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and Mental Retardation
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Suzi Clawson

TDMHMR clients package sesquicentennial souvenirs

The hands of the superintendent

"I can not mention by name all who deserve it, but I must express my sincere appreciation of the faithful attendants in this asylum.

"It is certainly a truth that they are 'the hands of the Superintendent.' To their efforts and influence is often due the recovery of cases of insanity. No more deserving person lives than one who conscientiously devotes his or her time and energies to the constant care of the insane in an asylum ward."

Supt. F.S. White, M.D.
Austin State Hospital, 1893

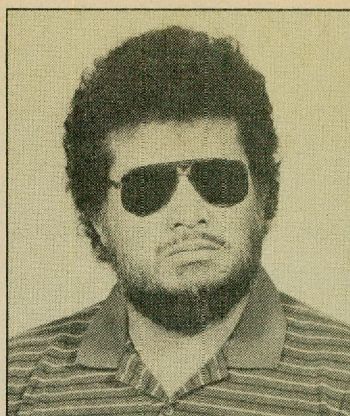
Although *Impact* published Dr. White's quote five years ago, we thought it so poignant that it was worth sharing again, particularly in this sesquicentennial year.

One of the most prestigious awards made today in recognition of outstanding direct-care service is the Mental Health Association in Texas psychiatric aide award. The men and women shown on these pages were selected as the 1986 TDMHMR winners.

Each year winners are selected locally by public and private mental hospitals in Texas that choose to participate.

Dallas County MHMR Center

Willie Thomas, affectionately called "Ms. Willie" by her coworkers, has 23 years' experience as a psychiatric aide. Nine of those years, she has spent nurturing clients of the Dallas County center. In her work as a psychiatric nursing assistant in the acute inpatient treatment unit, she exercises a unique ability to defuse tense situations, redirect energy into positive channels and help clients feel better about themselves. Her supervisor says she is energetic, responsible, flexible and eager to learn. She often acts as a balance for her fellow team members, sharing experiences, giving advice or provoking thought.



El Paso State Center

Before being hired as a center employee in 1981, Salvador Macias served as a center volunteer. Macias, who has a degree in social work, works well with members of other disciplines and is always willing to lend a hand. He is highly effective and professional, is an excellent team member and has good rapport with clients and coworkers. He was instrumental in planning the center's point store, where he has served as storekeeper and thoroughly explained to the clients how the system operates. He also helped implement the transitional living cottage concept.

Rusk State Hospital

Francie Elaine Terry, as an MHMR specialist on the intermediate care unit, is a dedicated employee who has the ability to provide quality care under difficult circumstances. She gives unselfishly of her time and effort, while maintaining a positive attitude toward patients and fellow employees and working toward unit objectives to generate a productive, cohesive work environment. Terry is sincerely devoted to the good of the patients, always being able to find time to talk with them and encourage them about their future.

On the cover:
At Amarillo State Center Work Evaluation and Training Center, Helen Bural, operates a skin-pack machine that encases sesquicentennial medallions in plastic.

San Antonio State Hospital

Gracie M. Marshall has devoted 13 years as a loyal, responsible and energetic hospital employee. During that time, she has shown an outstanding ability to function in a variety of situations in her work with acutely and chronically mentally ill patients. Willing to help wherever and whenever needed, she is outgoing, cheerful and alert to patients' needs. She is punctual and is rarely absent. Her diligence, efficiency, reliability and dependability have earned her the unqualified respect of her supervisors and coworkers.

Terrell State Hospital

For the past seven years, Frankie Land has been an outstanding employee on the multiple disabilities unit, where he works as an MHMR aide. Through the years, he has earned the respect of his coworkers and supervisors. He maintains a high standard of excellence and exercises diligence and exceptional skills in his work. Land can be relied on to accept additional responsibility enthusiastically, is considerate of others and relates well to staff at all levels. By treating patients with respect, concern and compassion, Land has helped many to identify and preserve their self-worth.

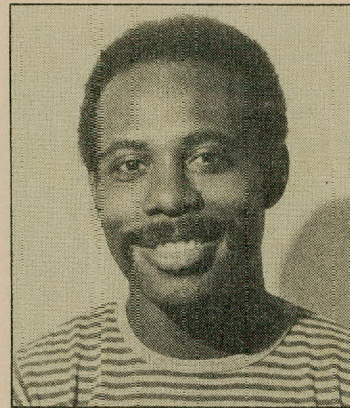
Vernon State Hospital

Mildred Scott, an MHMR specialist, is always willing to go the extra mile. A 14-year hospital employee, she is the epitome of kindness and devotion to patients, courtesy and consideration to patients' families and visitors, and cooperation and harmony with coworkers. She is gifted with an understanding nature, steadiness and calm demeanor that inspires the trust of patients and helps many of them through difficult periods. In addition to her work assignment, she voluntarily works in fair booths and other community activities to spread the good word about the hospital.

Waco Center for Youth

Charlene Spitzenberger has worked at the center since its inception in 1979 and for six years before that when the facility was under other auspices. She is now a houseparent but has also served as teacher's aide, arts and crafts instructor and mental health aide.

Spitzenberger brings to her work exceptional concern and consideration for others, serving as a role model for staff members in treatment of patients. Her devotion to patients, both on and off the job, and her loving, yet professional, manner of working with families have fostered an atmosphere of supportiveness that has far-reaching benefits for the children.



Wichita Falls State Hospital

Patients, coworkers and supervisors laud Ken Byrd for his performance as MHMR aide and service assistant. He is perhaps best-loved for his gentle manner and ability to promote harmony during stressful, anxious moments. Byrd is courteous, dependable and responsible and always seems to consider the feelings of others over his own. His creativity and concern for patients' welfare led him to develop flexible restraints that allow patients to walk, eat and socialize while restricting them from injuring themselves or others. Byrd loves sports and works with patients to involve them in team activities. In his spare time, he is a Little League football coach and wide receiver on a city team. □

A Report on TDMHMR Fiscal Incentives

By Gary E. Miller, M.D. and
William V. Rago, Ph.D.

TDMHMR used prospective payment systems to simultaneously reduce state institution populations and finance the expansion of community services. The state hospital population was lowered by more than 18 percent while the budgets of community providers were increased by 13 percent through an incentive system that paid them a fixed price for reduction of inpatient days.

In MR services, a prepaid capitation program paid local providers to develop a range of community services for state school residents. In less than a year, the state school population fell by 5 percent while community MR services' budgets were increased by 23 percent.

The nation's health care system is under enormous pressure to contain its costs, which rose from $74.9 billion, or 7.6 percent of the gross national product (GNP), in 1970 to $390.9 billion, or 10.7 percent of the GNP, in 1984.

These escalating costs have stimulated government, business and insurance companies—the entities that pay the largest part of the health care bill—to revise traditional approaches to the financing of health and mental health care.

Prospective payment systems are prominently featured in the broad range of new measures designed to curb growing health care costs. Medicare's initiation in 1983 of a prospective payment system for hospitals based on diagnosis-related groups (DRGs) and the rapid growth of health maintenance organizations (HMOs) are examples.

These and other prospective payment systems establish in advance a fixed price to be paid for a unit of health care, regardless of the unit's actual cost. The unit may range from an episode of hospitalization based upon discharge diagnosis as in DRGs, to a hospital's annual cost of providing care, to a year's provision of health services for an individual enrolled in a prepaid health plan such as an HMO.

Prospective payment systems of all types are designed to reduce the cost of health care by providing incentives to eliminate unnecessary or excessive services—especially hospitalization. Unlike traditional retrospective cost-based reimbursement systems, prospective payment systems place hospitals and other providers at financial risk. Although such systems have demonstrated their capacity to contain costs, objections have been raised about their validity and potentially adverse impact on quality of care—especially Medicare's DRG system.

Prospective payment systems have typically been sponsored by private insurers and the federal government through the Medicare and Medicaid programs.

In Texas, unique circumstances permitted the initiation of two prospective payment systems within TDMHMR. First, court orders in two federal class-action lawsuits—one involving the mentally ill, the other involving the mentally retarded—created intense pressure to reduce the population of state hospitals and state schools and to simultaneously expand the capacity of community programs to serve and sustain increasing numbers of chronically mentally ill and severely and profoundly handicapped mentally retarded individuals.

Second, the Texas Legislature conferred upon TDMHMR an exceptional degree of flexibility in using appropriated funds to achieve compliance with the court orders. Thus, court-generated pressure and legislatively sanctioned opportunities led to the initiation of a prospective payment system for the mentally ill in May 1984 and for the mentally retarded in June 1985.

Prospective Payment for MH Services

The prospective payment system for the mentally ill evolved from TDMHMR's need to comply with a federal court order that mandated staff-to-patient ratios throughout the eight state hospitals. According to the court-ordered ratios, one direct-care worker must be on duty for every five patients during the morning and evening shifts; this 1-5 ratio is decreased to 1-to-10 for the night shift.

Extending these ratios to a full year of 24-hour coverage requires that each hospital have 0.85 direct-care staff for each resident. Based on the

total average daily population for all eight hospitals, ratio compliance would have required hiring an additional 1,095 employees at an annual cost of $15,240 per employee.

TDMHMR responded to the court's mandate by proposing an alternative method for achieving compliance. Instead of hiring additional personnel at an annual cost of more than $16,000,000, TDMHMR opted to decrease its hospital population until the number of staff was sufficient to comply with the new ratios.

Once the court agreed to the alternative, the problem became one of developing a methodology for decreasing a population that had been relatively stable over the past several years. The solution was the development of a prospective payment system that gave incentives to the state's 60 local MH authorities for providing effective community alternatives to state hospital care.

$35.50 Solution

The prospective payment system for financing community-based MH care focuses on the local mental health authorities (LMHAs), which constitute TDMHMR's community provider network. Each local authority bears responsibility for state hospital patients whose county of residence falls within its designated geographic area.

Once state hospital patients were assigned to a particular LMHA, it was possible to determine a baseline hospital utilization rate for each LMHA. The baseline represents the total number of state hospital days that an LMHA's patients spent in any of the eight hospitals during the last three months of fiscal year 1983.

TDMHMR allocates funds to each LMHA based on its current state hospital use in relation to its baseline use of the hospital. That is, for each day the number of inpatient days is less than the baseline, the LMHA receives $35.50.

