IMPACT

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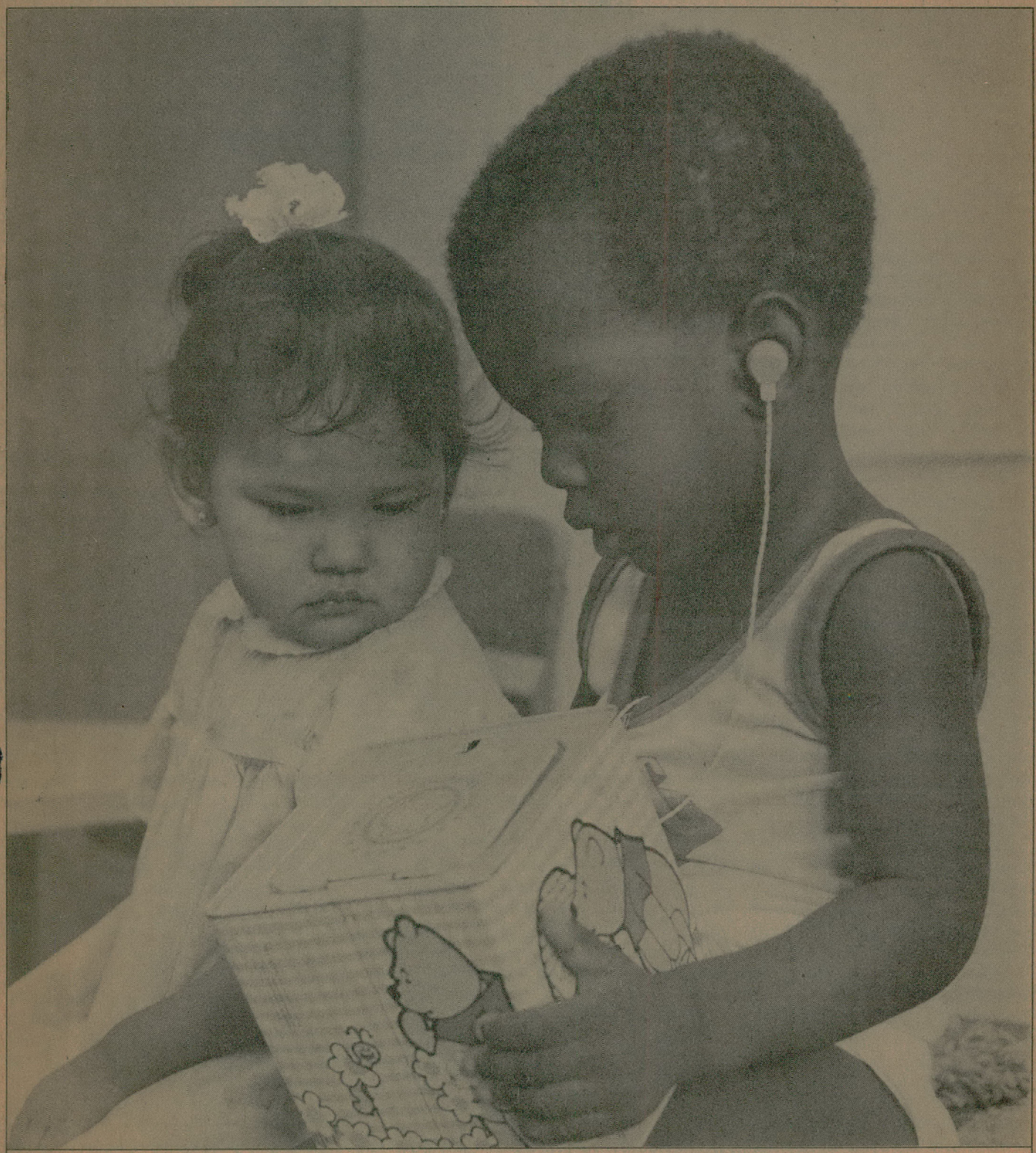


Photo by Carolyn Cole

Help for children . . . when they need it most►

Photos by Michael Tiller

Early Childhood Intervention: It's making a difference

By Louise Iscoe

The movers were still carrying in the furniture when Rachel's mother made the phone call. New to town, she had heard that in Abilene there was something called ECI, a special program for children who were slow in learning how to walk and talk and who just didn't act like other infants their age. Placing the furniture could wait. The important thing was finding help for Rachel.

In a town to the north, Ben's parents were considering what to do for their youngest son. For months they had been willing to listen to the doctor's reassurances that he was just a slow starter, that he would catch up in time. But down deep they knew that something was the matter; he didn't cuddle the way their older children had, and he didn't reach for toys or try to move about. It was only now, when Ben was a year old and still not even rolling over, that they were willing to listen to the nurse who urged them to seek another opinion. At her suggestion, they called ECI.

For many people, ECI is just one more set of initials identifying yet another program. For Rachel and Ben and their parents, and for thousands of others like them, the letters signify help and hope.

ECI stands for Early Childhood Intervention, a statewide, state-funded program based on Senate Bill 630. Passed by the Texas Legislature in 1981, the bill provides for identification, evaluation and intervention services for children from birth to age six who are handicapped, developmentally delayed or at risk for developmental delay. Legislation mandates that four state agencies—TDMHMR, Texas Department of Health, Texas Department of Human Resources, and Texas Education Agency—coordinate their efforts in carrying out the program.

The program emphasizes providing direct services to its target population and carries this out by funding early childhood intervention projects throughout the state. Of the 58 programs funded for fiscal year 1983, 28 are affiliated with TDMHMR.

To see how ECI works, let's follow the progress of Rachel and Ben after those initial phone calls.

When Rachel's mother called the Abilene Regional MHMR Center, ECI project director Kathye Wallace immediately set up an appointment for her to bring Rachel in for evaluation. At the appointed time, a team of professionals—physician, physical therapist, occupational therapist, speech therapist and special education consultant—carefully assessed Rachel to determine her mental, physical, language, and social and emotional development as well as her ability in self-help skills. They noted that she had a short attention span and was far behind average in fine and gross motor skills and language development. Then almost two, she hadn't walked till she was 18 months old. She had been evaluated earlier, but the family had moved twice in the intervening months and had not been able to follow through on an intervention program. There was no explanation for the cause of her delay, but there was every reason to plan how she could be helped.

The team decided that home intervention was the best strategy for Rachel, and they devised an individual development plan based on the child's abilities and needs. The project staff then assigned Vicki Aldridge, a child development specialist, to make weekly home visits to carry out the intervention and therapy. During these visits Aldridge not only works with the youngster but also teaches her mother how to carry out the prescribed learning activities with her little girl. Many of the activities are like games, but they have a special focus on developing skills in the areas where Rachel is slow. As Rachel and her mother play them together, the child increases her motor and language skills, and they both have fun sharing in a happy experience.

Ben's story is a bit different. When, at the age of 13 months, he was first seen at Central Plains MHMR Center in Plainview, the examining team found that he had spastic cerebral palsy. Once his parents understood the reason for his slow development, they were willing to accept it and to see that he received the proper help. An interdisciplinary team prescribed appropriate ongoing physical therapy to help Ben's muscle development and a one-time occupational therapy session for developing self-help skills. Now the family is on a prescribed routine. Once a month Ben and his family come to the center to work with the physical therapist who shows the parents how to carry out the therapy. Special education teacher Desiree Isom follows this with weekly visits to their home to help them with Ben

and check on his progress. Between visits, Ben's parents carry out the therapy that they have learned from the therapist and teacher.

Another way in which staff at this MHMR center have helped Ben and his family has been to assist them in obtaining financial aid through the SSI-Disabled Children's Program and needed adaptive equipment through the Crippled Children's Program. Both of these programs are administered through the Texas Department of Health.

In addition to Rachel and Ben, more than 4,000 children are receiving help from ECI projects. The Abilene and Central Plains MHMR Centers are but two of the MHMR affiliated centers funded by ECI to serve young developmentally delayed children. The program also provides funds on a competitive basis to programs administered by state schools, state centers for human development, independent school districts, educational service centers and private agencies. A few of the programs are new. A majority, however, have used ECI funds to expand their services to include more children in their community, to reach out to youngsters in previously unserved areas or to add services that their program previously was unable to provide.

Each of the ECI-funded programs offers certain basic services. These include an individual development plan for each child, comprehensive services and therapy as indicated by the plan and parent training and counseling. They differ somewhat, however, in the way in which they provide intervention. Some programs are center based, with facilities similar to those of many child development centers. Some are home based, with therapists and other specialists going to the child's home to provide needed intervention. These are particularly valuable in rural areas where distances are great and transportation often difficult, as well as for children with special health needs. Other programs combine center and home strategies, working out a schedule most appropriate for each child enrolled.

Rachel, for example, comes to the Abilene center once a week with her mother to practice on the balance beam, which is helping her develop a steadier walk. Then she can stay at the center while her mother attends a parent training class and visits with other parents. Before going home, they often check out something from the center's toy and resource lending library that Rachel will enjoy playing with and learning from at home.

Apart from Ben's therapy sessions, his activities all take place at home. When the teacher comes to visit, however, she is always sure to bring activities for Ben's older sister and brothers to enjoy while she works with Ben and his mother. Helping families is an integral part of ECI programs.

After the considerable effort of many people—professionals, paraprofessionals, and parents alike—what difference is ECI making in the lives of the children it reaches? On one level, it is identifying and providing intervention to young children who otherwise might have less chance to develop normally, and it is providing support to an untold number of families who need help in working and coping with a handicapped child.

On a more personal level, what is ECI doing for Rachel and Ben? Ben, who couldn't even roll over when he started the program at the age of 13 months, sits alone now. He says a few words and is interacting with other children. As center director Joyce Lacy notes, "Obviously the treatment is helping." Because of the nature of his disability, his prognosis is guarded. "But," says Lacy, "it is better than it would be without the ECI program."

And Rachel? The pretty little blonde with the big smile is "progressing nicely," according to Kathye Wallace. Rachel is reevaluated every three or four months and gives every indication of eventually catching up with her peers. The possibility is high that, by the time she is 5, she will be able to enter a normal kindergarten.

For Rachel and Ben, and for thousands of other real children throughout Texas who are slow in developing or handicapped, ECI is making a difference.

