a lot about that in the last two years [since SASS opened adjacent to SASH].

A schizophrenic has difficulty with direct touching, but he has the ability to think things through. So we try not to talk down to the mentally ill, and we use a lot of symbolism—the cross, the robes—that reminds them of church.

We like to talk about positive things that will help them toward restoration and to feel better about themselves. We move away from passages about sins, because we figure they've had enough sermons about guilt. We're into utilizing positive thoughts from the scriptures that say to them, "You're worth something; you're OK."

So our worship service is similar to what you'd expect in the local community, except the whole thing runs 35-40 minutes. Our sermon lasts 15. The sermon itself is included in the bulletin in outline form, so the patient always knows where we're going.

The other thing is, we allow freedom. Incoming patients, for example, may be depressed or angry. When they come to a service, they may only be able to tolerate the opening prayer, then they'll close their songbook and walk out. Maybe the next time they'll stay through the opening prayer and first song. Eventually they'll stay for the sermon and the benediction. But we allow that freedom of movement.

Someone I have learned from is a former mental patient. He says, "Don't just tell me that God loves me. Show me that you care, and on that basis, I'll make my decision about God." And that rings in my head all the time, because it's true.

Now with the mentally retarded, we've learned some different things. One is that they like order, they like repetition and they like to be involved. But they also want the support of someone in charge while they're being involved.

The mentally retarded always do the hugging first; but with a schizophrenic, you reach out your hand, but you always let them take it; you never take their hand first.

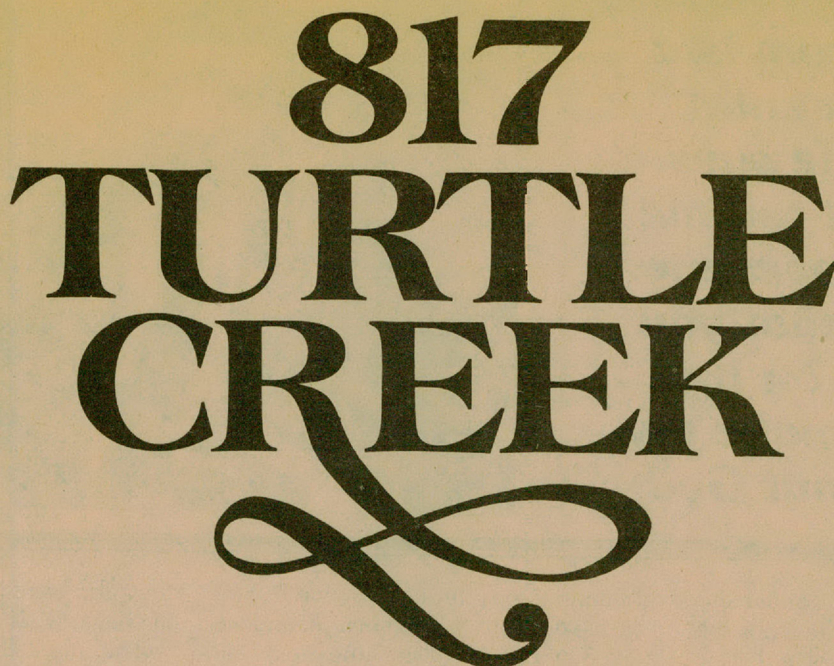
We use puppets, a lot of pictures and audiovisuals. Our Protestant and Catholic services run back-to-back; and each is less than 15 minutes. We sing action songs and quiet songs; we sing in English and Spanish; and some of the kids sign.

We do other things with them too. I take my choir out to eat pizza and to services at local churches. Every holiday we have a coloring contest, and the religious education teachers do the judging. Then we award a prize, and they're always so happy about whoever wins. We camp at the lake and cut watermelons and we have Easter egg hunts. We also sponsor a Scout troop at the hospital and one at the school.

IMPACT: Is there anything you'd like to add?

CULLUM: I'd like for the other parts of the staff to realize the role of the chaplain. We're a part of the treatment team, and we want to be able to communicate and be appropriately involved in the clients' welfare.

If there's any message the chaplains would like to relate, it's that we have something definite to offer the total person. If you ignore a person's religious background, you've left out a big piece of whoever that person is. We're only part, but we are an important part, of treatment for clients. ■



Heather watches intently while Joyce guides the bright red pillow fabric through the sewing machine. "That's right. Keep the stitches an inch from the edge of the material," Heather coaches her.

It's a typical Sunday afternoon at 817 Turtle Creek Blvd., and the two women are at home with the rest of the family doing a few domestic chores. Marie is taking the dry laundry off the backyard clothesline. Mary is whipping up a snack in the kitchen. Evelyn is watching "CHiPS" on television. Georgia is taking a walk in the neighborhood, chatting with friends along the way. Brenda is entertaining a guest. The children, Amy and Sara, are in the backyard tracking beetles in the grass, and Robert is tracking the children, concerned that they may get too close to an unfriendly species.

For nearly a year, these six mentally retarded women have lived together at 817 Turtle Creek under the supervision of Robert and Heather Williams, houseparents and Austin State School employees. The two children belong to the Williamses. Together, the 10 are a family. Unconventional as it may be, it is nonetheless a family—a group of people living together, learning from and teaching each other, depending upon each other for guidance, support and fellowship.

The group is involved in a special model project designed to smooth the women's transition from institutional to community life by helping them achieve financial independence and a new level of self-sufficiency. The project is called "817 Turtle Creek," the street address of the home.

The Turtle Creek sponsors are Austin State School, Texas Developmental Disabilities Program and the Christar Foundation, a private, nonprofit organization concerned with the rights of retarded and other handicapped people. B.R. (Bill) Walker, Ph.D., superintendent of Austin State School, says that a large part of the success of the project is attributable to the cooperative relationship of these three groups.

The philosophy that makes the project work, according to Stephen Drury, is simple: The clients come first.

Drury is one of the driving forces behind the project. As training consultant for the Vocational Rehabilitation Center (VRC) at Austin State School when the idea was conceived in late 1979, he worked with Christar and Developmental Disabilities personnel to make the home a reality. He has since resigned his school position to form his own corporation, General Management Systems, Inc., which serves as consultant to Christar.

"We designed the home around the needs of the clients, and we made all the state rules and administrative needs work to their benefit," he says. This philosophy led to three concepts to which the project founders have remained committed:

(1) Having a surrogate-parent model rather than the staff-shift model typical of most community homes, halfway and quarterway houses;
(2) Giving equal importance to residential and vocational components of the projects; and
(3) Making the project independent of federal, state and local financial aid within a year of its opening, based upon concerns about what would happen to residents if government support would end.

The home has proved to be a success in both human and financial terms. Drury says that a project of this nature could not be successful without the dedication of people like Robert and Heather Williams.

With help from the Williamses, the women all have found and kept full-time employment in the community at salaries substantially higher than they would be making in a sheltered workshop.

Dr. Walker says that, in all probability, they will be essentially self-supporting by October 1981, the end of the project period.

Robert and Heather helped the women refine their job skills and find employment. They also helped them secure

Photos by Jackie Stilwell Neuman

Residents of 817 Turtle Creek, a community home for mentally retarded women, have achieved new levels of self-sufficiency since coming to the home. A typical Sunday afternoon finds Heather Williams, houseparent, coaching Joyce Hooks as she sews new pillow covers (upper left); Mary Conners preparing a snack (upper right); and Marie Gosdin bringing in laundry from the backyard clothesline (below).

The family at 817 Turtle Creek. Back row, left to right: Brenda Jasso; Mary Rouw, weekend relief houseparent; Marie Gosdin; Joyce Hooks; Robert Williams, houseparent; Sara Williams; Evelyn Grant; Georgia Lee. Front row: Heather Williams, houseparent; Amy Williams; and Mary Conners.

their positions by staying with them on their new jobs until there was no question that the women could perform.

"That's something we couldn't offer our clients through our other facilities," says Patrick Loftin, Austin State School's VRC director and, since Drury left the school, Turtle Creek project director. Loftin expresses pleasure at having inherited a project like Turtle Creek. "It has shown that some folks can be mostly self-supporting if they have assistance to get through the day-to-day activities," he says.

Joyce Hooks and Marie Gosdin are kitchen workers at a barbecue restaurant. Georgia Lee, Evelyn Grant and Brenda Jasso are janitors at the State Purchasing and General Services Commission. And Mary Conners is a classroom aide in the Austin-Travis County MHMR Center's infant-parent training program.

The women have become familiar with the city bus system and use it for work, shopping and social outings. They have learned where to find a medical doctor, dentist and other social services located on or near the bus line. They know how to carry out routine activities like banking, grocery shopping, menu planning, cooking and cleaning. Most of the women have been able to save enough money after expenses to buy their own bedroom furniture.

