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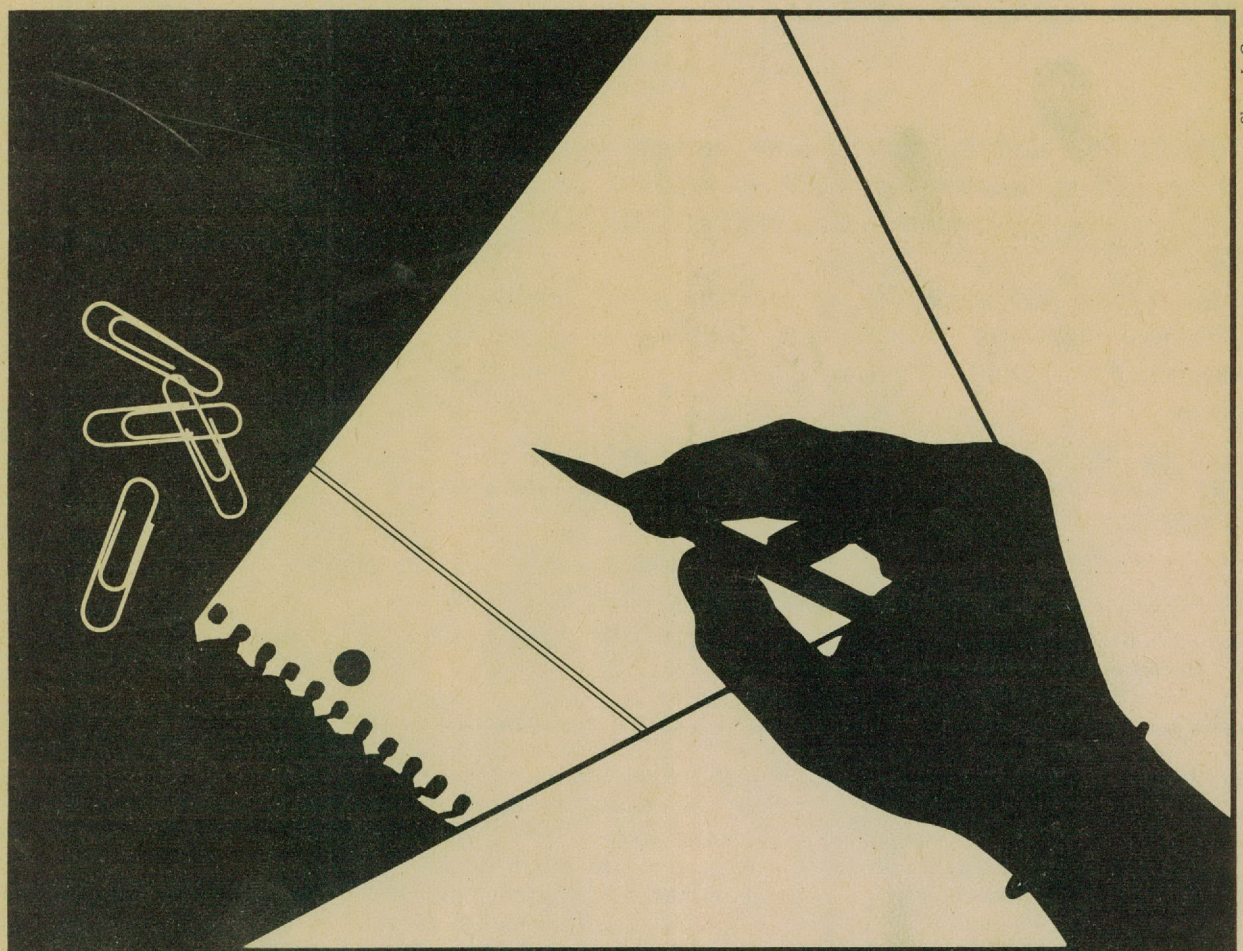
impact

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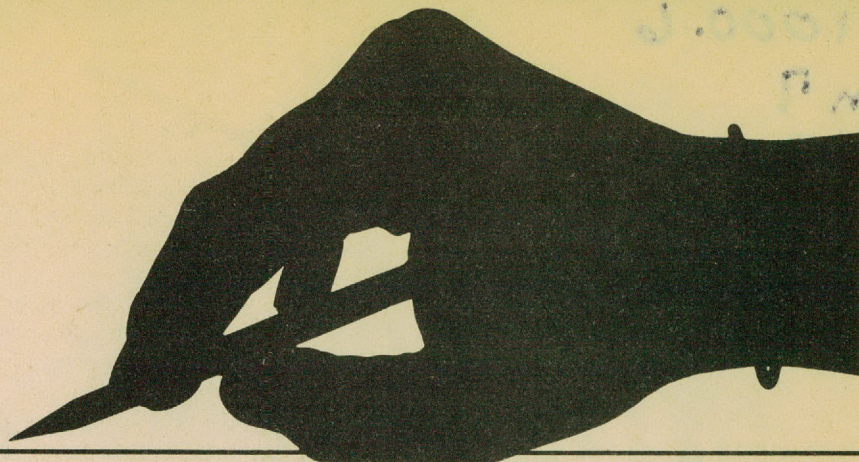
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Sherry L. Grana

Letters to our employees

From those we serve



San Antonio State School

I am writing to tell you how much I appreciate the care being given to my son, Tommy, at the San Antonio State School.

Tommy was four years old when we made our first visit to a state school. I had been saying that "over my dead body" he would go to a state school. My visit only served to reaffirm my feelings.

As the years went by, I realized that my feelings had not been caused by the state school but by an experience I had there. A very small, beautiful and beautifully dressed little girl had clung to my knees as she repeated, "Take me home to my mommy." I could not bear to see that child so homesick.

As time passed and we realized that we were getting old, while Tommy was still just as much in need of constant care, we faced the fact that we could have to find a way to make sure that he would be well cared for when we would no longer be able to take care of him.

When my health began to fail and we realized that Tommy might

It is sometimes said that the only time you hear about what kind of job you're doing is when people call to complain. We at Impact have come upon a considerable amount of evidence to the contrary.

In the past several months, clients and their family members have written often to say thank you, to give progress reports on themselves or loved ones, or just to say hello to old friends in our facilities.

Their letters are long and short, formal and casual, and may be directed to superintendents, "dear sir," or other department or state officials.

The one common thread running through them is a deep appreciation of the people and programs operated by TDMHMR. Below is a sampling of those letters, which are largely unedited. Only the bracketed words have been added.

Travis State School

I cannot praise Travis State School [TSS] enough. For 24 years my family and I have depended on the school to give our son the care and training that he needs. While the decision to place our son in a state school was the most difficult decision we ever made, it was the best. Our son has progressed beyond belief, and we have never been sorry about our decision.

For the past ten years, I have been fortunate in that I live in Austin and can be a volunteer at Travis. I have come to know many of the staff well. I have never met a more dedicated, caring and loving

group of people. Parents can never thank them enough for all that they do for our children. I often wonder if they realize how much we depend on them and appreciate what they do. The direct care employees deserve the same praise.

I am also very thankful that TSS parents and relatives have an administration with whom we can communicate freely and easily. We appreciate this more than you will ever know.

Dorothy Martin wrote a book about TSS which was entitled *A Place of Small Miracles*. I loved the book, but I disagree with the word "small" in the title. I think it

should be "large" or even "huge." Just this past week on a walking tour of Travis with new volunteers, I saw large miracles being performed with the multihandicapped, severely and profoundly retarded clients on Dorm 24. The teachers who work with these clients are, indeed, miracle workers. To say that I was impressed is the understatement of the year.

Thank God for TSS and for all of the people who make it what it is! I pray that Travis will always be available for clients and their families who need it so much.

Mary Younger
Austin

Lufkin State School

Just a line to say thank you for all you did for our daughter. We could never say thank you enough. The staff in the dorm are a great bunch of people also.

A very special thanks also to Mr. [Royce L.] Garrett, Mr. [Freddie L.] Avant and Miss [Tonda D.] Pierre. They were with us to the end, along with Dr. [Groom S.] Shepard, Dr. [Anna Beth] Connell and Rev. [Billy D.] Dunn.

You folks at the state school will always have a special place in our hearts. We took it on ourselves to write the Central Office in Austin and commend you for your great work.

*Ennis and Bernice Tomez
Lufkin*

Wichita Falls State Hospital

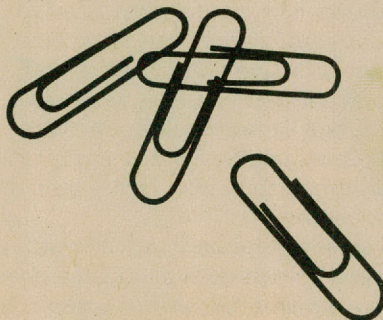
It is long overdue that I tell you how thankful I and my dad are for the care you are giving my sister, Donna Winship, in Eastern Unit. Every month we see her, and she is so clean and well-kept, we are truly grateful for the ladies in this unit.

We have become good friends, Ms. [Lorene] Goforth and Tessie [Jones]; but this does not mean that each and every one are not lovely people. These have just been there more while we were there.

The hospital has lifted such a load from us in giving Donna help. Before we had the opportunity of using your services, life was pretty impossible. Thanks again for your help.

There is no doubt in my mind that it has been our Lord that has led us this far, and I ask Him to bless you.

*Carol Monthey
Arlington*



outlive us, we applied at the state school. Meantime, the San Antonio State School [SASS] had been opened.

Tommy was 24 years old when he was first admitted to SASS. We had suffered many hours of anguish over having to let him go. He is now 29 years old and well adjusted. We have been able to see him often and to bring him home on holidays as well as every two weeks, more or less.

What a blessing to have SASS! At last Tommy has been able to enjoy the fellowship of his dorm mates. There is little conversation, for few can talk, but they understand each other, and no one ridicules anyone.

I cannot say enough about the staff. From Dr. Tom Deliganis, our loved superintendent, through the administration, the teachers, to direct care, they are all caring, dedicated individuals with one common aim—to develop maximum potential and to promote the well-being of the retarded under their care.

Health, spiritual growth, physical fitness, entertainment, trips to town, swimming and Special Olympics are all part of the residents' well-rounded life.

The volunteer council, under the direction of Mrs. Linda Martin and composed of friends and parents of the retarded, with the cooperation and generous gifts of numerous organizations, corporations and large and small businesses, makes every holiday a reality for every resident of the school.