The $35.50 was not determined arbitrarily, but rather is the product of TDMHMR's ability to pay. If the 1,095 additional hospital employees had been hired, the $16,000,000 for their salaries would have been going to state hospitals at a time when progress toward TDMHMR's goal of serving chronic patients in the community was being impeded by limitations in appropriated funds.

With the court's approval of TDMHMR's plan to achieve compliance by reducing the hospital population, funds that would have been used for salaries became the basis of the prospective payment system. Thus, the $16,000,000 is divided by the number of patients by which the hospital population must be reduced (1,288), then the result is divided by the number of days in a year to get the "per inpatient day" figure of $35.50.

While it is not TDMHMR's contention that it costs $35.50 a day to serve a patient in the community, this is the amount it has the ability to pay the LMHAs for each day of reduced hospital utilization.

By linking ability to pay and inpatient days, the prospective payment program not only clearly defined a reimbursable product (the inpatient day) but also furnished all LMHAs with advance knowledge as to precisely how much they would earn for each product ($35.50).

With this information, LMHAs are able to plan and incrementally develop community services for former hospital patients as well as for those who, under other circumstances, would have been admitted to the hospital.

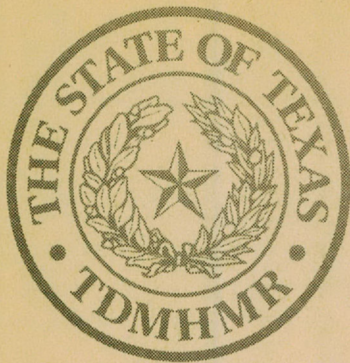
Impact

The impact of the $35.50 prospective payment system can be assessed in two ways. The first, and most direct, is to measure the effect on state hospital population. The second involves the expansion of community services that are effective alternatives to state hospitalization.

The $35.50 program, which began during the fourth quarter of fiscal year 1984, is applicable, by virtue of the court settlement, to only the adult psychiatric population of the eight state hospitals. Because of this limitation, the following analysis refers only to the adult psychiatric population which, at the time of implementation, was 80 percent of the total state hospital population.

During the first six quarters of the prospective payment system, the hospital population decreased by 18 percent—from 3,795 to 3,100 patients. The current population of 3,100 represents a 22 percent decrease from the baseline population of 3,987.

In the same time period, the department paid the 60 LMHAs more than $13,000,000, thus increasing their



state-appropriated budgets by 13 percent.

During the same time, the number of community beds increased by 36 percent. In June 1984, the month before the initiation of prospective payment, there were approximately 1,800 state-funded community mental health beds in Texas. By October 1985, the state hospital population had decreased by almost 700 patients and the number of community beds had increased by 700 to a total of 2,500 beds.

Almost half of this 36 percent increase in community beds was in the number of "structured" residential beds, which are defined as requiring 24-hour on-site supervision and medical support.

In addition to the increase in community beds, the number of case managers budgeted by LMHAs has increased by more than 200 from the 100 budgeted in September 1984.

As LMHAs responded to incentives to contain their hospital use, they also invested their earnings in services designed to provide crisis stabilization and intensive treatment to patients who, without such services, would have gone to a state hospital.

Prospective Payment for MR Services

Like its MH services counterpart, the prospective payment system in MR services evolved from the department's need to comply with a federal court order. The court order required TDMHMR not only to improve the quality of services provided to state school residents, including the staff-to-client ratio, but also to expand community residential services.

Faced with hiring 600 additional state school employees while simultaneously increasing community services for severely and profoundly handicapped clients, TDMHMR employed an ability-to-pay strategy similar to that successfully implemented in MH services the previous year.

In the area of mental retardation services, TDMHMR had the ability to pay a fixed price of $20,294 per client per year to each local mental retardation authority (LMRA) providing community services to state school clients discharged to the LMRA after the implementation of the prospective payment program.

$20,294 Solution

In the five years preceding the development of the $20,294 prepaid capitation program, the state school population had become relatively stable with an average of 9,700 clients and an average decrease in population of less than 1 percent per year between fiscal year 1980 and fiscal year 1985.

The stability of the state school population, in reflecting the difficulty of serving multihandicapped severely and profoundly retarded clients in the community, indicates that simply linking an incentive payment to a client may not, in itself, be sufficient to achieve compliance with the quality of service aspects of the court settlement.

TDMHMR's solution to the problem of ensuring the availability in the community of an array of intensive services required by multihandicapped clients was to define a specific designated product (SDP) and prepay the fixed price of $20,294 per year for each client receiving services constituting the SDP.

The SDP is an integrated series of services including residential placement, case management, vocational or educational services as appropriate, and the provision of those special therapies identified in the client's individual treatment plan developed in the state school before discharge.

The reimbursable product in the MR services prospective payment program is the SDP. Although the SDP is purchased by TDMHMR at a fixed price, each SDP is a unique combination of services tailored to meet the individual client's needs as identified by his or her treatment team.

Since the $20,294 is attached to an SDP that is designed for each client individually, TDMHMR is able to formalize the purchase through a contractual agreement with the LMRA. That is, the department contracts with each LMRA for the purchase of an SDP to be delivered to a specific client over a period of one year at a cost of $20,294.

The amount of the contract is prepaid to the LMRA at the beginning of the contract period, with the stipulation that all costs incurred are the responsibility of the LMRA. Included in the contract are provisions for quality assurance audits as a way of ensuring that clients receive services specified in the SDP.

Impact

The MR services prepaid capitation program is intended to bring TDMHMR into compliance with the court order by providing incentives for the development of community services for clients currently residing in state schools.

Before the initiation of the prepaid capitation program, there was an approximately 1 percent per year downward drift in the state school population. However, after the program had been in operation less than one year, the state school population decreased by more than 400 clients (5 percent of the 1980 population), virtually equaling the total decrease in population for the five-year period preceding the initiation of the incentive system.

Since the product in the MR services prepaid capitation program is a specified array of client services as defined in the SDP, community services for the severely and profoundly mentally retarded client are expected to keep pace with the decrease in the state school population.

During the first three quarters of the $20,294 program, TDMHMR contracted with the LMRAs for a total of $7,900,000 in services. This additional funding to the LMRAs increases their appropriated budgets by almost 23 percent.

In the third quarter of fiscal year 1985, which was the first quarter of the prepaid capitation program, there were 1,060 community residential beds for the mentally retarded in Texas. In December 1985, after the incentive program had been in progress for less than a year, the number of community residential beds increased by 29 percent to 1,369.

One hundred seventy-eight of the 309 new beds for the mentally retarded are defined as *structured residential*, whereas two years ago fewer than 30 such beds for the mentally retarded existed in the community.

As the number of state school discharges increases, so does the number of case managers in the community. In the past year, the number of case managers for the mentally retarded has risen from 60 to a current total of 132.

Discussion

The two prospective payment systems implemented by TDMHMR verify that the marketplace strategies relied on to reduce health care costs in the private sector can also work in public mental health systems. Indeed, the rate of population decline in state institutions serving the mentally ill and mentally retarded, accompanied as it is by a corresponding expansion of community services for these populations, is unprecedented in the history of TDMHMR.

In an economic environment conditioned by the rising costs of health care, a "balanced" public service delivery system cannot result from arbitrary increases in community budgets or arbitrary decreases in institutional budgets.

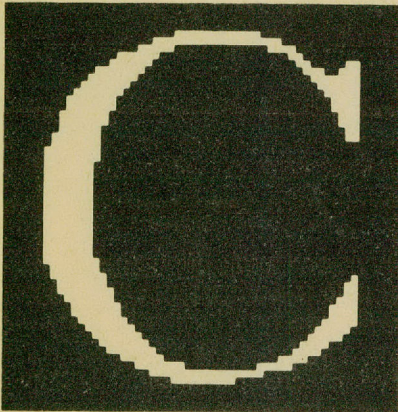
For "the dollar to follow the client," increased expenditures at the community level must correlate with reduced costs at the institutional level. In Texas, carefully designed fiscal incentives have proved effective in managing the relationship between population reduction in institutions and expansion of community services.

Since the $35.50 solution for the mentally ill bases its prospective reimbursement to LMHAs on the number of inpatient days reduced, the reimbursable product in this system correlates with reduced institutional costs.

The product had to be the number of bed days reduced, because the rapid flux in the mental health system—19,000 admissions and discharges from state hospitals each year—does not support a capitation methodology. Capitation payments for patients released from state hospitals would not reduce hospital costs if new admissions filled the empty beds.

In MR services, however, prepaid capitation was an appropriate choice for a prospective payment system. Since state law allows TDMHMR to control admissions to state schools, a capitation payment for a client placed in the community results in a state school bed that will remain empty.□

Gary E. Miller, M.D., is TDMHMR commissioner, and William V. Rago, Ph.D., is director of performance evaluation.



omputer on call

By Orville Hancock

Shirley Bob Jennings did nothing for herself for 42 years.

She couldn't. She is profoundly mentally retarded and severely physically handicapped.

That hasn't changed, but now Jennings has a small world at her command. It's changed her whole personality.

Certain sounds she makes come close enough to words to give voice commands to a computer. Those sounds will turn on a television or radio, activate her massage pad, start an electric fan or start a toy train chugging around its track.

Jennings, a resident of the Fort Worth State School, was born with her handicaps and has the developmental maturity of a three-year-old.

The national Association of Retarded Citizens selected her for a pioneer project to devise ways to give totally dependent people the basic freedom of making a choice.

"She screamed and laughed" when she discovered for the first time that she could actually do something for herself, said Carrie Brown, Ph.D., the researcher who has worked with Jennings to develop the mechanism.

"She just has a body which won't function and she is locked inside," Dr. Brown said. "While Shirley shrieked and expressed great delight at being able to make the computer work for her, all of us who worked with her cried. We were all so excited for her."

Perfecting the system took two years of research. Dr. Brown and Jennings worked three to six hours a day for six weeks to find five vocalizations that she could make well enough for the computer to understand.

"We both became exhausted at times, and on occasion I thought it wouldn't work and I might as well give up," Dr. Brown said. "But Shirley Bob seemed so interested and was willing to work hard."

Part of the initial problem was that Jennings' sounds change from day to day.

