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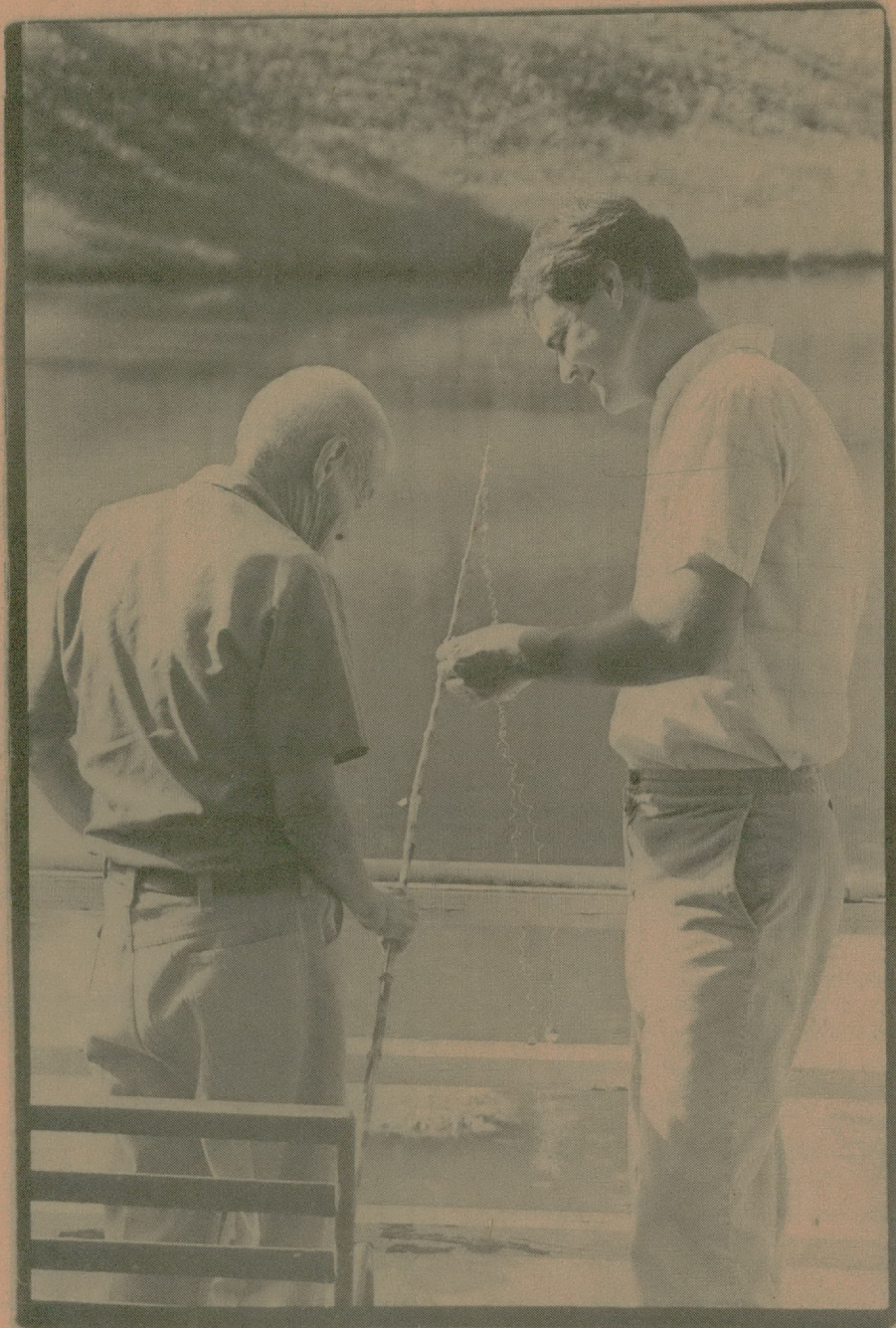
impact

A publication of the
Texas Department of Mental Health
and Mental Retardation
May/June 1985

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Tim Crislan

... and the livin' is easy

R&R

It's summertime, and residents of TDMHMR facilities are camping, horseback riding, swimming and swapping fish stories around the campfire.

Terry Becker



Reaching for the sky

How do you tag a horse for supply inventory? You don't. At **Brenham State School**, the horse, rabbits, parrot, doves and pig belong to the school's Volunteer Services Council, so the business manager needn't list these critters or their daily rations on the inventory.

The menagerie lives at the Woodland Retreat, a camp and picnic area on the school campus that gives clients a chance to gain an appreciation for and awareness of the outdoors.

In the winter, clients prepare noon meals in the rustic log cabin, warmed by the fireplace. On sunny days, everyone bundles up for horseback riding or a winter walk and flag ceremony. In the summer, fishing,

boating, treasure hunts and camp-fire meals lure everyone outside.

This year, clients experienced a taste of Mexico and its culture. The log cabin was transformed into a "hacienda" and everyone ate enchiladas. Clients also sample food from China when they make egg rolls, chow mein, fried rice, wonton soup and almond cookies. Astute guests schedule visits around noon.

Responsibility, outdoor citizenship and conservation all are reinforced at the Woodland Retreat. Everyone reaches far. One client in a wheelchair picked a leaf off a tree while on horseback and sent it to his mother because he had never before been so tall and reached so far.

Rodeo float

Patients and staff at **Vernon State Hospital** love a parade. Each year, they design and construct a float to ride in the Santa Rosa Roundup parade. This activity is organized by the recreation therapy department staff to answer the challenge of finding recreational opportunities on and off campus. After the parade, the group cheers at the Roundup rodeo.

For day trips and campouts, patients and staff journey 30 miles to

Copper Breaks State Park. A full staff, including a psychologist and social worker, accompanies patients, who swim, fish, hike and enjoy nature. Sometimes, being in this natural setting away from the hospital regimen helps patients work out problems.

Other activities include trips to restaurants, the Fort Worth Zoo and Six Flags Over Texas. Patients from the hospital's adolescent drug unit take to the diamond in local community softball tournaments.

In the drink

All clients at **Fort Worth State School** weekly take the plunge into one of three pools in the Richardson-Carter Hydrotherapy Center. The pool complex is designed to serve the needs of even the most severely disabled clients on a year-round basis.

The center's developmental pool is junior Olympic-sized and accommodates Special Olympic events. The heated ambulation pool has parallel bars for walking therapy. And the therapy pool's whirlpool jets provide hydrotherapy massage.

Relaxation in the water and adjustment to its buoyancy are goals for all clients, who enter programs ranging from ambulation to swim team competition. Interdisciplinary staff decide which of the four categories a client will most benefit from: therapeutic, instructional swim, Special Olympics or recreational.

The Stella S. Rowan Wilderness Camp, nestled among cedars, elms and Texas ash in a valley on campus, offers adventure on dry land. Clients enjoy outdoor entertainment, group picnics and overnight outings.



Chet Trachten

On the cover: Travis State School resident Howard Merriman, left, and volunteer services director Terry Childress bait a hook to lure fish from the school's pond.

Commune with nature

Patients of **Terrell State Hospital** share a lakefront sanctuary with the wildlife that inhabit Lake Tawakoni and its environs, 15 miles from the hospital.

The hospital leases 14 acres of woodland along the lake that serves as campsite and refuge. On the slice of land are a large lodge complete with kitchen, a pavilion, several cabins and picnic tables.

The 735 feet of shoreline has a land jetty, swimming beach and pier.

By April 1986, the hospital will have a 51-acre lake on its own property. The new lake will be built by the Soil Conservation Service of the U.S. Department of Agriculture as a means of easing flooding on otherwise usable land.

What I did on my summer vacation

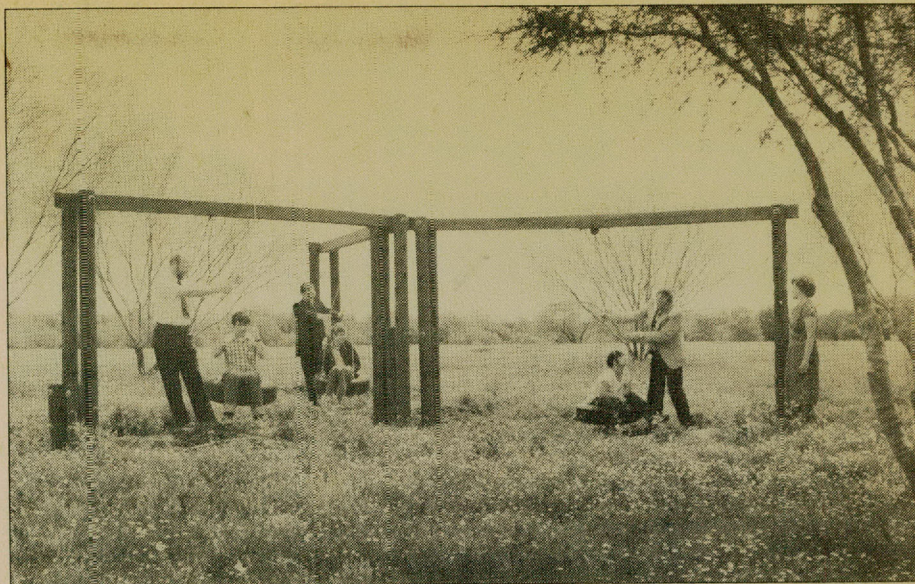
Any person in Texas with developmental disabilities can spend a summer session at Camp Kiwanis on the campus of **Lubbock State School**. The only requirements are that the camper be at least six years of age and toilet-trained.

Camp Kiwanis, built at and donated to the school by Division Seven of Kiwanis International, gives campers a rich learning experience and a chance to be themselves without having to meet someone else's standards. The purpose is to offer everyone a memory of a happy summer at camp.

Campers, in groups of 18 for each week-long session, experience the outdoors together. They have an opportunity to interact socially, to learn self-reliance and to enjoy a freedom they may not have known before.

Activities include rafting, swimming, bowling, arts and crafts, nature hikes and field trips. Sometimes Ronald McDonald visits, or the Lubbock Rock and Gem Society makes presentations.

The camp comprises a fort, amphitheatre, bunker, paddleboat lake, remote campsite with teepees and covered wagons, and complete playground equipment for people with handicaps.



Tinkertoys

Thanks to the muscle and generosity of a San Antonio volunteer organization, residents of **San Antonio State School** (SASS) have a playground area that rivals any in the state.

The playground developed as an offshoot of a therapeutic park project undertaken in 1980 by the school and its Volunteer Services Council (VSC). SASS had purchased playground equipment for the park, but the project ran into a snag. The approximately \$18,000 needed to assemble and erect the equipment had to be devoted to other essential projects.

SASS administrators turned to the VSC Executive Board, and board member Nancy Jeffreys took the problem back to her group—the Telephone Pioneers. The Pioneers, a volunteer organization of Southwestern Bell and AT&T employees dedicated to community service,

pledged to use their spare time to install the equipment for use by the summer of 1985.