If you are concerned about a child who seems to be developing too slowly or who has a handicapping condition that is hampering development, refer the child to ECI. Parent support is required before services can be provided, and all records are confidential. Referrals can be made to the ECI state office: 512-458-7342, or to the early childhood consultants at any of the 20 Education Service Centers located throughout Texas. ■

Louise Iscoe is information specialist for the Early Childhood Intervention Program.

Rachel is one of 4,000 children in Texas receiving help from early childhood intervention (ECI) projects. She is a client of Abilene Regional MHMR Center's ECI program.

Week of the Young Child April 3-9

Each year, during this special week, agencies and programs serving young children throughout the country renew their commitment to improve the quality of life for all children and their families.

The photos on these pages represent but a few of the efforts of TDMHMR to help the young so that they will be better able to help themselves as they grow and mature.

In Texas, Week of the Young Child culminates with Texas Children's Day on April 9, proclaimed by the Texas Association for the Education of Children Inc.

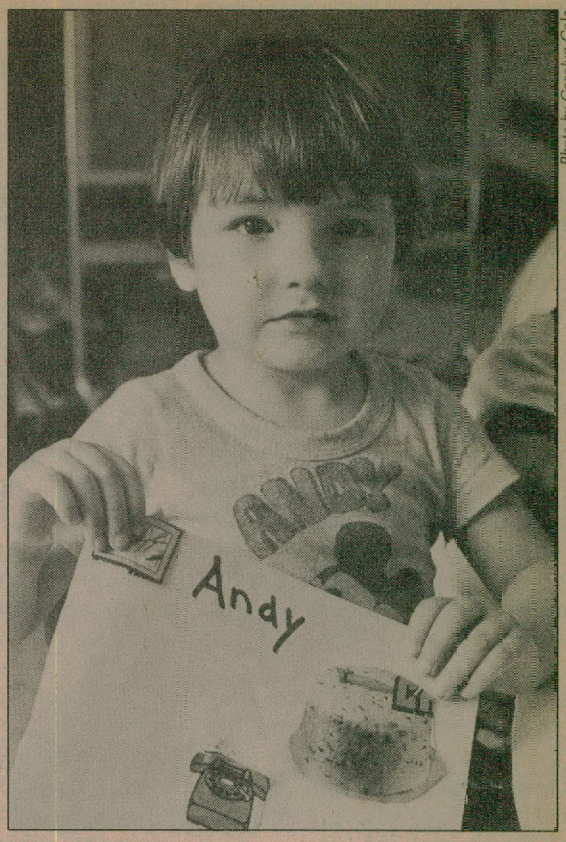


Photo by Carolyn Cole

Photo by Sherry L. Greene

Photo by Marc Meyers

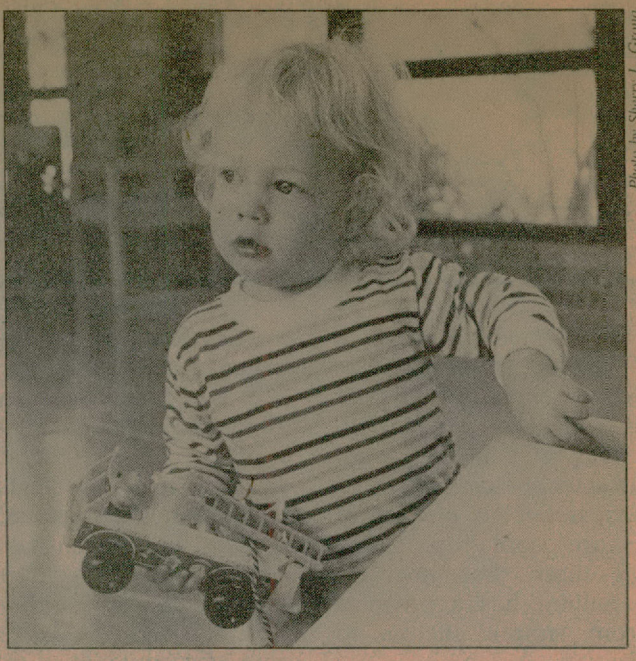


Photo by Sherry L. Grana

Photo courtesy of Fort Worth Star-Telegram

Early childhood intervention programs, like the Infant-Parent Training Program sponsored by Austin-Travis County MHMR Center (upper left), offer the young an opportunity to achieve their potential; at Texas Research Institute of Mental Sciences, Houston, youngsters can talk about their family—in pictures—to art therapist Felice Cohen (upper center); indoor play therapy (upper right) and outdoor recreation (lower left) are part of programming at Austin State Hospital's Children's Psychiatric Unit; and Fort Worth State School's annual Day of Champions gives children a chance to experience the fun and excitement of competitive games (lower right).

Austin State Hospital earns high marks for medical technology program

At the hub of medical clinics a handful of people in immaculate white uniforms perform lab tests with precision and efficiency. Behind the MT (ASCP) badge, standing for medical technologist certified by the American Society of Clinical Pathologists, are people responsible for myriad tests that indicate whether a patient has a physical disorder from simple anemia to heart disease.

A patient might even be rushed into surgery by a physician on the basis of a lab test result.

Austin State Hospital's (ASH) clinical training program in medical technology ranks among the top 10 percent in the nation. Founded by pathologist S. W. Bohls, M.D., in 1957, the ASH medical technology program boasts 170 graduates, more than 30 of whom have gone on to work for TDMHMR.

Students completing the clinical year at ASH have scored consistently in the top 10 percent in the nation on the certifying examinations of the American Society of Clinical Pathologists. Within the last five years, two ASH students earned the highest examination score.

They're an exceptional breed. Six went on to medical school; many have earned master's and doctoral degrees in the sciences. Others develop medical technology specializations, and still others head labs across the country.

The program, an integral part of ASH's clinical lab which serves more than 800 hospitalized patients, is taught by a staff of 13 technologists and a consulting pathologist, Michael T. O'Brien, M.D.

In his 13 years of directing the ASH program and supervising rotation of students to other Austin labs, Dr. O'Brien calls the MT graduates an exceptional, "talented group."

"You would not expect to find such an outstanding program in any state system with such dedicated, excellent teachers," he says.

B. N. Sewell, M.D., pathologist at Holy Cross Hospital lab, Austin, a former ASH director, agrees. "The program turns out highly qualified, well-rounded medical technologists," he says. Dr. Sewell has hired many ASH students, as have his colleagues.

Angie Smith, education coordinator of the ASH program, encourages students to maintain professional standards. She advises trainees to treat a patient sample with the same respect they would if it were their own mother's. "In medical technology, there's no room for error," she says.

Each year the program gains seven trainees, four in July and three in August, who attend lectures, rotate through lab departments at ASH and observe at other Austin labs. They work at ASH 40 hours a week for a modest stipend, studying after hours. After finishing their clinical year the following June or July, they're qualified to take national certifying exams.

A current student, Trudi Ybarra, came to ASH with typical credentials, a bachelor of arts degree in microbiology from the University of Texas at Austin. After her year at ASH, she will receive a bachelor of science degree in medical technology. She calls the program "intense" and finds she has less free time now than she did when she was in college. "The year goes by real fast," she says.

Student Taki Daskaleros appreciates close attention from the staff, working one-to-one with him at the bench. He says they're bright and capable and teach the newest techniques from current journals.

Judy Larsen, ASH hematology supervisor, says that all ASH instructors, who are also bench technologists, enjoy teaching. They don't mind the many questions and watchful eyes of eager students while they go about their tasks.

Once certified, technologists often work in cramped quarters in large hospitals under many stresses. In fact, the occupation ranks among the most stressful. While laboratory work contributes to the rising cost of medicine and generates the bulk of a hospital's revenue, too rarely is money returned to the lab to improve working conditions. More space and equipment and better ventilation are often basic needs of most labs that would make the technologist's job easier, Smith says.

Medical technologists slowly are gaining recognition in the medical community, as their consulting role with doctors increases, says Ann Valdez, coordinator of TDMHMR medical services and chair of the task force on laboratory service within TDMHMR. Many discoveries occur in the clinical lab, what some call the center of the medical revolution.

Labs are developing sophisticated tests that are more specific and simple. There are no longer the clutter of chemicals and the clatter of glassware, since a cardboard strip of 24 tests replaces a rack of as many test tubes, for instance. Also, computers now do work technologists once did at microscopes, slowly, painstakingly and with eyestrain.

Students rotate through ASH departments and spend from 3 to 14 weeks each in hematology, immunohematology, chemistry, urinalysis and microbiology. In their tour of lab duty, they're taught both automated and manual methods for doing blood and chemical tests.

In hematology, Larsen demonstrates the uses of a computer-aided analyzer that completes 10 different tests on each blood sample in 30 seconds, a fraction of the time it would take to count manually a single sample. Besides expanding the volume of testing, the computer

Photo by Sherry L. Grona

Jane Luetkenhoelter, a student in the Austin State Hospital medical technology program, assumes microbiology lab duties.

permits exceptional accuracy. It also allows ASH laboratory staff to analyze more than 1,000 samples from outreach clients a year.

Larsen instructs students in coagulation, diagnosis of leukemia and hematologic effects of alcohol, drug abuse and therapeutic drugs.

Joyce Hester, ASH blood bank supervisor, shows students how to identify syphilis through fluorescent substances, as well as how to cross-match and type blood and identify antibodies. Students gain additional insight from their observations at local labs. At St. David's Hospital, for example, they learn how to match the blood of newborns with that of the mother.

In chemistry, supervisor Julia Reeves, also an ASH graduate, instructs students on how to test for substances such as glucose, creatinine, enzymes, triglycerides and cholesterols.

Susan Emory, microbiology supervisor, teaches students to identify pathogenic bacteria, fungi and parasites. Emory has been with TDMHMR six years—first as a student, then as a technologist at Travis State School and now as an ASH instructor and technologist.

Radioimmunoassay is one of the newer advances in medical technology. Mary Smith, supervisor of radioimmunoassay, urinalysis and cytology, explains that it was developed by Rosalyn Yalow, recipient of the 1977 Nobel Prize in Medicine. It uses radioactive isotopes, like cobalt 27 and iodine 125, to measure minute quantities of substances in the body, like vitamin B-12, down to a picogram (one-trillionth of a gram).