"She may say the same word six different ways," Dr. Brown said. "So the computer averages those sounds, and when she makes a sound in the average range, the computer activates the object of the vocalization."

For instance, when Jennings says "ray," the radio comes on. The sound "bee" turns on a videotape of her family at home in Clyde in West Texas.

"Shirley Bob recognizes each member and calls their names so that many of us can understand what she is saying," Dr. Brown said. "She likes this best of her commands. She looks at the family a lot, at her sister showing off a new car or her mother playing with the family dog."

By saying "fan," an electric fan is activated. "Four" brings a cartoon to the television screen, but Jennings saw it once and doesn't like it much, so she uses her other commands more often.

When she says "move," the massage pad on which she lies begins to vibrate. This is a favorite command.

Added after the initial commands was the word "choo-choo," which causes an electric train to move on a circular track.

"A lot of the other clients gather around when Shirley Bob gets the train going," Dr. Brown said. "And when she is ready, she says 'off' and the computer turns off whatever is on at the time."

Jennings has to strain to say the simple word "off," one of her easiest expressions.

Her face grows solemn as she concentrates on uttering one word clearly enough to be programmed. Her face reflects aggravation when the right sound won't come. She perspires as she forces and pushes her voice to form that magic word.

When it finally comes and the computer obeys her, the strained expression leaves her face and is replaced with relief and she reacts with delight. A broad smile covers her face, her eyes dance and sparkle and she laughs uproariously.

Of such small things, miracles are made.

"We can see that even people totally dependent have some worth as a human being and a place in the world," Dr. Brown said. "This program will help the dependent gain respect for themselves."

For years, the shrunken and drawn body of Shirley Bob Jennings has jerked from spastic motions. The computer won't change that or the many pained facial expressions she makes because of her affliction.

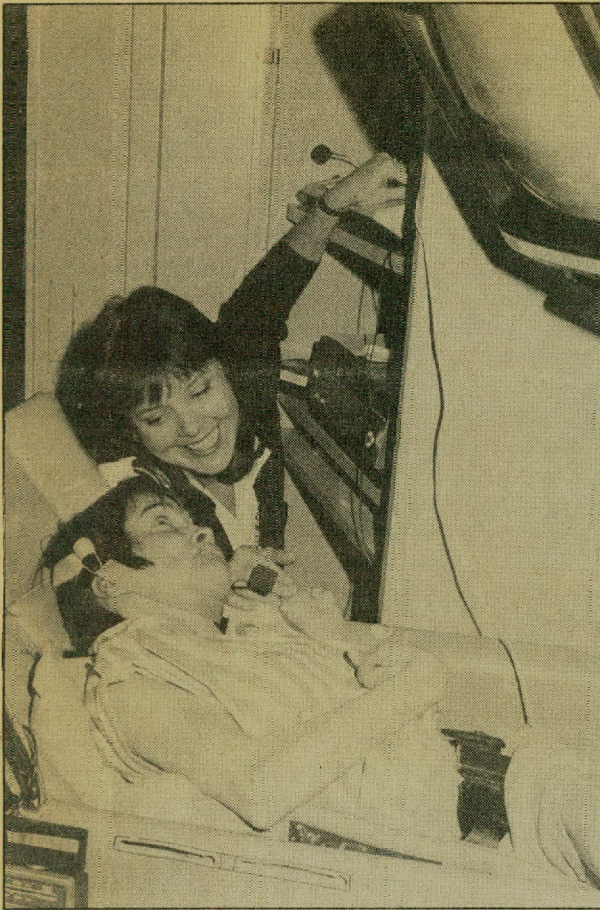
But it is making a big difference in her life. And her personality reflects that.

"She lies there and gives commands like a little general," Dr. Brown said. "She gives them over and over to reassure herself that this is really happening. She can make things happen, and she has learned that she possesses the power to turn them off, also."

Relatives and school staff members say she is happier.

"I feel real good about it. It seems like a miracle," said her mother, Bessie Jennings of Clyde.

"She loves her new friend Carrie.



Chet Tackett

A voice-activated computer system has opened new doors for Shirley Bob Jennings (front), a Fort Worth State School (FWSS) client. The system is a national Association for Retarded Citizens bioengineering project, directed by Carrie Brown, Ph.D. (rear). FWSS staff who contributed to the project are Barbara Edwards, former unit director; Barbara Jones and Liz Rodriguez, who assisted in training Jennings and in collecting data; and Larry Charlesworth and Chet Tackett, who rendered technical assistance.

We get to bring her home about four times a year but she is reluctant to come now, because she is afraid she will miss Carrie."

Jennings stayed home with the family until she was 21, then she she went to Denton State School. She was transferred to the Fort Worth State School in 1976.

All her life, Jennings has depended on others to do for her—take her to the bathroom, feed her, bathe her, try to understand when she was hurting.

That left her seemingly dejected most of the time. Smiles came infrequently.

Now she smiles a lot. She has even added a few words to her vocabulary. Those words are scarcely audible, but Dr. Brown and others close to her can understand them.

"My Carrie," she said, smiling, when Dr. Brown entered the room. "I love you," Dr. Brown interpreted.

"We have created a language in this system, because these words of Shirley's are basically meaningless," Dr. Brown said. "Through trial and error, Shirley Bob learned which sounds were linked to certain devices and began making decisions about which appliance she wanted to operate."

A close association has developed between Dr. Brown, a 36-year-old blue-eyed brunette, and Jennings. There's love and pride in their eyes when they smile at each other. There's subtle understanding that even a computer could not translate. Dr. Brown, who has a doctorate from North Texas State Univesity at Denton, can tell by her facial expressions if Jennings is happy or displeased. She immediately detected something wrong when she walked into the room for her regular visit recently.

Soon, Dr. Brown figured out that Jennings wanted to go the the bathroom. Sometimes the researcher has to ask a series of questions before she can determine what Jennings wants.

The experiment with Jennings is the first success of the Bioengineering Programs of the Association of Retarded Citizens, of which Dr. Brown is assistant director. The association's national headquarters is in Arlington.

Prior to Dr. Brown's research, it had never been determined whether someone with profound mental handicaps and severe physical impairments could learn to use such technology to their substantial benefit.

Dr. Brown said the program with Jennings has opened the way for greater things.

"We will work on programs which will enable a completely dependent person to turn on a television, radio, lamp or other appliance simply by looking at it—by eye movement," she said. "We are working on getting the same results by a person pointing or gesturing."

The program, she said, lends itself to translating a single sound into a phrase.

"For instance, a person might utter the word 'da,' and the computer would interpret that to mean 'I want a drink of water.'

"This research can be used to help any person," Dr. Brown said. "It could be carried to the point where a person could program it to shut off a television, for instance, when he falls asleep in bed. It would shut itself off at the first snore."

Dr. Brown said work has begun on a sensor about the size of a credit card that will aid in bladder control.

She said researchers hope to be able to add speech output to the system that Jennings uses so that one word can be translated into a full sentence. And the system will be made portable so that Jennings can have it on her lap.

During her research, Dr. Brown worked closely with the staff at the state school, as well as with speech therapists and the National Aeronautics and Space Administration.

Jennings has learned that "her Carrie" brings ice cream on each visit, and she looks forward to that. It gets things started on a happy note.

Despite her disabilities, Jennings has the same emotions and desires of others, Dr. Brown said.

"She likes to be told she is cute," Dr. Brown said. "She will flirt with her eyes at the boys."☐

This article is reprinted courtesy of the Fort Worth Star-Telegram, *where Orville Hancock is a writer.*

A Pioneer Goes West

Sherry L. Grona

California has struck gold again and made a claim on a Texas treasure, food pioneer Margaret Chang, R.D., a TDMHMR nutrition and food service employee since 1973.

Chang is the new product dietitian for San Diego's 187 city schools. However, she leaves Texas richer by thousands of dollars she saved as a result of food utilization systems she pioneered.

Much of this saving is the result of Chang's ability to convert hastily and imaginatively free United States Department of Agriculture (USDA) products into nutritious, delicious menu ingredients.

One illustration is soybean oil, which TDMHMR received in abundance. Chang promptly began to search for every possible use for the oil, and her work netted a bonanza.

Soybean oil, low in cholesterol, is the stuff of which much margarine is made. Chang prepared a contract, acceptable to a leading food processor, to convert the donated oil into 380,000 pounds of margarine at a cost of approximately 25 cents a pound.

Another coup is a benefit to the Texas Department of Corrections (TDC), Texas Youth Council and TDMHMR. Soybean oil constitutes about 80 percent of the three agencies' supply of mayonnaise, French and thousand island salad dressings, which are processed for them at about one-third of the open market purchase cost.

An added bonus of this interagency cooperation is the provision of product storage by TDC and delivery by TDMHMR's transportation services.

"It has been my good fortune to have had the opportunity for so much training at TDMHMR," Chang said, "and to be given a free hand to try these new things."

James T. Moore, R.D., chief of TDMHMR's nutrition and food service, is quick to praise Chang's work. "She even bought her own computer and, with it, came up with many new systems, including converting our requisition form so it serves many purposes."

"We have to save time," Chang says, "because often there is little notice of a USDA windfall.

"Six hours ahead of the arrival of 500,000 pounds of whole turkey, we learned of its availability," recalls Chang, "and this meant finding a processor immediately who would be willing to accept seven truckloads of turkeys, process them according to our rigid specifications, and charge what we could afford to pay."

"TDMHMR gained more than a six-month supply of turkey," Moore added. "We received credit for the turkey parts we wouldn't accept."

Accepting the USDA food was only the first step. Chang had to be inventive in coming up with what amounts to 1,001 ways to serve it in a manner that is appetizing, nutritious and of acceptable quality.

Such a lagniappe were the USDA raisins which Chang devised ways of combining with USDA flour, powdered milk and minimal extras to produce raisin pie, sweet rolls and sauce.

The recent acquisition of 300,000 pounds of ground beef soon will be consumed in the form of chicken fried steak, meat loaf, meat balls with spaghetti, Salisbury steak and hamburger patties.

"It's been our practice to maximize the use of our food dollar," Moore said, "to produce the most valuable item. We've been able to do that, thanks to the contracts Margaret has developed for food processing."