The Williamses have paired the women so that they can learn from each other. Georgia, who is good at community skills such as banking, was paired with Mary, who is adept at household chores. They learn new tasks and skills by working with and observing each other.

"We try to do things in an unschoollike way, letting them learn through trial and error," Heather says. "When I sit at the table working on our budget, they can see what I am doing. That's how I learned things when I was growing up."

Perhaps an element in the success of 817 Turtle Creek is that a balance was struck in the decision to have six residents—few enough for the project to fit unobtrusively into a neighborhood yet numerous enough to ensure that no one would suffer from loneliness, one of the most distressing problems faced by many mentally retarded individuals who attempt independent community living.

In an effort to foster emotional maturity and responsibility among residents, Robert and Heather have established a stable, caring atmosphere of warmth and family support. As houseparents, they are at home around the clock, always ready to offer a hand. On weekends, Gail Phillips and Mary Rouw, also Austin State School employees, fill in while the Williamses run errands, shop or catch a moment alone together.

In the past few months, the women have grown incredibly, Heather says. "Brenda, for example, was hostile when she came here. She would not communicate. She

would sit on the end of the couch and did not get along with anyone. She had no sense of humor. She hated to be around the kids.

"In the past few months, she has blossomed. She smiles 80 percent of the time now. She got new fashion glasses and clothes. She's a practical joker too. Now you'll see an elastic band come whizzing past your ear and Brenda will be standing around the corner snickering. She used to get angry before when asked to help at home. Now she works in the kitchen and cooks dinner even when it's not her turn. She has made many friends in the community. She still has her moments but it's not continuous."

Joyce and Marie have decided that the time has come to take the step they've been planning since years before they came to Turtle Creek. They've found an apartment to share and will be moving soon.

The Williamses have accepted the women's decision to move as a natural development. "The home is here to be whatever it needs to be for the individual," Heather says.

"The concept is that it is more realistic for handicapped folks to live in a co-op than to try to exist on their own. For those who need and want that, it will always be that. For those like Joyce and Marie who want to try something different, we are willing to help them.

"We always want to be flexible enough to allow the individual to discover what his needs are and what his own niche is."

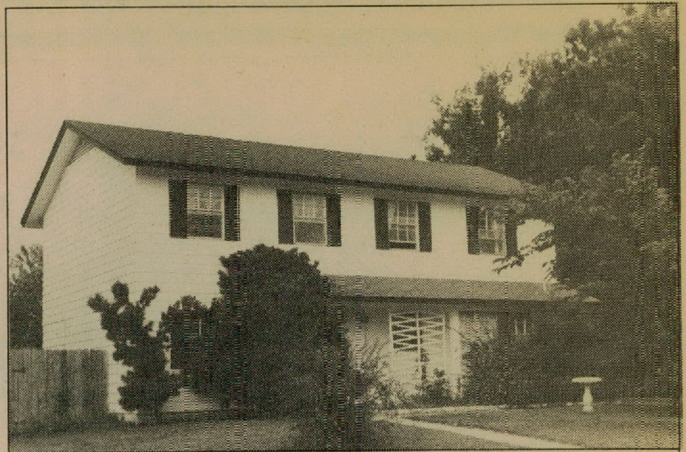
If, after three months, Joyce and Marie appear to be making the grade on their own, two new residents will be selected to replace them at Turtle Creek. And if they decide they'd like to return, the Williamses will welcome them back.

Drury says the opportunities are there for more homes like 817 Turtle Creek. "In every city in the state there are people who need the help and there are agencies and foundations which, if sought out, care enough to sponsor these homes. It's just a matter of searching for these people and combining efforts under a tenable philosophy."■ *J.S.N.*

For more information about the 817 Turtle Creek program, call Stephen Drury at (512) 327-0656 or write Patrick Loftin, director, Vocational Rehabilitation Center, Austin State School, P.O. Box 1269, Austin, TX 78767.

Houseparents Heather and Robert Williams enjoy a quiet moment together in the backyard with their daughter Sara.

Community Acceptance



The house at 817 Turtle Creek Blvd. in South Austin is one of the most attractive on the block. It's the kind of property most people would like to have next door.

In the large, well-maintained, two-story house, located in a residential area, live six mentally retarded women who, with supervision, are attempting to make new lives for themselves as members of the community. All but one of them lived at Austin State School before coming to the home.

Community acceptance has come easily for those at 817 Turtle Creek. Recent talks with neighbors showed not only accepting attitudes but heartfelt compassion and support for mentally retarded individuals trying to make such a transition. Here are a few of their comments:

- I know they are handicapped but it doesn't register with me. They come and go and catch the bus to work, trying to make a living like everybody else. I have no complaints. It's great to see something like this happening.

- I think it's great. I have worked for two years with alcohol and drug abusers and we had some halfway houses. I have no objection and I never would have known about the home if it hadn't been for Alan, a friend of ours who is mentally retarded. He told us about it.

- It's fine with me. If the people who know say it's okay, it's okay with me. In fact, I've just this minute come from the Austin State School. An association I belong to had a picnic for the folks out there.

- I think it's all right. I don't see anything wrong in it. I have a mentally retarded sister myself.

- I would be all for them. I feel for them. I have no objection to this house being in my neighborhood.

- It doesn't matter to me. I think it's great.

Not one of the 14 neighbors interviewed expressed objection or disapproval of the home being in their neighborhood.■ *J.S.N.*

All in a day's work

By B.J. Mann

Obie is one of the ugliest yet most fascinating dolls ever designed. When you squeeze him, his eyes, ears and tongue pop out.

Assembling and painting the Obie doll is one of the more unusual jobs clients do at the Abilene State School sheltered workshop.

The painting process is an example of the ingenuity required of the workshop supervisors to break down each job in such a way that the work can be accomplished by clients.

In the case of the Obie doll, a jig was devised which squeezes out the parts to be painted, after which the clients meticulously dip the parts into the proper color of paint. After the dolls are dry, the jig is removed. The dolls are then packaged in plastic and labeled.

This product has proved so popular with the buying public that a new product, the "Green Weenie," has been developed by the same contractor. It is now in its final stages of production at the workshop.

On the more serious side, workshop clients recently completed a contract with with a well-known business machines firm, which involved assembling and packaging a 20-part typewriter repair kit.

When the contract was completed, the company informed John Hayes, procurement officer for the workshop program, "Quality is of prime importance to us, and to ensure that we maintain the highest of standards in that regard, we measure the success of each shipment received ....Our records reflect the overall quality rating for your company."

Photo by Tom Rasor

One of the more colorful tasks performed by clients of the Abilene State School sheltered workshop is painting Green Weenie toys. Marie Noland is shown dipping the eyes and mouth of one of the rubber toys in paint.

The commendation further stated that, while a 95 percent rating is acceptable, the rating for the workshop was 100 percent.

Having such satisfied customers isn't something that just happens. To reassure themselves that their production is of the highest quality, workshop staff periodically send qustionnaires to contractors, asking such questions as: Was the work performed exactly as your company specified? Was the finished product of the highest possible quality? Were deliveries made correctly and within the promised time?

One contractor recently queried responded affirmatively to all these questions and commented, "The quality of the work has been excellent. If we were able to get such superior results from all our subcontractors, we would have considerably fewer problems. Thank you for your outstanding support."

The reason Abilene State School places strong emphasis on workshop production and quality is summed up by Marion Truitt, director of the school's workshop program: "If the program is better, then the benefits to the clients are better."

The workshop program at Abilene State School was recertified this spring by the Commission on Accreditation of Rehabilitation Facilities (CARF). The program is thought to be one of only two TDMHMR-affiliated workshops with current CARF accreditation. The other one is Gulf Bend MHMR Center in Victoria.

The Abilene facility received its first one-year accreditation in 1977 from CARF and in 1978 was granted a three-year accreditation. Accreditation in 1981 is also for three years.

Accreditation by the Commission on Accreditation of Rehabilitation Facilities is not required by TDMHMR, Truitt says. It is self-imposed at Abilene in hopes of improving the quality of the workshop program by meeting CARF's stringent standards.

The process begins with a comparison of the CARF and workshop standards. The facility adjusts its program in the attempt to comply with CARF standards and subsequently undergoes a self-survey. When the local staff feels that the program can bear scrutiny by the Commission, representatives of CARF do a two-day on-site survey.

"It is most difficult to relate CARF standards to a state facility," Truitt says, "since certain constraints are imposed by state rules and regulations." CARF record keeping and personnel recommendations, for example, don't always correlate with state requirements. "We rely on their making allowances in these areas," Truitt says.

"We are ahead of the game as to safety requirements," he says "since we already comply with those established by TDMHMR, OSHA and the attorney general's office."