Smith entered ASH as a student once her children finished college, as did Jerrene Dishongh, histology supervisor.

Angie Smith says the program is rewarding. "Instructors enjoy the challenge and students respond accordingly," she says.

Valdez, former ASH bacteriology supervisor and assistant education coordinator, is working to upgrade standards and achieve College of American Pathologist (CAP) accreditation for all TDMHMR labs. The CAP accreditation is an indication that a lab meets high standards for quality control, which will mean better service for TDMHMR clients.

Valdez has been with TDMHMR 20 years, including a student year at ASH in 1958. She worked in the ASH lab from 1963 to 1981.

Graduates of the ASH medical technology program supervise labs at Austin State School, Travis State School and Kerrville State Hospital.

Patricia Hayden, lab supervisor at Austin State School, finished the ASH program in 1977. She has hired two ASH program graduates in her five years at Austin. Her lab, accredited by CAP in December, was the first among TDMHMR state schools to achieve this status. Second was Travis State School (TSS), which was accredited in January.

Because of limited state funding, Austin State School has combined labs with ASH temporarily.

Sandra Pope, TSS chief technologist, has seen many changes in her school's lab in 11 years. The size of the lab and the number of staff have doubled. Formerly, one cramped room permitted two technologists to do only 20 percent of the work on-site; today 90 percent of the lab work is done on-site by four technologists in two remodeled rooms.

Charlotte Unger, TSS medical technologist, also ASH-trained, has enjoyed working with mentally retarded residents her five years at TSS. "Many labs don't connect their work with patients. Here we know them and see their problems," she says.

However, collecting samples can be difficult because residents sometimes don't understand that the technologist isn't trying to hurt them, Pope says.

Harry Herber, KSH chief technologist, attended the ASH program 20 years ago and worked at Austin State School one year. Achieving CAP accreditation, he says, can be difficult for small labs since extensive paperwork and documenting standards can be time-consuming for a small staff.

But Herber, like other TDMHMR lab supervisors, is ready to meet the challenge. He's met CAP accreditation in other labs and is glad that all facilities will be adopting uniform standards, assuring the best possible practice of medical technology. ■ *J.G.*

You might meet some TDMHMR medical technologists April 10-16 in local shopping malls where exhibits are planned for National Medical Laboratory Week. Meanwhile, they'll be working behind the scenes, contributing to the good health of TDMHMR clients and patients.

My Friend, Walter

By Dorothy Hyde Martin

When I first met Walter Shamard, I was a new employee of Travis State School (TSS). In 1969 I was new to the job of assistant coordinator of volunteer services, and new to the world of the mentally retarded. I was in awe of everything that happened there every day because it was a strange and disconcerting world. As each day passed and I became more acquainted with the way things worked and the way people lived, I grew more at ease and started visiting different dormitories to acquaint myself with the employees and residents a little better.

My first acquaintance with Walter was through a young volunteer, Kay Lambert. Kay had been a volunteer at Travis since she was a high school student and had since graduated and entered the University of Texas. Her association with Walter was special. Kay was an important person in Walter's life and Walter had had a great impact on Kay's life. It was because of her intense interest in Walter's welfare that she decided to become a teacher of handicapped people and earn her degree in special education. It was on a day of Kay's regular visit to Walter that I accompanied her to Dorm 10 and first met Walter. From then on, Walter had a great impact on my life also.

Dorm 10 was a world unto itself in my mind. It was filled with cribs holding man-sized babies of every description and deformity. This dorm housed the multihandicapped, profoundly retarded residents who made their homes at TSS, the lowest level of all the 1,800 residents of the school. This was Walter's world—a world where no conversation took place and a world where no contact was ever made between the residents, for each one's world was limited to the area enclosed within the sides and railings of the beds in which they lived.

By today's standards, the care and training provided in 1969 was primitive. But, at that time, the most current theories and up-to-date policies were in practice. To my knowledge, Walter was the only person on the entire dormitory with verbal skills. In keeping with the then-current idea of proper sanitation, all the male residents (TSS was an all-male school then) had their hair shaved close to their scalps in a kind of burr haircut, and no facial hair was permitted.

Walter's physical condition made it uncomfortable and difficult for him to wear clothing, so he spent most of his time in his crib in diapers. His legs had atrophied and were useless to him, his spine was twisted severely and he was quite spastic, causing his body to twitch every few minutes.

Despite these enormous problems, Walter had figured out a system that expanded his world. He had the dorm attendants tie one hand to the bed railing, and with the other hand, he learned to push himself up high enough to see over the bed rails and enjoy watching the everyday workings of the dormitory. He would alternate the arm and hand he used to push up his upper body. In doing this he had developed his upper arms and neck muscles to a great degree.

His speech impairment made it difficult to understand what Walter was saying. But after a few visits, it was not hard to follow his conversation.

Kay knew this and much more. She became a bit of a problem to the dorm attendants, but to Walter she became a "saviour."

Kay recognized Walter's potential and she was determined to enrich his life in whatever limited way she could. She insisted that Walter be dressed and placed in a wheelchair. This was not a simple request for the dorm personnel. They were limited in numbers and their days were filled with assigned tasks.

It took a great deal of time for several people to dress Walter and then tie him for his own safety into a standard wheelchair. In doing these things for one resident and volunteer, the attendants were taken away from

their routine duties and, from time to time, this created a problem.

But Kay was determined. She even offered to come and dress him herself! Kay had made friends with other TSS residents, but one in particular was singled out by her to become her companion. He was a strong, high-level, ambulatory man, who was more than willing to help her. After they "picked up" Walter at his dorm, off they went to explore the beautiful campus grounds—as many of the 750 acres as were accessible to a wheelchair. Kay made a regular practice of taking Walter outside to enjoy parades and visits to the canteen.

When I first met Walter, his only possessions that I knew of were a watch that supposedly had belonged to his father and a little record player kept under his crib. One day when I was visiting him, I totally was overwhelmed by something Walter said. He asked me if it would be possible to bring him some records if such things were donated by volunteers. Then he added, "And maybe they could be 33⅓ long-play records instead of 45s so that the dorm people won't have to come over and change the record so often."

I could hardly believe his thoughtfulness. Here was an individual totally dependent on others for every aspect of his existence and he was concerned about causing extra trouble for someone else. It was almost more than I could stand. What a dirty trick life had played on this man. What a compassionate soul and mind were trapped inside that helpless body. A lot of people at TSS shed lots of tears.

In those days, the assistant administrator and one caseworker were responsible for all the resident population. Access to residents' records was limited to a few people because of strict adherence to the policy of confidentiality. No one I asked knew if Walter had any family.

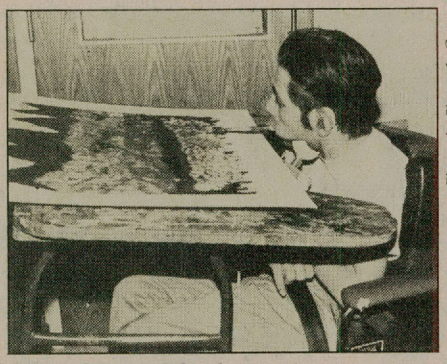
But TSS was in a state of change, undergoing massive shifts in its administrative structure, and the unit system was just coming into being. Under this new system, residents were grouped according to their type under the direction of a miniadministration, with a unit director, an assistant, a caseworker, a psychologist and various other office and dormitory personnel.

This progressive move brought with it new opportunities for everyone living at TSS, especially Walter Shamard.

Kay enlisted the aid of Walter's caseworker to search his records for the names of any family members that Kay might contact. This was done, and after discussion and consultation, Walter's aunt was discovered and was contacted. It turned out that she lived outside of Austin and had lost track of Walter because of family estrangement. She was delighted to learn his whereabouts. That afternoon she came to see Walter and to meet Kay and TSS staff members.

Then fate took its course. Because of a volunteer's determination, the staff's concern and an aunt's compassion, Walter's life changed.

Several consultations resulted in some hard decisions in which Walter had a voice and a choice. Walter had great difficulty when sitting. The pain he had to endure because of his deformity and spasticity could be alleviated by an operation. But, there was a risk involved. It might not work and the recovery from unsuccessful surgery would be quite painful. Walter said, "Let's try it." They did. The surgery was *not* successful.



Photos by Sherry L. Grona

Walter Shamard, who continues to create artwork in his spare time, finds Austin a good marketplace for his paintings.

While Walter recuperated, another decision was made to do another kind of surgery to sever nerves, make him more mobile and decrease his pain. To do this, he would be paralyzed and this would end his spastic movements. The second surgery was a success. In short order, Walter became a participating member of society.

Participate he did. A wheelchair was modified for him and he was taught to control it with a stick in his mouth. This new mobility gave him such freedom that he became the campus pest. Who would have ever thought that little bedfast boy would become a man who made his way into business offices at unexpected times and made demands or voiced complaints—on his own?

Walter decided he wanted to join the art class that met on a second floor, but he couldn't climb the stairs. So the volunteer art teachers found a new first-floor location and Walter became a regular participant. I have an extraordinary painting he made by holding the brush in his mouth.

Walter began attending new classes where he learned self-help skills and had new kinds of physical therapy. He was on his way to becoming independent.

Walter no longer lives at TSS. He now lives in a cottage on the campus of Austin State School. He makes his own arrangements for transportation and he frequently contacts the Association for Retarded Citizens-Austin.

His goal now is to live in the community. In his travels around the city, he tours the new malls and other places that interest him. He also visits old friends. Walter takes pride in his appearance and dresses well. He is 31 years of age.

Travis State School really is a place of small miracles. If that 17-year-old volunteer had not been touched by the embarrassment of a 14-year-old diapered boy in a dormitory filled with silent people with enormous handicaps, who knows how long it may have taken to discover this person's potential? If caseworker John Carrington had not worked so conscientiously to locate a caring relative, who knows when or how or if surgery would have been performed?

The administrative staff, the medical personnel, the relative and the volunteer all played dramatic parts in this special person's life. Their efforts, together with the incredible courage of a person once destined to be a bed "baby", changed the life of Walter Shamard to one with hope, happiness and a better future.