Inventory reduction has been another goal for Chang and, with the help of her computer, she has devised a system for the ordering of frozen food that reduced the time from order to delivery from eight months to six weeks. This translates into savings in storage time and space and greater accuracy in the consumption.

Chang's office at TDMHMR overlooked the test kitchen, so it is no surprise she took over its reorganization to make it a model for its standards. The kitchen is testimony to the continuing education benefits Chang utilized after earning a master's degree in food and nutrition at the University of Texas in Austin.

In California, Chang will employ her computer to manage the cost of 100,000 daily meals for the school population. TDMHMR coworkers are confident she will show the system new ways with food—to use it up, make it do, do without and benefit from their latest Texas treasure, Margaret Chang, R.D.☐

Turning Dreams Into Attainable Goals

By Marcus Bennett

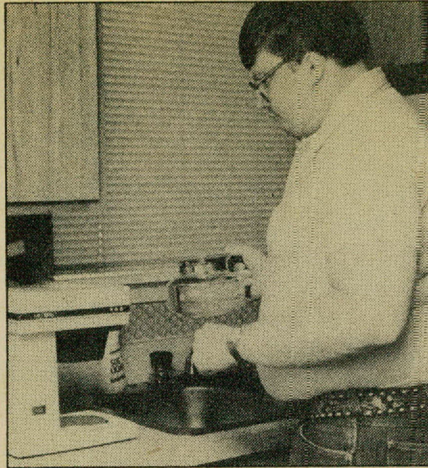


Photo by Marcus Bennett

Stephen Glass

Dreams of living independently, being competitively employed, obtaining a driver's license, and having his own home and car are now realistic goals for Stephen Glass, a former state school client, who is participating in the Intermediate Community Services (ICS) program at Sabine Valley Regional MHMR Center, Longview.

The program is one of five pilots in the state in which ICS reverses the traditional role of clients by bringing them into the community and meeting their needs on an individualized, local basis.

Glass currently is living in his own apartment with a Sabine Valley staff member. He is employed at the Longview sheltered workshop, where he disassembles telephone receivers.

Although he enjoys his job, Glass is determined to reach his goal of competitive employment.

"I would like to get a job in a grocery store as a sacker," Glass says, "but right now, most local grocery stores aren't hiring. My vocational goal is to be able to follow multiple-step instructions."

Glass was the first client of Sabine Valley's ICS program, says Marge Self, ICS case manager.

"It appeared that Stephen could not fit into any then-existing community program. Neither could he fit into the state school program," she says.

"Stephen is a 33-year-old, mildly retarded male with emotional problems. He was admitted to a state school 10 years ago, because his family could no longer handle his behavioral outbursts," Self continues.

After he had been at the state school three years, Glass was placed in an ICF-MR (Intermediate Care Facilities for the Mentally Retarded) group home. This attempt was unsuccessful, and he returned to the state facility within one month.

Glass was a perfect referral for the ICS program, says Self. "His designated level of care was level 1, however, level 1 group homes could not deal with his behavioral problems or his need for personalized programing.

"In fact, that's the reason the program was developed. Our program philosophy is that the client never fails. The program is so heavily based on the individual's needs that there *is* no program until client needs are assessed," Self adds.

After seven months in ICS, Glass is realizing his goals—goals which once were only dreams and expectations of a "normal life."

"Stephen now sees his goals as attainable," Self says. "He is now actively pursuing his goals, and one day he *will* attain them."☐

Marcus Bennett is information director at Sabine Valley Regional MHMR Center, Longview.

Texas waiver program grows

More than 40 clients with mental retardation have received in-home services paid for by Medicaid since TDMHMR's Intermediate Care Services (ICS) program began in September 1985.

Five programs, including the one at Sabine Valley MHMR Center (see adjacent story), have been certified by TDMHMR as ICS providers. They are Abilene State School, (through a contract with Bethphage Community Services), Austin State School, Denton County Mental Health Centers and Fort Worth State School.

ICS clients live with their families or with as many as two other clients in apartments or houses. They receive supportive services, which are coordinated and monitored through the core residence, where three clients may reside temporarily for evaluation of their needs or for respite services.

The purpose of the program is to provide clients individualized services, to ensure them access to resources available to all community residents and to keep them in their home communities, regardless of disability.

The ICS program operates through a waiver which allows Medicaid funding to be used for in-home and other community-based services for people with mental retardation instead of limiting these funds to use in institutional settings.

For information regarding eligibility, contact your county's mental retardation authority.☐

Sherry L. Grona

Where Everyone is Number One

Let the games begin.

With that, the sky above the playing field was a-blossom with colorful balloons, each carrying a wish for victory from the more than 300 patients competing in the Austin State Hospital (ASH) 1986 Olympics, held April 24-25.

First came the parade to the field. Then the eager crowd saw a real Number One group of athletes. The University of Texas Lady Longhorns, this year's national college women's basketball champions, had come to bring their encouragement to the ASH Olympic contenders.

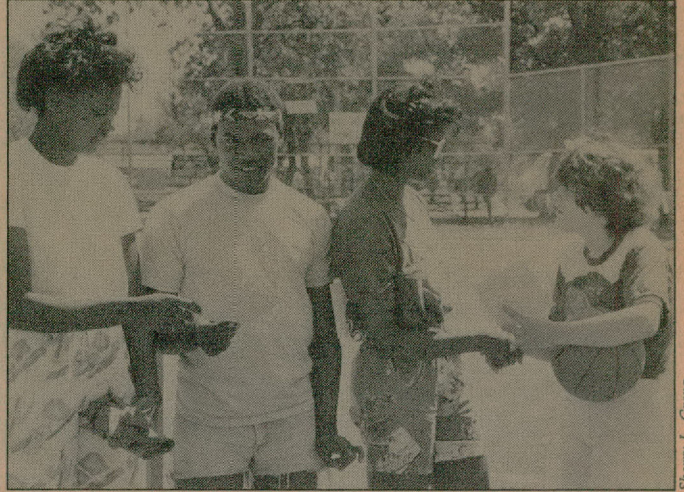
Lady Longhorn Fran Harris presented ASH Supt. Harold (Kenny) Dudley Jr., a basketball autographed by the team members as a symbol for ASH patients of the importance of teamwork and recreation. The Lady Longhorns mingled with the contestants and applauded their efforts in trying for the win in the scheduled events.

ASH patient singers and musicians, members of the Trinity Treatment Center Choir and the Kazoo Band, entertained the crowd of sports enthusiasts.

All ages and capabilities were represented in the various events and recipients of the award certificates were proud of their efforts to qualify for the Number One title, whether in a wheelchair race, 50-meter dash, softball throw or balloon stomp. They were in the company of champions. □

It's a superball for ASH Olympics' ceremony. (Left) The basketball, autographed by members of the UT Lady Longhorns, the Number One women's college basketball team, was given Supt. Harold K. Dudley Jr., by Fran Harris (left), the team's top scorer. When Olympics victory certificates were won (below), Ike Morgan (second from left) received his award from Harris while Audrey Smith, the leading Lady Longhorn defensive player, gave Cristie Keeter (right) a young fan, her achievement prize.

Sherry L. Grona



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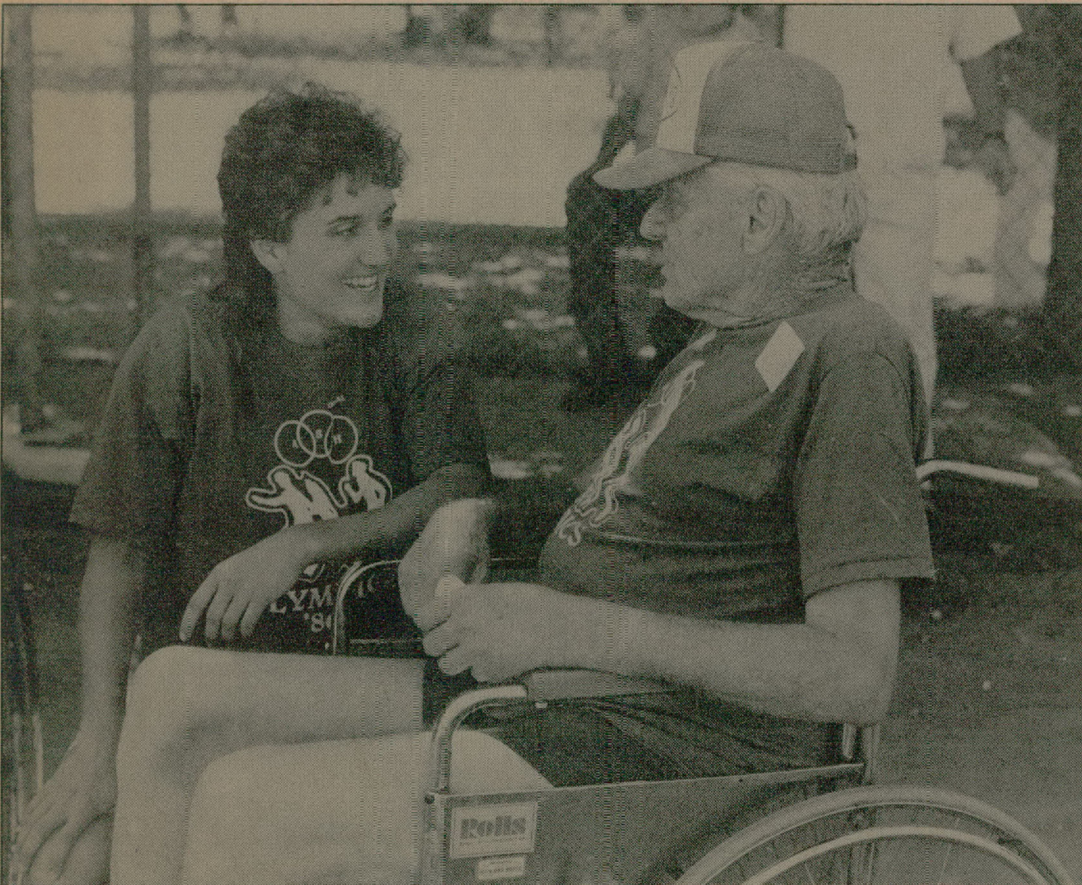


Sherry L. Grona

ASH Olympic fan Clyde M. Foster (right), learns from UT Lady Longhorn Kamie Ethridge about her twice winning the Kodak All-American title, the first Texas basketball player to earn this honor.