There is no doubt that SASS is a haven for the retarded, and a blessing for those who love them.

*Celeste Bayer
San Antonio*

Austin State Hospital

My daughter, Kathleen Cobb, was released from the state hospital a short time ago and sent to Tarry Hall in Houston.

She was in the state hospital about four months.

I just want to tell you how very much I appreciate the care she received there. She was in the Harris K Unit first, and her caseworker was Mr. Brad Pearson. Then she was moved to Harris C Unit, and I was very pleased with her doctor [Victor Abrego, M.D.] and caseworker, Joyce [Fielder].

Joyce was always so willing to talk to me and explain things. They are all truly dedicated people and interested in the care of the patient.

I have been a member of our Houston organization, the Alliance for Mental Recovery, ever since it was organized. And at our next meeting, I will certainly let them all know how pleased I am for the care my daughter received at [Austin] state hospital.

*Mrs. Laurine Brink
Houston*

Kerrville State Hospital

On behalf of my family, I would like to say thank you for the years of loving care given to our mother while [she was] a patient at Kerrville State Hospital.

From the moment she was admitted, we felt that we had found a place where mother could receive professional and compassionate care. We were not disappointed.

A special thank you to Dr. [Luther W.] Ross—also the doctors, nurses' aides and social workers who gave of themselves to help her. All of you do so much.

Again, my heartfelt thanks to everyone.

*Mrs. Jim Cross
Purmela*



San Antonio State Hospital

I am James R. Slaughter. I was at San Antonio State Hospital, Goyens Hall and Detox [alcohol detoxification unit] from June 28, 1985 to Oct. 11, 1985.

The reason I am writing this letter is to say thanks to the program. I know what I need to do and how to stay sober and clean.

The staff was very helpful while I was there. Joe [Rendon] in Detox helped a lot when I was in Detox. [Marvin] Roy was great also.

A very special thanks to Mr. [Wayne] Bode, Dr. Mack [Ronald W. McNichol, M.D.] and Patti [Rangel]. They made a big difference in my attitude while I was in the hospital, and even now that I am leaving, I have a very special love for these people. They are the success of this unit. The nursing staff was really helpful also. They do a heck of a fine job.

Keep up the good work and best wishes to everyone. I love you all and good luck.

If I can help in the future in any way, please call or write.

*James R. Slaughter
New Braunfels*

Fort Worth State School

We would like to express to you and your staff our deep gratitude for the care and training our son, Ben, has received during his nine years as a resident of Fort Worth State School [FWSS]. Everyone who knew Ben before he entered the school is amazed by the progress and development that have been brought about through the careful planning, dedicated concern and patient persistence of staff members.

The social workers who have been responsible for Ben have never failed to keep us informed of his condition and activities and have always made us feel part of his life and programs. They have consistently tried to comply with any requests we have made concerning his care or treatment. Their primary concern has always been to do what is best for Ben, and the results have been incredible.

Before coming to FWSS, Ben spent 14 years in a private hospital in Dallas where he was fed and cared for, but received no training of any kind. We attribute this lack of training to the fact that the privately run hospital did not have to follow the guidelines or meet the standards that are required in state schools.

Ben was given all nourishment from a baby bottle for 14 years, and no one believed he could ever be toilet trained. He was very rarely taken outside of the building and had no ability to relate to other people. He did not like to be touched and seemed unable to interact with others.

Through the care and patient efforts of staff members at FWSS, Ben learned to feed himself, became toilet trained, was taught to dress and undress himself, and can now walk up and down stairs unassisted.

Although he is unable to talk, Ben now understands everything that is said to him and will do whatever he is asked to do. [Because he is] profoundly retarded and nonverbal, Ben's training programs have had to be carefully planned and designed—and the success has been phenomenal.

He has made remarkable progress in the development of his social skills. He now interacts with

Beaumont State Center

This letter is to correct a very unfortunate circumstance that I have allowed. Specifically we have used the [respite care] services of Beaumont State Center [BSC] for the last few years and found them to be exceptional. I'm ashamed to say that I haven't written before.

On every single occasion that we brought our daughter Kelly to BSC we noticed the following:

1. A dedicated staff that is profoundly efficient at what they do. We have found that the entire staff is capable of dealing with us at a thoughtful and personal level without sacrificing their professionalism.

2. Those that care for Kelly, and the nurses, get her to respond where so many others have failed. We are well aware that Kelly can be a problem. When we pick Kelly up after her stay, we are *never* confronted with gripes and complaints.

3. We could never say enough about Betty Jo [Barabin] in admis-

sions. Linda and I just love and appreciate her. She is required by her job description to ask some very personal questions. She has a unique way of doing just that without making Linda and I lose our sense of dignity.

4. On every visit we "looked around" the facility. It is always spotless and orderly. We simply could not use a facility that was not well-kept, so this is a facet we are most appreciative of.

Mr. Woodard, the time that Linda and I have alone is so important to us. You just can't know how comforting it is to know that Kelly is with people who care. Today, it seems a lot of people and organizations "say" they care. Be we feel that we have found a group of people who put action behind their words.

Please accept and convey our deepest gratitude to you and every other member of the Beaumont State Center.

*Rick and Linda Schubert
Houston*

peers and staff members in a way that has added new dimensions of happiness and enrichment to his life, and it has all been the result of careful team programming being carried out by patient teachers and workers who refused to give up.

Ben's progress and development under the care of FWSS are by no means unusual or isolated events. I have seen many of the clients who came to Star Cross [building] unable to walk or feed themselves or communicate with other people achieve these skills through the untiring efforts of well-trained teachers, staff and direct-care workers.

I am always impressed by the extra hours of work so willingly put in by staff members and superintendent for the benefit of the school and its clients.

Ben has received excellent medical supervision in FWSS. His health was very fragile, and he was sick much of the time before coming to the school.

He has had very few illnesses during the last nine years, so I

know that health care for the clients is good. Ben was very underweight when he entered FWSS, but the dietician and nurses worked out and carefully monitored programs that included supplementary nutritional feedings. His weight now stays in the acceptable range for his height.

As parents of a profoundly retarded son who will always need protection, we are very grateful for the people who have chosen to work with, care for and teach Ben and the many others who need this special training.

It is wonderful to be with the FWSS staff members, who accept each client as an important, unique and worthwhile human being with potential for growth. We are thankful that the administration at FWSS has followed so faithfully the guidelines for programming that have produced such amazing results in the progress and development of skills in Ben and other residents of the school.

*Mr. and Mrs. B. D. Fillmore
Fort Worth*

Denton State School

As you know, we are parents of a 32-year-old son, mentally retarded, paralyzed, nonverbal and with seizures, who is a resident of Denton State School.

Kim receives excellent care there and we are urging additional funding to provide direct care to the residents of that school. There is no other placement available to compare with the state school.

He is taken outdoors to the park, the chapel, gymnasium for parties, swimming pools for therapy, and surely there is nothing wrong with an institution such as this.

If an institution is not a desirable place, then perhaps the University of Texas, SMU, etc., as institutions, are also not desirable.

Denton provides good care, plus security for the residents. In our senior years, parents need to know their handicapped children will be provided for by the state.

Private care such as nursing homes, which lack specialized care for the retarded, have been a disaster. To move our son to one, we would consider a violation of federal law, as it would put him in a more restrictive environment.

*Mrs. Mary Krueger
Dallas*

Waco Center for Youth


I have been away from the Waco Center for Youth for about three months and two days.

And in three months I have done so well I now have a job working for Brookshire Foodstore. I am in the Young Life group. I go to MHMR one time a week. I am going back to school here in Tyler and do the best job I can do in school.

The Waco Center for Youth was the first center or home I had been in. I would like to thank Dennis Walters, Joy McClelan, Pam Newman, Hubert Beverly, Beverly Colbert, Warren Campbell, Dana Renschler, Dirk Sheridan, Suzanne Bingham, Anna Navarro, Clyde Fluit and Donna Murry. I could not have done it without you.

*Jimmy Morgan
Waco*

P.S. Can you put this in the *Focus* [newsletter] for me.



Conference Calendar

April 27-30, Austin Connecting for Children and Their Families

Annual conference
Sponsored by Texas Networks
for Children

Contact: June Adams
1407 W. Stassney Ln.
Austin, TX 78745
512-444-9561

May 2-3, Lubbock TDMHMR Volunteer Services State Council

Spring board meeting
Contact: TDMHMR Volunteer
Services

P.O. Box 12668
Austin, TX 78711-2668
512-465-4660 or STS 824-4660

May 21-23, Waco MH Services for Children and Youth

MHMR system conference
Contact: Charles Locklin,
Director

Waco Center for Youth
P.O. Box 5117
Waco, TX 76708-0117
817-756-2171 or STS 820-5101

June 4-6, Conroe Statewide MHMR Conference

Sponsored by Tri-County
MHMR and East Texas
Roundtable

Contact: Faith Kaufhold
1020 Riverwood Ct., Ste. 100
Conroe, TX 77304
409-539-4041

June 19-22, Wichita Falls Spanning the Life Cycle of Persons with MR

Annual convention
Sponsored by Association for
Retarded Citizens

Contact: Karen Dunn
833 Houston St.
Austin, TX 78756
512-454-6694

An experiment that worked

By Mary Gugliuzza

For the twenty-one employees in Rio Grande State Center's four outreach centers, case management is nothing new. It is basically what they have been doing since September 1969 when the centers were opened with a National Institute of Mental Health (NIMH) grant.

Caseworkers in Kingsville, Alice, Falfurrias and Freer make home visits frequently and link patients with other needed services in the community. Because of the immense distances, poverty and poor transportation, it is easier for the caseworkers to go to the patients.

These three factors, still problems today, led to the idea of establishing outreach centers to take the services to the South Texas patients, says Sarah Conklin, a former TDMHMR administrator. Conklin wrote the proposal for the grant in 1968 and 1969 under the direction of Commissioner Gary E. Miller, M.D., then deputy commissioner for MH services.

Dr. Miller, having served as director of Rio Grande State Center from January 1966 to September 1967 when it was the Harlingen State Mental Health Clinic, was familiar with the problems of providing services in South Texas.

Conklin knew of the Valley's problems because she had worked there as an employee of the Texas

Department of Health's MH division, which House Bill 3 transferred to TDMHMR in 1965.