In-service training for employees of the Abilene workshop program was changed to meet CARF requirements. The program now requires knowledge of the entire facility, techniques in working with the mentally retarded and production.

Meeting the standards for accreditation calls for basically the same ingredients that are needed for a successful workshop: giving the clients a good training program while giving contractors their moneysworth. Though the two activities usually are complementary, Truitt admits that having two taskmasters sometimes creates difficulties.

Has the struggle to become accredited been worthwhile?

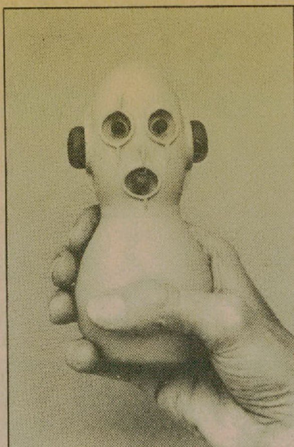
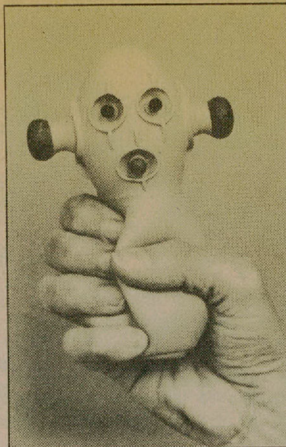
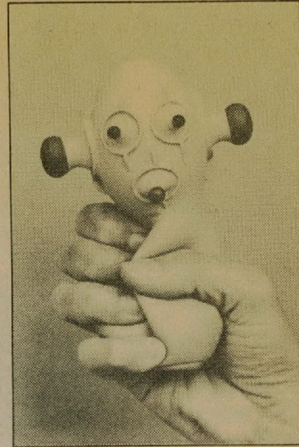
Truitt thinks it has.

"What it has done is make for a better program by pointing out deficiencies and providing standards to be met," he says. He adds that one of the major benefits was to staff morale. They know that accreditation is the result of their hard work and are pleased at the recognition.

Workshop employees sense the pride in achievement and the postive attitudes of their supervisors and respond in kind. A recent visitor to the Abilene workshop remarked at the professionalism and seriousness with which employees behaved on the job.

Production isn't all that's flourishing at the Abilene workshop. So are the clients. Truitt says the progress of the program is reflected daily in the progress of clients and that, after all, is what makes the struggle for accreditation worthwhile. ■

B.J. Mann is information director for Abilene State School.

Photos by Sherry L. Grona

Squeezing an Obie is one way to relieve nervous tension. The Obie is a rubber novelty toy assembled and painted by the thousands at the Abilene State School sheltered workshop.

More jobs for sheltered workshops

Not even one out of every 250 mentally retarded people in Texas was employed in a sheltered workshop in 1979, according to a recent study by the Texas Committee on Purchases of Blind-Made Products and Services.

Though many more could have benefited from long-term employment or training in a sheltered workshop, the programs were not numerous or large enough to accommodate greater numbers of clients. Even participating clients were not always kept busy.

The situation is much the same today, but it should begin to change after a new law (H.B. 1345) goes into effect Sept. 1, one that will foster the stability and growth of sheltered workshops for the severely handicapped.

According to Robert E. Vassallo, the law will open a new market for TDMHMR and other sheltered workshops and give them "an unobstructed avenue for growth." Vassallo is TDMHMR director of special programs and the department's representative on the Texas Commission for Purchase of Blind-Made Products and Services.

The law is aimed at creating jobs for the severely handicapped as it historically has done for the blind by setting aside certain state-purchased products and services for exclusive production at sheltered workshops. It will mean that many mentally retarded and mentally ill persons will be able to stay in the community instead of going to more restrictive, costly state schools and hospitals.

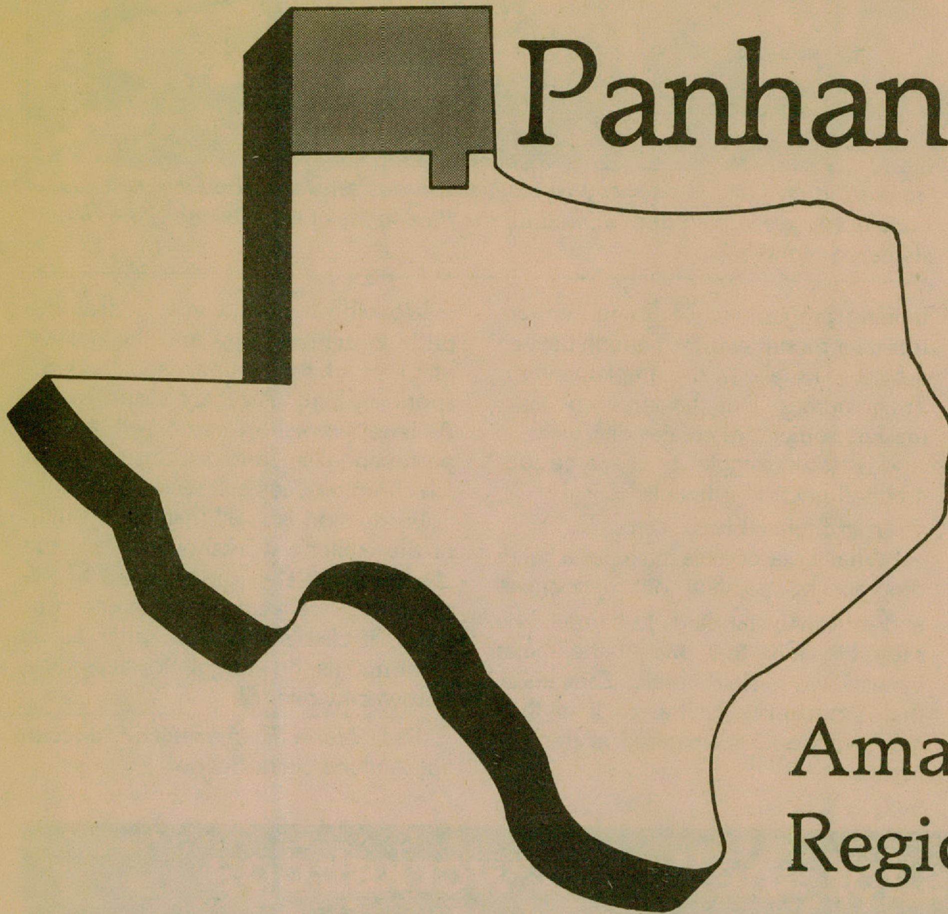
Vassallo calls the state set-aside program "the best opportunity to date" for TDMHMR workshops and says he is hopeful they will take advantage of it. "It puts our workshops on a more businesslike footing by allowing them to count on a product as theirs to produce as long as they can meet and maintain the quality standards and production schedules of the State Purchasing and General Services Commission."

Supporters of the new legislation say that procuring state contracts will stabilize the work load of workshops and bring about a more dependable work force and better income to clients.

Vassallo says that being able to depend on business from the state could enable workshops to accrue the capital needed to pursue contracts with private industry.

Some of the items that TDMHMR employees may be using in the future that will be made by TDMHMR clients are clocks, extension cords, bookcases and coat and hat racks. ■

SPANNING The Panhandle



Amarillo MHMR Regional Center

By Carrie Larkin

Remember the old song that begins, "Oh, give me land, lots of land..."?

That writer could well have been thinking about a 26,000-square-mile hunk of Texas, complete with herds of fat cattle, producing oil wells, good farmland and developing industry. That big chunk of Texas, made up of 21 counties, is the Panhandle—the catchment area of the Amarillo MHMR Regional Center.

More than 335,000 people populate that land. Approximately 155,000 of them live in Amarillo. All the others live in smaller towns and on ranches and farms as far as 150 miles from the metropolitan area.

Many of these people still own land that was settled by their pioneer ancestors. They have seen a great deal of progress in their own lifetimes. Many more are relative newcomers, people searching for fresh air, less crowded living conditions or better jobs.

Then, too, there are the transients—migrant farm laborers, oil field workers, people just passing through or lingering for a while.

Regardless of background or socioeconomic status, these people have one thing in common—problems that just seem to come with living. Not all of them can cope, so where do they go for help?

Through creative planning, the Amarillo MHMR Regional Center (AMHMRRC) provides mental health services for the many thousands of residents scattered across the vast Panhandle.

The needs of mentally retarded individuals in the area are served by the Amarillo State Center for Human Development.

Serving the metropolitan area

Mental health services are close at hand in Amarillo at two large facilities which, through a contractual agreement, offer complete inpatient and outpatient services. They are the 80-bed Amarillo Psychiatric Pavilion and 45-bed combined Killgore Children's Psychiatric Center and Pickens Early Childhood Treatment Center.