Assembly was not an easy task. "The equipment was like a giant Tinkertoy set," says Pioneer Paul LaBleu, chairman of the project.

After the sorting was done, the Pioneers brought in reinforcements. More than 52 volunteers from the organization gave 2,500 hours to the project. Each Saturday, the wooded area down the hill from SASS's eight dorms came alive with the sounds of hammers and drills and the shouts and laughter of the Pioneers.

The Pioneers kept their word, completing the project early enough for the summer season. Besides the playground equipment, the Pioneers installed barbecue pits and tables to make the area useful for day camp, family visits and picnics.

A park of one's own

Each spring and summer, **San Angelo State School** clients have the chance to board a bus or train, enjoy the slow winding ride through pastureland and disembark in their own beautiful wooded park. The Concho River curls through trees and rocks, and huge pecan trees entice birds and lively gray squirrels to the area, providing hours of entertainment for those who watch.

The school's 5-acre park has picnic tables, benches, swing sets and barbecue pits. More-active clients play croquet, Frisbee, softball and volleyball. Nature hikes, of course, are always included in the park activities.

Recreation department staff supervise day-camp trips and "roughout" camping at the park. Day-camp outings begin at 8:30 a.m. and end at 1 p.m. the same day. Clients are treated to a picnic lunch provided by food service and snacks furnished by the Volunteer Services Council.

Roughout camping trips begin at 4 p.m., when tents are pitched in the park and a campfire dinner is prepared. Sing-alongs and storytelling are favorite activities during marshmallow roasts. As the sun rises the next morning, a real "camper's breakfast" is served. Clients return to campus at 8 a.m.



Custom-made fun

Beaumont State Center physical education and recreation department programs are designed with individuals in mind—children, people in wheelchairs and working people.

Clients in early childhood intervention classes, for instance, enjoy the "Big Toy" apparatus in the courtyard. People in wheelchairs can exercise and stretch using the wheelchair sports course, which is part of the Wells Fargo Gamefield fitness program. And clients employed in the sheltered workshop are offered recreational opportunities after working hours. In May, they attend an adult camping and vacationing retreat.

Upon enrollment in the center, clients are evaluated for skill level. Then they join activities in the indoor pool, the recreation room with its adjacent weight room or one of the gamefield courses.

Clients also participate in statewide ball tournaments and take in such activities as theatre, music, dance and arts.

Of bedrolls and bells

When the bell rings at Camp Soroptimist, it's mealtime for campers from **Denton State School**. They travel to the site in Argyle on Friday afternoon and spend the weekend horseback riding, fishing and roasting marshmallows.

On Friday morning, campers gather sleeping bags, linens, blankets and pillows to prepare their bedrolls. Each client is responsible for packing personal toiletries and clothing in a mesh bag.

When the bus arrives at camp, counselors greet clients and recreation staff and give them a tour of the grounds. Then campers prepare their bedrolls and wash up for a family-style supper. An appointed client rings the bell.

After mealtime, everyone gathers wood with the anticipation of singing in the glow of the campfire. Later, they fall asleep in their bedrolls, confident the bell will awaken them in the morning.

Rec and rehab

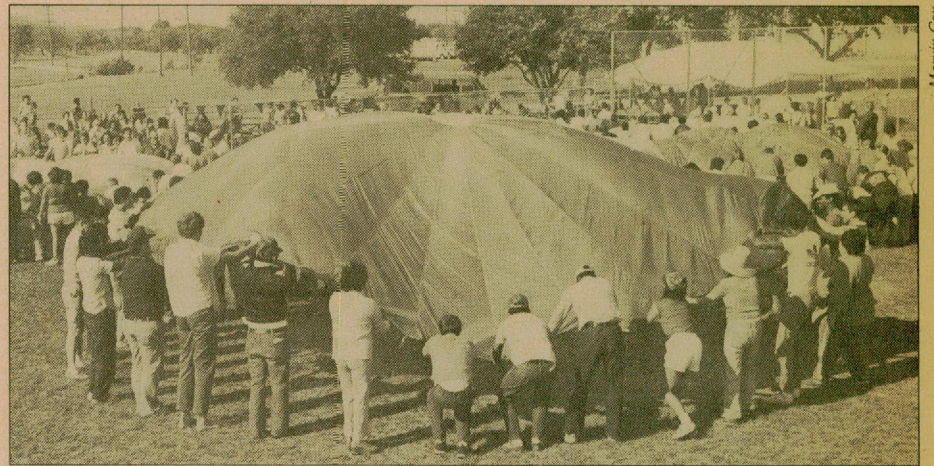
To be able to stand, Alan must be propped up in a corner and lifted into place. His walk is halting and unbalanced, but things have changed lately for this **San Antonio State Hospital** patient.

Since he was chosen to participate in Special Olympics, Alan has become a new person.

The nonverbal, longtime patient now laughs a lot. He may not walk a straight line, but he can run 50 meters in 12 seconds, which is 13 seconds faster than when he began training.

swings, rolling ladders and small slides. Around the cluster are a horizontal ladder, balance beam, tire obstacle course, sit-up and push-up bench, merry-go-round and totem pole to climb. All equipment is built-to-adult scale.

Extra-special pieces are a stimulating board to promote spatial awareness and relaxation and encourage equilibrium, a push slide to increase range of motion and muscular strength, and a balance developer to improve eye-foot coordination and walking patterns.



Rehabilitation therapies service employees are fond of saying, "There are no miracles, only improvement." Alan is a prime example of that theory. And Special Olympics training is only one of the opportunities that combine recreation and rehabilitation.

A point of special pride is the Therapeutic Recreation Park, a 1983 gift of work and love from the Associated Builders and Contractors of San Antonio.

The hospital park's focal point is the playground cluster, with chair

Other campus areas used for seasonal events are the swimming pool, two baseball diamonds and a lake stocked for fishing. A picnic shelter at the geriatric unit is a popular place for young-at-heart oldsters to eat and talk.

The central recreation division hosts events at the auditorium—dances, special occasion parties and arts and crafts fairs. Staff members accompany patients to off-campus concerts, parades, circuses, plays and movies. All indoor sports take place at the auditorium.

Ride 'em, cowboy

He could barely see through condensation on the day room windows as the big yellow bus rolled up to the curb. The **Abilene State School** client thought of the hundreds of times he had been loaded by the lift onto the wheelchair bus. But this time was different. The bus was bound for a far and unknown place. What had they called it? Oh yes, **Leander Rehabilitation Center**. What a strange name.

Of all the recreation opportunities offered to Abilene State School clients, camping is the favorite. The facilities at Leander are wheelchair-accessible so that all clients can have outdoor experiences.

The bus traveled for what seemed like days. It was actually only a few hours, and now the driver was saying they were almost there.

The bus stopped at an old stone house. The sights amazed the young man. Peacocks, goats and lambs were wandering freely. At the edge of his vision, he thought he could see horses with people on them. If he could only clean his glasses. . . . But his athetoid arms did not respond.

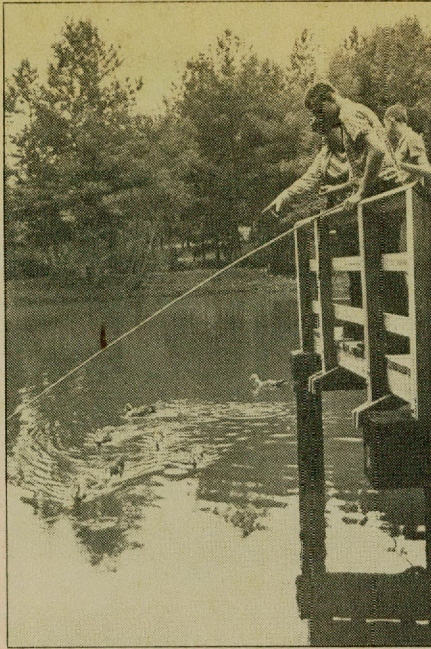
Before he knew it, he was out of the bus and sitting, wheelchair beneath him, on a large flatbed wagon pulled by a tractor. Down the road they went until they reached the stable.

A bowlegged cowboy met them there, bridle in hand. He pointed to the young man in the wheelchair and said, "Ready to ride, cowboy?" The young man's heart jumped. "Me?" he thought. "On that?" He glanced furtively at the horse. As if reading his mind, the cowboy explained to staff members how to mount the young man on the horse and support him there.

Then it was done. The young man's thin legs gripped the horse like a vise. He was riding. Around and around the corral they rode. Then it was over. The young man's eyes smiled as he was lowered into his wheelchair. Never had he envisioned himself riding a horse. Never.

Back at the cabins was a home-cooked supper. What a treat. As he laid down to sleep, he could still feel the power of the horse beneath him. As he drifted off, he thought, "Leander, what a strange name, what a beautiful place."

Bill Terry



"I know"

The Woodland Retreat on 100 acres adjacent to **Lufkin State School** challenges the resourcefulness, initiative and creativity of clients and staff alike.

The recreation area was built with the volunteer work and talent of contractors and business people in East Texas.

State school Boy Scouts and Girl Scouts use the retreat for overnight and weekend camping, which stimulates an appreciation of nature. Annual picnics give clients a chance to be outside and play together. Clients also find precious moments of solitude and quiet reflection a welcome change from the usual routine of daily living.

Clients transform the retreat's resources into crafts. They make Christmas decorations, for instance, from ball-shaped pods collected from sweet gum trees. When a staff person said he didn't know what the pods looked like, a client said, "I know," and showed him.

Just a stone's throw

A trip to the lake means relaxation and fun, and at **Wichita Falls State Hospital**, the lake is only 235 steps away.

Celebrations and picnics bring patients to the water's edge for watermelon feasts, hot dog cookouts and volleyball tournaments.

Therapy groups sometimes use the lake area for a retreat from the hospital atmosphere. The lake breeze and calming waves can offer much-needed respite and a chance to focus on treatment without peripheral activity.

The patient services building has a gymnasium, bowling alley, physical fitness room and game room. Hundreds of patients walk the well-worn paths through grass to rehabilitative therapies each day.