New Set of Manuals—
A Valuable ICF-MR Resource

Almost everything you ever wanted to know about the ICF-MR program will soon be available at your fingertips in a handy set of manuals jointly produced by TDMHMR and the Texas Department of Human Services (DHS).

The *Texas ICF-MR Standards for Participation* and the *Texas Community ICF-MR Provider Manual,* scheduled for June publication, were written and compiled by TDMHMR's ICF-MR (Intermediate Care Facilities for the Mentally Retarded) staff and published by DHS.

The ICF-MR program, funded through Medicaid, provides 24-hour residential care and treatment to people who have a diagnosis either of mental retardation or of cerebral palsy, autism or epilepsy, and an IQ of 75 or below with impairments in adaptive behavior.

As large numbers of clients move to the community from state schools and state hospitals, the number of community residential facilities is increasing—and many of them are or will become certified by ICF-MR.

"The manuals fill a long-existing need of residence operators who seek ICF-MR certification, as well as applicants who wish to open certified facilities," says Rosalie Garcia, ICF-MR program coordinator, who directed the manuals' preparation.

The state standards manual is a compilation of DHS state regulations with which ICF-MR providers must comply to be eligible for reimbursement by Medicaid. It covers applicant requirements; general, daily operating and accounting requirements of operators; recipient eligibility; and a host of other topics.

The provider manual answers a multitude of questions about how an ICF-MR facility operates: What services will Medicaid pay for? How does a provider get paid by the state? Who is eligible for ICF-MR services? What forms are used in the ICF-MR program?

"Although not all sections of the provider manual apply to state schools and centers since their Medicaid reimbursement is handled separately," says Garcia, "they will find it useful in planning new ICF-MR community-based facilities and in understanding how they operate."

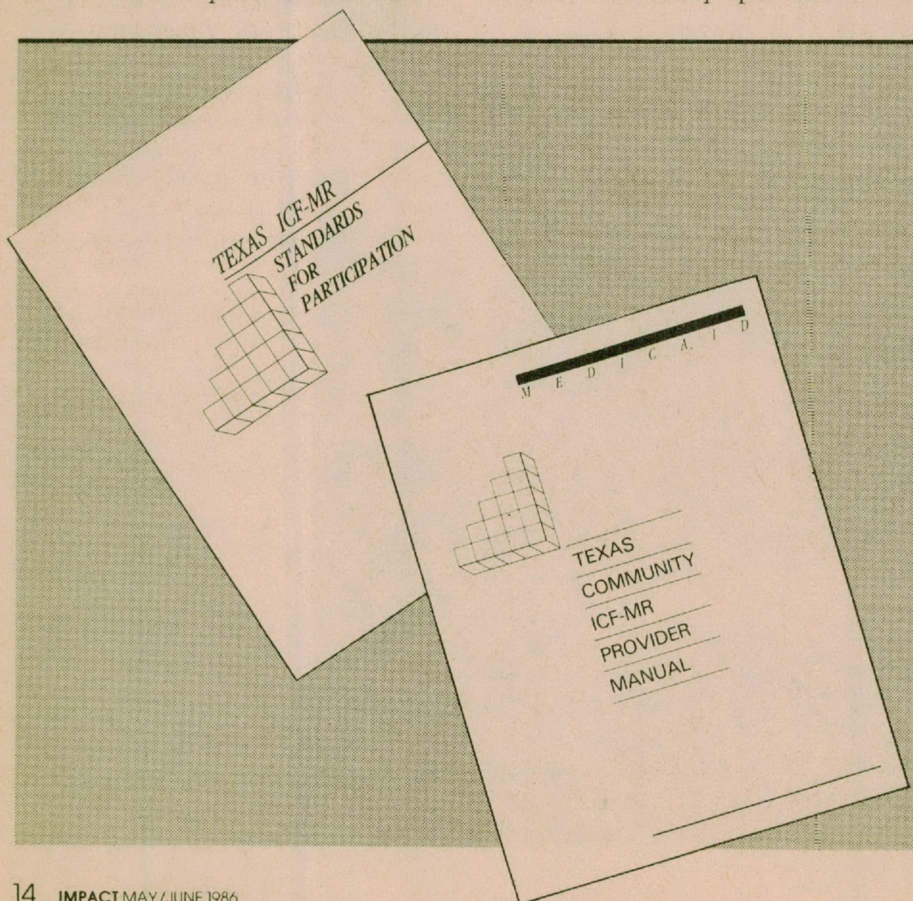
In Texas, ICF-MR facilities vary in size from 6 beds to about 1,100 beds, with most having 15 or fewer beds. Included in the Texas ICF-MR program are all TDMHMR state schools, four state centers and approximately 160 facilities that are either operated by community MHMR centers or private enterprise.

The department's ICF-MR section develops policy and state standards for the program, advises DHS on the methodology by which the state's rates of payment for services are established, monitors the Texas Department of Health's (TDH) application of certain federal guidelines to the program, and maintains the providers' contract with the state and federal governments.

Funds for the ICF-MR program are administered by DHS. TDH conducts all certification actions (an ICF-MR facility must be certified as meeting federal regulations to be eligible for payment of services), investigates complaints about facilities, and determines clients' eligibility for a level of care.

For five years, until his April 1986 resignation, the department's ICF-MR program operated under the guidance of Spencer McClure, former assistant deputy commissioner for MR services.

For information on how to obtain your copy of the manual, contact the TDMHMR Central Office ICF-MR section, STS 824-4639 or 512-465-4639.□



Telling it like it is

By Beth Haller

Debbie Chandler of Amarillo has written a book about her life.

It doesn't seem particularly surprising that this bright 25-year-old could accomplish such a task.

But Debbie's accomplishment takes on inspiring proportions when another element is revealed. She has Down syndrome.

The Down syndrome she has, known as mosaic Down syndrome, is not easily recognizable because she has none of the facial features associated with the syndrome. And she has a broader range of intelligence than most people with Down syndrome.

Although higher intelligence is a blessing, Debbie said looking like everyone else can bring a gamut of problems.

"I keep them guessing," she said.

It's difficult for people to understand why she needs help sometimes because she has no sign of a handicap, she said.

Mosiac Down syndrome affects about 1 percent of all people with Down syndrome. In this form, the extra chromosome is only in some of the body cells, not all.

So Debbie has channeled her "fence sitting" position in life between normalcy and handicap into a book about her life.

She recently finished the book that she began several years before.

In it, she describes the good and bad things that have happened to her in life and what it feels like to have a handicap.

Debbie's life began normally, said her mother, Ruth Chandler. She and her husband, Jerry, didn't notice anything wrong with Debbie as a baby.

But, as she began to try the tasks all children learn, Mrs. Chandler said Debbie was consistently starting late in everything she did.

So Mrs. Chandler began her shuttle between doctors trying to find out what might be wrong with her daughter. Finally, one doctor diagnosed Debbie as having Down syndrome.

Mrs. Chandler protested that "she doesn't look like it."

The doctor explained Down syndrome comes in different forms.

"We were devastated," Mrs. Chandler said.

A battery of blood/chromosomal tests confirmed Debbie had mosaic Down syndrome.

But the Chandlers took the attitude that Debbie has great potential, and she has proved them right, Mrs. Chandler said.

Educationally, Debbie has kept in step.

Her parents were told not to expect Debbie to receive a high school diploma, but Debbie always assumed she would graduate from high school, and she did.

During her education, she had a mix of special education and regular classes, Debbie said. She had few problems in elementary school but became aware of how hard classes were becoming in junior high school.

"I just like to learn."

She would ask for extra work in school and is a voracious reader.

"I always said I wanted to be a writer."

She said her educational difficulties came in the areas of math and sciences.

Her most upsetting difficulties now are finding just the right friends and just the right job, she said.

"The worst thing is not having a friend."

Most people her age are caught up in careers and family, and at the other end of the spectrum, people who have Down syndrome are not usually in her intelligence range.

She said she usually turns to people who have physical handicaps for friendship.

And Mrs. Chandler said finding friends is one problem she and her husband can't help Debbie with.

Debbie said she is also trying to find her niche in the workplace. She has had some assembly jobs and currently volunteers as a supervisor at an Amarillo State Center workshop.

As with most people, Debbie said she doesn't want to get trapped into a job she hates.

And her mother said the wrong job could be devastating to Debbie if it has unrealistic expectations.

But Debbie and her mother think she may have found her niche in speaking and writing on behalf on the handicapped.

Debbie can articulate what it's like to have a handicap, Mrs. Chandler said.

Debbie has had some nibbles at her book from the National Down Syndrome Association and a Christian publishing house.

"Maybe this is her way to speak out," Mrs. Chandler said.

Debbie said she would like to continue to write more nonfiction. She likes to write about children and teenagers and things they might not like to discuss, such as death and shyness. She also has written some short stories and poems.

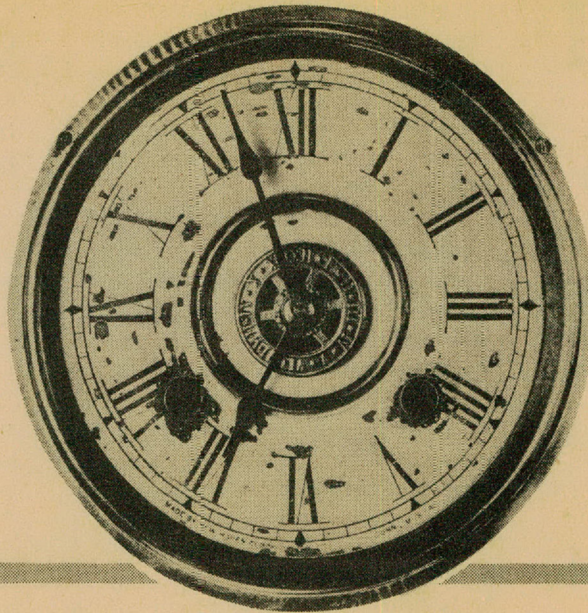
Debbie is claiming a touch of writer's block right now.