At these facilities a full range of psychiatric services is available in-

cluding intake, psychiatric and physical assessment, psychological testing and evaluation, group and individual therapy, domestic reorientation and classes in mental health.

Answering urban needs

Help is available to those living in even the most remote areas through a Family Service Center (FSC) network of comprehensive mental health outpatient clinics. Family service centers are located in Borger, Dumas, Hereford, Pampa, Perryton and Wellington.

The first FSC opened in Hereford in 1974. Located approximately 50 miles southwest of Amarillo, Hereford is primarily an agricultural community with large numbers of migrant farm workers. Like the other FSCs, the Hereford center offers intake and screening; psychological testing and evaluation; individual, family and group therapy; partial care; alcohol and drug abuse counseling; and aftercare. To meet the needs of the community, staff work closely with the schools, health and welfare departments and other public service agencies.

The Hereford center provided valuable experience for the opening of future FSCs. "Overcoming the problems of community understanding and acceptance of services, isolation from Amarillo's support service, the need for adequate supervision of staff and the level of expertise needed by that staff were all considered in putting together future centers," says Clark Wooldridge, former executive director of the regional center and now a board of trustees member.

Claire Rigler, who is now executive director of the regional center, says, "We have allowed each center to develop according to the personality of its population. Center needs may change from time to time. Also, the impact of economic changes in a community require flexibility."

"The job we're doing is slaying that old dragon that you have to be crazy to talk to someone about your problems. Most of the people who are helped in the centers don't have problems which require hospitalization, but that's part of what we do—screening for state hospitals," says Mary Lee Loving, director of AMHMRRC mental health services and former Dumas FSC director.

Loving emphasizes that the work of community mental health centers is preventive and therapeutic. They're cost-effective as well, since it's much easier and more effective to help someone in a stressful situation before the problem becomes full-blown. And it's definitely less costly to provide outpatient counseling services than it is to maintain an individual in a hospital.

Photo by Carrie Larkin

Claire Rigler, executive director of the Amarillo MHMR Regional Center

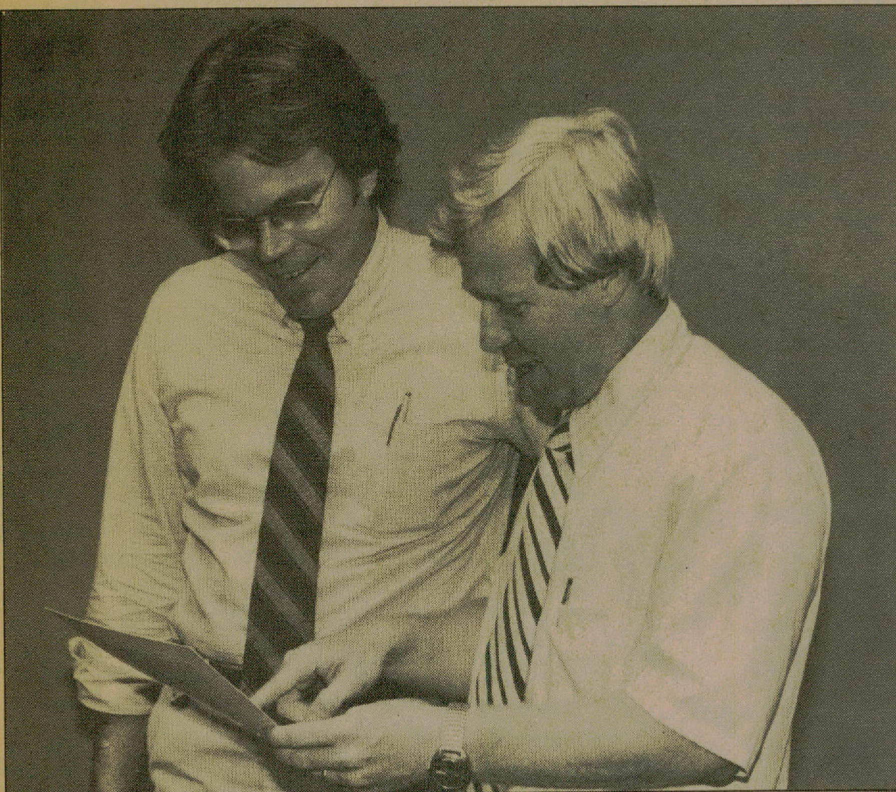


Photo by Mark Englander

Family service centers maintain close ties with their parent agency, the Amarillo MHMR Regional Center. Shelby Miller (left), director of the Dumas Family Service Center, discusses in-service training with Ken McTague, Ph.D., consulting clinical psychologist at the regional center.

"In addition to providing direct services at the FSCs, we're doing education which is preventive." Loving says.

Counseling at the county jail

Even those who cannot go to the centers for treatment are cared for. There's Mick Moon's jail group, for example. Michael Moon, director of the Hereford FSC, began his Wednesday night counseling sessions at the Deaf Smith County Jail in November 1977 at the suggestion of Bruce Coleman, regional board of trustees member from nearby Friona. Though attendance is not mandatory, several inmates always come to the sessions. And there's only one rule—confidentiality.

Moon says that many of these clients who have gone on to a Texas Department of Corrections penitentiary have written to express their appreciation; others continue treatment at the center as soon as they are free to do so.

"I've seen a wealth of emotional deprivation and long-standing patterns of behavior change. I've seen growth, and I've seen people learn to trust themselves and others. In working

with this group, I, too, have benefited a great deal," Moon says.

Panhandle Alcoholic Recovery Center

The Panhandle Alcoholic Recovery Center (PARC) is the Panhandle's only public alcoholism treatment program. It is recognized by the Texas Commission on Alcoholism as one of the most effective in the state. The PARC, through a contractual agreement, is administered and staffed by regional center personnel.

The PARC is located about 20 miles east of Amarillo on the old Amarillo Air Force Base in four buildings converted to a 32-bed alternate residential care facility for men and women who are recovering from alcoholism.

"The roots of the PARC are deeply embedded in the sands of the Potter County law enforcement and judicial systems," says Jim Anderson, regional director of alcoholism services.

It evolved out of the concern of Panhandle county judges and their unified conviction that treatment of alcoholism is a means to prevent continuing involvement with law enforcement because of alcohol-related offenses.

The PARC originally was established by Potter County as a minimum correction facility for persons committed through the courts as being alcoholics. "Today, voluntary commitments account for more than half of the clients," Anderson says.

The treatment program emphasizes the necessity of setting goals and making specific plans for the future.

The goal of treatment is sobriety, or what Chester Morgan, senior counselor, calls "a relaxed sobriety, not a 'grit-the-teeth,' grim sobriety."

Photo by Carrie Larkin

One element of the Panhandle Alcoholic Recovery Center (PARC) program is helping clients become involved in recreational activities that they enjoy. L.D. Blakely, a PARC client, is shown in a moment of concentration during the group's weekend bowling game in Amarillo.

"A client is assigned a primary counselor immediately on entering the program," Morgan says. Prior to discharge, client and counselor formulate a specific aftercare plan, and on discharge from the treatment setting, the client participates in the aftercare program which provides counseling and support.

Alcoholics Anonymous Programming

Alcoholics Anonymous (AA) programming is used at PARC along with alcohol education and general discussion groups that cover current events and relate them to the role of each client. Personal relationships, values clarification, rational behavior therapy and relaxation therapy are woven into the program.

Because success is considerably greater when family and other persons important to the client are involved, counselors encourage these individuals to participate in Al-Anon, an AA-related group for friends and family interested in the alcoholic's recovery.

Among PARC recreational activities are Saturday afternoon bowling in Amarillo, outings at Palo Duro Canyon, movies and dances.

One PARC client recently remarked that for many of his 70 years he had been too busy drinking to know that he could have fun any other way. Another commented that she hadn't thought it possible to bowl or dance without alcoholic beverages.

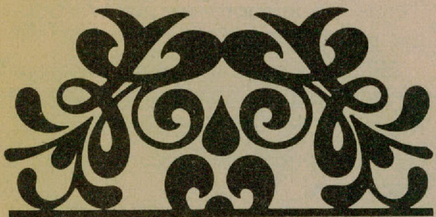
Coordination with Vernon Center

The AMHMRRC screening unit ensures each client the most appropriate care in the least restrictive setting. When state hospitalization is necessary, the center staff coordinate with Vernon Center and other health care providers for discharge plans, aftercare and follow-up services. This coordination has resulted in a high rate of success in discharge planning.

With 26,000 square miles to cover, there's always room for progress, and with the determination of pioneering people like those in the Panhandle, the regional center plans to keep movin' right along.