I am so pleased he calls me friend.■

Dorothy Hyde Martin is former coordinator of volunteer services at Travis State School in Austin.

Case managers are guardian angels in human services

In April 1981 when Annie was released from the state hospital, she didn't have a place to stay and didn't have a job. She was 22 and had been in and out of the hospital five times since she was 15.

Fortunately, Annie met Barbara Dever, case manager at Heart of Texas Region MHMR Center in Waco. Dever was able to convince Annie's sister, who was afraid Annie would start acting "crazy" around her preschool kids, that she was OK.

So, Annie had a place to stay, for a little while. Since her sister had no phone and Annie had no money, Dever borrowed a newspaper for her and allowed her to use the agency phone to check job vacancies listed in the want ads.

Dever says Annie didn't even know how to fill out a job application, so Dever helped her, bringing in various employment forms as samples. Since Annie had no real work experience and no high school diploma, she was hard to place.

Dever coached her on what to wear to a job interview and on what to say. With this backing, Annie talked her way into a job as a live-in caretaker for an elderly man.

With her housing and employment problems solved, Annie was on the way to feeling better about herself. When she began to hear noises at night outside the home where she lived and worked, she talked it over with Dever, who lent support and helped quell her fears.

Dever also noted earlier that Annie had been taking one medication—almost a month's supply—all at one time and avoided taking another medication. She was getting "high." Deaver consulted Annie's psychiatrist and he dispensed just a week's supply at a time. Dever then helped Annie take medication properly.

Case management began with an act of charity.

Dever and other case managers like her are making the lives of clients, including the developmentally disabled, mentally ill, mentally retarded, aging, child welfare and multiple-problem families, more productive and rewarding. With Dever in Annie's corner, there's a better chance that she'll stay out of the state hospital for good.

The case management system that's working so well at Heart of Texas Region MHMR Center is just one of many springing up all over the nation. Case managers have been successful in improving social performance, self-esteem and community tenure of former state hospital and state school residents in a variety of settings, both urban and rural.

Case management is really a newfangled name for an old-fashioned concept that began with charity societies of the late 1800s in England and the United States. And case management grew with the social conscience about care for the poor, needy and mentally different.

Other case manager antecedents are vocational rehabilitation counselors, public health nurses, home health aides and parole and probation officers serving clients in their homes and neighborhoods. Their care, counseling and camaraderie is not office-centered like that of other social service agencies. Their house calls are reminiscent of those of early family physicians. Families, of course, are the prototype of informal case managers, taking care of multiple needs of their own members.

Successful, long-standing case management programs are Fountain House in New York, Thresholds in Chicago and Council House in Pittsburgh. Fountain House case managers are former state hospital residents who care for the multiple needs of the chronically disabled in the community. Thresholds and Council House have psychosocial rehabilitation programs resembling family networks.

Case management became national goal.

Case management became a national mental health goal in 1978. The 1978 President's Commission on Mental Health found that many former state hospital residents were left homeless, wandering the streets, due to the 1960s and 1970s deinstitutionalization movement. Many existing aftercare programs were not designed to meet the multiple needs of some clients, the commission noted.

They found that many released from state hospitals did not receive needed services, because the services didn't exist or clients weren't able to obtain them on their own. The roles of myriad agencies often were unclear, while the needs of chronically handicapped people are ongoing, the commission reported.

In light of these findings, the commission recommended that mental health authorities develop a case management system for geographic service areas within their states. A similar mandate for the mentally retarded and developmentally disabled came from federal disabilities legislation in 1979.

Because of this recommendation and legislation, case

management systems of varying sizes are being developed in every state—in departments of mental health, human resources, rehabilitation, welfare and others. But their scale, so far, is limited.

TDMHMR plans statewide network.

TDMHMR is developing a case management system that will provide comprehensive services for its many clients. Penelope Caragonne, Ph.D., executive director of the Case Management Research Center, Austin, is the department's chief case management consultant.

In Texas case managment currently is being used in Child Welfare, Department of Human Resources; Texas Rehabilitation Commission; and TDMHMR, Dr. Caragonne notes. However, TDMHMR's plan to develop a statewide network of case managers within this, the largest of Texas state agencies, is indeed ambitious and exciting, she says. This would be the nation's largest such network.

Case management grew from the need, Dr. Caragonne explains, not only for greater coordination between human service agencies, but from the need for humanizing these services. The countless forms and procedures that seem essential to an agency providing services often confound and discourage needy applicants.

A client like Carlos who doesn't speak English or read, has trouble enough locating the appropriate office and arriving in his wheelchair. He'll need help filling out forms from a Spanish-speaking counselor. And since he's chronically depressed, he's likely to turn away if he's not given personal attention that recognizes him as more than just another client in the waiting room.

The proposed solution of developing community human services councils, commissions or umbrella agencies may help integrate these services and oil agency machinery, but their impersonality remains. While integrating services may prevent a client from being shuffled from agency to agency, it's really a way of talking about the relationship between agencies rather than between agencies and their clients, she says. Reorganizing local, state and national human service agencies is just one step toward being accountable to clients who want to stay well and live productively outside institutions.

Case managers, like Barbara Dever (right) from Heart of Texas Region MHMR Center in Waco, help clients find everything from winter coats to summer jobs.

Case management, Dr. Caragonne explains, seeks to develop a system of coordinated services. Typical case manager duties include: identifying the range of needed services of clients; referring clients to those services; coordinating agency services for clients; monitoring and following clients to determine if correct services are received promptly; and evaluating the effectiveness of services provided.

Case management designates specific responsiblity for clients and the results of service to one person, the case manager. Its goals are providing efficiency, continuity of care, accessiblity of services and accountability to the client, Dr. Caragonne says.

Although case managers are really on call 24 hours every day, most clients don't abuse their special privileges. The hot line to Dever's house rarely rings late at night. She says just knowing someone's available and cares reassures clients. "If they're having a crisis, they usually can hold on till morning," she notes.

So, case management isn't so unmanageable out in the field, after all. With all this responsibiltiy and a round-the-clock vigil, you'd think case managers would burn out easily. But that hasn't been the case for Dever and Mary Jo Herndon.

Case managers serve the mentally retarded.

Case manager Herndon at the Family Counseling Unit of Dallas County MHMR Center works with more than 50 mentally retarded clients and their families.

Case management activities of the unit staff are innovative and extensive. Training of citizens groups is producing results Herndon is proud of initiating. An example is that offered the Dallas Police Academy recruits. They have a face-to-face session with a panel of mentally retarded clients to learn of their special problems and needs.

Hope Cottage, a local adoption agency, has the unit train parents, and so far eight sets of parents have agreed to adopt mentally retarded children.

Guardianship questions and problems can be resolved for adoptive and natural parents now at the monthly meetings of a panel, composed of two probate judges and an attorney, recruited as volunteers to provide this valuable service for the unit.

Continuing benefits accrue to the community from the Foster Grandparent training conducted by the unit for the Senior Citizens of Dallas. This qualifies them as sitters for the mentally retarded.

Herndon sees her role as that of a salesperson with a commodity to sell—herself as case manager to other agencies, to gain their cooperation in helping clients. Other case managers describe themselves as service brokers. With other agencies, "You wind up owing them one or

they wind up owing you one," she says. "There's lots of interchange and support."

The Family Counseling Unit has an unusual working situation with the Dallas Independent School District, Community Service Department, Police Department, Department of Human Resources' Child Welfare and Adult Protective Services, Fort Worth State School and Terrell State Hospital, she says. "We go with them on their visits to mentally retarded persons," she explains.

With services being cut back due to reduced state and federal funding, the link between agencies is becoming more vital, she says. She sees the role of case manager as involving public education and strong advocacy for the mentally retarded and their necessary programs.

While case loads of 30 severely disturbed clients could be too heavy, Herndon handles 50 without undue strain. Many mentally retarded clients who leave institutions don't want to be tied up with another agency, she says. On these cases, Herndon checks in by phone every few months to see how they are doing. In case of an emergency, clients know the Dallas MHMR Center staff and Herndon are available.

They untangle the social service network.

Occasionally, case management requires real team effort. Dever recalls a case in which a deaf mentally retarded girl with cerebral palsy was released from Austin State Hospital. The Heart of Texas Center staff called a meeting of several helping agencies to draw up contracts for her needed services. They even hired a sign language interpreter to communicate with the girl.

This pooling of effort and resources prevents a client with multiple problems from becoming lost in the confusing maze of services with varying rules, procedures and narrow specializations. Case management can make a disorienting and sometimes maddening system of services comprehensible, pliable and useful.

One of the outcomes of case management is identifying deficiencies of the system of social services, Dr. Caragonne says. Administrators of case management systems might consider these questions, she says: Are services accessible and convenient, say, near public transportation and with flexible hours? Can a client go from one agency to another without interruption of service? Does the service respond to the client's needs quickly? If services are of little use, can this be corrected?

If there's a problem with the social service system, case managers can find out what went wrong and why. Ideally, case management makes a difference in the organization and results of services provided, Dr. Caragonne says.

In some case management systems, operating agreements between the lead agency and community agencies help make all aware of shared problems, develop similar procedures, formally recognize case managers and grant them the authority to be effective.

In fact, the most critical element in a case management system, says Dr. Caragonne, is case managers' authority, allowing them leverage and impact when negotiating with other agencies. Many supervisors mistakenly stress case managers' accountability—often through tedious recordkeeping—rather than their independent authority, she says. Ideally, supervisors should act as a buffer between case managers and the administration, freeing their movement and time to work with clients, she says.

Ironing out wrinkles in a proposed departmentwide case management system is one of Dr. Caragonne's tasks. Among TDMHMR case management projects are developing a case management job classification system and analyzing the job's current, proposed and critical activities at two pilot sites. Heart of Texas Region MHMR Center in Waco is designing a managment information system for case management. And in Houston, Texas Research Institute of Mental Sciences and MHMR Authority of Harris County will compare the cost effectiveness of case management to traditional outpatient treatment, pending outside funding.

And they learn how to manage with limited resources.

In remote rural areas, like parts of West Texas, case management is necessary for negotiating social services or the lack of them.

Joe Prieto became a case manager without really knowing it. He says he saw himself as an administrator and a caseworker. At Tri-County Service Center in Alpine, Prieto helped initiate an outreach program in October 1975 for chronic clients released from Big Spring State Hospital.