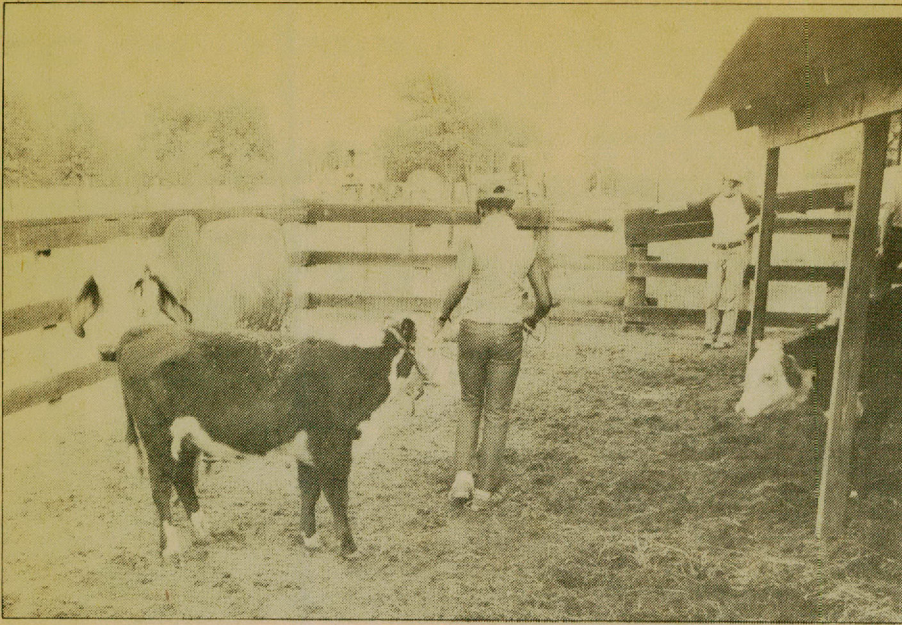
Other rest and recreation spots scattered throughout the campus are picnic pecan groves and pavilions, a softball field and a tennis court.

Treasured island

The well-stocked fish pond that graces the entrance to **Travis State School** is a favorite camping and picnic area on the wooded hilltop campus. Nearby is the school's own secluded "island park," with recreation equipment, picnic tables and barbecue pits. Rumor has it a buried treasure is yet to be discovered.

The Wheelchair Park, dedicated two years ago by the school's Volunteer Services Council, offers clients in wheelchairs peaceful respite from hectic dorm life. And all clients enjoy the outdoor swimming pool.

Recreation opportunities for clients of all ages present themselves in the community too. For a popular step into the past, clients visit the Pioneer Farm, a real working farm. They feed and groom animals, cook bread and make soup with vegetables from the root cellar. The Pioneer Farm accommodates groups for short tours, half- or full-day outings and overnight campouts. Hikes in state and city parks complete the back-to-nature emphasis of the school's community recreation program.



Good old days

Gardening and camping may be new experiences for some **Rusk State Hospital** patients, but for many who have farming or agricultural backgrounds, these activities rekindle fond memories.

The hospital's Frederick M. Hedge Therapy and Wilderness Campsite, less than a mile from the hospital, has two lakes and complete camping facilities. A trip to the campsite gives

patients a chance to be away from the hospital to "sort things out."

A 40-acre recreational farm plot yields bumper crops of vegetables and pride of achievement for more than 100 participating patients.

The patient services building in Skyview Maximum Security Unit includes such recreational areas as a gymnasium, music and exercise rooms, and wood and metal craft shops.

Summer respite

All parents need time to themselves. Parents of people with developmental disabilities, however, often find opportunities for respite closed to them, since most day-care centers and baby-sitters aren't equipped to handle special needs of their children.

Respite was available for these parents, though, through summer day and weekend camp programs operated by **Corpus Christi State School** community services division and funded with a grant from the Texas Planning Council for Developmental Disabilities.

In Beeville and Kingsville, applications for the programs were distributed through local school districts' special education departments. Then program staff made home visits to meet interested families and explain the respite opportunity.

In Kingsville, the 8-week day camp met once a week from 9 a.m. to 3 p.m. Clients were transported to and from

the program, which met in a parks and recreation building adjacent to outdoor recreation equipment and a swimming pool. Participants also enjoyed arts and crafts, music and field trips to movies, the library, a tortilla factory and the naval air station.

The program in Beeville met twice a week with assistance from the local Association for Retarded Citizens. Its activities were similar to those in Kingsville. Each program concluded with barbecues for participants, families, staff and volunteers.

The weekend program, at a Lake Corpus Christi campsite, offered overnight respite for families and lodging, hot meals and activities for clients.

Gone to the lake

Did you ever want to escape the usual routine and spend some time by the lake? **Mexia State School** residents are no different, and two recreational facilities fill this need.

Camp Rip is the school's 7-acre, overnight camping facility at Lake Mexia. Located nearly seven miles from the state school, the camp is far enough away to make the trip an adventure for residents, yet close enough to provide easy return to the school in case of an emergency.

Overnight campers spend two days and two nights at the camp before returning to the school. Facilities include a fishing pier, paddleboats, a barge, playground equipment, hiking areas and wheelchair-accessible asphalt walks. The camp has an overnight camping capacity of 25.

Fishing is one of the most popular pastimes at Camp Rip. One first-time angler was so proud of his catch that he smuggled it back to his dorm. But the deceased perch didn't make a very good trophy after a few days without refrigeration, and the client was persuaded to retire his prize.

Into the country

For two weeks each summer, nearly 100 clients with mental retardation from **Amarillo State Center** leave city life behind and enjoy the country setting of Camp Wigwam.

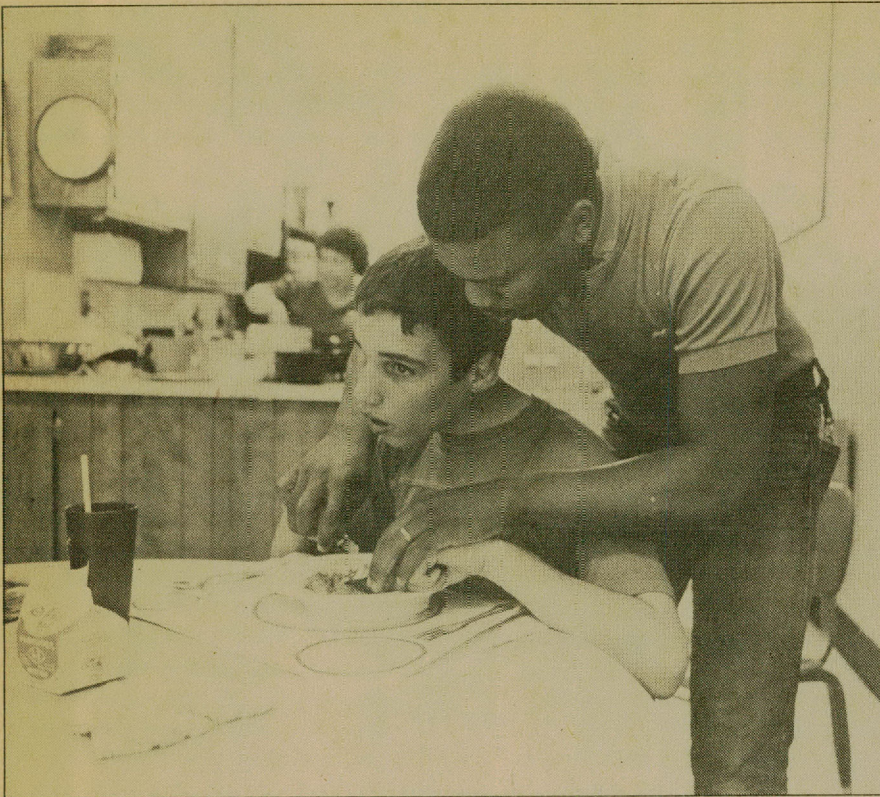
Two week-long sessions give mentally disabled people older than age 10 the chance to enjoy arts and crafts, swimming, hiking and dancing and to discover the value of friendship with their peers. The Kawadhi Indian Dancers perform at the campsite, and campers themselves perform on annual talent night.

Campers must be toilet-trained, ambulatory and able to feed and dress themselves and communicate their basic needs. People in wheelchairs may attend Camp Wigwam if a counselor is hired to meet their special needs.

Scholarships are available for Camp Wigwam from the center's Volunteer Services Council and the local Association for Retarded Citizens. Campers from all over Texas are welcome. □

MAKING CONTACT

Dana Scragg



John Donaldson (right) works one-on-one with client Barna Richards on independent self-help skills such as eating.

Upon first glance at Denton State School's deaf-blind program, the observer may see and hear chaos. Drew Downey hammers nails into a thick board. Barna Richards is guided through dish washing. Michelle Roberts vocalizes her pleasure upon correctly deciphering a braille card. Heath Browning teams up with his instructor for sit-ups on the floor.

But chaos becomes order when one realizes the clients' differing activities all are means to a common end—a sense of control over their own environment, schedules and lives.

Clients in Denton State School's (DSS) deaf-blind program have varying degrees and combinations of deafness and blindness. With

one exception, all are nonverbal. Twenty-one clients visit the program during its weekday hours of 7:30 a.m. to 2 p.m., depending upon their schedules and required services.

The main objective of the school's deaf-blind program, which is TDMHMR's largest such program and is considered exemplary in the state, is to increase clients' independence, says director Barbara

Dana Scragg



Jack Hunter (left) and client Drew Downey plant red peppers in the garden beside flourishing radishes.

Bellomo-Edusei. Most activities are geared toward self-help skills rather than academics. The clients recently began shopping for and preparing their own breakfast. "I hope some clients, like Michelle Roberts, will be able to leave the school," Bellomo-Edusei says. "If Michelle is retarded, it's probably mild. She may be eligible for the multihandicapped unit at Texas School for the Blind."

The challenge in working with clients like Roberts is to make contact with the person—the intelligence and emotions—inside a body with communication deficits. Roberts is blind and nonverbal, but she can hear. Her left side is functionally useless because of cerebral palsy. But she translates nearly a dozen braille symbols to sign language with remarkable accuracy. Roberts' progress results from the program staffs' expertise, creativity and caring. Roberts is part of a population that now is receiving much-needed attention.

The last week in June has been declared by Gov. Mark White as Deaf-Blind Awareness Week. There are 695 people in the state who are deaf-blind; 200 of those people are in state hospitals and state schools.

An interagency task force has been developed to encourage services for people who are deaf-blind. At a recent meeting, the task force heard from Steve Barrett of the Helen Keller National Center,

Dallas, which is operating a technical assistance program for transitional services like group homes for deaf-blind people age 22 or older.

Barrett said the project staff is developing a computer bank of resources for 90 different services. They want to provide assistance in arranging community placements and will also establish a liaison network with other states. Barrett sees the deaf-blind task force as a source of information and consultation for establishing priorities in Texas.

DSS's program was born of a five-year grant from the Texas Education Agency (TEA) to develop and maintain a program for deaf-blind people. DSS successfully accomplished that, but now operates the program without a grant because TEA is funding only transitional programs. DSS's deaf-blind program has been classroom-based for five years and now is funded entirely by the state.

Ernest Fuentes, TDMHMR liaison to the deaf-blind task force, says, "We're working to move more deaf-blind people out of facilities when they are ready to take the step, but there aren't enough community options available."