How did that old song end? "Don't fence me (us) in." ■

Carrie Larkin is information director for the Amarillo MHMR Regional Center.



New Members

Texas Board Of Mental Health And Mental Retardation

Three new members have joined the Texas Board of Mental Health and Mental Retardation since March 1981. They are Roger Bateman, Sam F. Rhodes and David M. Shannon.

The three were nominated by Gov. William P. Clements Jr. and confirmed by the Senate during the 67th legislative session.

Mrs. Howard E. Butt of Corpus Christi was named board member emeritus by the Governor with the expiration this year of her final term as a regular board member. She has served 25 years as a member of the Texas Board of MHMR and its predecessor, the Board for Texas State Hospitals and Special Schools.

The current board is composed of nine regular members and the member emeritus who are responsible for setting goals and operating policies for the TDMHMR. Term of office for regular members is six years.

Other board members are L. Gray Beck of San Angelo, chairman; William B. Schnapp of Houston; Mrs. Iris B. Thomas of Prairie View; Mrs. Marvin Selig of Seguin; Walter A. Brooks, M.D., F.A.C.S., of Quanah; and A.L. Mangham Jr. of Nacogdoches.

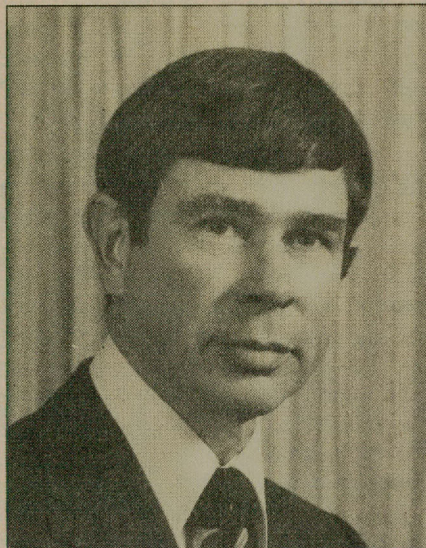


Photo by Sammy Gold

Roger Bateman of Corpus Christi, is chairman of the board of an investment holding company. Active in civic affairs, he has held leadership positions in the community including president of United Way of the Coastal Bend and member of the President's Council of Corpus Christi State University. Bateman, a formal naval officer, received his master's degree in business administration from the University of California at Berkeley. He succeeds Mrs. Howard E. Butt of Corpus Christi.

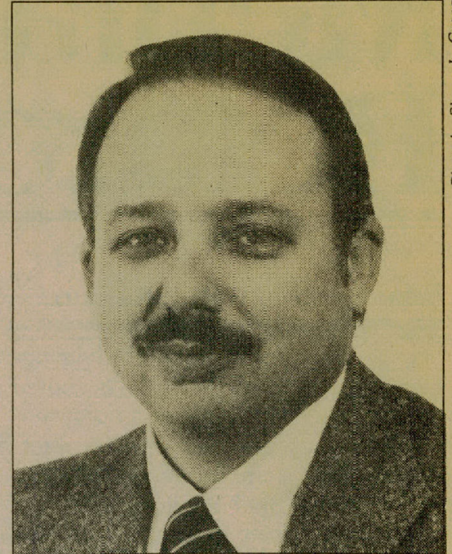


Photo by Sherry L. Grona

Sam F. Rhodes, a partner in the Dallas accounting firm of Touche Ross & Co., for several years has shown active concern for MHMR needs in his community. He was a member of the Dallas County MHMR Center board of trustees and has served as chairman and member of various Center committees. He replaces Margaret G. Cigarroa, M.D., of Laredo.

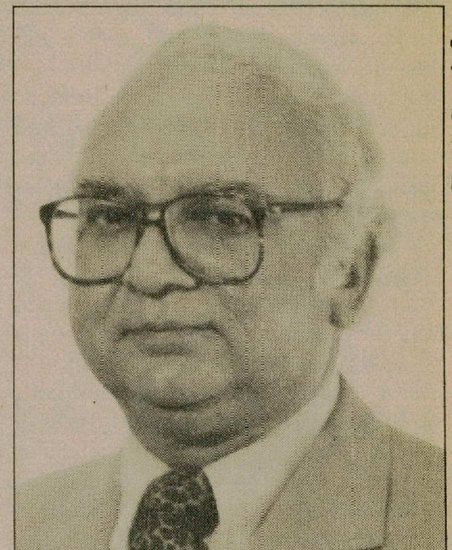


Photo by Sherry L. Grona

David M. Shannon of Odessa, president of Odessa Insurance Associates, was vice president of the Texas Council of Community MHMR Centers, Inc. and chairman of the Permian Basin Community Centers for MHMR. He attended graduate school at the University of Nebraska. Shannon succeeds Edwin R. VanZandt of Rusk.■

Facts About Mental Retardation

What Is Mental Retardation?

It is incomplete mental development. The modern definition accepted by the American Association on Mental Deficiency describes mental retardation as "significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior." The mentally retarded person develops consistently at a below average rate and has unusual difficulty with learning, social adjustment and economic productivity. The degree of adjustment, as well as the ability to learn, varies with the degree of mental retardation.

Is Mental Retardation the Same as Mental Illness?

Mental retardation and mental illness are separate conditions although they can occur in the same person. Mental illness is often temporary and reversible. It may strike at any time during a person's life. Mental illness causes people to lose touch with reality; emotions interfere with normal response.

On the other hand, mental retardation occurs during development or is present from birth or early childhood. It is a chronic and lifelong condition, although it may be alleviated through special education, training, rehabilitation and proper care.

Mental retardation usually is related to limited intellectual capacity and the lack of understanding of what society expects of its members.

How Do Mentally Retarded People Differ From Other People?

Current practice is to classify mentally retarded persons by degree of retardation, using both intellectual and social criteria.

The range of possible retardation is divided into four levels—mild, moderate, severe and profound.

Mild: Development slow. Children capable of being educated within limits. Adults, with training, can work in competitive employment. Able to live independent lives.

Moderate: Backward in development but able to learn to care for themselves. Children are capable of being trained. Adults need to work and live in a sheltered environment.

Severe: Motor development, speech and language are retarded. Not completely dependent. Often, but not always, physically handicapped.

Profound: Need constant care or supervision for survival. Gross impairment in physical coordination and sensory development. Often physically handicapped.

Mildly retarded persons resemble their nonretarded peers, differing mainly in rate and degree of intellectual development. While still young, their retardation is not readily apparent, and these children are not usually identified as retarded until they enter public school. During adulthood, they again become less identifiably mentally retarded as they merge into the competitive labor market and daily community life.

Retardation of moderately retarded persons is more obvious. Their developmental delay usually is apparent before they reach school age. However, community-based education can help moderately retarded persons live a satisfying and productive life.

Severely and profoundly retarded persons exhibit the greatest developmental delay. They frequently have handicaps other than mental retardation. Some severely and profoundly retarded persons can learn to care for their basic needs. They also can perform many useful work activities with supervision.

How Prevalent Is Mental Retardation In Texas?

An estimated three percent of Texas' population—about 375,000—are mentally retarded.

By 1985 natural population growth is expected to increase the total to more than 400,000 unless far-reaching preventive measures can be discovered.

Estimates of Mental Retardation By Degree

Level of mental retardation	Approximate number
Mild (IQ = 50-69)	318,868
Moderate (IQ = 35-49)	41,588
Severe (IQ = 20-34) and Profound (IQ = 0-19)	13,861

Mentally retarded persons are found among every race, religion, nationality, educational, social and economic background.

The majority of mentally retarded persons are mildly retarded. The life expectancy today of mildly retarded persons is about the same as that of nonretarded individuals. For the other levels, particularly profoundly and severely retarded persons, it is substantially less. However, through antibiotics and other lifesaving treatments, this is changing.

What Causes Mental Retardation?

Mental retardation is caused by conditions that hinder development before birth, during birth or in early childhood. More than 200 causes have been identified, although these account for only about a fourth of all cases of mental retardation.

Among the causes are: rubella (German measles) in the mother during the first three months of pregnancy; syphilis,

meningitis, toxoplasmosis; Rh-factor incompatibility between mother and infant; and malnutrition and chromosome abnormalities.

Among the most common and best known of the latter is Down's syndrome (mongolism) which occurs in one out of every 600 babies born and usually results in moderate to severe mental retardation.

Many metabolism disorders, some of them due to heredity, produce mental retardation. Included are cerebral lipoidosis, disorders of carbohydrate and protein or amino acid metabolism and other nutritional disorders.