In the past, county judges used to handle these clients released into the custody of their families. Since they were given only a month's supply of medication upon release and many had no resources once this medication was gone, they often returned to the hospital because their symptoms recurred.

Prieto case manages chronic clients in five rural counties with limited resources—2 hospitals and 10 doctors. The area is 22,000 square miles and the population is 20,000.

Being a case manager in this area requires a lot of road time and resourcefulness. Prieto contracted for services of a Dallas psychiatrist who flew in twice a month and gradually increased visits to three times a week, to serve clients.

Ben, a 55-year-old man, was released from Big Spring State Hospital to live with his 75-year-old mother in a remote Texas area. They had no phone, electricity or running water. Prieto had to drive 180 miles round-trip to check on how Ben was doing and to deliver medication. Between visits, he arranged with the county sheriff to check on Ben's condition.

Ben improved so much that his psychiatrist recommended he be taken off medication. But when Ben wasn't taking it, he became sick again. Luckily, Prieto kept in touch and was able to alert the psychiatrist quickly.

Many case managers, like Prieto, express pride in being able to keep clients out of state hospitals and state schools. They find the relationship with their clients gratifying and fulfilling, even though this responsibility may at times tax their resources, energy and time. But the burden on the shoulders of case managers "ain't heavy," these bastions of strength and humanity demonstrate.■ *J.G.*

Abilene State School Jaycees take a turn at helping others

By Jerry Reed

"Everybody stand up," came the crisp command from the leader in front of the room.

Nearly everyone complied quickly, although a few had to be prodded again.

The leader called on club member Charles Hart to lead the opening prayer.

Charles began by thanking the Lord for the fine Christmas not long past and ended by reciting flawlessly—as best the listener could detect—the Lord's Prayer.

Following the prayer, the group recited after the leader with fervor and enthusiasm the Jaycee Creed.

The business meeting of the Key City chapters of Jaycees was under way.

First item of business was a discussion of past and future public service projects, and tied to that, past and future social events for the Key City Jaycees.

The next social event, the leader reminded them, is a 7 p.m. dance Monday, Jan. 24.

Dress up, shine your shoes, and get yourselves dates for the dance, they were told.

None of the Key City Jaycees are married—one of the differences marking the group from the other chapters.

Next on the calendar was the only item requiring Key City Jaycees to take action that night.

"Since Billy Bob was transferred out, we need to elect a new president," said the leader.

Nominations commenced from the floor.

Some were identified by first names only, others were supplied with last names also.

A few of the Jaycees needed instruction in parliamentary procedure.

"Nominate somebody else," one or two had to be told.

Photo by Ken Ellsworth

David Sanchez is newly elected president of the Key City Jaycees chapter, which is composed of Abilene State School residents.

The group at large was admonished to vote only once.

The show-of-hands balloting found David Sanchez, with eight votes, to be the newly elected president of the Key City Jaycees, an institutional chapter at Abilene State School.

The Key City chapter—actually it's two chapters that meet together—was formed in 1979.

"I have been in charge of them for about two years," said Lee Butler, the leader who conducted the special meeting recently.

Butler and David Whitten, an Abilene State School psychologist whose clients include nearly all of the Key City chapter members, are liaison officers from the sponsoring Abilene Jaycees to the Key City Jaycees.

Like Jaycees anywhere, the Key City chapters plan and carry out community service projects, and earn money for chapter activities, including social events.

In September, the Key City group weeded and dug out the flower beds at the Sears Memorial Retirement Center.

For some, Butler said, it was "the first time they had a chance to help somebody else, rather than be helped."

The chapters also have held a couple of dances and a couple of car washes.

"They want to do something . . . they're going to earn the money themselves," he said. That, he explained, is part of the chapter's goal: Help make the members as self-reliant as possible.

Abilene Jaycees will cook hamburgers at the dance, he said, but the Key City Jaycees have to earn the money to buy the food and provide the music.

Besides enhancing the self-esteem of the participants, the public service projects have a more tangible result for some, he said.

"A lot of these guys are going to a halfway house," he said. "These guys will be out in the community pretty soon."

So, for their own good, they must "get out and get used to responsibility—don't expect somebody to help them."

Abilene Jaycees President Ken Higdon said as far as he knows, the Key City chapters are the only institutional chapters made up of residents of an MHMR facility.

Throughout the United States, Jaycees in January celebrated the 63rd anniversary of their organization, which was formerly known as the United States Junior Chamber of Commerce. ■

Jerry Reed is a staff writer at the Abilene Reporter-News *in which this article originally appeared.*

Interview:

Carmen Quesada

Photos by Sherry L. Grona

Carmen Quesada is executive director of the Association for Retarded Citizens/Texas, a voluntary, nonprofit organization whose purpose is to advocate for the rights, benefits, services and needs of mentally retarded people.

IMPACT: Who are your members?

QUESADA: We have approximately 12,000 members in 72 units across the state. About 55 percent of them are parents and relatives of persons with mental retardation, about 30 percent are professionals, and the rest of them are just caring, loving people who are concerned about mentally retarded people.

IMPACT: What are your goals?

QUESADA: Our broad goals are to identify needs and gaps in services and promote a broad continuum of services, including educational, vocational, residential, medical, recreational and family support.

IMPACT: What is your organization's philosophy regarding services for mentally retarded persons?

QUESADA: Our philosophy is that persons with mental retardation should be offered the opportunities, rights, benefits and services necessary to achieve their optimum level of personal development and to participate as productive citizens in the mainstream of community life.

IMPACT: How does ARC/Texas help mentally retarded persons who live in the community?

QUESADA: We are working to increase their residential services options. Many of our units actually offer community-based residential services. One of them in Dallas, in fact, just opened its first group home on Feb. 14.

A number of units offer employment services. For example, Clear Creek ARC near Houston offers an employment service for persons with mental retardation.

Mentally retarded people tend to be good workers . . . they often have lower absenteeism and lower turnover rates than persons without mental retardation.

One of our newer services is a self-advocate program, which trains adult mentally retarded persons in independent living, negotiating and consumer skills—basically teaching them how to advocate and speak up for themselves. We have 11 chapters with that program, sponsored by 11 different units. About 300 mentally retarded persons are in that program.

IMPACT: How does ARC/Texas work with TDMHMR to improve the quality of life for mentally retarded persons in institutions?

QUESADA: As in the past, we continue to advocate for a level of care for those persons that is safe, healthful and as appropriate as possible. We presented testimony before staff of the Legislative Budget Board (LBB), asking for funding that would have maintained an appropriate level of services, particularly educational services for the younger children.

We try to monitor all new rules and regulations coming out of TDMHMR and analyze those to see what impact they'll have on the residents—at least as our parents perceive that impact.

Another service we provide to state school resident parents is a complaints and grievance bureau. We do receive complaints from parents of residents when they feel that their children are not receiving an appropriate service, or if there's been a problem. Then we take those concerns to the department.

IMPACT: What kind of role are

you playing in developing residential services for mentally retarded persons?

QUESADA: We conducted a study under a grant from the Texas Development Disabilities Council to attempt to identify the numbers and kinds of persons who were in need of residential services.

For example, one of the things we found was that there were, at that point in 1980, approximately 55,000 mentally retarded persons in Texas in need of community-based residential alternatives. The impact of that, I hope, is to provide some guidance to the department in terms of where priorities should be focused in the coming years.

As part of that plan, we also looked at and surveyed other states and countries to see what kinds of services could conceivably be brought to Texas to serve the widely varying needs of persons with mental retardation. The plan identified what a continuum of services can look like, including things like foster care, which is not readily available in Texas for persons with retardation, apartment living programs of varying structures, various types of group homes, and training and long-term care facilities in a group home setting.

IMPACT: What was the outcome of the study?

QUESADA: One of the outcomes was a request to TDMHMR to ask for appropriations to increase the number of long-term, community-based residential placements. The department was responsive to that request in preparing their recommendations.

We were requesting about $10 million, the department submitted about a $6 million request to the LBB, and the LBB recommended a $1.8 billion appropriation over the biennium.

We now are trying to see how we can increase that appropriation.

The other result is that many of our own units are now recognizing that perhaps they will have to provide some of these residential alternatives. Dallas has opened a facility and a number of other units are looking at the possibility of doing so. Two units in Houston are exploring the possiblity of opening facilities some time in the next year. And about three or four months ago, the San Antonio unit opened an apartment living program.

We're asking others to help provide residential alternatives, but we're doing some of it ourselves as well.

IMPACT: How does ARC/Texas help mentally retarded persons find employment in the community?

QUESADA: Currently, we're working on a year-long project in the vocational services area. I hope that by May we'll produce a document focusing on where the needs are, on new vocational training models that could be used in Texas and on what current services need to be increased.

Perhaps the biggest fear and concern of parents of persons with mental retardation is what will happen to their child when they're gone.

This area is even more difficult than residential services because there are at least three agencies in Texas providing vocational training—TDMHMR, Texas Rehabilitation Commission and Texas Education Agency. We have been trying to bring them together to coordinate some of those services.

We also will be preparing a manual about innovative approaches to vocational training and employment services. We have found that there is no magical answer about what is an appropriate vocational training or employment service. However, we do know that one way is by setting up service or retail businesses operated by persons with mental retardation—and we haven't yet employed that approach to any great extent in Texas.

One of the local ARCs in Connecticut has virtually a conglomerate of businesses that are managed by the ARC but staffed and operated by persons with mental retardation. They include things like a very fancy restaurant, a quaint coffee shop, a firewood-cutting business, a landscaping business and a plant rental business. The ARC/Connecticut uses the profits from those businesses to fund some residential services. That's one concept we're pushing very hard—both to our local units and to other service providers.

Then we hope to be able to follow up for the next few years on a project of educating employers to increase the number of persons with mental retardation who are competitively employed. We estimate that only about 10 percent of those who are capable of competitive employment are presently employed.

Part of the reason is that employers don't realize that mentally retarded people are employable. We have stressed the "incompentence" of persons with mental retardation for so long that it is difficult to change public opinion. We're hoping to conduct a public awareness campaign with personnel managers, particularly of the large corporations. We think we will be able to get assistance from some of the corporations which have been instrumental and successful in hiring mentally retarded people.