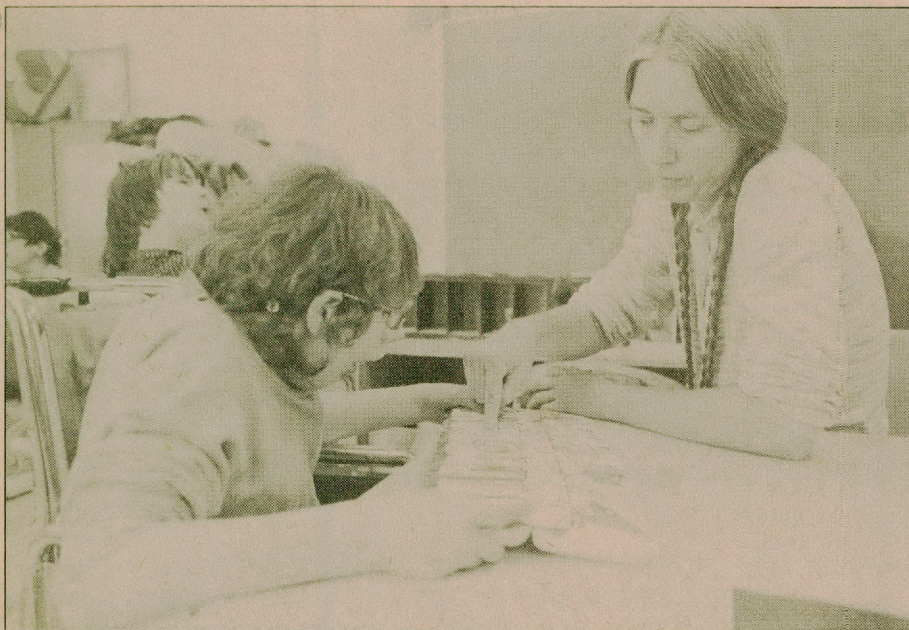
Meanwhile, he praised the Denton program for its staff, innovative use of equipment and long-range therapy plans that incorporate client independence and positive direction.

Each of the five staff people besides Bellomo-Edusei has responsibility for four or five clients, who live on different dorms. Staff and clients are matched according to the clients' disabilities and staff expertise. For example, Jose Arispe is sensitive and will cry if he's treated too sternly, so he's paired with Ann Thompson, who is very positive and supportive of him.

Arispe is nonverbal, but he can hear and has limited vision. He communicates through the volume and frequency of his squeals. Thompson fetches him from the dorm each program day, and when Arispe's special education teacher tells him she has arrived, the squealing commences. With a wide grin on his face, Arispe pedals to the program on a tricycle fashioned specially for him.

Clients who are self-abusive

Dana Scragg



Nancy Lowrey (right) and client Shannon Horton play with a squeak toy as the deaf-blind program winds down for the day.

usually are assigned to instructors Jack Hunter or Marva Yard because they work effectively with them, says Bellomo-Edusei. "You've got to be firm, but you can't reprimand the clients," she says. "When they start self-abusing, you have to redirect their actions to the task." Bellomo-Edusei says she and her staff subscribe to the gentle teaching theory in which positive reinforcement, not punishment, prevails (see "Gentle Teaching," *Impact*, July/August 1984).

Many deaf-blind clients self-abuse. Bellomo-Edusei explains that it's their reaction to frustration and lack of control of their lives. Her solution is to give them more of a say in their schedules. And that's the purpose of "calendar boxes."

Each client has his own version of a calendar box made up of empty compartments that represent hours of the day or days of the week, depending upon the box's use. Clients and staff fill the compartments with objects that represent planned daily activities.

Drew Downey has a variation that works much like an Advent calendar. The final date, which in an Advent calendar usually depicts Santa Claus or the manger scene, contains a photograph of him at his parents' house, which represents a visit home. On each day leading up to that date, Downey sees photographs of his home life to remind him of his upcoming visit. The calendar gives Downey knowledge of the future and a sense of control.

Downey and Jack Hunter, his instructor, each morning set up a daily calendar box, whose compartments include, for example, a hammer, hand spade, apron and eating utensil. The hammer represents one of Downey's favorite activities: hammering nails into wood. The utensil represents lunch; the apron, dish washing; and the hand spade, gardening.

"Drew used to run from lettuce in the garden," says Hunter. "But now when we reach that compartment, he's eager to plant. I think it's good for him to get outside, feel the dirt and see where food really comes from." Downey needs assistance from Hunter, who patiently and clearly encourages him through each step of the planting.

Dana Stragg



Barbara Bellomo-Edusei (left), director of Denton State School's deaf-blind program, communicates with client Barna Richards through sign language and body language.

Some clients, like Downey, have brain disorders that interfere with their ability to complete a task. They require intensive work until the steps are mastered. Hunter supervises Downey's bed making each morning and Marva Yard helps client Shannon Horton dress. Other clients, like Barna Richards, need constant one-on-one supervision in everything from chores to eating. Richards, who is both deaf and blind, is learning self-help skills so that he won't require a strait-jacket. When he first entered the program, he was so self-abusive that he had to be restrained 24 hours a day.

Now, he is accompanied 24 hours a day by one-on-one instructors, which has markedly reduced his self-injurious behavior. Still, when he gets bored, frustrated or upset, Richards self-abuses. John Donaldson, his one-on-one instructor on the 6 a.m. to 2 p.m. shift, calmly redirects Richards' actions to dish washing, for example. Or, Bellomo-Edusei takes his hands in hers and signs a message intended to get through to him.

Bellomo-Edusei and her staff want to *know* clients in the program. They look deep into clients' eyes, many of which don't look back, and talk soothingly and encouragingly into ears that may not

hear. Even though these attempts to communicate often aren't understood by the clients, they set a standard for behavior within the client-instructor relationship. The standard dictates that deaf-blind clients are people first, disabled second and reachable always.

Some clients are easier to know than others. Leah Woodard is blind but can hear and speak. She's an exception to almost all eligibility rules for the deaf-blind program, says Bellomo-Edusei. In fact, her admission to the program was "almost a crisis intervention." Woodard, who is learning disabled, was regressing, but DSS has no programs specially for blind clients. At the deaf-blind program, Woodard and her instructor, Mozelle Slack, work on self-help skills, conversing all the while.

Woodard travels independently between the dorm and program, singing and tapping her cane. It's a ten-minute walk, and sometimes Bellomo-Edusei "monitors" the journey, following out of earshot and gently prompting Woodard if she gets confused at corners in the building or traffic intersections.

Many corners throughout the school buildings are marked with fabric to help blind clients navigate. Bellomo-Edusei wants to do the same at intersections by marking pedestrian pathways across streets. Blind clients, like Woodard, could identify metal markers in the asphalt with their canes and would be less apt to become disoriented.

Michelle Roberts navigates her wheelchair between the dorm and the deaf-blind program independently too. Because of her communication deficits, Roberts may not be as easy to know as Woodard. But Nancy Lowrey, Roberts' instructor, knows she likes to primp and has placed her "primp box" where it's wheelchair accessible. Roberts can brush and powder whenever she wishes.

After braille lessons, Roberts maneuvers her wheelchair to the mat, where she takes a rest and listens to music while Lowrey does gentle exercises with client Homer Toombs. As Roberts slides down to the mat from her wheelchair, she modestly holds her dress over her knees. Lowrey bends down close and says, "What a lady." □D.S.

Cast of thousands

People in all types of supporting roles help set the stage and ensure that the show goes on for clients who leave state hospitals to play their part in the community.



Albert "Jack" Bailey

Albert "Jack" Bailey lives in a mobile home on five acres he bought across the street from a field of cattle near Waxahachie. He lives alone and cultivates a large garden by hand. Bailey used to live at Terrell State Hospital. And before that, he lived in a "shack," says Kenneth Edwards, who gets paid to help keep Bailey out of the hospital.

Edwards is not a TDMHMR employee, per se. He is a private citizen who contracts his services to Terrell State Hospital (TSH) through Ellis County Outreach Center in Waxahachie. He helps Bailey maintain his residence in the community by acting as a "one-to-one friend-advocate," says John Walker, center director. Edwards' job is much like that of a case manager.

Edwards visits Bailey, takes him shopping and to his weekly group meeting at the outreach center, and consults with center staff about his well-being. Edwards receives minimum wage for two hours of work each week, plus mileage.

"We're trying to meet the needs out there," says Lou Gilliam, director of TSH community programs. "Clients' basic needs are food, a place to live, social connections and a sense of meaning. If they have all these things, they aren't as apt to go into the hospital."

Since many people released from state hospitals and living in rural areas aren't capable of meeting their own needs, services must be located and purchased for them. Gilliam believes that for the first time in the history of TDMHMR, money is

directly following the client in such a way that front-line workers can have a say in applying money to the direct benefit of clients. Gilliam refers to RAJ money, the \$35.50 that the department pays mental health authorities for each bed day reduced from the state hospital population.

"I say to Arlene (Arlene White, Ed.D., Bailey's caseworker at the outreach center), 'If you keep Jack out of the hospital, we can provide money to care for him in the community,'" says Gilliam. "It is, within guidelines, at your disposal as a resource to keep him out of the hospital."

"It's a matter of adjusting the mind-set of the whole service delivery system to different ways of dealing with the client—some of the ways dramatic, some of them not

so dramatic," Gilliam continues. She says this approach gets everyone out from behind their desks, "finding resources in the community, dealing with community attitudes, convincing decision-makers that we must try new approaches."

Dr. White spends her money well. Bailey used to cloister himself in his mobile home, but now he looks out the window to watch for Edwards' arrival. "Nobody is going to be a stranger around me for long," says Edwards.

"I go out and check on him, take him to the grocery store, take him to buy seeds for his garden," says Edwards. Bailey says he's always farmed, and traveled. The well-worn passport he shows off has stamps from as far as Saudi Arabia. The well-tilled garden he shows off has vegetables pushing their way out of the earth.

Edwards senses a stigma attached to Bailey's history of mental illness, though. "Most people in Midlothian (where Bailey lives) know me and Jack, so they wonder what's wrong with me. A lot of people don't want to be seen with these clients. But he wouldn't harm anyone."

Dr. White located Edwards through the Texas Rehabilitation Commission. She was searching for people to hire as case managers and had tried churches and newspaper advertising. "I can't tell you how many people I interviewed to find him. We've proved that this (type of case management) works," says Dr. White, "so Kenneth can work for us with other clients. He's good with people." Edwards aspires to nursing home administration.

The direct attention Bailey receives from Edwards has helped him to be less withdrawn and paranoid. "Jack used to spin around on a touch," says Edwards. "I can kid him now."

"And he really looks forward to group," says Dr. White, referring to the weekly social sessions at the outreach center.