Destruction of brain tissue or interference with brain development in the young child frequently causes mental retardation. Examples include hydrocephalus (a blocking of ducts resulting in accumulation of brain fluid) and craniosynostosis (a premature closing of the sutures of the skull). Brain damage can result also from a difficult delivery, respiration problems at the time of birth, physical trauma, inflammation of the brain associated with childhood measles and serums, drugs or other toxic agents either taken or produced by the mother during pregnancy or by the child after birth.

For many people development is slowed by poor diet, inadequate prenatal and perinatal care, bad health habits and sanitation and the lack of learning opportunities.

Mental development, like physical development, is promoted by the right kind of activity and stimulation and is retarded when it is lacking. The years of early childhood, when the nervous system is maturing and language developing, are critical.

Several factors may be at work in the same individual. For example, the premature infant is more vulnerable to brain damage. Prematurity is more common among mothers who receive inadequate prenatal care, and inadequate prenatal care in turn is more common in underprivileged groups. These same children are also more frequently exposed to greater possibilities of accident, poisoning, disease in poorly supervised, crowded, unsanitary living conditions. Sensory stimulation and nutrition may be lacking.

Photo by Jo Ann Hammer

Among services offered mentally retarded clients by TDMHMR state schools are residential care and therapeutic programming. Shown in a therapy session at Lubbock State School are client Cherrie Close and Suzette Jones, a therapist technician formerly employed at the facility.

Is Mental Retardation Preventable?

Progress is being made against some of the more serious forms of retardation by such techniques as corrective surgery for malformations of the skull and for the diversion of excess fluid in the brain.

Children who have inadequate blood sugar in the critical days after birth are now more readily identified and treated.

Damage due to the Rh-factor incompatibility can be prevented by blood exchange in the infant at birth and immunization of the mother.

Quick treatment in cases of lead poisoning or, better yet, action to prevent children from eating paint containing lead helps prevent some cases.

The measles vaccine—including the vaccine for rubella—can help if widely used.

These steps have eliminated only a

relatively small fraction of mental retardation. Some retardation which stems from physical, emotional or cultural deprivation will yield only to basic social reform. Because of the high incidence in poverty areas, any strengthening of community, welfare and educational programs contributes to prevention. Adverse biological, psychological and sociocultural factors all need to be corrected in any comprehensive program of prevention. Much progress is being made by medical intervention—vaccines to prevent certain diseases, diet and drug therapy—which effectively curb some forms of mental retardation.

Metabolic disorders resulting in mental retardation can be identified through biochemical or genetic testing.

Early diagnosis and treatment greatly lessen or prevent phenylketonuria (PKU), a metabolic disease which is genetically transmitted and causes physical deviations as well as mental retardation.

Services Available for Mentally Retarded People

The Texas Department of Mental Health and Mental Retardation offers a wide variety of services, including education and training designed to help mentally retarded citizens achieve their maximum potentials. The 14 department-operated state schools provide residential care, community living programs and respite services in the least restrictive environment.

Many TDMHMR clients receive vocational training in sheltered workshop activities. They are compensated for work they accomplish. Shown above is Alton Cosper doing some woodworking at the Gulf Bend MHMR Center's sheltered workshop in Victoria.

Outreach centers offer day care, education and training programs. Human development centers serve the mentally retarded in the community with such services as diagnosis and evaluation, parent counseling, day care, preschool and prevocational training, sheltered employment and respite care. The department cooperates with and supports 30 community centers, each governed by a local board of trustees. The centers provide numerous programs for the mentally retarded.

Genetics Screening and Counseling Service began at Denton State School in the early 1970s as a pilot project to determine the need for the program. The Texas Legislature appropriated funds for the program in 1975 and it developed into a statewide network of services. The headquarters are located in Denton. Regional clinics are in Abilene, Beaumont, Bryan, Corpus Christi, Denton, Fort Worth, Harlingen, Laredo, Longview, Lubbock, Lufkin, Richmond, Tyler and Waco. Additional clinics are planned for these areas: Austin, Amarillo, Edinburg, El Paso, Midland-Odessa, San Angelo, San Antonio and Texarkana.

Program goals are to: (1) diagnose and identify individuals with genetic problems that may cause mental and/or physical disabilities; (2) counsel affected individuals and families so that they may make informed decisions about having children; (3) assist families to understand the problem's cause to alleviate their anxiety and guilt feelings; (4) refer individuals and families to appropriate treatment resources; and (5) inform the public about available services and how they may be utilized. ■

This material is available as a brochure in limited quantities. It may be obtained from the public information director at local TDMHMR facilities or from Harley Pershing, Director, Public Information Services, TDMHMR, P.O. Box 12668, Austin, TX 78711.

For information about genetics screening and counseling, contact: Director, Genetics Screening and Counseling Service, Stone-Bates Building, 404 West Oak St., Second Floor, Denton, TX 76201.

For information on privately operated facilities for the mentally retarded, contact: Texas Association for Retarded Citizens, 833 Houston, Austin, TX 78756.

OR:

How to Stop Worrying And Learn to Love the Dentist

Lufkin State School (LSS) clients are learning to conquer their fears of going to the dentist's office at the same time they are improving the care of their teeth.

They are doing this through a program designed to make them feel comfortable in a dental environment. Under the program, the majority of LSS clients make daily visits to the campus dentist's office where they brush their teeth with the supervision of dental personnel.

The frequency of visits reduces clients' anxieties about the unknown. As faces and physical environment become familiar through repeated exposure, clients become more relaxed, more comfortable and better patients. And as patients become more at ease, less frightened and less difficult to manage, the dentist's work is made easier.

When the time comes for more extensive treatment, clients are so accustomed to the dental office that they accept the treatment as an almost routine matter. The result is more effective dental care for LSS clients.

Mack Hill, D.D.S., dental director at LSS, originated the desensitization program soon after he joined the school in 1975 as an answer to clients' fears of the unknown dental surroundings and to their need of better, more regular brushing techniques.

"It's preventive dentistry," says George Jurek, D.D.S., M.P.H., TDMHMR director of dental services. "The amount of time this program consumes more than compensates for the time it would take for actual treatment of dental pathology."

Another program benefit is that the extra attention adds to clients' feelings of being special. Their good oral hygiene habits are recognized and reinforced on a daily basis.

Dr. Hill has made provisions for LSS clients to be treated through services of the The University of Texas Dental Branch in Houston when their conditions require extraordinary dental work that cannot be done at the school. One client, who had an orthodontic problem so severe that it affected his ability to chew and control his salivary flow, recently underwent surgery in Houston that helped to correct both problems and enhanced his appearance.

Working with Dr. Hill in LSS dental services are Peggy Davidson, dental hygienist; Connie Cantrell, Evelyn Berry and Sheila Guidry, dental assistants. ■

This article was contributed by the Public Information Office, Lufkin State School.

Commissioner's Column

By John J. Kavanagh, M.D.

The commissioner meets each month with employees at Central Office to bring them up to date on administrative news. Here are excerpts from a recent meeting.

Legislative brief

Of the 14 bills approved by the board, six passed. They were:

- SB-71, allowing the transfer of the Mentally Retarded Juvenile Offender Program from Rusk State Hospital to Fort Worth State School;
- SB-93, authorizing state agencies to use Foster Grandparent Program federal grant funds to obtain insurance for foster grandparents;
- SB-94, relating to the approval of the number and salaries of community center employees;
- SB-154, allowing community centers to purchase real property;
- SB-152, making community centers a part of the department's service delivery system and permitting free exchange of client information among centers and TDMHMR facilities; and
- SB-791, the continuity of care bill, providing for screening and aftercare of the department's clients by community MHMR centers.

Among the bills that didn't pass was the internal advocacy bill. It would have set up an ombudsman at each facility whose duty would be to monitor the rights of patients and make sure they weren't violated. There would have been a Central Office counterpart.

We also tried to get a change in our leasing control. We can lease our property now, and we do, for agricultural and commercial use, but we can't lease it for the reason we are in business—mental health and mental retardation. However, the measure failed.

There was a Senate resolution to appoint an interim legislative committee to study a revision of the Mental Health Code, a revision which is necessary. It would be better for us to anticipate possible judicial action and update the code. It passed the Senate but failed in the House. So we're back to square one as to what we should do in revising the Mental Health Code.

The employees screening bill, which called for fingerprinting direct care workers, didn't pass either. The question was why we want to do that. If we were manufacturing Barbie dolls, I wouldn't care who made the dolls, but when you deal with clients, three entities are involved. It's not only the rights of the employee and the considerations of management, but the rights and protection of the individual client are of overriding concern.

Under present circumstances, we have no way of adequately screening the prospective employee. At the direct care level we have encountered problems over this. We have had client abuse and subsequently found that employees involved in the abuse had criminal records.

A bill that we didn't sponsor—Senate Bill 630—forms an interagency council on early childhood intervention services for the developmentally disabled. This bill has some money attached to it and probably will mean some increase in staff.