In 1962, Rio Grande State Center (RGSC) was established to provide follow-up care to patients released from San Antonio State Hospital. A day hospital program was begun in 1965, and in 1968 a short-term inpatient program was started, with SASH continuing to serve as back-up for cases requiring long-term care.

At the time of the grant, the clinic served 12 counties covering more than 15,000 square miles with a population of nearly 600,000. The counties served were Cameron, Hidalgo, Willacy, Kenedy, Kleberg, Jim Wells, Brooks, Duval, Jim Hogg, Zapata, Starr and Webb.

The NIMH grant established outreach centers in Alice, Falfurrias, Freer, Kingsville, Laredo, Hebbronville, Zapata and Rio Grande City. In 1980, Laredo State Center was created and the Hebbronville, Zapata and Rio Grande City offices were assigned to it. RGSC continues to operate the remaining four offices which serve five counties: Kenedy, Kleberg, Brooks, Duval and Jim Wells.

The outreach centers were experimental in that their MH treatment programs employed indigenous MH field workers rather than MH professionals as the primary contact for patients. Professional staff provided back-up to the indigenous workers whenever necessary and made regular visits to the areas.

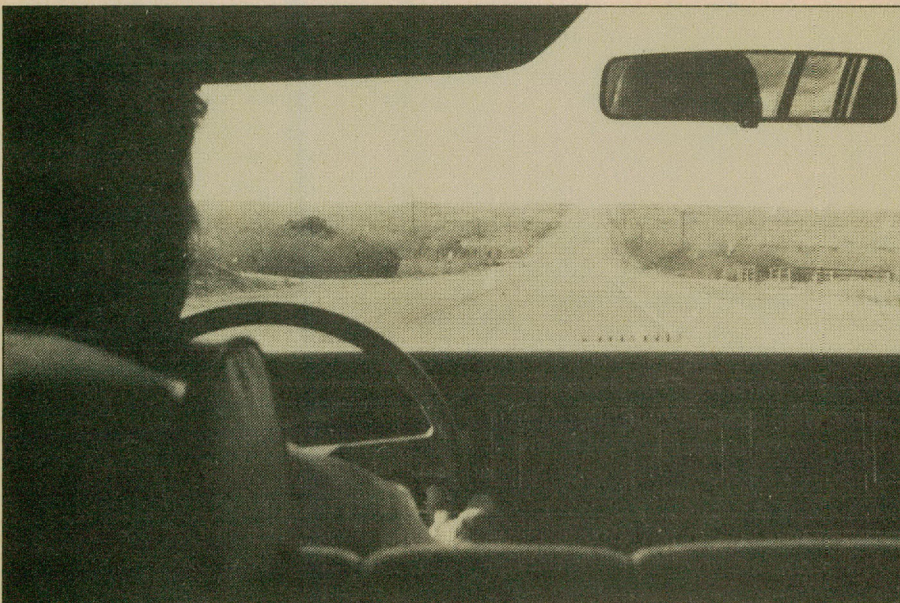
The indigenous workers were community residents who were knowledgeable about the people and resources in the area. Most had a high-school education.

According to the original grant application, "The MH field workers will work directly with patients and families, including home visits Crisis intervention and prevention will be emphasized The MH field worker will be the key person in facilitating and carrying out the treatment with the involvement of the medical consultant.

"The field worker will be active in assessing the needs of the family,

The immense distances, poverty and poor transportation led to the creation of outreach offices in South Texas.

Mary Gugliuzza



helping the patient and family to use local resources to the maximum extent, and following the patient according to the recommended treatment program including medication prescribed by the center physician."

The indigenous workers underwent three weeks of intense training in Harlingen before being assigned cases, then received weekly on-the-job training in Kingsville.

Local physicians provided medical care. Psychiatric care was provided by a part-time RGSC psychiatrist who was always available by phone. A social worker served as coordinator in each of the main offices—Kingsville and Laredo.

RGSC Director Blas Cantu Jr. was the first coordinator of the Laredo center and its satellite offices. Cantu said that his commitment and belief in the outreach center concept led to his August 1971 acceptance of a Harlingen post involving supervision of all the outreach offices. He became director of RGSC in September 1972.

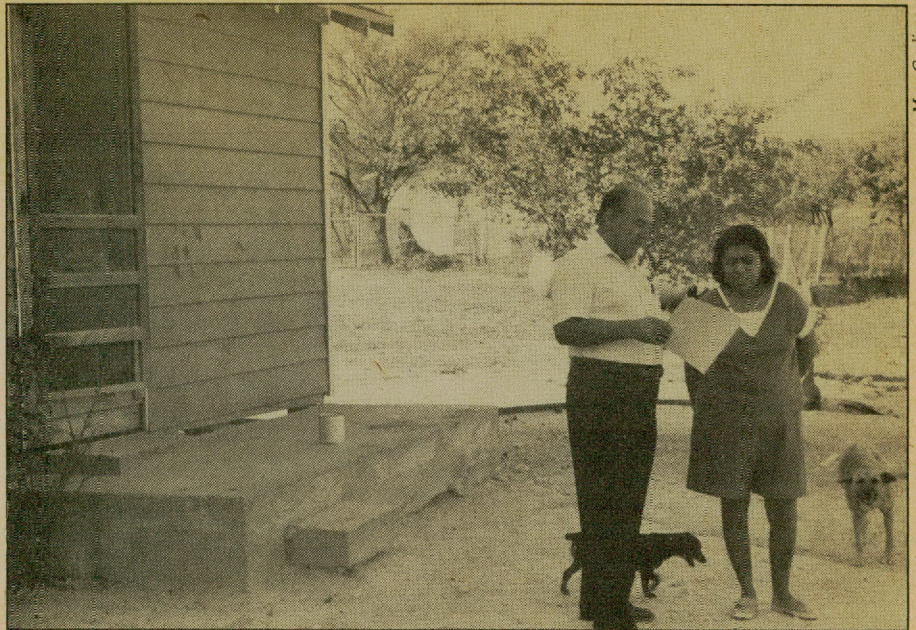
Meeting the grant criteria was difficult because the guidelines leaned toward metropolitan areas, Conklin said. Help from the counties would be essential. After staff paid visits to the judges and physicians in each county, county officials promised to provide office space—and continue to do so.

Conklin says the grant application raised so many questions in Washington, D.C., that a team was sent to visit the Valley. She said the NIMH people had difficulty understanding how a person with no formal MH training could do a better job than a psychologist.

They did not understand the poverty, distance problems or cultural differences until they witnessed them firsthand. Conklin said one team member commented at the end of the visit, "We have to admit we've had an education today."

NIMH funded the grant for eight years. Then TDMHMR assumed funding responsibility because the department found the program to be beneficial.

As people became aware of the



Caseworker Simeon Carrillo makes a house visit to Maria E. Pena, who lives outside Freer.

availability of MH services in the area, a demand surfaced for more comprehensive services such as counseling for marital and family problems, depression and transient situational disorders.

"As a consequence, though our primary focus has remained to serve the patient most at-risk of hospitalization, we have had to expand to serve people with other MH needs," says Gail Brothers, RGSC mental health administrator.

"Before, it was demand that prompted us to provide additional services," she says. "Now Senate Bill 633 requires us to do so."

Although in recent years people with formal MH training have been hired, six of the original workers are still employed in the outreach offices. Over the years, most have worked toward degrees or certifications.

In Falfurrias, Esther Garza and Minnie Perez are certified social workers. In Alice, Maria Butler, a certified alcohol and drug abuse counselor and certified social worker, has attended college part-time since 1970 and is six hours away from a degree in psychology. Lucia Gutierrez is working toward certification as an accredited records technician and Manuel Solis is a certified social work associate.

Simeon Carrillo, a Freer field worker, recalls working out of his car the first few days until office space was found. Alice employees

said they had four people working out of a 6' X 15' office furnished by Solis.

Staff members agree that their being from the community and having knowledge of the people is what made the program work. "It is important that you know the people you're working with, where they come from, what they do. When you know the family, you know what the clients need and where they are coming from," says Solis.

The six say that, before they were hired, they thought their work would involve only delivering medication to patients or taking patients to the physician, but they soon learned differently.

"It wasn't that at all. During the orientation I saw the patients and wanted to quit. But I needed the job too badly and I had too much pride to quit. I couldn't back off. Now I'm glad I stayed. Not only did I learn a lot. It has helped me in everyday living with my family. It has been rewarding," Perez says.

"The clients teach me how to live," says Butler. "I've learned so much from them—patience, tolerance and bravery."

"These workers have really had to stretch themselves," Brothers says. "I'd put them up against any Ph.D. psychologist any day." □

Mary Gugliuzza is information director at Rio Grande State Center, Harlingen.

Myths hamper aid to mentally ill

By Richard E. Garnett, Ph.D.

There are many things that scare us. Fuzzy, crawly creatures and snarly ferocious beasts; things that lurk in the darkness and things that go bump in the night. The thing that scares most of us, however, is fear of the unknown, compounded by old wives' tales and myths that are perpetuated by ignorance.

Community facilities designed to help people deal with emotional and mental problems is just one area in which fear of the unknown causes normally caring men and women to become fearful and irrational. We as a society believe that everyone has a God-given right to pursue happiness and be helped. In the jargon of the state, people have a right to be helped "in the least restrictive setting possible."

But many of our neighbors believe more strongly that the help, if offered at all, should be offered in another neighborhood, if not another city altogether.

The myths that create this fear of the unknown are many. One myth that is maintained in the face of repeated research to the contrary is that group homes and community facilities for the mentally ill and mentally retarded lower the value of the surrounding property.

Another false belief is that retarded and mentally ill people pose a serious threat to those around them. A recent study published in the *American Journal of Psychiatry* reports that this is not true. In fact, the study found that "mentally disordered" persons accounted for less than 5 percent of all contacts between police and citizens. Further, that contact which was made was not likely to be the result of a crime. It was usually because others expressed concern for them or because they needed some assistance.

One-third of those contacted were the victims of crime, as opposed to being perpetrators. The results clearly showed that the great majority of the mentally

retarded and mentally ill are simply not dangerous or prone to violence.

Another myth is that group facilities are flophouses, where tenants do not hold jobs or offer anything productive to the community. The fact is that residents of agency-run group treatment facilities are all enrolled in school, involved in work-training programs or gainfully employed in the competitive world where they pay taxes, buy goods and services and contribute to the local economy.

Court-ordered deinstitutionalization has created a clear reality: If those released from state hospitals and state schools can't find community-based facilities to live in, then the only other choice is unsupervised community living, the very thing most people are concerned about.