IMPACT: What are the incentives for hiring the mentally retarded?

QUESADA: There are federal incentives under the Targeted Jobs Program, which allows a business to take up to a $3,000 tax credit the first year any handicapped persons is hired. Part of our work will be in getting that information out to employers.

The other thing that we want employers to know is that mentally retarded people generally tend to be good workers. In fact, they often have better employment records than persons without mental retardation. For example, they often have lower absenteeism rates and lower turnover rates.

IMPACT: What are your major legislative objectives?

QUESADA: Our number one objective is to increase the dollars being spent on behalf of community-based residential and support services. Our second objective is to increase the amount being spent for vocational training and employment services.

One of the things we're looking at

now is a community care waiver that would allow Medicaid reimbursements on services in settings that previously were not eligible for that program. This would allow us to maximize the amount of money being spent without having to increase the state appropriations.

Finally, our last legislative goal is that there not be any reductions to the appropriations for special education funding in Texas.

IMPACT: What do you see as the most urgent need of the mentally retarded citizens in Texas?

QUESADA: To be accepted. Too often we all have thought about mentally retarded people as things and have forgotten that they are people. I try to consistently say "persons with mental retardation" because that's what they are.

First, they are people, and they just happen to be people who have mental retardation in the same way that I happen to be a person who is Hispanic and has brown hair and brown eyes. But I am first and foremost a person.

We don't often enough recognize that they are first people with many of the same needs and wants that all the rest of us have—the need to be loved, to be cared for, to be cherished, to be understood, to be able to function as best they can and to have the opportunities to do that.

IMPACT: This message seems to be implicit in the media campaign the ARC currently is conducting.

QUESADA: Yes, and if we can get that message across, then a lot of other things will fall into place.

Here's a classic story that I love to tell. This happened in a sheltered workshop that I ran before I came to the ARC. I was deputy director for rehabilitative services at the El Paso Center for MHMR Services and one of my responsibilities was to supervise the overall vocational training program. As a part of that program, we had a sheltered workshop.

We used to have a weekly social a couple of hours on Friday afternoons, because we recognized that there were limited leisure time and recreational opportunities for persons with mental retardation. We wanted to provide them with that kind of opportunity.

My secretary came in one day and said that some of the sheltered workshop clients had asked for an appointment to meet with me. She had set up a tentative meeting and they would be coming in that afternoon. "That's fine," I said. "Do you know what they're coming about?"

"No," she said, "but I think they have a petition for you."

The sum and substance of the peitition was that they wanted to have the social hour eliminated. The reason was that it cut into their work time and therefore was cutting into their paychecks. They were paid on an hourly, piece rate, and an hour's less work meant less income to them. That's a very clear message.

We worked out a compromise whereby we reduced the social hour to once a month rather than once a week. By doing this, they still had recreational opportunities.

Mentally retarded people *do* think about how much money they make. A fair number of them do want to work, to be productive and be contributing members of society.

The persons I served in that workshop were moderately retarded and, in some cases, severely retarded. We had persons who had no ability to communicate verbally who cared how much money they made and cared about being productive.

IMPACT: What kind of public education program do you have?

QUESADA: For the past two years, we have had a three-month media campaign from January to March, culminating in March because that's Mental Retardation Month. The campaign aims to educate the public about the occurrence of mental retardation, its prevention and how they can help by contributing time and money.

In addition to that, we have just completed and are in the process of disseminating a prevention program for junior high and high school students, teaching them how to prevent mental retardation when they reach child-bearing age.

We feel that it is important to get that message across as early as possible because of the high incidence of teenage pregnancies in Texas. This is also an effort to prevent some of the teenage pregnancies, because that is one of the reasons for mental retardation.

Finally, we are working with a variety of professional groups—attorneys, doctors, nurses and law enforcement personnel—to sensitize them to the needs of the mentally retarded from their particular professional vantage point. We have advisory groups composed of those professionals who will be working, in essence, with their peers to train them.

IMPACT: What are the major achievements of ARC/Texas?

QUESADA: That's a long list. I think the best way to express it is to say that ARC/Texas was instrumental in the passage of every single law and every single service that's now available to mentally retarded persons in the State of Texas—from the special education law to the creation of the department to the development of the community ICF-MR program to improvement of services in the state schools.

We have been advocating for the rights and services of mentally retarded persons for 32 years. We were here when the only thing that was available for mentally retarded persons was state schools. I wasn't around then, but we owe a debt of gratitude to the 8 or 10 people who came together to form this association.

IMPACT: What happens to mentally retarded persons living in the community after their parents have died?

QUESADA: One of the programs we hope to put in place in the next two years is a guardianship program in which ARC/Texas would assume responsibility as the guardian of

persons with mental retardation. We recognize that perhaps the biggest fear and the biggest concern of the parents of persons with mental retardation is what will happen to their child when they're gone.

Under the program, as a parent gets older, he or she will pass guardianship on to us to ensure that we will be the guardian after they have died. Although you can stipulate in the will who you would like to see made guardian of your child, the courts are not bound to honor that, so it's easier to do it before the person dies.

That's one of the ways we're trying to help parents by saying, "We'll be responsible for your child."

IMPACT: How will the guardianship program work?

QUESADA: Primarily, we will need a network of volunteers across the state who will be willing to serve as surrogate parents on ARC/Texas' behalf. In essence, we will hold guardianship, but there will be somebody acting as our agent in the local communities who will be responsible for going to the client's Individual Program Planning meeting, taking them out to shop and to do recreational things—just being around as any parent is around for their child.

IMPACT: How is ARC/Texas funded?

QUESADA: Primarily through contributions. About 17 percent of our budget comes from membership dues and local unit support dues. More than half of our budget comes from the profits of two salvage businesses we own and operate—one in Fort Worth and one in Dallas. We receive donated goods and we, in turn, sell those goods to a chain of secondhand stores.

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

QUESADA: Yes. There has been the impression that ARC/Texas doesn't care what happens to the residents of state schools, that we don't worry about that population. That's simply not true.

We worked for many years to improve the services that were available in the state schools, because as I said before, we knew what was there and we were the group that was advocating for the creation and improvement of those services.

We still are concerned about persons who reside in state schools, and we would like them to have lives as meaningful, full and rich as can be provided for them.

We don't advocate for a system. We advocate for the people that system serves, and as our mission statement says, the responsibilities that we have assigned to ourselves are to ensure that all persons with mental retardation, regardless of severity, age or place of residence, have the opportunity to live as meaningful a life as they possibly can.

That may be as simple as seeing to it that a person who is capable of eating by himself does so and isn't tube-fed because that's what is convenient for others.

It may mean working with employers to see that more persons with mental retardation are employed competitively and are contributing, participating members of society. The range is very great. ■ *J.S.N.*

For more information about ARC/Texas, contact Carmen Quesada, Executive Director, 833 Houston Street, Austin, TX 78756.

Conference Calendar

April 15
Myths/Realities of the Aging
Sponsored by University of Texas at Austin and Texas Research Institute of Mental Sciences
Held in Austin
Contact: University of Texas at Austin
Division of Continuing Education
Thompson Conference Center
P.O. Box 7879
Austin, TX 78712
512-471-3121

April 25-27
Connecting for Children
Third annual conference
Sponsored by Regional Network for Children and Children and Youth Services Division, Texas Department of Community Affairs
Held in Austin
Contact: Tricia McKenzie
P.O. Box 14541
Austin, TX 78761
512-835-2350, ext. 347

April 30-May 1
Separation, Divorce and Beyond
A weekend conference for professionals
Held in Dallas
Contact: Southwest Family Institute
3801 Herschel
Dallas, TX 75219
214-521-6970

May 4-6
Kaleidoscope '83: The First Three Years of Life
An interdisciplinary forum for communication, education and advocacy for practitioners, parents and professionals
Held in San Antonio
Contact: James Sorensen
University of Texas Health Science Center at San Antonio
School of Nursing
7703 Floyd Curl Dr.
San Antonio, TX 78284
512-691-6481, ext. 283

May 12-13
Texas Volunteer Conference
Eighth annual meeting
Held in Austin
Registration deadline: May 6
Contact: Sue Jane White
Governor's Office for Volunteer Services
P.O. Box 181036
Austin, TX 78718
512-475-4441

Success Story

He sat alone, oblivious to the other young toddlers who scurried by him in their play. As he grew older, his distance and aloofness increased, and his manner of communication became a pattern of aggressive outbursts toward himself and others.

Eventually, Terry was diagnosed as an autistic child. He continued to live in a pattern of noncommunication and increased violent behavior.

His mother alone knew the life of Terry and lived in hope of a better tomorrow. Numerous programs had been contacted. Placement in a classroom for the emotionally disturbed proved so frustrating to Terry that he began a pattern of self-injurious behavior.

He had spent long days, weeks and even months away from home trying and working for that better tomorrow. However, at the age of 19, Terry still found himself living at home.

Through the efforts of many, and under the joint leadership of Tropical Texas Center for MHMR, Edinburg, and the Lynne Developmental Center based in Richardson, Terry is now enrolled in the Valley Home for autistic persons, a 24-hour program providing residential and vocational special education.

Terry is learning to be a member of a working team designed to contract with the private business sector. On a daily basis he is becoming familiar with various tools which he will later use when out on the job.

Although most professionals believe that the autistic are unable to interact effectively with others, the work team concept is proving to be an exciting prospect. Individual strengths and weaknesses are assessed and combined in such a way that the team as a whole is a functional unit.

Terry has improved tremendously. There has been a 50 to 60 percent decrease in psychotic speech and a similar increase in more appropriate speech. He is becoming proficient in activities of daily living, all preparatory to the time when he can start his day as a member of a working team involved in a community endeavor.■

This article was submitted by Luis Rivera, deputy director of Texas Tropical Center for MHMR, Edinburg.