After all, she just finished her life story. □

This article originally appeared in the Amarillo Globe-News, *where Beth Haller is a staff writer.*

Beth Haller

Debbie Chandler recently completed a book describing the good and bad things about her life with Down syndrome.



A Time to Remember

A trailblazer. A gentle pioneer. A contributor. A facilitator. An innovator.

These are but some of the complimentary descriptions of Preston E. Harrison, M.D., who served so capably as Big Spring State Hospital (BSSH) superintendent from 1958 until his death in 1975.

This role-model teacher, physician, counselor, leader, friend and mentor was the choice of Commissioner Gary E. Miller, M.D., as the person to honor when the TDMHMR employee recognition award was initiated and named.

Each winner of the Preston E. Harrison Award will be measured against Dr. Harrison's standards for innovation, creativity and efficacy as departmental employees and award nominees.

"His vision and leadership resulted in many 'firsts' for our department," Dr. Miller said, "and I am one of many who benefited personally and professionally from knowing Dr. Harrison."

Hospital staff members paid tribute to Dr. Harrison, describing him as one "whose own thirst for knowledge led him in quest of new and better ways to treat the mentally ill and not just to treat them but rather to restore them to dignity and usefulness."

He considered time a valuable commodity and made the most of his throughout his career as physician and educator. For this reason, it is significant that he also gained recognition for his hobby of making and restoring clocks. And in his cabinet-making shop, he created more than 100 park benches which were placed throughout the BSSH campus for patients to enjoy in their leisure time.

Dr. Harrison's circuitous route to the BSSH superintendent's office is illustrative of his thirst for knowledge and ability to make the most of time.

As quickly as the Cass County farm boy earned his first degree in science from the East Texas State Teachers College in 1932, young Harrison began teaching and continuing his education to acquire a master of arts degree from the University of Texas at Austin.

By 1941, the teacher had graduated from Baylor College of Medicine and was "Dr. Harrison." Combining the professions, Dr. Harrison gained recognition as an award-winning University of Chicago bacteriology instructor at the same time he studied there to add a doctor of philosophy degree to his academic credentials.

Dr. Harrison returned to Texas in 1946 to teach bacteriology at Baylor College of Medicine. In the course of his research there, he became interested in the field of psychiatry and hypnotherapy.

In 1949, Dr. Harrison entered private practice in Clovis, New Mexico. As he worked with his patients, he became aware that accompanying their physical problems were severe emotional ills. Ultimately, this attracted him to accepting in 1953 the BSSH post as clinical director, to learn more of the human condition.

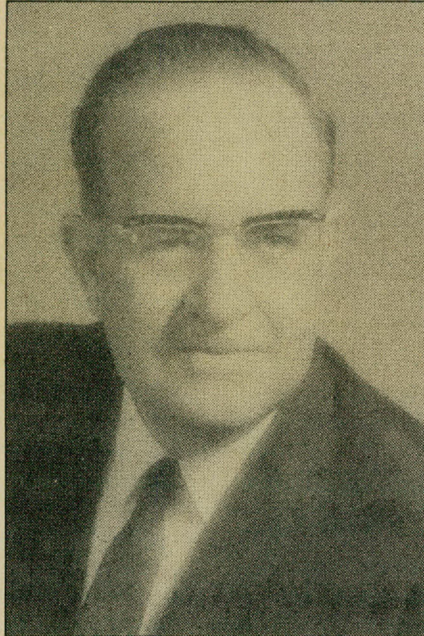
Continuing his education, Dr. Harrison by 1958 completed the Menninger Foundation School of Psychiatry program in psychiatric hospital administration, the year he was promoted to the BSSH superintendent's position.

"People Helping People" became the hospital theme, following Dr. Harrision's treatment philosophy of loving concern for the patients.

Dr. Harrison initiated numerous visionary policies that produced benefits throughout the system. Along with the treatment team approach to services for patients, which spread knowledge of each patient's contacts to all the staff, his "open door" policy allowed BSSH patients the freedom to practice self-control and avoid confinement to locked wards.

The education and resocialization programs for chronic schizophrenic patients, known as the Hospital Improvement Program and the Hospital Staff Development Program, resulted in creation of a Work Village, a Work Activities Center and Sheltered Workshop, and an in-hospital basic education program for patients.

The theory that alcoholism is an illness was one Dr. Harrison steadfastly believed in. He supported counseling programs at the hospital that included interaction with the alcoholic patient's family and aftercare support such as the community halfway house he planned and opened in 1969.



Preston E. Harrison, M.D., Ph.D.

Another forward-looking concept of Dr. Harrison's was launched in 1958 when he instituted and encouraged the use of volunteers and established a staff position to coordinate the volunteer activities. He recognized the value of volunteers as an asset in rehabilitating patients and maintaining good community relations.

Later the Circuit Riders, a project of the Volunteer Services to the Aged by the Aged, brought volunteers from the hospital's outlying communities. A network of hospital outreach services had been established in these locations as a part of the plan to reduce hospital admissions.

This trailblazing operation produced many patient benefits, including the geographic unit system. Patients were grouped according to their community residence, enabling them to gain from their commonalities, and to visit with their acquaintances among the Circuit Riders, at home and at the hospital.

Dr. Harrison promptly and successfully pursued for BSSH accreditation by the Joint Commission on Accreditation of Hospitals. This accreditation has been maintained and is nationally recognized documentation of a standard of excellence for patient care that Dr. Harrison sought and upheld.

The many awards and honors bestowed upon Dr. Harrison through the years reflect his personal practice and belief in people helping people. His contributions have been recognized by the Mental Health Association, Community Leaders of America, American Psychiatric Association, Texas Rehabilitation Vocational Association, Texas Commission on Alcoholism, American Medical Association, Howard County Family Service Center, Institute on Alcohol Studies, Rotary International and the Presbyterian Church.

Within his family, Dr. Harrison's two sons, Preston and Robert, admired his professional dedication, and each chose to enter the field of medicine to carry on the ideals their father gave them.

Each winner of the Preston E. Harrison Award will be challenged to emulate the outstanding qualities Dr. Harrison possessed and to continue his example of being a "gentle pioneer."☐*H.C.*

Sherry L. Grona

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 April 9 talk.

Three issues remain unresolved at this time in the two major class-action lawsuits, and all of them will doubtlessly result in informal evidentiary hearings in the U.S. District Court in Dallas under Judge Barefoot Sanders.

One of those three issues concerns *Lelsz,* and the other two are related to *RAJ.* At issue in the *Lelsz* case is the implementation plan. The court has required that the department and the plaintiffs develop a proposal to implement the requirements of the resolution and settlement, and that has been done. The next step the judge prescribed was for the expert consultant to take those two plans under advisement, then develop a plan on which there would be formal hearings and discussion.

Jaylon Fincannon, deputy commissioner for MR services, spent some time in Florida with Linda O'Neall, Ph.D., the court's expert consultant in *Lelsz,* and with some experts whom she hired to help work out the plan. The purpose of his being there was to apply the department's perspective at that stage in the development of the plan.

It is clear that there will be differences between what we think is correct, proper, feasible and required under the resolution and settlement, and what appears in the plan which is presented to the court. Therefore, there will be a hearing, where experts on both sides will present testimony. That's going to be a crucial matter.

The other two issues concern *RAJ.* One has to do with the staffing in the state hospitals. At this point, it appears that the court's panel in the *RAJ* case will present a final recommendation that would reduce the degree of flexibility previously granted the department in terms of the staff-to-patient ratios of direct-care workers.

STAFFING RATIOS

Among other things granted us was the ability to count two types of personnel, in addition to those in the MHMR series, as part of the direct-care ratios—licensed vocational nurses and therapist technicians. We think that has worked very well. It's given additional management discretion and flexibility to our eight state hospital superintendents. Nevertheless, we believe the panel is going to move the court to eliminate that flexibility, which we have had over the past six months or so. Clearly, this will result in another evidentiary hearing concerning ratios with witnesses and expert testimony on both sides.

The second *RAJ* issue relates to the adequacy of staffing in community facilities. One of the points made in the settlement agreement is that for people who leave our state hospitals and return to the community for care, there ought to be some transitional vehicle, an adequately staffed aftercare program.

In a hearing some time ago, Judge Sanders, after hearing testimony from community center directors who said they didn't have enough money to take care of everyone in the way they would like to, decided that community services were staffed inadequately.

After his finding of noncompliance with that requirement of the settlement agreement, there was a stipulated negotiated agreement with the various parties in which we agreed to set up a task force to recommend to the court a set of standards and criteria detailing what "adequate" is.

That group has met a couple of times, and at this point the likelihood of its reaching a consensus about what is adequate seems to be fairly low.

Staffing of community programs is a highly complex issue. Any mental health professional you ask about adequate staffing of community services will answer differently. Professionals have hotly debated this question over the past 30 years.

In addition to the parties in this case, and their different points of view, we also have an intervenor before the U.S. Justice Department,

which brings yet another point of view. We're expecting probably three major substantive hearings for both of these federal court cases.

SUNSET REVIEW CONTINUES

The staff of the Sunset Advisory Commission (SAC) has been conducting protracted interviews with CO staff. They've interviewed Wesley L. Hjornevik, director of operations, and me and will interview the deputy commissioners and perhaps assistant deputy commissioners to obtain our perspective of how the agency operates and how things could be improved.

It's likely that the SAC staff may contact some of you—at CO and in the field—for information. It's important that we provide whatever they need because the better informed they are, the better judgment they'll make about the department.

Sunset staff working with our agency under the direction of SAC director Bill Wells are Kathy Hutto, Cyndie Schmitt, Tim Cash, Stuart Reynolds and Angela Moretti. They will meet with others outside the agency, including advocacy groups, as they continue their work.

In April, the Sunset staff meets with the Sunset Advisory Commission itself to discuss their preliminary observations about the department, and they will agree with the commission about a handful of areas to focus on since our agency is so vast. In early July the staff will begin writing their recommendations to the commission and will submit those by the end of the fiscal year in August.

The commission will have hearings in September at which the department will submit its position on the recommendations. They will also hear from advocacy groups and any other organization or constituency that wants to comment on that particular report.

At the end of October the commission will make its decision. They will modify the report if they see fit and will begin drafting a bill to reflect their findings.

That will be ready by the end of December so that it can be introduced at the beginning of the legislative session in January 1987.