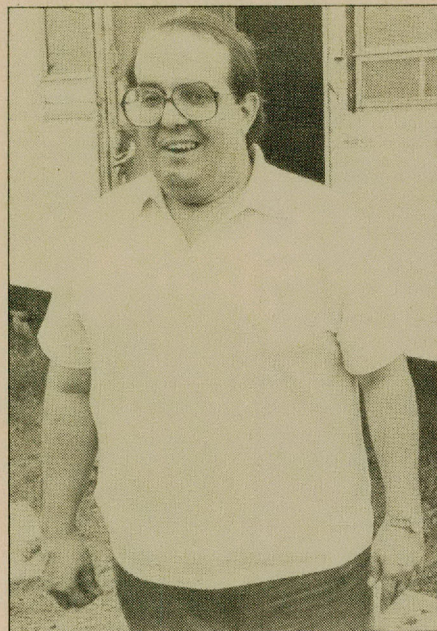
Gilliam says many clients, like Bailey, need "professional parental" support. Enter Carol Hinds, a volunteer at the center, who has empty nest syndrome. This, Hinds says, explains why she

has led the social sessions at Ellis County Outreach Center, which Bailey attends, for a year even though her psychology internship required only five hours. Hinds lives in Waxahachie and is working on a bachelor's degree at the University of Texas at Dallas.

"Carol has taken such control over the sessions that I don't worry about the group at all," says Dr. White, who is caseworker for the clients.

Group members value Hinds too. The meetings give them a chance to get out and socialize. Most don't have transportation or money to do it otherwise. "Transportation is a big issue," says Gilliam. "The RAJ money enables us to buy transportation from case managers." Of course, Hinds volunteers transportation too.

"We began the group with two members, who were apprehensive," says Hinds. "When they first arrive, they're suspicious, but then they begin to feel more comfortable. Jack used to sit away from everyone. You had to approach him to talk. Now he'll converse with us."



Kenneth Edwards

At the meetings, the 12 clients gain information and insight through assertiveness training and art, for example. In fact, at Hinds' suggestion, the art association in Waxahachie volunteered to give the group art classes as a community project.

"The group has made progress," says Hinds. "They are more

cohesive and show concern for each other. There's a lot of phone contact among them. We celebrate birthdays and holidays, and we had a garage sale that made enough money for Halloween, Thanksgiving and Christmas parties."

Once a month, the group goes out to a restaurant for lunch together. This is a chance to put into practice the social skills they develop at their potluck suppers.

"Socialization is important to people who have left the hospital," says Walker. He adds that the group therapy seems to be more effective than individual therapy.

As long as Bailey continues to live in his own mobile home, prepare and even grow his food, and go to weekly meetings for friendship and direction, chances are good he'll stay out of the hospital.

Bailey's success at keeping his life together depends largely upon the outreach center staff's ability to help him meet these basic needs in his community. "I haven't even thought of all the things we can do," says Gilliam. "We're just starting to really develop the idea."

Deployment into the community of standard hospital services, such as dental care, is Gilliam's focus now. "We've got dental services (at TSH) that could compete with anything," she says. "We clean 'em, fix 'em, but then, when the client is discharged, *ppfft*, their teeth go to pot."

Gilliam sees several possibilities for deploying dental services into the community for people like Bailey. "We could buy a van and put a dentist (from the hospital) in it," she says. "Or we could approach a dentist in Sulphur Springs, for instance, to cooperate in treating our clients at his office. The dentist could write it off as an expense."

This type of effort gets staff out from behind their desks and thinking in new patterns. "Even I have to get used to it," says Gilliam.

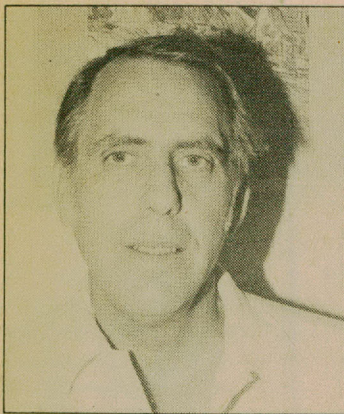
It's a constant task, imaginatively planning for all the needs of each client who leaves the hospital. Staff continuously search for resources and, along the way, find people like Hinds and Edwards to help them help clients cultivate their lives in the community. □D.S.

1985 Psychiatri

The Mental Health Association in Texas each year celebrates the work of direct care workers with its psychiatric aide awards. This year, the association also celebrates its 50th anniversary, which lends special significance to the awards.

Aides to be honored are selected by Texas' public and private hospitals that choose to participate. Nine TDMHMR employees were chosen this year by supervisors, coworkers and patients in tribute to their talents and dedication.

Like the Mental Health Bell cast from shackles and chains that once restrained mental patients, these psychiatric aides ring out hope for people with mental illness in Texas.



Wichita Falls State Hospital

Bob Lucier, who works on the Wichita Falls State Hospital's children's unit, helps his clients gain insight and develop coping skills to increase their self-esteem. The children say he gives them good ideas for helping each other and talks with them about their feelings. He helps his young clients

understand each other and realize people care.

Lucier helps his coworkers too. For instance, he wired a buzzer system so staff would know when and where their help was needed. For 15 years, he has been an effective employee even when health problems threatened to slow him down.

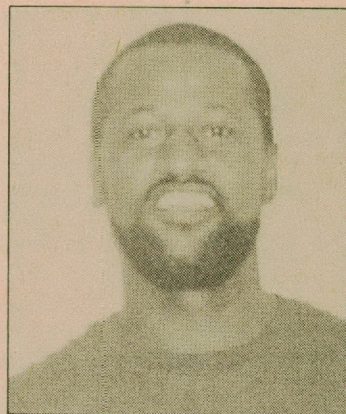


Waco Center for Youth

Vivian Thompson was originally hired as a youth counselor at Waco Center for Youth when it opened in 1979. She has since moved up to shift charge person on the intensive care unit. As an employee who has provided leadership and supervision to the other staff on her unit, Thompson has twice been

selected as employee of the month and once as employee of the year. She maintains highest standards for herself and her staff.

Several years ago, Thompson sustained an injury on the job but, in spite of it, has continued to be a faithful employee. She is looked up to by other staff as a model employee and consistently does more than is required by the job.



Big Spring State Hospital

Robert Aldridge has found his niche in the geriatric unit of Big Spring State Hospital. He shows an uncanny ability to understand patients' needs and help them feel at ease during their difficult periods.

Aldridge doesn't hesitate to take on new duties and responsibilities. Recently,

he successfully performed the Heimlich maneuver on a choking patient. He has also helped to enhance the skills of his coworkers by becoming an instructor of training in the prevention and management of aggressive behavior.

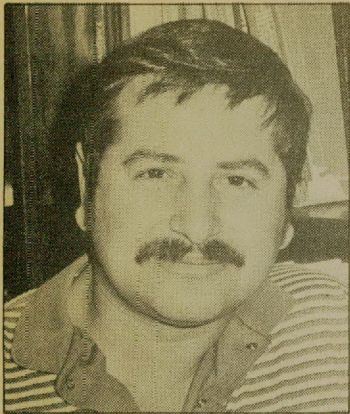


San Antonio State Hospital

Althada B. Lee has advanced to the position of MHMR supervisor in the 18½ years she has worked at San Antonio State Hospital. She is hardworking and reliable and has maintained an outstanding attendance record.

Lee is always alert to the needs of patients and willing to help wherever she is needed. Working with acutely and chronically mentally ill patients, Lee demonstrates an ability to function in a variety of situations.

c Aide Awards

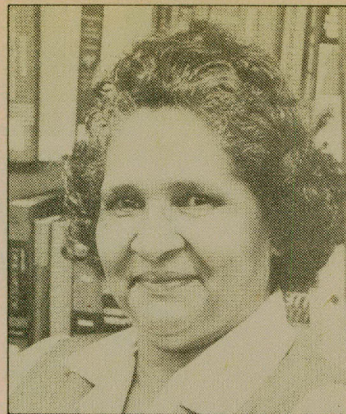


El Paso State Center

Jose Soto has shown perceptiveness and inner strength in his one year of employment on the intensive psychiatric unit of El Paso State Center. He notices changes in a patient that could mean trouble, or progress, and documents them well. Then he calmly

allows patients to ventilate their feelings in a therapeutic manner.

Soto helps patients with such details as personal grooming and initiates and completes new activities on the unit. His attendance is excellent, and he works well with every staff person, from physician to housekeeper.



Vernon State Hospital

Esterline Hines proudly admits to loving her work at Vernon State Hospital, where she has worked for 15 years. Since early childhood, Hines has been interested in caring for and loving people. Her sister remembers that any child within Hines' range soon was in her arms.

Hines advanced rapidly to caring for long-term chronically mentally ill patients and has taken advantage of in-service educational programs to improve her work skills.

One of Hines' fellow employees says that she shows concern for all her patients and, as supervisor, gives never-ending encouragement that everyone can be helped to improve themselves.



Rusk State Hospital

Viva Y. Lanier, employed at Rusk State Hospital for more than 21 years, now works in the admissions unit, where her empathy and pleasant smile help calm the fears of new patients. Before transferring to admissions, she gained experience for several years working with patients with acute mental illness.

She always finds time to talk to patients and effectively counsel even the most difficult admissions.

Viva increases her professional capabilities through training and makes herself available as a source person for instruction to new employees.

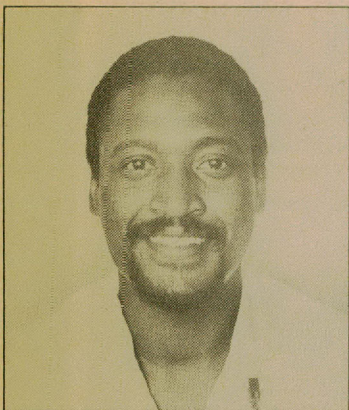


Terrell State Hospital

Wilma Preston has been employed on the multiple disabilities unit of Terrell State Hospital since 1979, when she transferred from food service. She is described as conscientious in her duties of caring for people who have mental illness and mental retardation. Preston takes the time to get to know

the residents and is considered an asset to the program.

Preston is dependable too, rarely taking time off. Even after using six weeks of maternity leave to spend with her new son, Preston retains more than 120 hours of sick leave and 220 hours of vacation leave.



Texas Research Institute of Mental Sciences

Jimmy Jones has worked at Texas Research Institute of Mental Sciences for 2½ years and makes a habit of volunteering to take extra responsibility on committees. He is known as an advocate of people helping people in his relationships with both co-workers and patients.

Jones is active on the unit with all the patients. He strives to team up with them and help them progress in other areas as their mental health status improves.

Other honorees in Texas are Elmer Spivey, Veterans Administration Medical Center, Waco; Donald Osborne, Methodist Home Children's Guidance Center, Waco; and Marian A. Wright, Olin E. Teague Veterans Center, Temple.

Spatial Relations

Community outreach services do just what their name implies. They reach out into the community from state residential facilities, extending TDMHMR's network of services to largely rural areas that do not receive services from the department's 5 state centers or 31 community MHMR centers.

TDMHMR's 8 state hospitals and Texas Research Institute of Mental Sciences operate mental health community outreach services, and the 13 state schools operate mental retardation community outreach services.

Although outreach services are administered by the facilities, local advisory boards help direct individual outreach centers. Center staffs reflect

community needs and attitudes, and the character of each outreach program is influenced by the community it serves.

Community outreach services make it their business to treat clients in local settings, thus preventing inappropriate admissions to state schools or state hospitals. They also serve as a safety net for people who have been discharged to community-based residences from state residential facilities.