Fear of the unknown prevents many of us from understanding that community-based treatment is not the danger we perceive. In a community where one of every five of us might have a psychiatric or emotional disorder, and where an estimated 50,000 people are considered "retarded," it seems curious that we are so afraid and intolerant of such common problems.

Conservatively speaking, there are more than 250,000 people living among us who are "those people." It is literally impossible for all of them to be in the same neighborhood. We fail to realize that not recognizing their existence is not the same as their not existing.

Another issue that perpetuates the problem is the confusion most people have in distinguishing mental retardation from mental illness. Some retarded people are mentally ill. And vice versa. But mental retardation is not mental illness. Retarded people and their families did not choose for them to be retarded. In many cases it is the result of an accident in which a once-proud and healthy youngster suffers irreversible brain damage

and becomes "one of them." In others, the causes are more secret, locked away in the genes and chromosomes.

Certainly no one chooses to be emotionally disturbed or ill. It might happen because an unexpected toxic stress occurs to the person's system (lead poisoning, toxic drug reaction of prescription medicines or unknown imbalances of the chemicals of the body). In some cases, it is related to unexpected trauma that the individual experiences and fails to cope with. How much does it take to shove someone over the edge? We usually don't know until we find ourselves as "one of them."

It is impossible to do away with mental illness and mental retardation. It is equally impossible to completely eliminate people's fears and resistance to community-based group homes. It is possible, however, to ease the tension that exists between the helpers and those in our community who fear those who are being helped. Such easing of tension comes from awareness and education.

Those of us who know that the myths are untrue, and that "those people" may very well have once been "one of us," must speak out as advocates and educators. All it takes is an accident—an accident at birth, an accident in traffic or an accident of unknown origin—to become "one of those people."

John F. Kennedy once said, "We as a society are judged by how we treat the weakest of our members." Through education and awareness, I hope we can learn to treat them with caring concern, lest "it" happens to us or to one of our loved ones. □

Richard E. Garnett, Ph.D., is an administrator for Tarrant County MHMR Services, Fort Worth. His article originally appeared in the Fort Worth Star-Telegram.

A 30-Day Solution: It's working for Julia

By Linda Hull, Robyn Dean,
Suzanne Stafford



Julia Wakefield, shown with her mother, Jane Wakefield, Beaumont, was enrolled in a Beaumont State Center early childhood intervention program within 30 days of the time her parents contacted the center seeking help for their daughter. She is now developing without further delay.

Last November the parents of eight-month-old Julia Wakefield called the Beaumont State Center (BSC) seeking help for their baby. They were alarmed because Julia appeared to be unable to pull herself up and walk.

The day Julia's parents contacted the center, the process to obtain the right kind of help began.

Within two weeks, Julia's social history and her psychoeducational, physical, physical therapy, speech and audiological assessments were completed.

A staff meeting was held on Dec. 4 to determine Julia's needs and how the center could best meet them.

The decision was made to enroll Julia in the early childhood intervention infant stimulation program. The result is that Julia is developing without further delays. Center staff provide Julia services once a month and monitor her progress.

The process went so smoothly and help was so quickly obtained for Julia because behind the scenes BSC had initiated a new client entry process. The new system operates under stringent guidelines to ensure that clients are enrolled within 30 days of applying for services and that the needed services are offered in the most efficient manner.

This is how the process works. An intake worker receives the referral information and assigns a

case manager to coordinate the client's program. Other core team members are assigned to make the necessary assessments.

Within five days the case manager obtains the client's social history, determines if further testing is needed and notifies team members that they are to conduct assessments. After the completion of all assessments, the core team meets with the client and the parent or guardian to discuss test results and recommendations. If a program placement is recommended, the client's individual program plan is developed and the enrollment is completed at the same meeting.

To meet the 30-day deadline, the professional staff must exchange needed information quickly. Therefore, as a first step in developing a complete client information system, the center assigned its new data processing department the task of providing automated support for the client entry process.

Thus, information on each new client referred to the center is routed not only to the case manager but also to data processing where it is entered into the computer. A computer-generated report notifies all team members that a referral has been received and that they have been assigned to perform an assessment. When the social

history is complete, team members are notified so that they may begin their assessments.

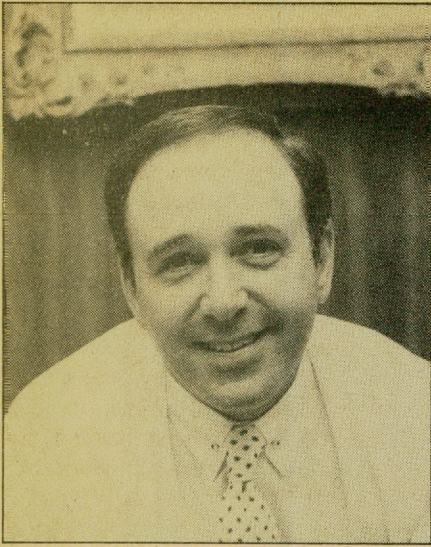
To further expedite the process, case managers are furnished a weekly report giving the client's status in the entry process. Professional staff members receive a weekly list of assessments they are assigned, the demographic information and a staffing date projected by the computer to be within 30 days of the referral.

The computer generates monthly reports that detail the number of referrals received and the age and disposition of each one, the number of completed or outstanding assessments, the average number of days from referral to enrollment, and a current list of clients enrolled in each program.

Run on an IBM-PC XT using the Metafile database software, the program requires at least 256K memory and, when complete, will be menu driven. Center staff did all the programming. All paper flowing to and from data processing is computer generated and user friendly, requiring only brief information such as dates and yes or no answers.

Everyone involved in this client entry process at BSC is learning to make needed services available to the client rapidly. The goal is to expand the system to include all service provision, from enrollment to discharge. □

The co-authors of this article are Beaumont State Center employees: Robyn Dean, data processing supervisor; Linda Hull; administrative technician; and Suzanne Stafford, administrator of quality assurance.



COMMISSIONER'S REPORT

Gary E. Miller, M.D.

The commissioner meets periodically with employees in Central Office to update them on administrative news. Following are excerpts from his Feb. 18. talk.

By now, we're all aware that the State of Texas and the country as a whole are facing serious fiscal times.

Because of the heavy dependence of our state economy on revenue from oil, we will feel the effects of the drop in oil prices acutely. This, combined with the impact of the Gramm-Rudman legislation, which will reduce federal funds to all state agencies, makes the economy look pretty precarious in Texas, certainly for the next biennium.

When the Legislature meets in January 1987, its members will have to make some difficult decisions about financing state government for the next two years. The governor is calling for a 13 percent cut in agency budgets. At a meeting yesterday of 14 agency heads, he asked state agencies to do whatever they could to reduce expenditures in the remainder of fiscal years 1986 and 1987, in order to prepare for what he projects will be a reduction in overall state government operating budgets in fiscal years 1988 and 1989.

In making this request, the governor is keenly aware of the differences among state agencies. He's aware that our agency as well as the Department of Corrections, is unique in that we are operating under federal court orders, that we are a labor-intensive agency for patients and clients in residential programs with three shifts a day, and that the bulk of our budget is invested in direct care and professional people in our state facilities.

It's very difficult to absorb reduc-

tions in facilities, first, without seriously affecting the level of care, and second, without jeopardizing our compliance with standards—those of ICF-MR (Intermediate Care Facilities for the Mentally Retarded), JCAH (Joint Commission on Accreditation of Hospitals), those required by the two class-action lawsuits and our own standards.

Nevertheless, we plan to do our part and go that extra mile by identifying areas where we can make reductions. We can institute those reductions this biennium to demonstrate that we recognize the problems the state faces and will cooperate with the governor and other state leaders.

With the state facing tough fiscal times, careful, creative budgeting becomes more critical than ever before. We'll be applying the principle of priorities—determining what is most crucial, what is less crucial, what can be assigned an intermediate priority status, and how we'll present our budget to the Legislative Budget Board and the governor's budget staff.

The CO executive committee and I will meet today to examine our current budget, as well as our budget for the next biennium, with an eye toward reducing expenditures that will still allow us to continue to meet the demand for state services without cutting quality.

REGIONAL PUBLIC HEARINGS

In the budget and planning process, we are taking a different approach this time under the direc-

tion of Tom Suehs, deputy commissioner for management and support, by having regional public hearings to obtain citizen input.

The hearings, held at eight locations throughout the state in January and February, gave citizens an opportunity to comment on three areas: our budget, state plan and use of federal block grant funds.

Among those attending the meetings were consumers, providers, members of advocacy groups, legislators, people from our own facilities and community MHMR centers, and independent citizens.

Before proceeding with our budget planning for fiscal years 1988 and 1989, we wanted the public's thoughts and ideas about where the emphasis should be placed in our budget request.

The regional hearings were also designed to elicit comments concerning the state plan, which is required by Senate Bill 633. The initial strategic plan, as you know, was approved by the Texas Board of MHMR in December.

At the hearings, there were many questions about the plan's "single portal of entry" concept and some of the plan's minor nuances. People concerned about the dissolution of state facilities expressed fears. Others, interested in expanding community services, expressed concerns about "all the money tied up in the institutions."

The third topic covered at the hearings was federal block grant funds, which we share with the Texas Department of Alcohol and Drug Abuse.

We gathered a great deal of information at these hearings about what people statewide think is important. We will be analyzing all the comments and will take them into account as we make decisions about planning and budgeting.

On Feb. 27, my staff and I will meet in a work session with the board to review what it will cost to implement the six-year plan in our department. We're going to look at all our options: doing some things now, doing some things later, doing everything now, doing most of it in the next two years and spreading it over six years or longer.

REVIEW OF DEPARTMENT OPERATIONS

We have been working closely with the two key groups that are reviewing the department: the Texas Commission on Economy and Efficiency in State Government (E&E) and the Sunset Advisory Commission (SAC).

Mr. Suehs and his staff have worked with Jess Irwin, executive director of the E&E, to develop a plan that will outline the interactions between the E&E and the department. We will continue to help them achieve their goals as set forth in their charge from the Legislature.

On Jan. 21, our department and the SAC staff co-sponsored a large meeting and invited representatives of all the constituencies of the department.

People were objective in setting forth their particular concerns

"We plan to do our part by identifying areas where we can make reductions."

about the department and things they would like to see changed in the laws related to our agency.