Two commission members have agreed to sponsor our bill: Sen. Ray Farabee, Wichita Falls, in the Senate, and Rep. Bruce Gibson, Godley, in the House. Both have a good understanding of our agency are are very supportive.

Throughout the Sunset process, we'll have many opportunities to influence the reports and the legislation. Of course, we will take advantage of those opportunities to do whatever we can to promote the interests of the department's clients.

In March, Hjornevik, Frankie Williams, M.D., acting director of MH services, Johnnie Bean, assistant deputy commissioner for MR services, region 1, and I visited Vernon State Hospital, Amarillo State Center and Abilene State School.

The purpose of our trip was to meet with some of the employees who are involved in direct care and who provide special services for clients in those programs. We wanted to inform them about some of the agency's activities and also elicit their comments and thoughts about how things are going from their own perspectives.

As part of our new campaign to be much more proactive and aggressive in telling the public about the good work our department does throughout the state, we had news conferences in each place. I think they were very successful. We had good attendance by members of the media and received fairly good media coverage around the state.

REPORT UNFAIR TO TEXAS

In regard to the Nader report [Ralph Nader Health Research Group, *Caring for the Seriously Mentally Ill, A Rating of State Programs*], I've been quoted accurately in the press as calling it a shoddy piece of work. For example, Texas was ranked as having very poor outpatient services. They ranked our state without ever visiting any community programs, outreach programs or state hospitals. They never talked to me or any of our staff, nor did they do that with any other state.

The report was unfair not only to Texas but to all states. If they had even made an *effort* to develop reliable criteria to make a statement, it might have been pretty useful.

They ranked Wisconsin as number one, because in Dane County they have a good case management system. Obviously, they had no idea that Texas is the only state that has instituted one of the most comprehensive case management systems that's ever been put in place in the United States.

The report asserted that accreditation by Joint Commission on Accreditation of Hospitals (JCAH) is not a good measure of quality of care. There is no survey instrument or technology, including the ones we use in standards and quality assurance, that is absolutely perfect. JCAH, however, is the only accredited body and set of standards universally recognized by the public and private sector as the one measure of quality of psychiatric hospitals and programs in the United States.

All eight of our state hospitals are now and have been accredited by JCAH for many years. In fact, of the nine most populous states, Texas is the only one whose state hospitals are all accredited. The report ranks the other eight states higher.

In a meeting with other board members of the National Association of State Mental Health Program Directors, I learned that the angriest state mental health officials were not the ones that were ranked low but the ones that were ranked high, because they're concerned that the report will remove the incentive for further improvements by state legislatures.

The Texas Legislature has done everything possible for us. In addition to giving us Senate Bill 633, they gave us an 8 percent increase this biennium, which is more than most agencies received, plus two line items that give us unprecedented flexibility to decide whether to put these specific funds into the facilities or the communities. No other state has that kind of flexibility.

Sue Dillard, director of standards and quality assurance, headed a group that developed an excellent response to the Nader report. The response is available upon request from my office. It was sent to members of the board, selected members of the legislature, other state agencies and the news media.

CLIENT PROTECTION PROGRAM

Pam Carley, director of Client Services and Rights Protection, reported at the April board meeting on our client protection program in Texas. Although there are no formal standards for comparison, we probably lead the nation in preventing, reporting and investigating client abuse.

In this presentation, W. H. Lowry, Ph.D., superintendent, Mexia State School, represented the state schools, and Don Gilbert, superintendent, Terrell State Hospital, represented the state hospitals. They pointed out that the actual number of serious client abuse cases is extremely small, given the thousands of people we serve in a year's time, and the hundreds of thousands of patient- or client-days in our facilities.

Another area of excellence in our system is the public information office, which has been a consistent award-winner for many years. Our publications, including *Impact* and the progress reports, are esteemed as the best in the country.

The nutrition and food service staff has earned the prestigious Ivy award and other national awards for excellence in food service management. In fact, the governor of Texas was the keynote speaker at the recent nutrition and food service management workshop annually sponsored by our department.

Another excellent operation within the department is budget and fiscal services, which for many years has demonstrated a high standard of professionalism under constantly changing guidelines.

The office of information services, which has undergone some problems since the 1960s, is now doing a superb job, working to provide a client tracking system that will be second to none in the United States.□

Group recommends board policies

The TDMHMR medical advisory committee made recommendations to the Texas Board of MHMR in Austin April 4 about staff-to-patient ratios and alcohol and substance abuse services.

The recommendations, presented as resolutions, were submitted by committee member Byron Howard, M.D., Dallas.

The first resolution said that the department should seek judicial relief from the court-mandated ratio of one mental health worker to five state mental hospital patients. The court-appointed review panel's ratios, it said, are not consistent with the TDMHMR goal of providing quality care and treatment and with the provisions of state law.

The committee's resolution noted that staffing adequate to monitor patient care and safety is a requirement of the Joint Commission on Accreditation of Hospitals (JCAH); that all eight state hospitals are accredited by JCAH; and that its members are unaware of any credible licensing, reviewing or accreditation agency whose staffing recommendation are similar to those of the review panel.

The resolution concluded by saying that removal of the required ratio is justified because of the significant demand it places upon the department's finances and other resources during a time of diminished funding and need for flexibility in staffing patterns.

In another resolution, the committee recommended that the board reaffirm its policy supporting the development of a highly coordinated system of care for the treatment of alcoholism and substance abuse.

Citing the existing multidisciplinary treatment programs within state hospitals and community centers, the committee urged emphasis on the development of preventive measures and other resources for community care while avoiding the duplication of existing programs.

The resolution refers to Senate Concurrent Resolution 64, passed by the Texas Legislature, which requests that TDMHMR and the Texas Commission on Alcohol and Drug Abuse cooperate to eliminate admission of alcoholic patients to state mental hospitals.

Other members of the committee are: K.D. Charalampous, chairman, Houston; Stephen G. Bryant, Pharm. D., Galveston; Don E. Flinn, M.D., Lubbock; Joel Kutnick, M.D., Corpus Christi; H. Marie McGrath, R.N., Ph.D., San Antonio; Dan A. Myers, M.D., Dallas; Stuart S. Nemir, Jr., M.D., Austin; Jane Preston, M.D., F.A.P.A., Austin; Robert M. Rose, M.D., Galveston; Jorge A. Saravia, M.D., San Antonio; and H.M. Sorrels, D.D.S., Houston.□

Commissioner responds to Nader report

Commissioner Gary E. Miller, M.D., responded formally to the recent report of the Ralph Nader Health Research Group, at the April 4 meeting of the Texas Board of MHMR.

The report, *Caring for the Seriously Mentally Ill, A Ranking of State Programs,* by E. Fuller Torrey, M.D., and Sidney M. Wolfe, M.D., ranks Texas 47th among 50 states and the District of Columbia in quality of care provided seriously mentally ill persons.

Dr. Miller said he strongly supported the intent of the authors to call to the public's attention the ongoing plight of seriously mentally ill persons. He said, however, "As mental health professionals and advocates, we must object to the so-called 'methods' used to analyze Texas and other states.

"It is obvious that Drs. Torrey and Wolfe know nothing about mental health care in Texas. They have neither seen our programs nor spoken to our staff. They are apparently unaware of major Texas initiatives which rank us in the forefront of state mental health agencies nationally."

Dr. Miller gave numerous examples of Texas programs that meet the report's criteria for states doing good jobs, examples of Texas programs comparable to those cited by the authors as exemplary, and ways in which Texas meets the author's recommendations for program improvements, including:

- A fiscal incentive that shifted more than $13 million to community programs and reduced the average daily population of state hospitals by approximately 700 patients in 1½ years, while creating a comparable number of new beds in the community;
- A statewide case management program which is the only one of its scope in the country and which, with other programs, has led to a 10 percent drop in the total population of state hospitals in the past fiscal year;
- State-developed standards and effective monitoring of community programs; and
- A statewide client rights program, including paid rights protection officers, voluntary public responsibility committees, a toll-free hot line, statistical support on incidence of abuse and aggression, and a nationally recognized training program in the prevention and management of aggressive behavior.

The report, which praised the leadership of the agency, pinpointed lack of interest on the part of the legislature as a major problem in Texas. Dr. Miller, who has served as TDMHMR commissioner for more than four years, challenged this finding, citing the Legislative Oversight Committee study which resulted in the comprehensive reform of community programs mandated by Senate Bill 633. The bill also amended the Texas Mental Health and Mental Retardation Act to mandate community crisis and residential services and case management for the seriously mentally ill.

Disagreeing with the report's assertion that accreditation by the Joint Commission on Accreditation of Hospitals is not a good measure of quality of care, Dr. Miller said, "For the past decade, we have maintained accreditation status for all eight of our state hospitals and, I might add, it hasn't been easy." Texas is the only state with a population of more than seven million that has all its state mental hospitals accredited. The other eight most populous states are ranked higher in the report than Texas.

Dr. Miller invited the authors to visit Texas. "I am certain that given the opportunity to temper their impressions with facts and firsthand observation, they will rank our state among the best in the nation," he said.□

Conference Calendar

June 20–21, Wichita Falls
Association for Retarded Citizens/Texas
Annual meeting
Contact: Karen Dunn
Association for Retarded Citizens
833 Houston St.
Austin, TX 78756
512-454-6694

June 26–27, Fort Worth
Texas Habilitation Conference
Annual meeting
MHMR Rehabilitation Therapists
Contact: Betts Hoover
Fort Worth State School
5000 Campus Dr.
Fort Worth, TX 76118
817-534-4831

July 21-25, Austin
Texas Association on Mental Deficiency
Annual meeting
Contact: James C. Griffin, Ph.D.
Richmond State School
2100 Preston
Richmond, TX 77469
713-342-4681

July 27-Aug. 1, Austin
Addictions: Weaving the Common Thread
First Southwest Institute on Alcohol and Drug Studies
Contact: Judee Arkow
Texas Commission on Alcohol and Drug Abuse
1705 Guadalupe
Austin, TX 78701-1214
512-463-5510

Aug. 11–12, Austin
Suicide: Intervention and Prevention Strategies Focus on Adolescent and Young Adults
Governor's Conference
Contact: H. Ed Calahan
TDMHMR - MH Services
P.O. Box 12668
Austin, TX 78711
512-465-1511

Images

Newsmakers

► **James L. Harris** was named director of training and staff resources, **Central Office**, on April 15. The 22-year veteran of state government personnel service will be responsible for TDMHMR's personnel, staff development and case management administration.

