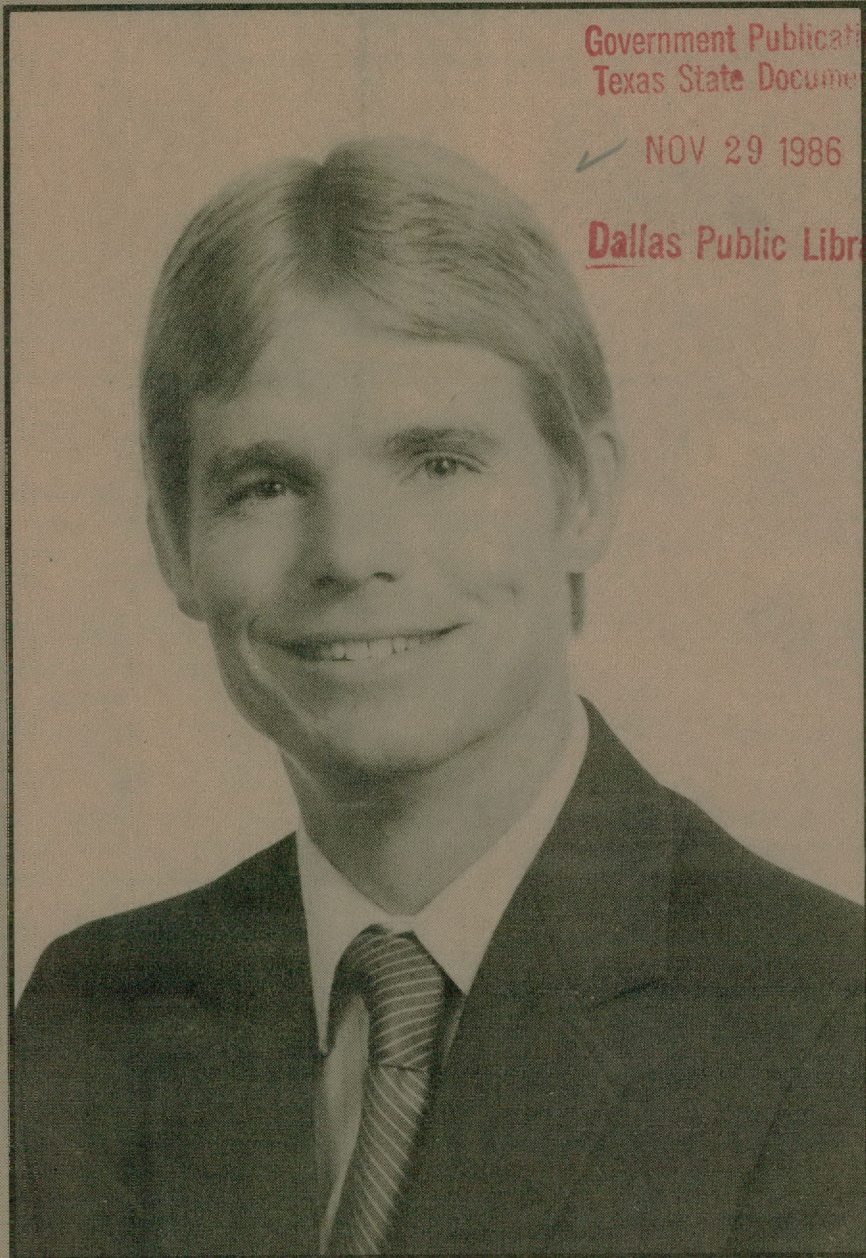


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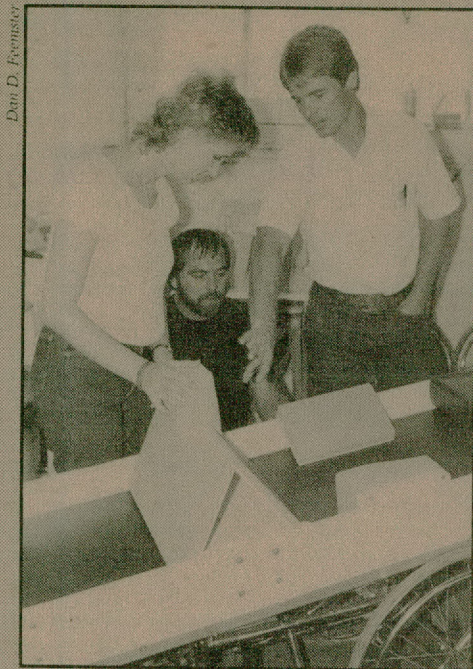
Leonard Douglas Svien
Winner of the 1986 Preston E. Harrison Award

Preston E. Harrison Award

Leonard Douglas Svien, Abilene State School's supervisor of rehabilitation therapies, is the recipient of the first Preston E. Harrison Award for outstanding TDMHMR employees. He received a plaque and a \$500 cash award at ceremonies at Big Spring State Hospital (BSSH) on September 17.