Bill Wells, SAC executive director, did a fantastic job in chairing that meeting. He showed extreme perceptiveness in asking probing questions that clearly indicated that he had heard and understood what people said.

He is aware of some of the competing interests and conflicting requirements placed upon us by various groups represented at that meeting.

Mr. Wells pointed out that the SAC had never held a meeting of that type and said he was pleased by it. We're continuing to work closely with him.

MANAGEMENT STUDY GROUP

Another new initiative by the department is the Management Study Group (MSG), which is being spearheaded by James A. Adkins, executive deputy commissioner.

The MSG will be an independent group of management experts who will observe our agency and how we do business, then make recommendations for improvements. The review will begin in March and will cover a two- to three-month period.

The purpose of this initiative is to provide some assistance to the E&E and SAC as they review the department. Both those bodies will be involved at every point in the process. The MSG will provide an in-depth review that time would not allow those commissions, given their staff complement.

Members of the MSG will be executives from large corporations for the most part. Some will be recently retired vice presidents or chief executive officers. Others will be individuals who currently are corporate executives.

Also, several state agency chiefs have agreed to contribute top executives from their ranks to serve in this group. Among those agencies are the Department of Human Services, Department of Parks and Wildlife, Department of Public Safety, Department of Highways and Public Transportation and the Comptroller's Office.

We anticipate that the MSG will report that every now and then we do something right. In fact, I expect them to find we run a pretty good shop and that we have good people in the field and at CO who are hard-working and efficient and who do a good job of managing a large system.

I think they will also find some areas where we can improve with change. Some of those things may require action by the Legislature. In those areas, the recommendations will be referred to the E&E and the SAC.

We expect the MSG also to make some recommendations for improvements that we can implement immediately without legislative action.

At its most recent meeting, the Texas Board of MHMR approved the MSG project and vested Chairman R. Coke Mills with responsibility for appointing members of the group.

THE TRUTH ABOUT TDMHMR

Other issues the CO executive committee is now grappling with are how we fund our operations—the bases for funding formulas for community centers and facilities—and how we can better communicate to the public the truth about our agency.

Unfortunately, the truth has been skewed in the minds of many because of negative publicity on isolated incidents that are few in comparison to the vast numbers of good deeds and constant good work performed by our employees on behalf of those we serve.

The board and I are concerned that not only the public but also that the people who, in effect, hold the fate of the mentally ill and mentally retarded citizens of Texas in their hands—members of the Legislature, the governor, lieutenant governor—know the truth about our agency.

I believe that we run a first-class department, and although I may be prejudiced, my opinion has been repeatedly confirmed by people who are familiar with MHMR facilities in other large states such as New York, California, Michigan and Illinois.

We not only provide excellent services. We do it with remarkable efficiency, in that we operate with considerably less money than most other large states.

Therefore, we are seeking ways to correct false impressions and to convey balanced information that accurately portrays this agency, its employees and those we serve.

PERSONNEL CHANGES

Senate Bill 217, as you know, authorized the creation of the director of operations position. I would like to introduce officially, although he's been around a few weeks already, Wesley L. Hjernevik, whom the board approved at its January meeting as director of operations.

Mr. Hjernevik has already in-

volved himself in some of the major issues facing the department. He is a creative individual who challenges assumptions and is interested in new approaches to running the agency.

He's had long experience in public services, having worked in both federal and state government. He worked for several years at the Texas Department of Human Services. He was a major executive at NASA during some of its pioneering programs, such as the landing of the man on the moon and Mercury and Apollo projects. He has also had experience in the Office of Economic Opportunity in Washington, D.C., and in other positions within the U.S. Department of Health and Human Services.

Since the last time we met, Dr. Jimmie R. Clemons, our esteemed deputy commissioner for MH services, has left the department to join the private sector. He charted a visionary, bold course for MH services in the state by inventing the "single portal of entry" concept which has attracted much attention around the state.

Dr. Clemons' current position is medical director for substance abuse and psychiatric services for the Republic Health Corporation, a large national health care conglomerate based in Dallas.

We are fortunate, however in being able to persuade one of our outstanding mental health leaders in the state for a number of years, Dr. Frankie Williams, superintendent of Vernon State Hospital, to come to Austin to serve as the acting deputy commissioner for MH services. She has taken up the challenge of directing the state's MH services and is keeping the momentum rolling.

Other people who recently have joined us are Carolee Moore, assistant deputy commissioner for MH services, Region 4, who comes to us from San Antonio State Hospital; James D. Vaughan, assistant deputy commissioner for management and support, formerly of the Texas Department of Human Services; and Cindy Scaglione, RAJ coordinator, formerly of the attorney general's office. □

Management Study Group to review department operations

A management study group, composed of senior business and state agency executives, began a review of the administrative practices of TDMHMR in March.

Formation of the group, recommended by Commissioner Gary E. Miller, M.D., was approved Feb. 28 by the Texas Board of MHMR. The board will appoint the panel for the study.

"We want a review of the department which could result in improved management practices and greater efficiency," Dr. Miller said, "and this will be in addition to the current work by the Sunset Advisory Commission and the Commission on Economy and Efficiency in State Government."

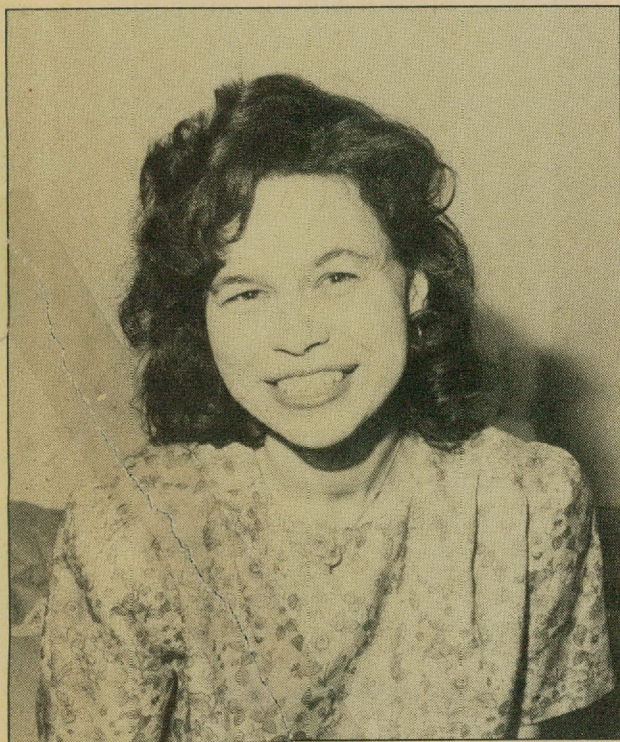
The panel will concentrate on TDMHMR's management of human resources, finances and contracts, service delivery and administrative structures and practices.

"We expect recommendations," said R. Coke Mills, Waco, chairman of the Texas Board of MHMR, "and some could be implemented without legislative action and some may require changes in the law or in the appropriation patterns. Whatever it takes, we're seeking maximum efficiency in our operations."

The Texas Research League, the University of Texas LBJ School of Public Affairs, the Sunset Advisory Commission and the Commission on Economy and Efficiency in State Government assisted in planning for the review and recommendations for the panel. □

Why I want to go to a halfway house

By Barbara Watson



I want to go live on my own so I can have my own job. I would go to work every day and sometimes come in and fix my dinner. Some mornings I'd cook breakfast. Sometimes I'd come in from my job cook supper if it was my turn. Sometimes I'd sweep, make beds, clean the kitchen. I'm trying to do good so I can go to a halfway house.

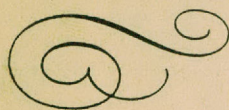
There's a housemother and a housefather that come and go and I think I'd enjoy them seeing after me. I'd go to the mailbox to see if I got mail every day. I'd do things for the supervisor when they ask.

You get to go on trips and everything else. Go to the movies. Pick a park and have a picnic in the park. Get to go to the doctor outside. Mow the yard. Pick up grass around the sidewalk. I'd like to live on my own and think I'd enjoy it.

I would like to live on my own if everyone agrees that I can 'cause I really want to. I think I'd be doing it on my own. I hope they decide and can move me on my own. I am trying to improve myself 'cause I know I want to be on my own.

Barbara Watson is a client at Brenham State School (BSS). Her social worker reports that Watson currently is being considered for community placement. Watson's essay originally appeared in Huisache Dispatch, the BSS newsletter.

Preston E. Harrison Award



Winner Earns Honor and Cash

The TDMHMR employee who is the recipient of the first annual Preston E. Harrison Award will receive, in addition to an engraved plaque, the sum of \$500, Commissioner Gary E. Miller, M.D., announced in March.

To be nominated for this prestigious and valuable award, the winner must have a minimum of two years of full- or part-time departmental employment and be nominated by a TDMHMR employee.

The award, initiated by Dr. Miller, is in honor of the late Preston E. Harrison, M.D., a longtime Big Spring State Hospital superintendent. Dr. Harrison was acclaimed nationally for his numerous innovative and successful approaches to mental health services.

Nominees will be judged according to the following criteria:

Creativity: Conceptualization or first representation of new ideas, systems or original approaches leading to improved services to clients and methods of management. These could be in such areas as staff morale, wellness and attendance.

Innovation: The introduction or actual implementation of ideas, systems or approaches new to the TDMHMR service system.

Efficacy: Efficiency and effectiveness, as measured by better quality, increased quantity, or a time or cost savings.

The 1986 nominations for the award must be received no later than May 15, 1986. Nomination forms should be addressed to Volunteer Services, TDMHMR, P.O. Box 12668, Austin, TX 78711-2668.

A nomination form appears on the opposite page. Additional copies are available from the office of TDMHMR superintendents or directors.

After 1986, the deadline for award nominations annually will be March 15.

All nominees will receive a letter from the commissioner, acknowledging their nomination and congratulating them for their recognition by the nominating employee.

A seven-member selection committee, with

representatives from mental health and mental retardation facilities and Central Office will choose the award winner and nine finalists. Committee members must have been employed by TDMHMR for at least two years.

The 1986 selection committee members include Peggy Perry, Austin State Hospital director of quality and standards; Willie Fay Eaton, Vernon State Hospital licensed vocational nurse; Theresa Stallworth, M.D., San Antonio State Hospital director of community programs; Glen D. Weise, Travis State School business manager; William (Bill) Fox, Austin State School dormitory supervisor; Betty McCain, Richmond State School unit supervisor; and Pamela A. Carley, Central Office director of client services and rights protection.