A Senate concurrent resolution passed that will also have an impact. It will create a group to study the needs of autistic citizens, so we will probably be required to testify and provide data to the committee.

There is a bill that entitles departmental employees in positions classified below group 12 to be paid twice a month, if the department meets the comptroller's requirements and at least 30 percent of the eligible employees elect to be paid in this way.

A bill was enacted that authorizes the planning, development and construction of a human services center on 80 acres of land north of Central Office, most of which is ours. This bill allocates about $40 million. The center will house the Department of Human Resources and possibly other human service agencies.

Board action

Dr. K.D. Charalampous, chairman of the medical advisory committee, made a report to the board. The medical advisory committee has done several things for us. It helped write the Commissioner's Rule on the use of psychotropic drugs and submitted a report on the position of the physician in community centers. The committee is studying pharmacy services in the department.

At the present moment, the committee is concerned with TRIMS. The appropriations bill directs TRIMS to formulate a research plan before it can use state funds. It also directs the department to study TRIMS and determine whether some of TRIMS' functions could be contracted out to another agency. The committee had several meetings and will submit a report in July. This report, with recommendations, will be presented to the TDMHMR board for its review

and approval.

There was another item that is rather parochial—the Terrell State Hospital mineral lease. They wanted to lease some land to do some mineral drilling; the board decided not to because that particular area is going to be used as a wilderness and recreational area.

The next item was the construction budget for the selection of architects for fiscal years 1982-83. Our construction budget was the largest construction bill program that has been appropriated in several years—$40.5 million.

There are a couple of items in the construction budget which are worthy of mention. One is the Houston psychiatric hospital. It was originated by Dr. Joseph Schoolar, director of TRIMS, in conjunction with some people from Texas Medical Center, Harris County commissioners and the local community center.

It was finally passed and some $12 million has been allocated for planning and construction of a new psychiatric hospital in Houston's medical center complex. It's a unique project in that the county is also committed to put in $12 million. The combined $24 million will provide for a 300-bed facility which will be owned and operated jointly by Harris County and the department.

The support services—lab, food service, etc.—will be constructed by TDMHMR and Harris County will contract with us for those services. Harris County is represented in these negotiations as the MHMR Authority of Harris County, the community mental health center which apparently would run its 150-bed side for the county.

Before TDMHMR can build its 150-bed portion, we have to have approval of the University of Texas System Board of Regents. After the hospital is built, TDMHMR will contract with the Texas Medical Center, Inc. to provide the professional staff to run it. This is only for the state side of the house; the other side, apparently, the MHMR Authority will operate for the county. You can see it is going to require a tremendous amount of coordination, the ability to compromise and to reach a consensus if this project is going to succeed.

The superintendents of Austin State Hospital and San Angelo Center were reappointed. The decision on the reappointment of the superintendent of Richmond State School was deferred.

We reviewed the appropriations bill for the 1982-83 biennium with the board, gave them a handout showing where the funds were, and gave them a status report on the ICF-MR program. Until the first of this year, this program was run by the Department of Human Resources (DHR), except for the certifying and inspection aspects, and DHR contracted that out to the Department of Health.

"It is my intention to fill as many positions as I possibly can with the people who are presently here, with the provision that they are qualified."

As of Sept. 1, TDMHMR is being charged with standards-setting and participation, level of care determination, utilization review and rate methodology for the ICF-MR program. This program is extremely difficult and complex. The legislature appropriated the money to DHR—$57.2 million for the first year and $60 million for second year. There will be little or no growth in this program. TDMHMR will contract with DHR for funds for staff to run the program in our Central Office. Approximately six people will be assigned to the program.

Reorganization

The next item was the reorganization. As you know, the appropriations bill authorized the department to reorganize, subject to consultation and approval by the appropriate committees of the legislature. We have a task force now appointed by me with Dr. John Carley [deputy commissioner for MR services] as the chief of it.

The task force has established a schedule of actions to be taken with dates. We hope it will be a *fait accompli* sometime in February of next year.

It is a very heroic project. Those of you who supervise the people on the reorganization task force, please make the necessary allowances as this is a top priority project.

Instead of having a deputy of MR for schools, a deputy of MH for hospitals and a deputy for community services, reorganization will change that and divide the state into four geographic regions. There will be a deputy commissioner for management and under him four assistant deputies who will each take care of a particular region that will include hospitals, schools, human development centers and community centers in that particular area.

The technical support section will disappear. Most of its functions will be assumed by an assistant commissioner for administration. Some of the functions now under the assistant commissioner for technical support will go over to the assistant commissioner for management information.

On the professional side of the house, there will be a deputy commissioner for MH and MR programs, under whom a lot of the functions that are presently under the three deputy commissioners will come. The deputy commissioner for MR and the deputy commissioner for MH will remain, because it is mandated by House Bill 3, which is the law.

To summarize, there will be a management side of the house and a programmatic side of the house. The programmatic side will have largely technical assistance and consultation. It will feed the programs to the management side of the house, and the management side will carry them out.

The Standards Compliance and Quality Assurance and Internal Audit functions will be collapsed into one entity and report directly to the commissioner.

About filling positions, it is my intention to fill as many positions as I possibly can with the people who are presently here, with the provision that they are qualified. I think, for example, the support side of the house will remain essentially the same. The big changes will come in Community Services and the deputy for MR and the deputy for MH. ■

★PEOPLE & PLACES★

Newsmakers

★L.W. (Bill) Cain, superintendent of **Abilene State School**, received in June the Paul Harris Fellow Award, the highest honor a Rotary International member can receive.

Cain is the 15th member in the Abilene Downtown Rotary Club's 55-year history to receive the award, which recognizes outstanding contributions to the club and community.

★Two talented **Austin State School** clients were awarded scholarships this summer for art classes at the Laguna Gloria Art School in Austin. They are Walter Shamard and James Muckelroy.

Shamard, who is unable to use his arms, paints with a special brush attached to a mouthpiece. The scholarship will enable him to study acrylics techniques and Muckelroy to pursue his interest in ceramics.

Laguna Gloria awards the scholarships to budding artists who would not otherwise have the opportunity to take an art class. The criteria for selection are financial need and interest in art.

The scholarships, made available through Laguna Gloria Art Museum, are funded by the City of Austin.

★The **San Antonio State Hospital and San Antonio State School** (SASH/SASS) media center recently received national recognition with an award for excellence from the Health Education Media Association. The award was for the audiovisual slide show, "Recognition and Prevention of Client Abuse and Neglect." Another SASH/SASS media center show, "Management of Supervisors," will be distributed nationwide to MHMR facilities by the U.S. Office of Personnel Management.

★**Rusk State Hospital,** including the Skyview Maximum Security Unit, Rusk, was awarded a two-year certificate of accreditation by the Joint Commission on Accreditation of Hospitals (JCAH) in February. Two years is the maximum accreditation given by JCAH.

Geriatric Explorers

Youthful faces aren't the only ones that light up with enthusiasm at Scout activities. So do the countenances of older Scouts at **Kerrville State Hospital** (KSH) who are members of a geriatric Explorer post.

Twenty-seven KSH residents, both men and women, were inducted as Explorers when their camping club recently joined the Boy Scouts of America (BSA) and became Explorer Post 920. The oldest post member is 83.

Since 1979, the geriatric group, previously known as the Camp Cricket Club, had been making biannual trips to the H.E. Butt Camp in Leakey, where they learned about camping and wildlife and took part in nature trail hiking, fishing, boat rides, games and campfire singing.

Between camping trips, back at the hospital, opportunities for learning about the outdoors continued through weekly meetings of the Camp Cricket Club. Talks on survival, safety training and frequent off-campus trips to the local state park were among club activities.

KSH Superintendent Luther W. Ross, M.D., a longtime supporter of camping programs for residents, believed club members could benefit from Scouting experience and initiated the move for the group's BSA affiliation. Dr. Ross serves as the post's Scout coordinator.

Since they became Explorer Scouts, the residents have earned merit badges; learned compass-reading, wildflower identification and hiking techniques; and designed their own flag—a green and white design displaying a fish, deer, pine tree, cricket and rainbow.

Plans are to develop further the Explorers' leadership skills through a program that would allow each one to be responsible for planning and conducting one of the group's monthly meetings.

Future cooperative programs with other community Scout groups will teach members astronomy and techniques in tying knots and setting up tents.

Scouting experience has helped KSH clients to set new goals, learn to accept new responsibilities, solve real problems and learn to function as group members.

KSH staff members working with the Explorer Post are Edward Mann, M.D., clinical director and Scout committee coordinator; Betty Pinnell, director of occupational therapy, and Glenn Wehmeyer, activity therapist, both Scout leaders; Katherine Campbell, Ph.D., direc-

tor of rehabilitation, and Jean Eckstein, director of activity therapy, both Scout committee members.