Commissioner Gary E. Miller, M.D., and Mrs. Preston E. Harrison of Canyon, widow of the late BSSH superintendent for whom the award is named, made the presentations.

Preston E. Harrison Jr., M.D., Tyler, and Robert L. Harrison, M.D., Galveston, sons of Dr. Harrison, participated in the recognition of the nine finalists for the award. (See pages 3 through 6.)



Don D. Feemster

L. Doug Svien (right) learns about the latest Abilene State School wheelchair modification design from Licensed Physical Therapist Kana Davis (left) and Al Laughlin, orthopedic technician.

Leonard Douglas Svien Supervisor of Rehabilitation Therapies Abilene State School

"Doug Svien is a highly skilled, creative professional who has implemented one of the most efficient, effective and exemplary habilitation programs in Texas. He has been successful in recruiting and retaining a group of highly competent staff to assist the implementation of his 'dreams' for the clients who are in great need," is a tribute paid by the school's three staff members who nominated Svien as a Preston E. Harrison Award candidate.

Bill Waddill, superintendent; Victor J. Vadney, M.D., medical services director; and David Feemster, speech and language pathology therapist, agreed that "because of his leadership, dedication and effectiveness, Svien richly deserves the award."

Svien is responsible for directing the occupational therapy, speech-language pathology, orthotics, audiology, physical therapy and total communication services for the school's 1,100 clients.

In addition to statewide recognition of Svien's innovative programs, staff from New York, Georgia and South Carolina have visited to study the modified, therapeutic wheelchairs Svien has had customized to fit clients' various abnormalities. Svien dreams of enabling clients who are being tube-fed to eat orally. A project of the medical, occupational therapy and speech-language staffs is to analyze the eating difficulties of clients and concentrate upon their remediation.

A sensory motor program is another of Svien's responses to clients' needs. Weekday mornings clients are removed from their wheelchairs and positioned appropriately on mats, with wedges and bolsters, and are assisted in sensory motor activities. Clients benefit from the program and staff learn proper transferring, handling and positioning techniques.

These are three exemplary programs Svien has initiated that combine creativity, innovation and efficacy. All follow the philosophy of Dr. Harrison: recognize a need and develop services to meet it.



Pauline O. Allen, MSW-CSW-ACP
Psychiatric Caseworker
San Antonio State Hospital

During Pauline O. Allen's 16 years as a San Antonio State Hospital (SASH) employee, she has worked with children and adolescents as patients and is now working with young adults on the acute care unit.

She hopes to help patients who lost their motivation and goals following their hospitalization, stopped taking their medication and returned to the hospital when their psychotic symptoms reappeared.

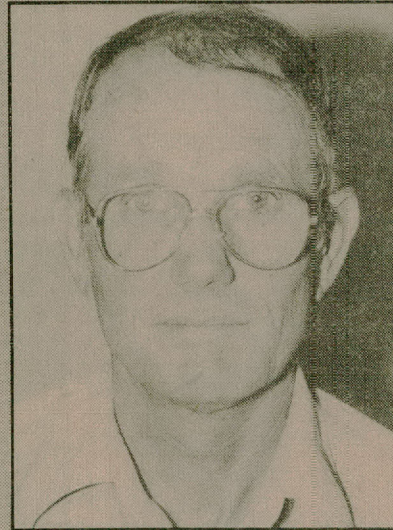
In search of a solution to this cycle of failure, Allen made a needs assessment and sought appropriate services for the patients at SASH, the community MHMR center, the Texas Rehabilitation Commission and a private training and placement organization.

Allen interprets success for these clients to be full- or part-time employment and a year of group living, followed by boarding home or independent living.

Time is scheduled for clients to devote to their education, social behavior, cultural lives, personal relationships and, as needed, rehabilitation for substance abuse.