► **Sam F. Rhodes**, Dallas, was presented a resolution of appreciation by the **Texas Board of MHMR**, for his service as a member from April 2, 1981, until his resignation on April 1. Rhodes has been the Board appointee on the Long-Term Care Coordinating Council for the Elderly. **David M. Shannon**, Odessa, was named at the Board's May 27 meeting as Rhodes' replacement on the Council.

► **Blas Cantu, Jr.**, resigned as director of **Rio Grande State Center**, Harlingen, on May 14. Cantu will enter the private health care sector after serving since September 1972 as center director. **Tom Deliganis, Ph.D.**, San Antonio State School superintendent, will be the interim director until an appointment is made.

► **Spencer McClure**, assistant deputy commissioner for MR services, **Central Office**, resigned in April to become the executive director of the Austin-based Texas Council of Community MHMR Centers.

► At its May 27 meeting the **Texas Board of MHMR** made the following appointments to board committees: **Claude Cheek, Ph.D.**, Argyle, vice chair, Citizen's Planning Advisory Committee (CPAC), replacing **Brenda Clark, Ph.D.**, Rosenberg, following her resignation; **Mrs. Roger L. (Shirley) Glandon**, Abilene, CPAC; **K.D. Charalampous, M.D.**, Houston, chair, Medical Advisory Committee (MAC), and **H. Marie McGrath, R.N., Ph.D.**, Galveston, vice chair, MAC.

► **Thomas G. Kelliher Jr.**, executive director of the **Gulf Bend MHMR Center**, Victoria, since 1970, died on April 27, following an extended illness.

► After hearing about the need to replace the the **Austin State Hospital** chapel roof, **Mr. and Mrs. Jim Whitten**, Austin, volunteered the gift of a new roof. They are owners of ARM Roofing and Sheetmetal of Texas.

Commissioner Gary E. Miller, M.D., acknowledged their generosity and said, "The department is blessed in having friends like you who through their concern and generosity help to make life better for those we serve."

Awards

Hubert Oxford IV, Beaumont, received the Governor's Youth Award for Outstanding Volunteer Services, in recognition of his efforts on behalf of **Beaumont State Center** clients.

Oxford, 15, coordinated the raising of $4,900 and the work of 24 volunteers to provide a special Christmas holiday celebration for 30 clients. His contribution was made through his Eagle Scout project.

Honored in Austin at the presentation luncheon, Oxford is the only TDMHMR volunteer to receive one of the eight Governor's awards.

Appreciation awards were presented TDMHMR employees at the 29th annual Nutrition and Food Service Management Seminar, April 8–11, in Austin, in recognition of their contributions to the food service operation.

Honored were Jimmy R. Williams, Abilene State School business manager and director of fiscal support services; Keith Barton, Ph.D., Austin State School assistant superintendent, and Marjorie Hildredth, chief of nutrition and food service management; Mary Gracedal, Beaumont State Center's retiring food service manager; Big Spring State Hospital food service employees and Cliff Stovall, retiring director of auxiliary services; Emma Warner, Fort Worth State School food service secretary; Jean Hunt, San Angelo State Center's retiring food service manager; Deborah J. Owens, Waco Center for Youth clinical dietitian and food service manager; and Pannala R. Reddy, Wichita Falls State Hospital chief dietitian.

In addition to receiving the title, "Honorary Food Service Manager," Dr. Barton was initiated as the first charter member of the TDMHMR Nutrition and Food Service Hall of Fame.

Looking Back

This Texas sesquicentennial year, citizens may look back over more than 125 years of public care and treatment for the mentally impaired. For the record, *Impact* reports the year each of the TDMHMR facilities began serving the mentally ill or the mentally retarded.

Mental Health Facilities

Austin State Hospital	1861
Big Spring State Hospital	1939
Kerrville State Hospital	1951*
Rusk State Hospital	1919
San Antonio State Hospital	1892
Terrell State Hospital	1885
Vernon State Hospital	1951
Waco Center for Youth	1979
Wichita Falls State Hospital	1922

Mental Retardation Facilities

Abilene State School	1957*
Austin State School	1917
Brenham State School	1974
Corpus Christi State School	1970
Denton State School	1960
Fort Worth State School	1976
Lubbock State School	1969
Lufkin State School	1962
Mexia State School	1946
Richmond State School	1968
San Angelo State School	1969*
San Antonio State School	1978*
Travis State School, Austin	1934

State Centers

Amarillo State Center	1974
Beaumont State Center	1969
El Paso State Center	1975
Laredo State Center	1979
Rio Grande State Center, Harlingen	1962

*Year of facility conversion for current use.

Management Study Group

Texas Board of MHMR Chair R. Coke Mills, Waco, welcomed executives from international corporations, a national health organization, universities and state agencies, invited by the board as a select panel for the TDMHMR Management Study Group.

Panelists worked together to review TDMHMR's management, human resources, finances, contracts, service delivery and organizational practices.

In his request for their recommendations, Mills said, "We are not interested in a gloss-over."

Dean Max Sherman, LBJ School of Public Affairs, University of Texas at Austin, group chair, urged that the final report be one that is "practical, can be implemented and can make a difference."

TDMHMR Commissioner Gary E. Miller, M.D., assured the participants the staff would give the study highest priority and that there were to be no taboo topics.

"We are willing to ride with what you recommend," Dr. Miller said.

The board will receive the group's final report on June 27. It is expected to incorporate the recommendations of the four subgroups. The members are:

Financial and Contract Management: Harold G. Oldham, Southwest Texas State University, Kyle; Paul H. Weyrauch, Gulf Oil Corporation (retired), Marble Falls; Gordon Hardy, Texas Department of Human Services; Roy Koon, Texas Parks and Wildlife Department; Paul Mascot, Clyde Allen and James D. Vaughan, TDMHMR, all of Austin.

Human Resource Management: William E. (Bill) Beebe, IBM Corp.; Norman W. Minter, University of Texas at Austin; Alvin Miller, Comptroller of Public Accounts; George D. Black, Microelectronics and Computer Technology Corp.; and James L. Harris, TDMHMR, all of Austin.

Management Structures and Practices: Bill Flick, Lockheed Missiles and Space Co.; Tom Scott, Office of the Lieutenant Governor; Maurice Beckham, Texas Department of Public Safety; Walter Paluch, Texas Department of Highways and Public Transportation; Jim Cash, Sunset Advisory Commission; Thomas M. Suehs and James D. Vaughan, TDMHMR, all of Austin; W. Duke Walser, Tenneco (retired), Montgomery; and Harry Schnibbe, National Association of State Mental Health Program Directors, Washington, D.C.

Service Delivery System Management: Ted R. Sparling, Trinity University, San Antonio; Alvin L. LeBlanc, M.D., University of Texas Medical Branch, Galveston; Judy Ribble, private business, and Sabe M. Kennedy Jr., Texas Tech University, both of Lubbock; Richard D. Jones Jr., Shoal Creek Hospital; Charlean M. Jackson, Texas Employment Commission; Harold R. Parrish Jr. and Sue Dillard, TDMHMR, all of Austin.

The work of the Management Study Group, initiated by the board, is in addition to the current TDMHMR surveys by the Sunset Advisory Commission and the Commission on Economy and Efficiency in State Government.☐

Amarillo clients get into the sesquicentennial swing

By Suzi Clawson

Adults with mental retardation at the Amarillo State Center (ASC) are helping to provide sesquicentennial souvenirs to the buying public.

Through a contract with an Amarillo company, ASC workers assemble and package sesquicentennial key rings, money clips, necklaces, bolo ties and medallions.

Bill Williamson, W.N.W. Mint Industries president, contacted the center after winning an exclusive contract with the Texas Sesquicentennial Commission for production and sale of the medallions.

"I first got involved with the state center because I liked the idea of bringing older people back into the work force," says Williamson. "Since the workshop had done some packaging for us in the past, I approached them about this job. They agreed to purchase the skin-pack machine and we started in July 1985."

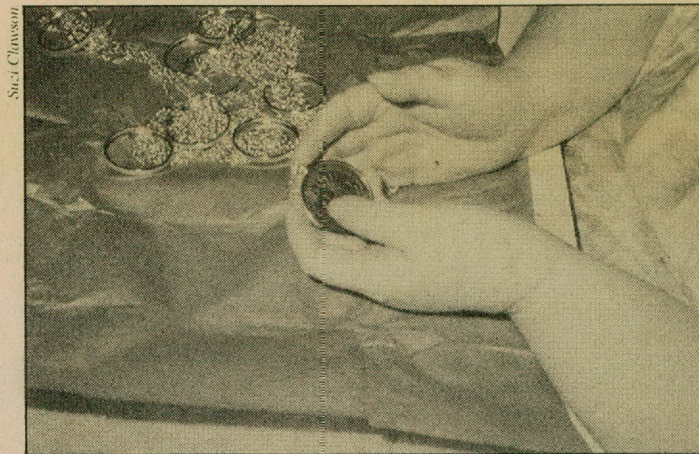
Labor and Employment Opportunities (LEO), the workshop's nonprofit volunteer board, purchased the equipment for the project, and workshop personnel began training the workers to assemble and operate the skin-pack machine. Clarence Slatton, ASC procurement officer, says the workers quickly learned to assemble the jewelry and package it in the gift boxes.

Learning to operate the skin-pack machine, which seals the medallion or key chain into a plastic package, took a little more training. Currently, 12 workers do assembly work and 4 operate the skin-pack machine. Recently, these 16 workers completed a 2000-item order in one day.

The state center has packaged approximately 26,915 items since February 1985, and Williamson says orders are increasing monthly.

The company is currently working on a contract with the State of Michigan to package medallions for its sesquicentennial. Williamson says the ASC workers would indeed be considered for this job. "The workshop has done a great job," he says. "We make a good team!"□

Suzi Clawson is information director at Amarillo State Center.



Suzi Clawson

Amarillo State Center clients assemble sesquicentennial medallion key chains to be sold across the state.

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