Dr. Miller will announce the award winners and the date of the 1986 ceremony, to be held at Big Spring State Hospital, in recognition of Dr. Harrison. Future award ceremonies will be conducted at the winner's place of employment.

Gov. Mark White will be invited to attend the Big Spring reception to meet the honorees.

Dr. Miller will make the presentation of the plaque and monetary prize to the winner and give certificates of appreciation to the top nine finalists for their contributions.

Permanently displayed at Central Office will be a Preston E. Harrison Award plaque whose inscription will describe the significance of the honor. The name of each annual winner will be engraved on this plaque.

A nine-member Preston E. Harrison Award Committee, appointed by Dr. Miller, established guidelines for the new employee recognition and named the members of the awards selection committee.

Nancy Barker, CO, serves as chair, and members are Bill Jacobs, Austin State Hospital; Bob Von Rosenberg, Big Spring State Hospital; Sarah Kegerreis, Terrell State Hospital; Bob Jorda, Mexia State School; Bertha Patton, Travis State School; Harry Heyman, Amarillo State Center; and CO resource personnel, James L. Harris and Bettilynn Rust. □

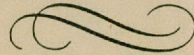


Preston E. Harrison Award Nomination Form

The first annual Preston E. Harrison Award will be presented to a Texas Department of Mental Health and Mental Retardation employee who has made a significant contribution toward achievement of the department's mission and goals.

The award is named in honor of the late Preston E. Harrison, M.D., a superintendent of Big Spring State Hospital and an innovative leader in mental health services.

All full-time and part-time employees employed by TDMHMR at least two years are eligible to receive the award.



1. Name of employee nominated _____
2. Facility _____
3. Classification title _____
4. Working title _____
5. Telephone number of employee _____
6. Name of employee's supervisor _____
7. Describe the service, idea, approach or other factor which you believe qualifies this employee to receive the Preston E. Harrison Award. Attach a typewritten narrative of no more than three pages (may be single-spaced.)* The narrative must address creativity, innovation and efficiency. The nominee can be at any level of employment.
Creativity - Conceptualization or first representation of new ideas, systems or original approaches leading to improved services to clients and methods of management. These could be in such areas as staff morale, wellness or attendance.
Innovation - The introduction or implementation of ideas, systems or approaches new to the TDMHMR service system.
Efficacy - Efficiency and effectiveness as measured by better quality, increased quantity, or a time or cost savings.
8. Attach documentation (letters, newspaper articles, publications and testimonials) to support this nomination. Do not exceed five pages of documentation.*
9. Name of nominator (must be a TDMHMR employee) _____
10. Address of nominator _____
11. Telephone number of nominator (at work) _____

Nominations must be received no later than May 15, 1986. Send the nomination form to:

Volunteer Services
Texas Department of Mental Health and Mental Retardation
P.O. Box 12668
Austin, Texas 78711-2668

* Note: Additional materials and information may be requested for award finalists.

Hjornevik Assumes Director of Operations' Role

Wesley L. Hjornevik of Austin, was appointed TDMHMR director of operations, and his selection was approved by the Texas Board of MHMR Jan. 31.

Hjornevik, a career government-business administrator, was selected for the newly created post by Commissioner Gary E. Miller, M.D.

The new director of operations previously served as deputy commissioner for management with the Texas Department of Human Services and will assist Dr. Miller in administering TDMHMR's programs and operations.

"Of the many qualified applicants for the position," said Dr. Miller,

Sherry L. Grona



"Hjornevik offers administrative experience that is exceptional."

Hjornevik's 24-year career with the federal government included assignments with the National Aeronautics and Space Administration for 12 years, where he served as the director of administration during the establishment of the Manned Spacecraft Center in Houston. Other federal government service posts he held were deputy director for the Office of Economic Opportunity; assistant to the under secretary of the Department of Health, Education and Welfare; and examiner for the Bureau of the Budget.

Texas Board of MHMR Chair R. Coke Mills, Waco, said, "The department will benefit greatly as the new director of operations takes his place as an integral part of the management team at TDMHMR."

Hjornevik graduated from North Dakota State University in Fargo, with a degree in economics. □

Regional Hearings Draw 700 Citizens

Nearly 700 people attended eight public hearings held across the state by TDMHMR to obtain public comments on the initial strategic six-year plan; on the biennial budget request for fiscal years 1988 and 1989; and on the use of the mental health portion of the federal alcohol, drug abuse and mental health block grant for fiscal year 1987.

Two-hundred seventy people offered written or oral testimony at the hearings, which were conducted in El Paso, Lubbock, San Antonio, Harlingen, Waco, Arlington, Lufkin and Houston between Jan. 28 and Feb. 13.

Represented were parents and family members of people with mental illness or mental retardation; a number of advocacy and consumer groups; MHMR and other human service providers, public and private; state legislators; members of the TDMHMR legislative oversight committee; county and city officials; and other interested persons.

On the panel receiving the

testimony were members of the Texas Board of MHMR and Citizens Planning Advisory Committee and assistant deputy commissioners. Buddy Matthijetz, director of strategic planning, chaired the panel.

Commissioner Gary E. Miller, M.D.; Wesley Hjornevik, director of operations; and Thomas M. Suehs, deputy commissioner for management and support were panel participants in various hearings, as their schedules permitted.

"We gathered a great deal of information at these hearings about what people statewide think is important," Dr. Miller said. "We will analyze all the comments and take them into account as we are making decisions about future planning and budgeting."

Department reports show that more than 50 people cited the need to broaden the definition of priority populations for MH and MR services variously to include such groups as children and adolescents, substance abusers and homeless

mentally ill.

Opinion was evenly divided on the "single portal of entry" concept, which, as stated in the initial six-year plan, would permit access to MH services only through the local MH authority. Department officials said those favoring the concept underlined the need for adequate funding and implementation of the core services, while those opposed said multiple portals of entry are needed.

Participants spoke in favor of more community residential services, more respite care, a balanced system of services, more counseling for clients' families, adequate follow-up and aftercare, and more funds for autistic clients.

Many said that funds should be shifted to community programs so as to "follow the clients." Numerous others spoke of the need to increase funding and beds for state schools.

Other subjects discussed included extended rehabilitation and transitional services, tertiary hospital care, regional monitoring of services and local service needs.

In addition, many parents and family members expressed gratitude and support for the staff and services provided at several of the facilities and community MHMR centers. □

Security beefed up at Austin State Hospital

Additional 24-hour security measures at Austin State Hospital (ASH) will be in place around the first of April, according to State Rep. Bob Richardson and ASH Superintendent Harold (Kenny) Dudley Jr.

The security effort is in accordance with the recent recommendations of a study made for the hospital by the Texas Capitol Security Police Department, at the request of Dudley and Richardson.

Dudley said the program will be financed with funds from unit reorganization, some employee attrition, management efficiency and the installation of labor-saving equipment.

In addition to adding security personnel, the hospital is limiting the hours gates are open, improving visibility on the campus and educating staff in safety. Said Richardson, "We are still trying to find the funds for lighting improvements, but I am very optimistic that we can take care of that problem."

Richardson worked with Dudley and the hospital staff to identify some of the security needs.

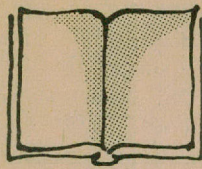
"It's gratifying to have a quick response and to see cooperation at work among the Texas Department of Mental Health and Mental Retardation Central Office, the hospital and Capitol Police personnel," Richardson said.

Texas Board of MHMR Chairman R. Coke Mills, Waco, told Richardson, "The department appreciates the time and personal concern you devoted to helping so constructively with this situation."

"Patients will continue to receive the needed care and treatment services in a secure environment," Commissioner Gary E. Miller, M.D., said. □



David E. Pennell, standing at the Austin State Hospital gate, is one of eight security guards who will be on duty around-the-clock as of April 1 to protect hospital patients and employees.



Bookmark

Two new books on the CO library shelves are worth looking into, says Becky Renfro, CO librarian.

Schizophrenia: Straight Talk for Families and Friends: Offers accurate information about possible causes, treatments and myths surrounding this common but misunderstood disease.

Author Maryellen Walsh, who has two family members suffering from schizophrenia, writes a per-

sonal account of the disease and gives practical suggestions to help family members rid themselves of some of the guilt feelings they may harbor.

The New Economics and Psychiatric Care: As the rules for financing medical care change, new systems of care beginning to emerge in the 1980s challenge psychiatrists, other physicians and mental health professionals.

This book, edited by Steven Sharfstein, M.D., and Allan Beigel, M.D., provides ideas and perspectives on economic, legal and clinical challenges facing the public and private sectors.

Included in this volume is a chapter by TDMHMR Commissioner Gary E. Miller, M.D., entitled "The Public Sector: The State Mental Health Agency."

For more information about these books or CO library services and materials, visit the library or call Renfro at 512-465-4621 or STS 824-4621. □

Agencies cooperate to serve substance abusers

We have become aware of much concern about potential changes in substance abuse treatment as it relates to our agencies, and we want to jointly address these matters and hopefully provide some reassurance.

Senate Concurrent Resolution 64, passed during the recent legislative session, requests that the Texas Commission on Alcohol and Drug Abuse and the Department of Mental Health and Mental Retardation cooperate in devising ways to eliminate the admission of alcoholic patients to state mental hospitals. It further directs the Commission to design a system to divert alcoholic patients into community-based detoxification and residential programs.

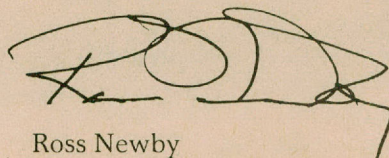
This resolution has been misinterpreted as implying that TDMHMR is now or will very soon be closing its state hospital substance abuse units. Clearly, such a move is not mandated by the resolution, and TDMHMR remains committed to serving substance abusers in hospitals in the absence of appropriate community options. The Commission is organizing a task force including MHMR representatives and others, to delineate what those community services should be, and at what cost.

The state hospitals were never intended to be regional detoxification centers, although they have been occasionally viewed and used as such. The long-standing intent of TDMHMR has been that evaluation and detoxification should be done

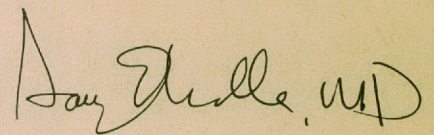
in the community wherever possible, with the state hospital remaining a back-up resource. If and when adequate community options become available, state hospital substance abuse units can be altered in character accordingly. We believe that the development of a well-coordinated plan is necessary, not only because of SCR 64, but for the good of our clientele.