Clients' families are vital to this network. Allen involves the family members in the clients' treatment program, training them all to learn appropriate interaction.

Allen patiently supports the young adults as they work their way through the recovery process. This may extend over many months as each establishes work records and successfully completes a year of independent living, free of psychotic behavior.



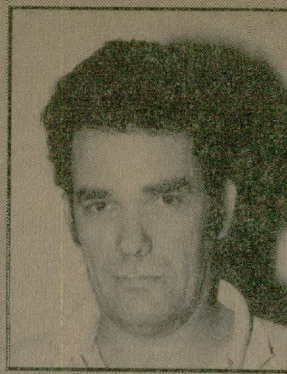
Dwight E. Cook
Administrative Technician IV
Amarillo State Center

"Everybody has the right to work." This is the belief held by Dwight Cook and since 1982 he has been working to make that possible for the 225 mentally retarded clients from throughout the Texas Panhandle, employed at the Amarillo State Center's 10 sheltered workshops.

As research and development coordinator, Cook assists in designing equipment which enables workshops to bid competitively because of more efficient mechanization and automation. This capability is critical as the workshops seek more technical contracts and production must be geared for all levels and handicapping conditions.

Cook has designed more than 75 pieces of equipment and daily requests for more are received from staff. The result: Cook spends his free nights and weekends designing and refining devices because he continues to enjoy inventing aids to allow individuals with mental retardation an equal opportunity to work productively.

The confidence and capability Cook's work affords the clients; the dollars saved in his construction of production aids; and the assistance Cook has given the center in moving the workshop toward a normalizing environment are primary reasons Sharon A. Bowers, administrator of non-residential services, gave for placing Cook's name in nomination for this award.



Jerry McLemore
Administrative Technician II
Rusk State Hospital

While employed as a security officer at Rusk State Hospital (RSH) Maximum Security Unit, Jerry McLemore developed and taught from 1975 to 1980 a training program he called "therapeutic management." The training involved teaching employees physical techniques to deal with attacks by aggressive clients.

Because of his depth of knowledge about physical techniques and his initiative with therapeutic management, McLemore was asked in February 1980 to assist in developing a pilot program on aggression management at RSH. It was called *Foundations of Verbal and Physical Intervention (FVPI)*. The pilot is credited with producing a reduction in injuries related to aggression and was adopted by the system in September 1981 as the *Prevention and Management of Aggressive Behavior (PMAB)* program.

McLemore assisted in training instructors from throughout the department in the early years of the PMAB program and continues to provide valuable suggestions for keeping the system effective.

Through his involvement in PMAB, McLemore has made significant contributions to the welfare and safety of both clients and staff members in all TDMHMR facilities.



Ollie Jean Holub
Unit Supervisor
South Liberty County Outreach Center of
Beaumont State Center

"There are no news articles or pictures (of Jean Holub) to send," explained Mary Lewis, who nominated Ollie Jean Holub to receive the Preston E. Harrison Award, "because she is the kind of person to get the job done and stands back to allow someone else to have the credit and praise. It is not credit and praise that gives Jean satisfaction—it is knowing that she did something worthwhile and helpful for the clients she has grown to love."

Jean Holub is described as one who "surpasses the criteria" for the award.

With the center for 13 years, Holub spends a great deal of her time trying to improve the quality of the Liberty program and planning projects to spark the clients' interest and initiative.

Holub promoted fund-raisers to finance the clients' educational trips to San Antonio and Austin. She researched methods for starting and maintaining a greenhouse business and worked to make it a center success.

Her main objective is to teach clients independent living skills. She goes more than the extra mile to do this, to find them community employment as well as housing for the program's married couples.

Holub maintains an interest in each client's family through her home visits to learn their specific situations and needs and to offer assistance.

A role model for the staff she supervises, Holub works diligently to ensure the staff performs in the best interest of all the clients.



Robert H. von Rosenberg
Assistant Superintendent
Big Spring State Hospital

In June 1967, Robert H. von Rosenberg joined the Big Spring State Hospital (BSSH) staff, at the request of Superintendent Preston E. Harrison, M.D. For several years von Rosenberg had been at BSSH as a Texas Education Agency vocational rehabilitation counselor.

"Thus began a unique relationship between a true visionary and a creative implementor," Betty M. Condray, BSSH admissions unit administrator, stated in her nomination of von Rosenberg for the award.