TDMHMR strives to weave a tight safety net and provide continuous services for populations with special needs, such as the elderly and the school-aged. Community outreach programs at Vernon State Hospital and Travis State School illustrate the variety of needs, and as many services in action.

Vernon State Hospital

Community outreach at Vernon State Hospital operates like a hummingbird, says superintendent Frankie Williams, M.D. "Technically, outreach center staff cannot do the things they do, but they manage to do them anyway. Nobody told them they couldn't."

Vernon State Hospital (VSH) community outreach programs, like those at other state hospitals across Texas, accomplish feats that defy laws of human energy and time. Staff members dart from their homes to center and hospital, seemingly with blurred hummingbird wings. They negotiate gulfs in service delivery and appear to fly backward to meet client needs.

In fair or foul weather, VSH's eight-member hospital-based staff log collectively 850 miles each week in visits to seven outreach service centers that stretch across a 12,961-square-mile area.

Outreach service center staff members are known for their inventive packaging and delivery of

mental health services, says Nadine Jay, mental health placement coordinator in client services and rights protection, Central Office. They may have fewer resources than community MHMR centers or facilities, but often their thinking is not as rigid as that of long-standing service providers.

"I'm constantly amazed by the creativity and teamwork of our folks," says Jeff Bearden, director of VSH outreach services. "They've made outreach truly part of their communities."

For example, a summer tutoring program for elementary school students, many of whom had behavior problems, drew entire families into the Seymour outreach service center. This program had the added benefit of informing many previously unaware people of the center's existence and services.

Paducah outreach service center staff painted and carpeted their workplace on their own time. Staff members at outreach service centers in Haskell, Graham and Vernon bought computers with their own money to help speed the volu-

minous paperwork and free themselves for more contact with clients.

VSH community services staff locate private service providers for community residential placement of former hospital patients recovering from mental illness. They also secure community support services that welcome clients like newfound friends and nourish their well-being.

VSH community outreach serves a 14-county area that slices into the southeast corner of the Texas Panhandle. In some of these counties, cattle outnumber people. Many residents are ranchers, farmers or oil industry workers, and 21 percent of the population is age 65 or older. VSH outreach served 1,957 clients in fiscal year 1984; 29.3 percent of these clients were age 65 or older.



Randy Love

Enjoying an afternoon in the sun with their pets are Wood Living Center residents (left to right) Regina Bird, Ima Gene Blair, Gerald Latus, Terry McNeese and Kenneth Stewart.

The remaining counties in VSH's 43-county catchment area receive community mental health services from Amarillo MHMR Regional Center and Central Plains MHMR Center, Plainview.

VSH outreach programs provide mental health services close to clients' homes, thus preventing inappropriate admission or readmission to the hospital. Outreach service centers are located in the towns of Quanah, Childress, Paducah, Seymour, Haskell, Graham and Vernon.

Each center has a director, substance abuse counselor and information and referral worker for people older than age 60. Counselors make sure former VSH patients recovering from mental illness continue to take their medication, and they refer clients to vocational rehabilitation programs or jobs.

Two traveling treatment teams from the state hospital, like circuit riders of the old West, visit each

center weekly to provide additional counseling and medical services. As part of her mission, volunteer and prevention program specialist Rose Eaton, for instance, visits elderly clients in Seymour nursing homes, where she shares scrapbooks and conducts a rhythm band.

All outreach service centers, like the one in Seymour directed by Erma Standlee, offer a range of services including family and marriage counseling as well as substance abuse, child abuse and sexual abuse counseling, the latter through a contract with the Texas Department of Human Resources. "We do whatever we can to keep clients out of the hospital," says Standlee.

The communities bring tremendous resources to mental health care, says Jim Smith, director of VSH community services. Smith has been working with VSH community services for 10 years and still feels energetic about his job because of the determined and rugged people in these communities. He says the outreach services continue to expand and improve.

Depression is the most common mental health ailment among the farm families, whose ownership of land that was once farmed by their grandfathers and great-grandfathers is threatened. On large farms, modern agribusiness booms, but small-farm owners must endure the economic recession.

Citizens like Bonnie Wellmaker help, though, by opening group homes for former VSH patients. She is one of the private service providers with whom VSH contracts for outreach services. Wellmaker's understanding of mental illness makes her an ideal caregiver. During bouts of depression, she had been a short-term patient at four different state hospitals. "I'm one of the lucky ones," she says. "My husband and children were very supportive."

Wellmaker, who is 53 years old,

owns and manages Two Palm Harbor, a group home made up of two mobile homes in Graham. VSH, which has contracted with Wellmaker for residential services since December, contributes \$30 a day for each client's room, board and activities.

The six residents at Two Palm Harbor, who range from age 38 to 62, take turns with kitchen and cleanup duties. Some work part-time in Graham. The men and women attend weekend dances at Graham senior citizen activity center and enjoy camping and ball games.

Martha Cash, another private service provider, directs Wood Living Center, which is a personal care home for 31 clients recovering from mental illness. Twenty-six of these clients were VSH patients, and most had spent more than two years at the hospital.

The home, located in the trucking town of Quanah, provides an extended family for many residents, who may not have a family or may have lost contact with them. Some residents at Wood Living Center stayed in the hospital longer than necessary because they had no place else to go, says Cash.

Cash says most residents have had their best Christmases yet at the personal care home. They were excited about the holidays but had learned not to build expectations since such occasions hadn't worked out well in the past. But their Christmas was festive because volunteers brought gifts and staff members brought their families.

The spirit of voluntarism is not uncommon among outreach staff and other people living in the area. The community of Graham raised \$60,000 in four months to build an addition to the outreach service center, which would serve as a meeting room for group therapy and community organizations like Alcoholics Anonymous.

The VSH outreach service centers, with encouragement from people in their communities, show no signs of slowing down. This September, VSH community outreach staff will begin a case management program as another service for people who leave the hospital.



Bert Daniels, who left Travis State School to live in a cottage in Bastrop, and house director Ida Lay prepare a meal together.

Travis State School

In April, six young men with severe mental retardation moved from Travis State School in Austin to a four-bedroom cottage on two acres of piney woods in Bastrop.

These young men are among more than 120 clients whom Travis State School (TSS) has placed since 1982 in group homes, foster homes and apartments in eight rural counties skirting Austin for which it provides community outreach services.

Four other counties in TSS's catchment area receive mental retardation services from local community MHMR centers.

The six men living in Bastrop continue to improve grooming, money management, shopping, social and homemaking skills they acquired while living at the school. Their academic education is provided through a cooperative effort of TSS and Bastrop Independent School District.

The state school's community outreach program has two major goals, says Ken Gray, Ph.D., community services director. The pro-

gram provides clients alternatives to living in the state school within or near their home communities. These outreach services also offer training and educational services that enable clients to become as independent as their abilities allow.

In fiscal year 1984, TSS outreach served 567 clients, many of whom live with their natural families. The school began its community outreach services in 1973 with two sheltered workshops. Now besides workshops, TSS's outreach program includes seven group homes, eight early childhood intervention programs, seven work activity centers, and a core and cluster program. TSS also started four Intermediate Care Facilities for the Mentally Retarded (ICF-MR) that serve more than 40 clients and are now operated by

private service providers and governed by local mental retardation advisory committees.

Other group homes are in Cedar Park, Schulenberg, Dale, Marble Falls and Smiley. The Smiley home was funded and its construction supervised by Betty Cantley, president of Smiley Community Residence Inc., who wanted a residential program for her 23-year-old daughter, Konnie. Eight young women with mental retardation from TSS and Gonzales County moved into the home in April.

Clients already living in the community have approached local adult activities center staff to request residential placement. "Since TSS is the only mental retardation service provider in the area besides independent school districts," says Dr. Gray, "we expect clients and their families to contact us for help with living arrangements."

As young adults coming of age, many clients naturally want to leave their parents' homes and interact with their peers. Others have been pushed from the nest and may have no place to live. And some clients who have grown up in the day programs flow into semi-independent or independent living situations.

One former TSS resident now lives independently in an apartment near his custodial job in Georgetown, says Carrie Watson, Ph.D., who directs TSS community-based residential services. The client called his own discharge staffing when he decided he was ready to move from a group home in Round Rock to an apartment of his own. His case manager and an interdisciplinary treatment team agreed he was ready.

Occasionally he asks for advice—when considering expensive purchases, for example—says Dr. Watson, but otherwise he needs little help. TSS outreach staff check to see how he's doing on a monthly basis.

Before TSS community outreach services staff place adult clients in a community-based residence, they arrange day activities or employment in a sheltered workshop for those clients, says Dr. Gray. This enables them to spend days productively away from home while

developing vocational skills and earning money to defray living expenses.

While clients are involved in day activities or employment, the community residence does not need supervision, and that saves TDMHMR daytime costs. A group home manager, for instance, may have time off or work a later shift.

TSS community outreach adult activities centers are in Marble Falls, Lockhart, Round Rock, Bastrop, Columbus, Schulenberg and Gonzales. At these centers, client workers earn a piece rate or percentage of minimum wage based upon their productivity. They make picnic tables, tree-trunk tables, porch swings and ceramics. Orders for the sturdy porch swings come from as far as Arkansas and Oklahoma. Other centers concentrate on a specific product, like the one in Schulenberg, which specializes in wheelbarrow assembly for a private manufacturer. Some have light-assembly contracts with firms like IBM.

Schulenberg and Round Rock centers have contracts with Texas Department of Highways and Public Transportation to clean picnic areas and comfort stations.

Some clients are employed in supervised work stations in industry, and others are independently employed, like the man in Georgetown.

Travis State School in September 1983 sponsored one of the department's first core and cluster programs, a dynamic service delivery system that matches clients with community resources. It consists of a "cluster" of residences linked through programs and administration to a "core" residence.

The core, or hub, is supervised 24 hours a day by staff who provide therapeutic services and identify individual client needs. At TSS's core and cluster in Round Rock, the core has five beds: three for evaluation and two for respite.

After evaluation, which must not exceed 90 days, the client moves in

to a community residence judged to be most appropriate. The respite beds are available for clients living in cluster residences who need short-term, more intensive care. The core also has office space for professional staff.

The core and cluster accepts children and adults with mental retardation who have a wide range of needs and abilities. But they must not have long-term medical needs that would dictate state school placement. Eligible clients are placed in one of the established cluster residences or one created to meet their particular needs.

The Round Rock cluster includes four group homes, three apartments, one duplex and one foster home. The two children who live in the foster home are at risk of mental retardation and were placed with the consent of their mother, who has mental retardation and lives in one of the group homes. The group homes are shared by four clients who meet expenses from money earned at jobs in work activities centers or private industry. Some of the group homes have a live-in house manager, depending upon how independent the residents are.

The core and cluster site in Round Rock, an Austin bedroom community, was selected by TSS community outreach staff because of its proximity to recreational activities, medical facilities, state agencies and public transportation. Many clients ride to work on bicycles or are picked up in a van.