There has, of course, been a philosophical movement toward community-based services for alcohol abuse, drug abuse and mental health problems for years now. In accord, some progress toward community expansion has certainly occurred. As an example, some of the Commission's "730" funds from the 67th Legislature have been appropriated specifically for community services. Similarly, the impact of Senate Bill 633 on furthering community mental health and mental retardation care promises to be significant.

Developing a more highly coordinated system of care in Texas means change, but it does not suggest a loss of services. Through cooperative program planning, we expect better care for all our clients. Through cooperative budgeting, we hope for increased funds and reduced duplication of effort. Through cooperative training and networking activities, we look forward to improved communication, understanding, and referral procedures among service providers.



Ross Newby
Executive Director
Texas Commission on Alcohol
and Drug Abuse



Gary E. Miller, M.D.
Commissioner
Texas Department of Mental
Health and Mental Retardation

New managers join CO team

Representatives of 15 advocacy groups met with members of the Sunset Advisory Commission and the TDMHMR administrative staff on Jan. 21 to discuss potential legislative issues.

Bill Wells, director of the Sunset Advisory Commission and chairman of the meeting, said that this meeting was the first of its kind, bringing special interest groups together with the SAC and the agency under review.

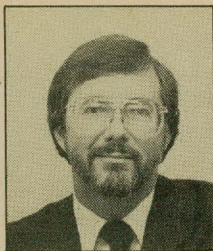
Participants submitted more than 63 issues for the SAC members and staff to consider in their review of TDMHMR.

Among those issues were: the need for services for people with mental retardation who have committed a criminal act, other than in existing state schools; assuring adequate standards if services are privatized; how proposed expanded community programs will address the needs of clients discharged from MHMR facilities and their families, particularly regarding housing and availability of services and resources.

Also, what TDMHMR can do to compete with the private sector in terms of salaries and benefits in order to prevent good personnel from moving into the private sector; the need for a client identification number system as a basis for budget and program planning; whether all patients in need of hospital care will have it available to them; and how employee morale can be improved.

The SAC will make recommendations to the Texas Legislature in 1987 regarding the future of TDMHMR and laws governing it.

Wells thanked Commissioner Gary E. Miller, M.D., for the idea of the interest group meeting and said his staff hoped to use it in the future. □



Sherry L. Grona

James D. "Don" Vaughan is the new assistant deputy commissioner for management and support/management analysis and management reporting unit. His group is responsible for providing management assistance in the form of consultation and work studies to Central Office and MHMR facilities. The management reporting unit coordinates all requests for data on the agency to ensure accuracy and consistency in the agency's response.

Vaughan comes from the Texas Department of Human Services (DHS) where for the last four years he was administrator of the management analysis services division. His responsibilities there included performing cost-benefit analysis of automation projects and evaluating the impact of the agency's efforts to automate the

food stamp and AFDC eligibility determination process.

During his 11 years at DHS he also served as research director for the Texas response to the White House Commission on Families and as a research associate with the Texas Legislature's Joint Commission on Long-Term Care, a study that received a national award for its research design and implementation. It resulted in the successful passage of nine bills.

He has a bachelor's degree in economics from West Texas State University, master's work in economics from Texas Tech University, and post-graduate work in community and regional planning with a speciality in regional economics from the University of Texas at Austin.

Vaughan enjoys travel, photography, golf, tennis and, so far, he says, his new job.



Sherry L. Grona

Carolee C. Moore recently joined the Central Office staff as the Region 4 assistant deputy commissioner for MH services.

Moore comes to Central Office from San Antonio State Hospital, where she had worked since 1975. Most recently, she had served as director of case management since July 1985.

Before that, from 1977 to 1985, she directed the hospital's transitional living unit, where she worked extensively with the Fairweather program—locally, statewide and nationally through consultation.

From 1975 to 1977, she worked on the SASH alcohol and substance abuse unit.

Moore also gained experience as a caseworker with the Texas Department of Human Services from 1969 to 1972 and as a teacher from 1965

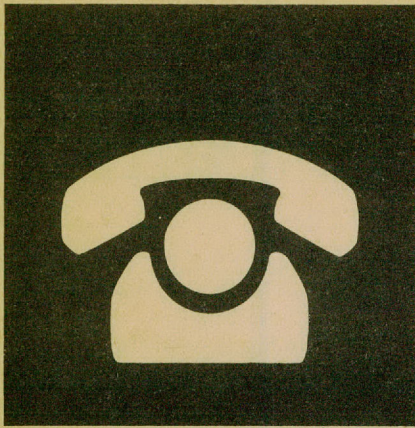
to 1968.

She received a master's and bachelor's degree from Our Lady of the Lake University, San Antonio.

Moore has participated in numerous community organizations as a volunteer and as a board and advisory board member.

She and her husband, David Plylar, have two children, Miguel, 9, and Kristen, 8. The family enjoys music, sports, camping and flying. Moore and Plylar are both licensed pilots.

Centers and facilities in Moore's region are: Rusk State Hospital, Harris County Psychiatric Center, Deep East Texas Regional MHMR Services, MHMR Authority of Harris County, MHMR Regional Center of East Texas, Gulf Coast Regional MHMR Center, Sabine Valley Regional MHMR Center, MHMR of Southeast Texas and Tri-County MHMR Services.



New communications unit helps save dollars, increase employee productivity

Remember all the commotion that began a couple of years ago when AT&T split up? The confusing bills, higher basic service rates and being faced with decisions about whether to buy or rent your phone and, more recently, who to choose for your long-distance company?

If all those changes made you slightly uneasy, then you can imagine what TDMHMR was facing with its thousands of telephones operating under 28 different systems statewide.

To simplify matters, the department created a communications section in June 1985 to assume responsibility for managing departmentwide telecommunications.

David Stewart, manager of the office of telecommunications services (OTS), and Peggy Aldridge, telecommunications specialist, handle planning, installation, operation, maintenance and major modifications of telephone systems in TDMHMR facilities.

"Telecommunications is a rapidly changing business," Stewart emphasizes. "Technology is changing, the vendors are changing, product offerings are changing, and rental prices are increasing," he says. "The challenge is to stay abreast of everything that's going on."

One advantage the OTS has, he says, is being in Austin, where the state agency account representatives of communication vendors are located. "We can easily contact them and then disseminate the information to our facilities."

OTS's initial objectives, Stewart says, are to implement recommendations of a comprehensive tele-

communications study performed by consultant Arthur Andersen & Co. and approved by the Texas Board of MHMR in October 1985.

In accordance with the recommendations, OTS in the past three months has guided facilities and CO through the purchase of existing telephone systems in 18 locations.

Currently, OTS is in the final stages of preparing specifications for equipment purchases in five other locations—Abilene State School, Rio Grande State Center, El Paso State Center, Rusk State Hospital and Kerrville State Hospital.

Stewart says these new systems will be installed by Aug. 1, 1986. They will allow for simultaneous transmission of voice and data, a feature the older Dimension systems lack unless they are fitted with expensive additional equipment.

The new systems Stewart says, will be much more reliable than those now in-place, because replacement parts and trained maintenance technicians are readily available. Some of the systems are so old that replacement parts can no longer be obtained and technicians have not received factory-authorized training on the equipment.

The new systems have features that increase productivity and save money. Automatic call-back, for instance, also known as trunk queuing, relieves the caller of having to try repeatedly to get an outside line. When receiving an all-trunks-busy signal, the caller simply enters a two-digit code and then is called back when a trunk becomes available.

Speed-calling allows for up to 10 numbers to be stored in memory of any telephone. By dialing a two-digit code, a local or long-distance number can be called. Up to 100 frequently called numbers can also be programmed in the system by the PBX console operator and made available to most telephone users.

A feature that will give us a good handle on controlling our communication costs, says Stewart, is telephone cost accounting, which stores information on all calls in the memory of a computer terminal.

"We'll be interested in looking at any call that has a cost associated with it," he says. This will help in tracking inappropriate use of the STS network, failure to use the STS for intrastate calls and unnecessary calls to the information operator.

"Information calls, for instance," Stewart says, "cost 30 cents each for local numbers and 60 cents each for long-distance numbers, and those really add up. Many people call information when they could request help from our own PBX operators. They have telephone directories for most Texas cities."

Another important endeavor now under way at OTS is the preparation of bid specifications for agencywide interstate long-distance calling. "We're hoping that our volume of out-of-state calling will encourage the long-distance carriers to provide us a good discount that would bring a considerable savings."

Once the equipment purchases are completed, OTS will prepare maintenance and service specifications for each facility to review and

issue for their own equipment. On the basis of these specifications, vendors will be selected to maintain and service the equipment.

COMNET, the department's statewide teleconferencing system, which was created in July 1981, now operates under the OTS.

Joy Tucker, COMNET coordinator, says the teleconferencing system has become a real money saver. "We saved \$57,500 in travel expenses in the first quarter of 1986," she says. "This does not even include airline fares saved." The cost of operating the COMNET system and equipment in the same period of time was approximately \$15,000. The total cost savings was \$42,500.

Stewart and his staff constantly seek new technological developments to help increase productivity or reduce costs. Currently, they are conducting two pilot programs with an eye toward greater employee productivity: a "voice mailbox" system and a video conferencing system.

The voice mailbox system, now in a three-month trial period departmentwide, puts an end to the old telephone tag problem. By dialing a special code, the caller can leave a voice message in a Dallas computer. As soon as the party at the other end checks their mailbox, they can reply. Superintendents and key personnel at all facilities have this capability.

Video work stations, being piloted at Central Office, enable the parties who have the desk-top units to see the person at the other end of the line on a video display screen. The video unit provides face-to-face interaction, thus eliminating the need to go to someone else's office.

Stewart says video conferencing could be best utilized by the department at multi-building facilities where operations are spread across large campuses. Inter-facility use, he says, is not feasible because the cost of connecting locations that aren't on the same premise is prohibitive.

"We've decided for the time being not to purchase the video system for any purpose," Stewart says. "But we'll be monitoring developments in the technology so that in the future, when funding permits, we'll be ready." □

Plans to Achieve Cost-Savings

Commissioner Gary E. Miller, M.D., requested TDMHMR superintendents and directors Feb. 28 to achieve all cost savings possible to reduce general revenue spending by 13 percent for the biennium. Dr. Miller's request came in response to Gov. Mark White's executive order of Feb. 18, directing each agency and the universities to implement cost-saving measures. Measures already instituted by the department are listed below.