Linda Bryant, author of "Geriatric Explorers," is information director at Kerrville State Hospital.

Oops

In the May-June IMPACT feature entitled "Therapeutic Recreation," we credited the wrong person for the excellent photograph taken at the **Lufkin State School** (LSS) Woodland Retreat. The photographer is Dan Maxwell, LSS video programmer. We apologize.

Education As Therapy

Substance abuse clients in treatment can hasten their own recovery by concentrating on how to help others who are addicted to alcohol or drugs.

That's the premise of a cooperative program between the **Central Plains MHMR Center**'s Alcohol Recovery Center (ARC) and South Plains College in Plainview. Approximately 30 clients have earned college credit by participating in this therapeutic, educational endeavor.

"We felt that the alcoholic or addicted person, given a greater stake in society, may have an additional reason to remain sober or drug-free," says Jim Duty, director of the ARC and himself an alcoholism counselor. That greater stake in society translates into an active concern for others with the same problem.

While working through readjustment to life without drugs or alcohol, many clients indicate the desire to enter formal training as alcoholism couselors. The program is valuable whether or not clients go on to complete the rigorous educational requirements for a professional counseling position, because, as Duty says, the classes increase intellectual exploration, develop self-esteem and enhance the recovering clients' self-image.

The courses, approved by the Texas Association of Alcoholism Counselors and the Texas Education Agency, are designed to train participants to carry out a program of treatment and recovery for substance abusers. Among topics explored in coursework are the physiology of alcoholism and marijuana use and the community and alcohol-related problems.

Clients attending classes are encouraged to enter discussions and share experiences. Sixty certificates have been awarded since Nov. 1980 to those who successfully have completed coursework.

Among the many benefits to clients participating in the program are the opportunity to earn college credit while receiving initial exposure to paraprofessional counseling, to interact on a peer level with professional counselors who participate in the classes and to enjoy learning.

Sam Parker, author of "Education as Therapy," is an instructor at South Plains College, Plainview campus. He currently is teaching classes designed for substance abuse clients of the Central Plains MHMR Center.

Winners

Texas won the bulk of the honors in the recent public information and education communications contest sponsored by the five-state Region VI of the National Association of Mental Health Information Officers (NAMHIO).

The winners were announced in June at the close of the region's seminar in Austin, conducted to promote better understanding between the news media and human services agencies.

Region VI is composed of information directors from facilities offering services in the fields of mental health, mental retardation, developmental disabilities, rehabilitation, alcoholism and drug abuse in Arkansas, Louisiana, New Mexico, Oklahoma and Texas.

The winners were:

Special project—first, San Antonio State Hospital and San Antonio State School, for a special edition of the facility's newsletter *Que Paso?* on Hurricane Allen; second, Vernon Center, for a series of articles on drug abuse among local youth; third, Vernon Center, for a special program on public information and education.

Magazine/newspaper (circulation under 5,000)—first, MHMR Authority of Harris County, Houston, for the monthly magazine *Interchange*.

Magazine/newspaper (circulation over 5,000)—first, Public Information Services, TDMHMR, for IMPACT.

Newsletter (professional typesetting and design)—first, Texas Research Institute of Mental Sciences, Houston, for *the emissary*; second, Eastern State Hospital, Vinita, Okla., for *Eastern State Informer*; third, Ozark Guidance Center, Fayetteville, Ark., for *The Echo*.

Newsletter (limited budget)—first, Lufkin State School, for *The Pine Bark*; second, Brenham State School, for the *Huisache Dispatch*; third, Dallas County MHMR Center, for *The Fringe Benefit*.

Annual report—first, Public Information Services, TDMHMR, for *Hard Questions 1980*; second, Texas Rehabilitation Commission, for *1980 Annual Report to the Governor*; third, Austin-Travis County MHMR Center, for *1980 Annual Report*.

Brochure—first, Austin-Travis County MHMR Center, for *Rosewood*; second, New Mexico Behavioral Health Services Division, Santa Fe, N.M., for *Help is Available;* third, Dallas County MHMR Center, for *We All Deserve to Live Our Life to the Fullest*.

Poster—first, Texas Rehabilitation Commission, for *The TRC*; second, Travis State School, Austin, for the *Honda Project*; third, Ozark Guidance Center, Fayetteville, Ark., for *Prevention Education*.

Audiovisual—Austin-Travis County MHMR Center won all three awards for television public service announcements on the center, its hotline services and Gateway House.

Conference Calendar

Oct. 1-3
Volunteer Services State Council
23rd annual meeting
Held in Arlington
Contact: Volunteer Services
TDMHMR
P.O. Box 12668
Austin, TX 78711
512-465-4660

Nov. 11-13
Texas Assn. for Children And Adults with Learning Disabilities
17th annual conference
Held in Lubbock
Contact: TACLD
1011 W. 31st St.
Austin, TX 78705
512-458-8234

Official State Holidays

1981-82

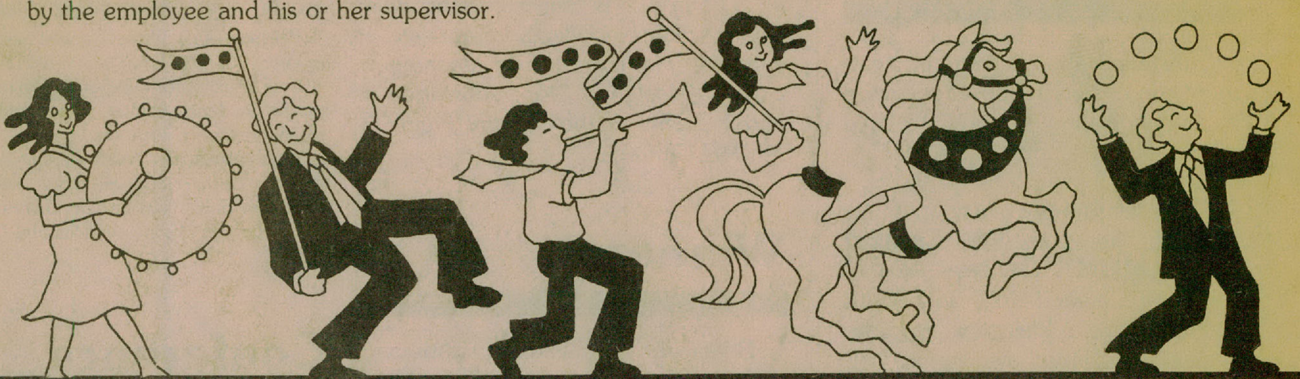
Sept. 7, Monday — Labor Day
Oct. 12, Monday — Columbus Day
*Nov. 3, Tuesday — Election Day
Nov. 11, Wednesday — Veterans' Day
Nov. 26, Thursday — Thanksgiving Day
Dec. 25, Friday — Christmas Day
Jan. 1, Friday — New Year's Day
*Jan. 19, Tuesday — Confederate Heroes' Day
Feb. 15, Monday — George Washington's Birthday
*March 2, Tuesday — Texas Independence Day
*April 21, Wednesday — San Jacinto Day
May 31, Monday — Memorial Day
**June 19, Saturday — Emancipation Day
**July 4, Sunday — Independence Day
*Aug. 27, Friday — Lyndon B. Johnson's Birthday

*Each state agency shall have on hand enough personnel to carry on the activities of that agency so that the public business can be conducted on that date. Those employees, non-exempt or exempt from overtime, who work during the holiday period will be allowed compensatory time off at a later time that is agreed upon mutually by the employee and his or her supervisor.

1982-83

Sept. 6, Monday — Labor Day
Oct. 11, Monday — Columbus Day
*Nov. 2, Tuesday — Election Day
Nov. 11, Thursday — Veterans' Day
Nov. 25, Thursday — Thanksgiving Day
**Dec. 25, Saturday — Christmas Day
**Jan. 1, Saturday — New Year's Day
*Jan. 19, Wednesday — Confederate Heroes' Day
Feb. 21, Monday — George Washington's Birthday
*March 2, Wednesday — Texas Independence Day
*April 21, Thursday — San Jacinto Day
May 30, Monday — Memorial Day
**June 19, Sunday — Emancipation Day
July 4, Monday — Independence Day
**Aug. 27, Saturday — Lyndon B. Johnson's Birthday

**Holidays falling on Saturday or Sunday shall not be observed by closing state offices.
In addition, state employees shall receive a day's paid vacation leave, above that normally accrued, on Friday, Nov. 27, 1981, and Friday, Nov. 26, 1982, and Thursday, Dec. 24, 1981, and Friday, Dec. 24, 1982.



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