So far, nearly 30 clients have been placed in community residences through the core and cluster program.

Williamson County Advisory Board Inc. assists core and cluster staff in developing financial flexibility, community support and a public information program. Consultation services are provided by TSS program and medical staff. It's this type of coordination and cooperation that helps TSS's outreach program staff meet goals for clients with varying needs like the school-aged young men in Bastrop and the ambitious working man in Georgetown. □ J.G.

Pardon our dust



Lynn Wade

Julian Edwards, maintenance electrician at San Antonio State Hospital, installs a fire detector in the ceiling of Bowie Hall.

If you've recently visited a state hospital campus, you've probably noticed construction.

Although the continuous job of maintaining building safety standards at department facilities means a little inconvenience and dust, it brings long-term benefits in fire safety for staff and clients. In the 1970s, state schools underwent fire safety construction and renovation similar to that which state hospitals are undergoing today.

State hospital renovation projects in progress are intended to bring facility buildings into compliance with the most current life safety code, a set of fire safety standards outlined by the National Fire Protection Association (NFPA).

Accreditation bodies such as the Joint Commission on Accreditation of Hospitals (JCAH) and Intermediate Care Facilities for the Mentally Retarded (ICF-MR) require that facilities conform to the life safety code.

Maintaining life safety code stan-

dards is a perpetual job, since the code constantly is being updated, says W. Patrick Terry, TDMHMR support services director, Central Office.

Building modifications made to meet the life safety code standards are given priority in the department's construction budget. Still, funding for such purposes historically has been difficult to obtain.

TDMHMR requested \$8 million for life safety code renovations in its 1984-1985 capital construction budget but received only half that amount.

Special request

In a special request to the Texas Legislature for fiscal years 1986 and 1987, the department included a separate line item for construction in the amount of \$5.5 million to meet the life safety code. More than \$4.3 million is for state hospitals and almost \$1.2 million for state schools.

This construction will ensure that buildings which provide housing or activity space for clients comply

with the intent of applicable sections of the code.

Life safety code renovation projects are in progress on 94 of 160 state hospital buildings used for patients, says Thomas R. Campbell, TDMHMR maintenance and construction chief, Central Office. Of these projects, 89 buildings were funded in the 1982-1983 budget and five in the 1984-1985 budget. These buildings under renovation make up 17 percent of the 546 buildings at eight state hospitals.

Austin State Hospital's Capital Unit, a patient dormitory and activities building, for example, will have exits at locations that reduce travel distances from all areas of the building to the outside. Exit doors also will be widened and made to swing outward to prevent people from jamming doorways in a fire emergency.

Smoke partitions are being installed in Rusk State Hospital's medical and surgical unit, Lex T. Neill Hospital. The partitions separate the center fire-resistive portion of the building from sections made of lighter, noncombustible material. The partitions also ensure structural integrity and give occupants more time to leave during a fire, says Campbell.

In San Antonio State Hospital's Fannin Hall, a patient dormitory and activities building, smoke detectors are being installed in corridors. The fire alarm system is being improved to ensure early warning of fire emergencies.

A troublesome aspect of complying with the life safety code is that most state hospitals were built in the 1920s and 1930s under different criteria. For example, corridors in buildings made of reinforced concrete are not easily widened to meet the life safety code. This is where the

Fire Safety Evaluation System (FSES) lends flexibility while ensuring compliance with the spirit of the life safety code.

Fire Safety Evaluation System

FSES is a statistical method of determining equivalencies in a structure's characteristics like types of ceilings, location of exits, building materials and corridor widths, explains Terry. Narrow corridors, for instance, are a negative characteristic that can be compensated for by adding smoke detectors or a sprinkler system.

Meeting FSES standards often is less expensive than meeting those of the life safety code. It would cost more than \$6 million in construction

to bring two Terrell State Hospital dormitories up to life safety code standards. The same 200,000-square-foot space could be made as safe for \$2.1 million by using FSES, says William Pribble, TDMHMR safety director, Central Office.

FSES was developed in 1981, long after the first life safety code, which was formulated in 1913 by the NFPA committee for safety to life and was called the "building exits code." In 1967 the name became "code for life safety from fire in buildings and structures," which most experts refer to simply as the "life safety code." Both FSES and the life safety code are published by the 89-year-old NFPA. Association members, of

which TDMHMR is one, offer input to its standards, which range from emergency planning to clothing for fire fighters.

The 1985 edition of the life safety code for the first time will include standards for board and care homes like those the department operates in the community. In anticipation of acceptance of these standards by JCAH and ICF-MR, the department plans to incorporate them into its own standards. This will put TDMHMR a step ahead of the accreditation bodies, says Pribble. Gerald Schappe, program consultant in standards and quality assurance, Central Office, adapted the board and care home standards to department use. □J.G.

good eggs

Mealtime in state facilities not only provides nourishment to clients and patients, but also offers daily structure and a chance for social interaction.

So when snowstorms hit Fort Worth State School last winter, Lavalla Vickers, the school's head cook, stayed overnight in a nearby motel at her own expense to make sure clients ate their three squares a day.

Vickers is one of the department's food service employees who received commendation for outstanding performance and dedication in 1984. The entire food service staffs of San Antonio State Hospital and Austin State Hospital were cited for exemplary effort because, during blizzardy weather, they walked to work and stayed overtime to do their job.

Once food is prepared, it must be delivered to dorms by truck drivers like Donald Robinson and Marcelino Torres, who won deserved merit. Torres loyally returned to his job at Austin State Hospital even after major heart surgery. Robinson, supervisor of food service truck drivers at Austin State School, single-handedly delivered meals to clients on 33 dorms during particularly inclement weather.

Employees of other units at facilities are necessary for superior food service operations too. Ruth Graham of Big Spring State Hospital and Mike Owens of Austin

State School, both chiefs of purchasing and supply, were commended for their continued support of and cooperation with food services.

Kenneth Shumate, retired stock clerk at Mexia State School, and Maria Palacios, administrative technician for TDMHMR nutrition and food service, Central Office, were honored for their diligence and for maintaining their sense of humor while working under pressure.

Chiefs of food service management at three facilities were recognized for special characteristics in addition to their excellent performance in providing nutritious meals for patients and clients. Ethel Wood, in 1961 the first clerk in food service at Denton State School, in 1978 became the first woman appointed chief of food service management in a TDMHMR facility. She has always been very supportive of her staff and encourages them to advance their own careers.

Because of his exemplary food service at Wichita Falls State Hospital, Jan Coleman's operation has been used for on-site orientation of new TDMHMR food service chiefs.

And Richard Dennis's employees at San Angelo State School know they can count on him to lend a hand with personal matters and with driving the truck to deliver clients' food. □



Commissioner's REPORT

Gary E. Miller, M.D.

The commissioner meets quarterly with employees in Central Office to update them on administrative news. On April 25, he discussed major areas of change and activity that are affecting the department.

The most crucial series of events has to do with the budget. The Legislative Budget Board's recommendation, which became the Appropriations Bill, adds approximately \$30.5 million to our present budget in fiscal years 1986-1987. The sum was arrived at by cutting in some places and adding in others. The House of Representatives and the Senate each went through their own process of considering the bill. There was a series of hearings on both sides, and each house came up with its own version of the Appropriations Bill.

There are substantial differences between the House and Senate bills. A conference committee on the budget will be appointed by the Lieutenant Governor and the Speaker of the House. The conferees will take the two versions of the bill, iron out the differences and come up with a final product.

A state employee salary increase of 3 percent each year appears in the House version, but there is not a similar increase in the Senate version. I believe when the process is over there will be a salary increase for state employees, and it may well be the 3 percent each year.

Budget treatment of Texas Research Institute of Mental Sciences (TRIMS) differs in the House and Senate. There has long been discus-

sion of joining TRIMS to the University of Texas Health Science Center (UTHSC) in Houston. In the Senate version of the bill, TRIMS' total budget is broken into several categories and distributed between TDMHMR and UTHSC.

Genetics Screening and Counseling Service (GSCS), which was once part of Denton State School, remains with the department, leaving \$2.5 million in our budget. In addition, some of TRIMS' statewide training dollars are transferred to the Central Office training and staff resources line item, totaling \$910,000 for the biennium. We hoped to keep this money to expand our statewide training capacity since training is imperative for compliance with the RAJ and Lelsz lawsuits.

The remaining funds in TRIMS' budget to continue research, training and direct service will be transferred to UTHSC at Houston, according to the Senate version of the bill.

Transfer of these funds has been merged with a piece of legislation for establishment and funding of the Houston psychiatric hospital, part of which will be state-run. There will be an operating agreement between TDMHMR and UTHSC detailing the ongoing relationship between us. One provision of the agreement, for example, establishes a council to advise on the type and quantity of

research at the new facility, which will be called the University of Texas Institute of Mental Sciences.

In the House version of the bill, however, TRIMS is simply zeroed out. It's our judgment, though, that the Senate version of the TRIMS transfer and recoupment of TRIMS dollars for Central Office and GSCS will prevail in the end.

Common points in both versions of the bill appear in the line item created through the authority of Senate Bill 31 for staff-to-patient ratios in state hospitals. We accumulated more than \$11 million last fiscal year to pay mental health authorities \$35.50 for each bed day reduced in state hospitals. The program is in full swing and is one of the highest funding priorities.

We have requested not only enough money to continue at that level—more than \$16 million each year—but also an additional \$3.5 million each year specifically targeted to another problematic area of the RAJ lawsuit: community placement of state hospital patients who also have mental retardation. The total amount that we requested—approximately \$40 million—appears in both the House and Senate versions of the Appropriations Bill.

The department has also established an approach to community placement of people with mental retardation similar to the \$35.50 program. The department requested a line item that will allow us to expand community services for people with mental retardation while improving staff-to-patient ratios. The line item, which for the biennium amounts to \$24 million, is also in both versions of the Appropriations Bill.

These line items are crucial. We have a good track record of showing we can use the money appropriately. The dollars do double duty: we expand community services by creating new residential programs and support services and, at the same time, improve the staffing ratio in facilities.

Senate Bill 633

Senate Bill 633, which flows from work of the Legislative Oversight Committee, represents probably the most significant change in philosophy and direction of the state MHMR system since passage of House Bill 3,

which created the department. It changes the nature of the relationship between state and community services, and it changes the way priorities are assessed.

TDMHMR was created when it seemed money would come without end from state and federal governments. The notion of community centers at that time was that they could be all things to all people, providing a vast array of comprehensive services. The belief was that *certainly* by 1980 there no longer would be a need for hospitals and schools; community centers would take over all responsibilities.

Much has changed since the heady days of the early 1960s, and the Legislative Oversight Committee had to grapple with reality: our misconceptions, our unjustified optimism and the underestimated clinical problems of our severely disabled population. The committee paired this reality with information from research on chronic mental illness and homelessness and the problems in managing severely handicapped mentally retarded people.