Employment freeze

Effective March 1, a freeze was placed on hiring for all positions in Central Office and state facilities. Because of the high priority of quality care for clients, direct care staff in the MHMR series are exempted from the hiring freeze.

Exceptions for filling critical job vacancies will be made only by the commissioner or the director of operations.

A goal of a 5 percent reduction in administrative expenditures has been established.

In addition to a freeze on merit raises, promotions will be given only where a recent job audit by the CO classification office has recommended reclassification.

No new service contracts

New service contracts will be issued only for the provision of direct client care or to produce state savings to improve the delivery of a vital service.

Limit on purchases

All purchases of \$700 or more will require approval by the appropriate program deputy commissioner. Only essential equipment and supplies will be approved.

The planning and utilization of the vehicle fleet operation is to be improved.

Buildings and space

Construction and renovation projects will be limited to purposes of

client housing or life safety. Facility-funded construction alterations and improvements must be approved by the deputy commissioner or commissioner before they are initiated.

The current 261,021 square feet of leased space, costing annually \$1,295,286, is to be reduced by one-third by September.

Travel minimal

Out-of-state travel is halted, the only exceptions being when it is determined by the commissioner or director of operations that the trip is vital to the mission of the agency and professional training of the staff.

Texas travel expenditures are to be reduced by 20 percent of the amount budgeted for the remainder of the year.

Conservation and utilization

Maximum effort will be devoted to generating utility savings by conservation.

Each facility will submit a plan of consolidation and closing of buildings to maximize utilization. Plans also will be implemented to improve control, management and reduction of inventory.

Search for fund sources

The possibilities of cutting expenditures involve evaluating use of medicaid health insurance programs for state school clients' health care and a centralized drug distribution system, using a unit dosage system by facility pharmacies.

Medicare, private insurance and other resources will be utilized to acquire more funds to cover the costs of client care.

Plan monitor

The director of operations is to chair a committee to monitor all phases of the TDMHMR plan of savings and budget reduction. This will include reviews of each facility.

Thomas M. Suehs, deputy commissioner for management and support, coordinates the plan. □

Images

Newsmakers

► **Sam F. Rhodes**, resigned as a member of the Texas Board of MHMR, effective April 1, 1986. The Dallas business leader was appointed to the board by Gov. William P. Clements Jr. and has served since April 2, 1981.

In addition to being a member of the board business committee, Rhodes has been a member of the Long-Term Care Coordinating Council for the Elderly. Earlier he was chair of the Dallas County MHMR Center board of trustees and was actively concerned about the MHMR needs of Texas communities.

► Following the Feb. 7 ground breaking for a chapel at **Lufkin State School**, construction began on the \$459,442 complex.

Past chairmen of the Volunteer Services Council participated in the ceremony to initiate the realization of their dream of a chapel for the school's residents.

More than half of the building's cost is financed by individual contributions.

► **Sally Anderson**, who served as acting director of TDMHMR's office of information services since August 1985, was appointed permanently to that position in January.

Commissioner Gary E. Miller, M.D., announced the confirmation, saying, "Sally Anderson's background in community MHMR center and CO planning and management will bring in-

depth knowledge of the department's future needs and directions to this task."

Anderson served as acting deputy commissioner for management and support from January to September 1985.

► **Jorge A. Saravia, M.D.**, San Antonio, was appointed to a full, six-year term as a member of the Medical Advisory Committee to the Texas Board of MHMR on Feb. 28.

Dr. Saravia is a pediatric neurologist and clinical associate professor in the University of Texas Health Science Center Department of Pediatrics, Division of Neurology.

For the past seven years he has served as a consultant at **San Antonio State School** and is an advocate for the neurologically impaired.

► **Brenham State School** recently achieved two-year accreditation by the Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons (AC-MRDD).

The school's division of community services is the only outreach arm of a Texas public residential facility that is accredited by ACMRDD.

► **Joan Harman** resigned her position as training and staff resources director Feb. 1. She joined TDMHMR in that capacity in March 1983.

Executive Deputy Commissioner James A. Adkins, announcing Harman's resignation, said that during her administration there were many significant accomplishments.

"Joan leaves the department with our sincere appreciation for a job well done and with the satisfaction of knowing that she

has made an important contribution to the system," Adkins said.

► **Lee W. Yudin, Ph.D.**, executive director for seven and a half years of the **Life Management Center**, El Paso, announced he plans to leave the center.

He will be joining his wife, a metallurgical engineer, who is now working in Vernon, Calif., after accepting a transfer when the Alcoa operation in El Paso closed.

► **Paul Yeager, Wichita Falls State Hospital (WFSH)** fire and safety officer, earned an individual safety award from Attorney General James Mattox. The presentation was made at the Jan. 31 meeting of the Texas Board of MHMR.

The WFSH rate of employee injuries per 100 is 4.6, compared to 8.4 for all the state hospitals and 10.6 for TDMHMR.

► **Martin E. Tullis** is the new administrative director of the **Harris County Psychiatric Center**, Houston, which is scheduled to open in September 1986.

The 250-bed center represents a partnership of TDMHMR, MHMR Authority of Harris County and the University of Texas System.

Tullis comes from Charleston, Ill., where he served as a health care management consultant.

► **B.R. Walker, Ph.D.**, who earlier had announced his resignation, told members of the Texas Board of MHMR at their Jan. 31 meeting that he will remain in his position of **Austin State School** superintendent.

Although Dr. Walker and his family had prepared to move from the campus and embark upon a new life elsewhere, calls

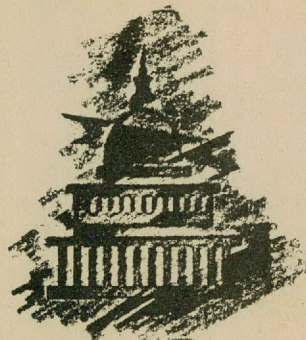
from clients' parents and a meeting with them to encourage him to remain, were so convincing he decided to continue at the school.

Board members and Deputy Commissioner for MR Services Jaylon Fincannon expressed their appreciation for Dr. Walker's 15 years of leadership at the school.

Resources

A special library of videotapes is now available through the curriculum development and audiovisual section of CO staff development services. All the tapes, which were collected from a number of TDMHMR facilities, may be checked out, but only department-produced tapes may be duplicated.

To obtain a copy of the videotape library catalog and ordering instructions, contact Peter Baer, staff development services, P.O. Box 12668, Austin, TX 78711-2668, STS 824-4523.



Copies of the *Texas Mental Health Code* may be obtained from the office of Sen. Ray Farabee, the author of the legislation revising the law.

The handbook contains the code, a summary of the Mental Health Code provisions and a guide to obtaining MH services.

Patient rights under the Code and questions and answers for MHMR personnel, parents, guardians, attorneys, peace officers, physicians and judges are included.

For a copy of the book, contact: The Honorable Ray Farabee, Senate State Affairs, P.O. Box 12068, Austin, TX 78711, 512-475-2150.

Applications for the 1986 Mary Holdsworth Butt Research Award are being accepted by the Richmond State School (RSS) advisory committee until May 31.

The award is made on behalf of Mrs. Butt, member emeritus of the Texas Board of MHMR, who has long demonstrated her commitment to serving mentally retarded individuals and to the work of TDMHMR.

The RSS Volunteer Council is providing a \$1,000 stipend to accompany the research award. The award and stipend are to honor the most outstanding research conducted during the past year for mentally retarded individuals served by TDMHMR.

Nomination forms may be obtained from James C. Griffin, Ph.D., director of special programs, RSS, 2100 Preston, Richmond, TX 77469.

Regional Monitors at Work

Five regional monitors are on the job for MR services, to observe the programs in the five administrative regions. Living in the region, monitors will visit new community residential programs prior to admission of the clients to determine their appropriateness.

The monitors are: Jim Pfanmiller, Region 1; Jim LeFan, Ph.D., Region 2; Rebecca Munguia, Region 3; Mark Johnston, Region 4; and Suzan Bryceland, Region 5.

The positions are funded by TDMHMR and Texas Department of Human Services.

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TDMHMR

Reaches out to Refugees

The National Institute of Mental Health recently awarded the department a \$168,000 grant to establish a program to assist refugees with mental health needs and problems. The funds enable the department to join the Texas Department of Health and Department of Human Services in offering special help for refugees.

More than one million refugees have settled in the United States since 1975, and 110,000 of them are now in Texas. The only state that has absorbed more refugees than Texas is California.

Most of these refugees were forced to flee their countries in the face of political and military upheaval, where they feared persecution because of their race, nationality, religious beliefs, education or economic level. As newcomers to the United States, they must make major social, cultural, economic and psychological adjustments.

Reports indicate that refugees experience a high incidence of emo-

tional distress, which can manifest itself in increased domestic violence, suicide, intergenerational conflicts and increased divorce and high-school drop-out rates.

Although the majority of Texas's refugees are from Southeast Asia—Vietnam, Cambodia, Laos—they come from all parts of the world including Eastern Europe, African and Middle Eastern countries.

Initially, refugees clustered in Texas metropolitan and coastal areas but in recent years have dispersed across the state and now also dwell in smaller cities and rural areas.

The largest populations of refugees now exist in Houston, Beaumont, Port Arthur, Austin, Dallas, Fort Worth and Amarillo, which have been identified as high-priority areas for assistance.

TDMHMR aims to develop a highly coordinated system of essential and appropriate mental health services for refugees by identifying currently available resources, mental health ser-

vice gaps and needs, and refugee community support groups.

As one of its first endeavors, the staff of the refugee assistance program sponsored a March 19 cross-cultural seminar in Houston to educate interested individuals and agencies about refugees and their experience and to allow major agencies to provide basic information regarding their functions and service criteria.

The bi-cultural and multi-lingual staff, based at Central Office within the offices of client services and rights protection and strategic planning, reports to Raymond Hoobler, Ph.D., assistant deputy commissioner for mental health services and the program's principal investigator.

Staff members are: Nadine Jay, coordinator; Vijay Ganju, coordinator of planning and evaluation; Hong-Huong Quan, planner; Cora Le-Doux, program specialist; and Joanne Hemenway, administrative technician. □



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