"Together they accomplished many goals to improve the plight of the mentally ill in West Texas, focusing on the chronic dysfunctional patients and their return to the community. These programs included adult education, a structured resocialization living program with community living experience, job training, medication education and reestablishing contacts with families. This resulted in approximately 200 long-term patients being discharged in a six-year period," Condray said.

The 1986 recipient of the BSSH Superintendent's Award for Exceptional Service, von Rosenberg is described by Superintendent Albert Keene Smith as "effective and competent. This person helps make us look good."

The management style of von Rosenberg is innovative and effective. It allows for his employees' personal growth and opportunity for them to be creative and use new ideas. von Rosenberg follows the philosophy stated often by Dr. Harrison, "The mentally ill deserve our best efforts and our hope, faith and love—the greatest of these is love."



Luther W. Ross, M.D.
Superintendent
Kerrville State Hospital

Beginning in 1948 as an Austin State Hospital physician and throughout more than 31 years as Kerrville State Hospital's superintendent, Luther W. Ross, M.D., has practiced his belief that clients will respond to active intervention and programming, in spite of what may be many years of hospitalization.

In the process, Dr. Ross makes employees feel that they are contributing something worthwhile to the patients' welfare and is a role model for them by being always active in community life.

In her nominating statement on behalf of Dr. Ross, Ann Belcia, ACSW, observed, "He has encouraged maximum participation of patients in community activities and involvement of community volunteers. He has sought out competence and caring in employees hired and has supported staff suggestions for improved programs."

As a result, Dr. Ross has maintained the hospital as a model for quality geriatric psychiatric care. The

hospital continues to be accredited by the Joint Commission on Accreditation of Hospitals, with excellent ratings.

Through the years Dr. Ross expanded programs, and with the help of volunteers supported the operation of an national award-winning community senior citizen's center, a halfway house for women clients, extensive recreation activities throughout the Hill Country, and outreach services for citizens in an eight-county area.

Dr. Ross continues to follow the mental health service tradition Dr. Harrison pursued throughout his career.



Helen D. Wall
Director of Student Life and Training
Wichita Falls State Hospital

"Helen Wall portrays Wichita Falls State Hospital (WFSH) and the Texas Department of Mental Health and Mental Retardation well to the communities we serve," Richard D. Bruner, WFSH superintendent, stated in his nomination of Wall for the Preston E. Harrison award.

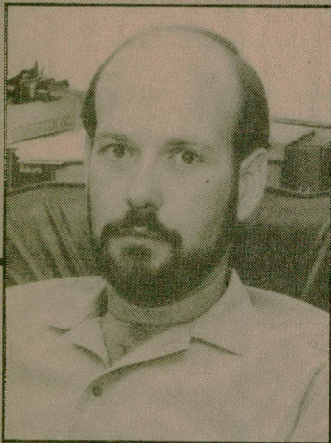
Known as "Mamma Wall" to the children of the Children's Unit, Wall is "daily combating the stigma of mental illness and contributing to a positive image of a state mental hospital. Answering the oft-heard comment, 'poor little children at the state hospital,' Wall will describe them as the lucky children, the ones who are receiving help, and that their futures are not necessarily bleak," continued Bruner.

Director of the treatment program since its beginning without a budget in March 1973, Wall made its needs known, solicited support and scrounged materials and funds for its operation.

The love for the children mirrors Wall's affection and guidance she gave her own seven children. Her knowledge of children and their capabilities and possibilities enables her to keep ahead of them and enrich their lives while at WFSH.

Wall, an active WFSH volunteer, has an energy level that is comparable to the hyperactivity affecting some of the children she serves on the unit, and it is said she is able to keep up with them because she is one of them.

Dr. Harrison would applaud the manner in which Wall serves the children on her unit. She is creative, innovative and efficient. She is a role model for everyone she encounters.



James E. Walker
Chief of Food Service Management
Brenham State School

Beginning as a Lufkin State School food service worker 16 years ago, James E. Walker successfully climbed the TDMHMR food service career ladder, earning a university undergraduate and a graduate degree while employed. He has been chief of Brenham State School's food service management since 1974.

Walker is a leader in facility food service operations, having developed and implemented computerization of the service. He accomplished this by working long hours, perfecting the system and sharing it with the staff.