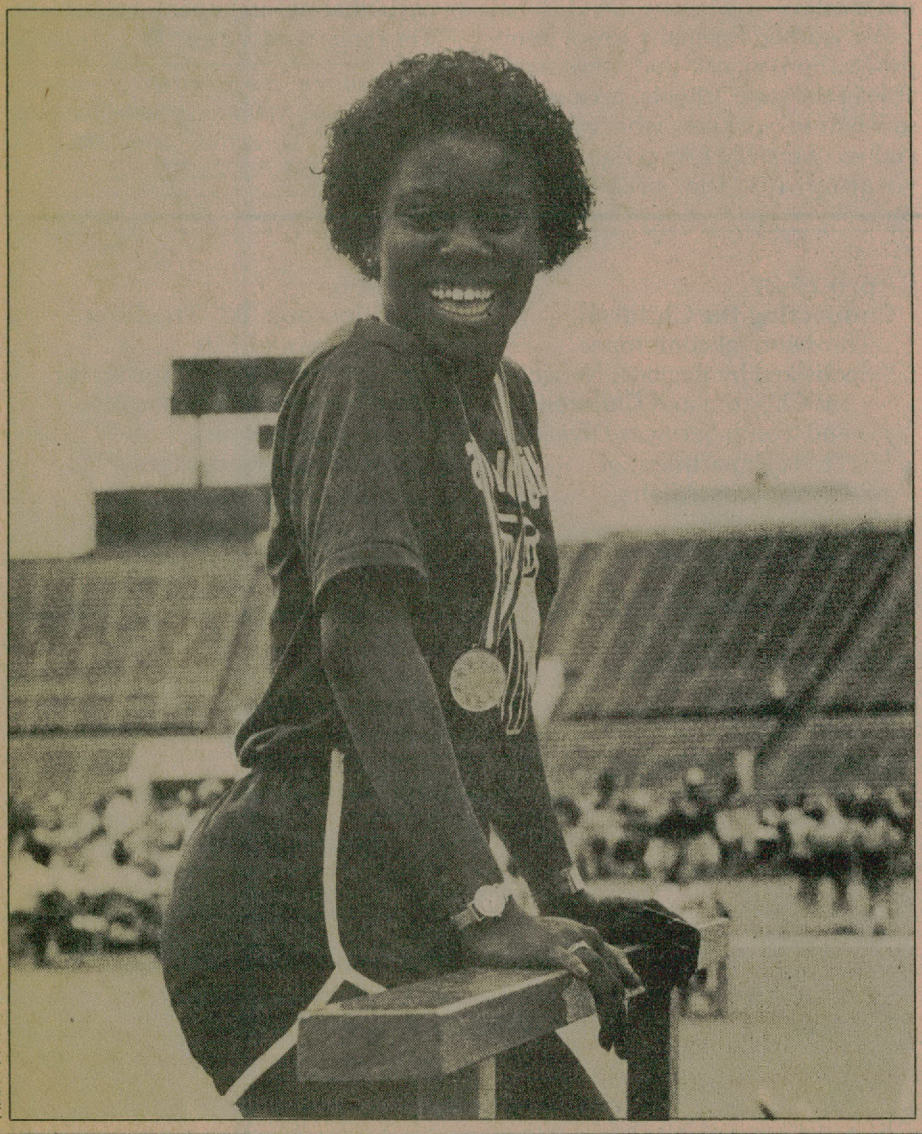


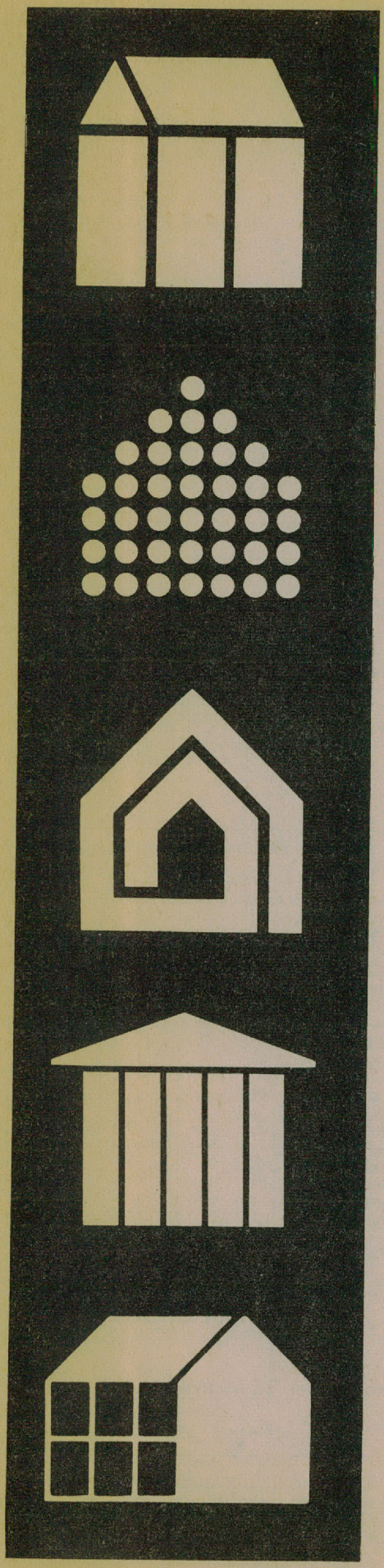
Photo by Sherry L. Groma

Texas Special Olympics

On May 25-27, approximately 4,000 mentally retarded athletes will participate in track, field, gymnastic, wheelchair, Frisbee and soccer events at the 16th annual Texas Special Olympics in Austin. The event, to be held at the University of Texas Memorial Stadium, will open at 6 p.m., May 25, with Olympic festivites including the torch run and lighting of the Olympic flame, a parade of athletes, marching bands, a five-kilometer fun run and a host of celebrities and famous athletes. The public is invited.

Neva Nelson (left), Highlands High School, San Antonio, proudly wears the medal she earned in the 200-meter race at the 1982 Special Olympics.

For more information about the meet, contact Denis Poulos, Executive Director, Texas Special Olympics, 11442 N. Interstate Highway 35, Austin, TX 78753, 512-835-9873.



East Texas Cooperation Means More Residential Living Alternatives

By Don R. Teeler

In East Texas quality residential services have been developed rapidly in the past few years as an alternative to institutional living. The key is in cooperative efforts between the MHMR Regional Center of East Texas in Tyler, Denton State School and Rusk State Hospital.

In 1979, there were few residential services for the mentally retarded in East Texas. The ability to reduce the population of state schools, prevent future admissions and provide adequate continuity of care was limited.

In seeking improvement, the MHMR Regional Center of East Texas and Denton State School established an agreement to develop residential programs in Tyler and surrounding counties. With the state school providing monies to defray start-up costs, four group homes were begun with admission preference being given to state school residents. By the end of 1982, 57 clients had been served, 43 of whom were former state school residents.

In the summer of 1982, Denton State School (DSS) and the MHMR center entered into another agreement to start two additional residential programs for the mentally retarded. In February 1983, admissions to a group home for older mentally retarded persons began. The program is designed to serve 10 persons, age 50 and older. Nine of the 10 admissions are former residents of state schools.

The other new residential program receiving funding assistance from DSS is a transitional living program for the mentally retarded. As a step toward independence, this program is designed to serve 10 persons in a semi-independent living environment. With the assistance of several staff, residents will learn to live with reduced supervision; it is hoped that they will graduate to an apartment living program, also operated by the MHMR center. During February 1983, the program admitted 10 residents, including 5 former state school residents.

In developing mental health residential programs in East Texas, Rusk State Hospital (RSH) has provided major assistance to the MHMR Regional Center of East Texas. In September 1981, a contract between RSH and the MHMR center was implemented that expanded and modified an existing halfway house program. The result was an 18-bed residential treatment facility specializing in chronic mental health patients.

With the change in emphasis, more discharges from RSH were possible and more state hospital admissions could be prevented. Since the implementation of the contract, 36 clients have been discharged to the residential treatment facility from state hospitals. An additional 19 clients from the community were directed to the treatment program as an alternative to hospital admissions. Eighty-eight percent of clients sponsored by the contract are still in the program or are living in the community.

RSH is also responsible for a Fairweather Lodge program operated by the MHMR Regional Center of East Texas. In November 1981, 12 RSH residents moved as a group to Tyler. As a part of a contract with RSH, the MHMR center has provided supervision and guidance to these individuals, including the establishment of a successful janitorial business.

Nineteen persons have participated in the RSH Fairweather Lodge program since its implementation. The clients have stabilized in this program, preventing the need for hospital intervention.

Cooperative efforts between state facilities and MHMR centers are possible. East Texas is living proof. In three short years, the MHMR Regional Center of East Texas has grown from a center with few residential services to one of the largest residential service providers in the state. This has allowed individuals to reside in their community and avoid unnecessary stays in a state school or state hospital. ■

Don R. Teeler is program director at the MHMR Regional Center of East Texas in Tyler.

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Lunchtime, A New Avenue for Volunteers

by Arlene Youngblood

Mention lunchtime to anybody on campus and their immediate response is "let's go." Say lunchtime to the residents of Richmond State School and they become elated. Why? They know that every day they'll have some company during lunch hour.

Last May, Richmond State School began a volunteer lunch program, thought to be the first of its kind at a TDMHMR facility. In this program 33 employee volunteers eat lunch with the residents. Volunteers eat the same meal that is prepared for the residents.

This program gives the employee an opportunity to get acquainted with the clients, and the clients, in turn, get a chance to enjoy mealtime conversation, meet someone new and improve their eating habits.

Dietitian Rebecca Marlin explained that the idea was conceived last February during Handicapped Awareness Week when some employees volunteered to walk in the shoes of clients by experiencing their daily activities first-hand.

"Several task forces were formed and I was assigned to chair the food/meals task force," Marlin said. "It was suggested by our community services director Moonyeen Weiss that staff eat with the clients. All the members of the task force responded wholeheartedly to the idea."

So far, the program has been a success. Volunteers report to five dining halls during the week. These dining halls are located on ambulatory, nonambulatory and multihandicapped units.

Volunteers meet quarterly to discuss ideas, suggestions, compliments, topics of conversation and how to handle mealtime conflicts.

Marlin said, "Volunteers rated the program above average in improving the quality of life and in making mealtime a more pleasurable social experience."

One of the aides for Unit IV, Bonnie Gray, said she likes the lunch program because "it gives the clients a chance to sit down and talk. A lot of times we [aides] don't have time to sit with them. And this gives them [residents] a chance to interact with others."