Senate Bill 633 underlines and reinforces an idea the department has followed for the past couple of years. We can't do everything for everyone, given our finite resources. So we have outlined a priority population that is made up of people who are the most ill or severely disabled and those who are poor or have a variety of other deficits in addition to being mentally ill or mentally retarded. They may have social, behavioral or medical problems or long-term disabilities that require 24-hour supervision. They may need other services, besides those the department can provide, to improve their quality of life.

Senate Bill 633 requires the department to establish core services for community programs, such as crisis stabilization, 24-hour emergency services, case management, in-home support and respite. TDMHMR would fund only community MHMR programs that provide these core services.

According to the bill, TDMHMR would dispense with the grant-in-aid method of funding community MHMR centers. Instead, the department would make legal contracts with the centers, which would re-

quire a higher degree of accountability and monitoring. It would involve all TDMHMR staff, including program, fiscal and legal.

Implementation of this requirement from the department's perspective is complex because we must outline, for example, how to provide the core services. Is there only one way? We don't want to discourage creativity and new initiatives. We must decide quantitative issues too, such as how many emergency services are necessary to care for the population and what percentage of staff time emergency services require.

The bill also requires the department to develop six-year plans for both mental retardation services and mental health services, and a Texas Board of MHMR-appointed citizens' advisory panel to assist in the development and implementation of the plans.

Lawsuit updates

There has been a lot of activity surrounding both the *RAJ* and *Lelsz* lawsuits. The most recent event was a hearing in Judge Barefoot Sanders' court in respect to the mental health suit. The issue considered in this hearing was the adequacy of discharge planning, that is, are people released from state hospitals receiving appropriate aftercare planning, and is it being implemented? Testimony from all parties, including several community MHMR center executive directors, supported the notion that the implementation of aftercare services in Texas is generally good. However, the statewide money shortfall is particularly acute on the community level.

A twist in the *RAJ* lawsuit is that Judge Sanders seems interested in breaking new legal ground. He has asked the plaintiffs to file a motion requiring him to include in the lawsuit the State Comptroller of Public Accounts, the State Treasurer and the Governor. Judge Sanders seems to want to bypass the legislative process, go directly to the till and require the state to appropriate dollars to comply with his court order.

For the *Lelsz* suit, department staff spent the second week of April in court in Tyler. The courtroom was

packed with members of Parents' Association for the Retarded of Texas, which supports the continuation of quality care in state schools. Only one of several motions was considered, and testimony for it still is incomplete. The joint motion was filed by the Association for Retarded Citizens, Advocacy Inc. and the plaintiffs for forced deinstitutionalization, which would require the department to place in the community at least 700 residents from the three state schools named in the suit: Denton, Austin and Fort Worth.

The department took the position that, in line with our plan, we will place clients according to sound professional judgment and availability of good community programs. We oppose a court-ordered quota or time frame that could conflict with our best judgment for individual clients and possibly damage our relationships with parents. The department always has given parents the right to appeal if they are dissatisfied with our decision for their child regarding community placement.

Linda R. O'Neill, Ph.D., expert consultant and court monitor for the *Lelsz* suit, proposed to Judge William Wayne Justice that TDMHMR place in the community 274 people from the three named schools within one year. I said that I didn't think it was a good idea because the selection process for community placement would be biased in favor of the three named schools. TDMHMR recognizes that we could be sued if we discriminate against a client who does not live in one of the three schools in the plaintiff class.

We will comply with the court order and make community placements on a statewide basis. We must take into consideration such obstacles as delay in availability of community residences, neighborhood zoning problems and parental objection. On a statewide basis, we can make approximately 300 appropriate community placements each year.

Another reason the strict quota and time frame is not a good idea is that the department does not yet have adequate machinery in place—such as community residences, case management and standards monitoring capabilities—to accomplish these community placements. □

Images

Newsmakers

► **W.W. Beaver**, superintendent of **Lufkin State School**, was honored by the Angelina County Chamber of Commerce during an "appreciation night" at the Lufkin civic center.

Beaver was recognized because, since the school's inception 23 years ago, he has led it in harmonious coexistence with the Lufkin community.

Beaver is the senior ranking school superintendent in the TDMHMR system.

► **Deep East Texas MHMR Services**, Lufkin, opened in the local community hospital a 20-bed psychiatric treatment center for adults in crisis who need short-term care.

The Pineywoods Regional Treatment Center was started with a matching grant of \$150,000 from the T.L.L. Temple Foundation. The center will be supported in part with funds reimbursed to the center for serving patients who would otherwise be admitted to Rusk State Hospital.

► Five TDMHMR programs were awarded federal Developmental Disabilities Program grants by the Texas Rehabilitation Commission on behalf of the Texas Planning Council for Developmental Disabilities.

Beaumont State Center was granted funds for its programs for daily living skills development for people with physical limitations, alternative com-

munity living arrangement services and community residential training facility for adults.

The core and cluster community living project at **Nueces County MHMR Community Center**, Corpus Christi, and the Willacy County resident/day program at **Tropical Texas Center for MHMR**, Edinburg, also received grants.

► The Home and Community Care waiver requested by TDMHMR and the Texas Department of Human Resources (TDHR) was approved in April by the U.S. Department of Health and Human Services under Section 1915 (c) of the Social Security Act.

The waiver allows Medicaid reimbursement for alternative residential services, such as in-home services, for people with mental retardation by not enforcing the requirement of an institutional standard of care.

Service providers selected to contract with TDHR for the delivery of core and cluster community care services are Sabine Valley Regional MHMR Center, Longview; Abilene State School; Austin State School; Fort Worth State School; and a private facility. Federal funding for the programs will commence in September.

Scruffy and welcome

He took a wrong turn and ended up mascot of the Drexel unit at Bexar County MHMR Center, San Antonio.

Scruffy, a little grey dog, has improved the morale of the unit's day clients by making everyone feel special. He greets

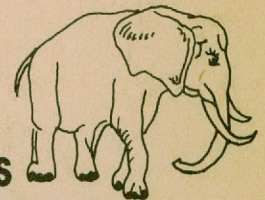
clients each day when they arrive and graciously accepts hugs and kisses.

Scruffy has been groomed professionally and given shots, and he has even found a nice home. But he never fails to attend his day program.

Altar ego

"Ebbby the Clown," who doubles as Mexia State School's chapel choir director, recently took honors at the World Clown Association's third annual convention in Las Vegas. She won third place in the Le Pierrot-Harlequin division.

Ebby, a.k.a. Evelyn Conkling, has been a professional clown since October, 1984, a fact not lost on the school's clients.



Three cheers for three rings

Lions, tigers and elephants have left their footprints on the grounds of Richmond State School since the circus came to town. For the fifth year, the three rings spent a day on campus.

As its community project, the Sugarland Lions Club decided to bring the festivities to the clients so that more of them could watch trampoline stunts and tight-rope acts.

Club and staff members report that paperwork involved in planning the on-campus circus was almost enough to squelch enthusiasm, but to clients' delight, the annual show goes on.

Conference Calendar

June 6-7

Strategies in the Delivery of Health and Human Services

West Texas Rural Health Conference

Held in Odessa

Contact: Lois Barry
Texas Tech Univ.

RAHC-Permian Basin
400 W. 4th St., Suite 300
Odessa, TX 79761
(915) 335-5111

June 13-14

The Mexican-American Family: A Focus on Child Abuse, Elderly Abuse and the Handicapped Child

Texas Migrant Council third annual conference

Held in Laredo

Contact: Patricia Garza
Texas Migrant Council
P.O. Box 2579
Laredo, TX 78044-2579
(512) 722-5174

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June 28

Forum on the Homeless in Texas

Texas Health and Human Services Coordinating Council forum

Held in Austin

Contact: Deborah L. Greene
Texas Health and Human Services Coordinating Council

P.O. Box 12428
Austin, TX 78711
(512) 475-1306

July 28-Aug. 2

Of Mice and Men: Practical Applications of Alcoholism Research

Texas Commission on Alcoholism's 28th Annual Institute of Alcohol Studies
Held in Austin

Contact: Eloisa Moreno
University of Texas at Austin
Division of Continuing Education

Thompson Conference Center
P.O. Box 7879
Austin, TX 78713-7879
(512) 471-3123

Payday

Client workers of Amarillo State Center's sheltered workshop in Dumas were honored recently for ten years of dedication to their work. Center director Harry Heyman presented diamond pins and recognized workshop employees for willingness to enrich their lives through hard work.

Originally, clients in the half-day Dumas program spent their time on "busy work," says workshop director Sally Whitfield, who has watched the clients develop for 11 years. In 1975, clients were ready for the responsibility of employment—and its rewards—so workshop staff contracted with a local packing company. Now client employees work a 7½ hour day.

Nearly 120 friends and relatives of the client employees attended the awards ceremony. Other clients who have worked in the shop for two to eight years received brass plaques.

Typo

An error in the March/April issue of *Impact* reverses the meaning of a statement by James Brittnacher, TDMHMR staff representative of the Long-Term Care Coordinating Council for the Elderly, Central Office.

Brittnacher's actual statement was "The aged are not considered a priority population in the budget . . ." during the Winter Gerontology Center Forum at Texas Research Institute of Mental Sciences, Houston. The quote appears in the story "Gerontology forum uncovers 'golden opportunity.' "

Mass Communication

Employees of TDMHMR are spreading the word. Not only do they put in their 40 hours. Often they work overtime, offering knowledge and skills to educate their communities about mental health and mental retardation.

An example is Richard E. Garnett, Ph.D., community resources administrator at Tarrant County MHMR Services, Fort Worth, whose soapbox is in a TV studio. He volunteers his time to host the talk show "Chemical People," a locally produced spin-off of the acclaimed "Chemical People" drug and alcohol abuse prevention effort.

Many shows so far have spotlighted Tarrant County MHMR Services because most community experts on alcohol and drug abuse happen to be on the center's staff.

"Chemical People" is presented three times a week at varying hours so as to reach the widest audience. Guests on

past shows include Probate Judge Patrick Ferchill, who helped clarify laws relating to drugs and alcohol. Frank Fitzpatrick, Ph.D., a psychologist, presented a clear definition and description of alcoholism. Geneva Heckard, alcohol services director at the MHMR center, appeared both as a center representative and as president of Tarrant County Task Force on Alcoholism and Drug Abuse.

Other guests have ranged from school administrators to an anonymous recovered cocaine addict and federal parolee. Plans for future shows include legislators, local public officials, specialists in chemical abuse prevention and treatment, and law enforcement personnel.

Dr. Garnett says he'd like to expand the scope of the talk show while continuing to inform his television audience about the programs at Tarrant County MHMR Services. □

impact

Vol. XV, No. 1

Published by the Texas Department of
Mental Health and Mental Retardation,
an equal opportunity employer
P.O. Box 12668, Austin, TX 78711-2668
(512) 465-4540 or STS 824-4540
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