"I enjoy it real fine. It's a lot of fun," said one resident.

Lunch volunteer Alice Christensen of the education department said, "I am not treated any differently on the dorm because I am staff. I must get into line to be served just as they do and I must follow the lunchroom rules just as they do. They love to talk about what they have done or where they have been."

Sybil Eubank of medical records said, "I enjoy the whole thing because I've gotten to know the kids. I think it's neat. I've been treated so royally. The fellows help me with my chair and everything."

Chief social worker Dave Leatham said, "The thing I like the most is the reaction from the clients. They really miss it when you don't show up. They enjoy the interaction. When the program first started the clients would respond to us but they wouldn't initiate conversation. Now they initiate the conversation. And they've slowed down in their eating patterns."

Well, time to go to lunch. ■

Arlene Youngblood is assistant coordinator of volunteer services at Richmond State School.

the Image of TDMHMR

Newsmakers

●Promotion of **Jaylon L. Fincannon** to the position of TDMHMR deputy commissioner for management and support was approved by the Texas Board of MHMR on Jan. 28.

The 36-year-old former superintendent of Fort Worth State School (FWSS) began directing the department's budget development, fiscal management and support services on Feb. 22.

"It's gratifying to us to advance our qualified employees," said Board Chairman L. Gray Beck of San Angelo.

Gary E. Miller, M.D., TDMHMR commissioner, said he recommended Fincannon's appointment after considering more than 100 applicants.

"In addition to his professional and managerial qualifications," Dr. Miller said, "Jaylon Fincannon has invaluable knowledge gained from experiences directing programs at five TDMHMR facilities."

Fincannon, a native of Hamlin, Tex., earned a master's degree in special education from George Washington University, Washington, D.C., in 1972. He then worked as a vocational rehabilitation counselor at Austin State School's Sunrise Project, a training program for visually impaired mentally retarded residents.

The next year he was selected to start Richmond State School's services for blind residents and later directed a 375-bed unit of the school. In 1977 Fincannon went to Abilene State School to implement its quality assurance program.

For a year before becoming FWSS superintendent in 1979, he served as assistant superintendent at San Angelo Center.

Fincannon is a member of the American and the Texas Associations on Mental Deficiency, the National Association of Superintendents of Public Residential Facilities and the Downtown Rotary Club of Fort Worth.

W. Patrick Terry, chief of maintenance and construction, served as acting deputy commissioner of management and support since the post was created with the new organizational plan on Oct. 1.

●**Joan Harman** recently was appointed director of TDMHMR training and staff resources (TSR). She assumed her duties March 1.

Harman comes to TDMHMR from the Texas Parks and Wildlife Department in Austin, where she served as director of training and development.

She has a bachelor of science degree in communication from the University of Texas at Austin and a master of arts degree in organizational communication from the University of Colorado.

Harman's responsibilities include departmentwide staff training, personnel management and recruitment.

According to James A. Adkins, executive deputy commissioner, James L. Harris, who served as acting director of TSR since Jan. 1, 1982, "has done an outstanding job under somewhat trying circumstances and deserves special recognition for his tireless efforts."

Adkins said that Harris "will continue to play a key role in the activities of the TSR section as personnel director of the department."

●**Hazel Casler** was appointed director of the TDMHMR Public Information Office (PIO) effective March 1. She has been the acting director since October 1982, when the position was vacated by Harley Pershing.

With the department since its beginning, Casler has served as coordinator of media information for 12 years. She has a degree in journalism from the University of Michigan and has directed a number of Texas health-related publications and programs. She is past president of the National Association of Mental Health Information Officers.

As PIO director, Casler will be responsible for the section's publications, exhibits and training programs for information directors.

●**L.W. (Bill) Cain,** superintendent of **Abilene State School** since June 1963, announced his retirement from the facility and TDMHMR, effective April 30.

A state employee for 35 years, Cain assumed the superintendency of Abilene State School after serving as business manager and acting superintendent of Austin State School. He began his career with TDMHMR in 1950 as chief accountant at Austin State School.

Besides being a member of numerous professional organizations, Cain has been active in community affairs. He is past president of the Rotary Club of Abilene, past president of the Chisholm Trail Council of Boy Scouts, public employee chair of the United Way of Abilene and former president of the Key City Little League of Abilene.

Cain, recipient of numerous awards, was recognized in October 1982 by the American Association on Mental Deficiency, when he was given the Region V leadership award.

He currently is serving his

fourth six-year term as an elected member of the board of trustees for the Employees Retirement System of Texas.

A recent article in *Abilene Scenes* magazine described Cain as "a quiet man" who gets things done. During his tenure at Abilene State School, the facility's programs and physical plant have been upgraded constantly. These accomplishments include a model workshop program, a cottage complex designed to give clients more training and experience for community living, a new chapel and a new administration building.

Cain and his wife Louise plan to retire in Canton, Tex.

● **Nancy Barker,** chief of TDMHMR volunteer services since 1973, recently was commended by the Texas Senate for exceptional leadership and outstanding public service in directing volunteer efforts at both the state and national level.

In 1980 Barker became the first Texan to be elected president of the nationwide Association for Volunteer Administration.

With Flying Colors

Recently earning three-year accreditation by the Joint Commission on Accreditation of Hospitals were Waco Center for Youth, TDMHMR's child and adolescent psychiatric facility; MHMR of Southeast Texas, Beaumont, which in 1980 was the first community MHMR center in Texas to receive JCAH accreditation; and Horizon House, San Antonio, a day treatment center for emotionally disturbed adults.

San Antonio State School achieved a no-deficiency rating in its annual recertification survey by the Texas Department of Health, indicating that it is meeting or surpassing all state and federal standards.

Developmental Disabilities Moves to TRC

TDMHMR was replaced by Texas Rehabilitation Commission as administering agency for the Governor's Planning Council for Developmental Disabilities in January. TDMHMR had administered the council, which oversees the Developmental Disabilities Program, since 1971. The program serves people with severe chronic disabilities attributable to mental or physical impairments and manifested before the age of 22.

Joellen Flores Simmons, a former special education teacher and employee of the Texas Education Agency, is the new executive director of the council. She replaces Kathy Sandusky who left the position in June 1982 to study law.

Resources

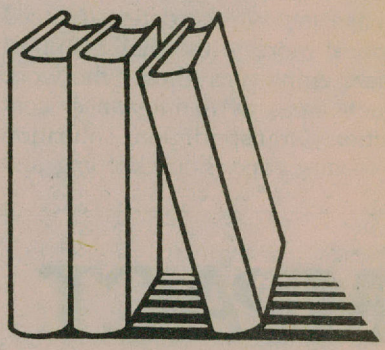
Three new Public Affairs pamphlets are available.

In *Troubled Children, Troubled Families: Techniques in Child and Family Therapy,* Elizabeth Ogg describes the kinds of therapy available for persistent problems, where families can get help and steps to prevent emotional problems.

Myron Brenton describes employee assistance programs (EAP) in *Help for the Troubled Employee.* Brenton discusses how EAPs developed, what kinds of EAPs exist and how they work, their effectiveness, the crucial issue of confidentiality, how to identify and help the troubled employee.

In *Stepfamiles—A Growing Reality,* Claire Berman points out that although one out of two marriages today is likely to end in divorce, huge numbers of Americans continue to express their faith in the institution of marriage by remarrying.

Berman writes with compassion and common sense about the unique set of probems faced by stepfamilies as she discusses the myth of the wicked stepparent and the myth of instant love.



These booklets are available for 50 cents each from the nonprofit Public Affairs Committee, 381 Park Avenue S., New York, NY 10016.

Toll-Free Number

Need information about services for the elderly in Texas? Texas Department on Aging can help. Call 1-800-252-9240, toll-free. The line is open weekdays, 8 a.m. to 5 p.m.

From Our Readers

Have you ever wondered how many of the approximately 30,000 people who work in the TDMHMR system besides you sit down every two months with IMPACT to catch up on statewide mental health news?

We on the IMPACT staff certainly did wonder. That's why we recently conducted a readership survey. We found that 88 percent of those who responded to the survey are readers, some more frequent and thorough than others, and that the magazine is generally well-received.

Nonreadership, we found, is accounted for largely by new employees who haven't yet become familiar with the magazine. We also detected a need to appeal more to the many support services employees (those who work in such areas as maintenance, construction, transportation, nutrition and food service, housekeeping and laundry—the people without whom the department could not operate.

Response to the questionnaire showed that employees most enjoy client success stories, major articles, photo features, new program articles, facility features and roundup stories.

Though the survey provided us with a great many statistics that should prove valuable in improving the magazine and its overall appeal, one of the most gratifying and beneficial byproducts of the endeavor was the wealth of candid comments we received from our readers.

We would like to thank the many employees who responded to the survey and shared their ideas and opinions with us. Some of their comments were complimentary, some were critical. Almost all of them were constructive.

We found, for example, that employees like to read not only about people and activities at their own facilities but that they depend heavily on IMPACT to keep them informed about what's going on in the department outside their own facility.

Some people said they prefer shorter articles because their reading time is limited; others said the articles should be more in-depth. Common suggestions for improvement were to use color and better paper.

Here are samples of some of the hundreds of comments we received:

"The magazine is well-written and has some interesting articles, but I would like to see more articles on the success of clients in the community."

"It's becoming more interesting the longer I am here."

"Informative—gives me some contact with others who share my interests. It gives me new ideas."

"More extensive coverage workshops and conventions pertinent to MR programs."

"No need to improve th magazine."

"Please introduce the importance of those agencies providing services to the MR adult and the issue of guardianship."

"Enjoy getting this statewide news since we are in a small rural area."

"Can't wait for the next issue."

"Interesting. Makes me stop and think about life and people."

"We need this magazine. I like the feature articles about our hospitals and pictures of staff with patients. More issues a year and, of course, our local hospital."

"More articles to improve employee morale problem."

"I like it very much. I really enjoy reading IMPACT, because of the many programs and facilities that are focused on. Keep up the good work."

"More articles on alcoholism programs."

"I enjoy reading it and it gives me encouragement to continue my work at Richmond State School."

"It's good but it could be longer."

"I enjoy this magazine very much and wish it were published more often." ■ *J.S.N.*

IMPACT

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