To enhance the atmosphere in the school's dining areas, Walker redecorated each of them. He added silk hanging baskets and decorative screens. The results have been photographed for national publications and studied by staff of other facilities as they searched for new ideas.

One of Walker's undertakings is a cooking project to train clients who are preparing for community living. Their response has been so successful and efficient, no food service staff member is needed to supervise the serving of daily meals on seven cottages. In addition, the clients learned to produce award-winning food entries at the county fair.

Walker's expertise has been utilized in planning TDMHMR menus, the Harris County Psychiatric Center, and state agencies' food service standardization.



Stephen R. Saklad, Pharm. D.
Pharmacist III
San Antonio State Hospital

Dr. Saklad, clinical pharmacist at San Antonio State Hospital (SASH) since September 1979, was the first doctor of pharmacy employed there.

He joined the staff of the acute psychiatric admitting ward and his clinical pharmacy services contributed to a more effective, appropriate use of drugs and a decrease in patients' rehospitalization. The length of patient stay dropped from an average of 77.2 to 58.6 days. The 1979 savings in the cost of care amounted to \$1,674 for each patient.

Dr. Saklad initiated a weekly medication review and it provided a formalized, comprehensive review of each patient's medication regimen and the resulting therapeutic or adverse effects.

Following the introduction of computers at SASH, Dr. Saklad developed a computer-generated medication review consult form. It is completed by the clinical pharmacist and indicates any medication changes and the reasons for the change. These review results are entered into the computer by the pharmacist weekly and is a valuable resource.

In addition to the added funding and saving in drug costs because of the materials provided, the grants acquired by Dr. Saklad produce information that makes it possible for treatment staff to acquire extensive evaluations of the client's physical and psychiatric conditions. This is accomplished at no increased cost to the clients or SASH.

Long active in his national, state and local professional organizations, Dr. Saklad is recognized for his contributions to psychopharmacology and the literature of pharmacy and psychiatry.

Project Amicus

By Judy DeDonato

Two years ago, Alfredo Gonzales, a middle-aged man with mental retardation, was arrested in Austin on a felony charge. At the time, Gonzales was employed and living in his own apartment. Based on psychological testing and competency issues, the local district attorney's office did not pursue an indictment against Gonzales. Instead they recommended that he be placed in a supervised living arrangement within an institutional setting for an indefinite time period. Details surrounding the case were unclear, as Gonzales had no understanding of the criminal justice system, or even if he had done something wrong.

It was at this point in Gonzales's life that he was introduced to Project Amicus, a program for adult offenders with mental retardation. It is sponsored by the Association for Retarded Citizens (ARC)-Austin and is in its third year of funding from the Texas Developmental Disabilities Program.

Irma Escamilla, the coordinator for Project Amicus, worked with the district attorney's office to have Gonzales's term of supervised living reduced to one year. Today, Gonzales is working part-time on ARC-Austin's janitorial staff. He lives in a

foster home with several other men with developmental disabilities. He enjoys fishing and softball and is fascinated with electronics. He is also able to rely on Mark McKinnon, a special friend and advocate, who was introduced to him as part of the Project Amicus program.

A member of Gov. Mark White's reelection campaign staff, McKinnon's interest in working as an advocate stems from his wife, Annie, and her work with ARC-Austin as an employee and advocate. He became involved with Gonzales while his case was still with the district attorney's office. McKinnon feels that without Project Amicus, Gonzales might be dependent upon the state and permanently confined to an institution.

"I'm trying to be a cog in the wheel," McKinnon explained, "so that Gonzales can remain a working member of the community and not have to be taken care of by the state."

McKinnon sees Gonzales at least once a week. He helps him keep his checkbook in balance and manage a savings account. They also discuss any problems Gonzales might be having with his roommates or other acquaintances. They talk about what is right and wrong,

and share information on any new electronic gadgets they may have come across.

"In so many cases, people with mental disabilities are taken advantage of by society, because they don't really understand society's boundaries," explained McKinnon. "As I see it, Alfredo is not a threat to society, society is a threat to Alfredo."

Escamilla believes that McKinnon's influence has helped Gonzales to be more comfortable with people. She feels that with his strong sense of responsibility and improved understanding of the world, Gonzales will soon be able to increase his workload and move back into his own apartment. Escamilla and case workers from the community will continue to provide minimal supervision and monitor his progress.

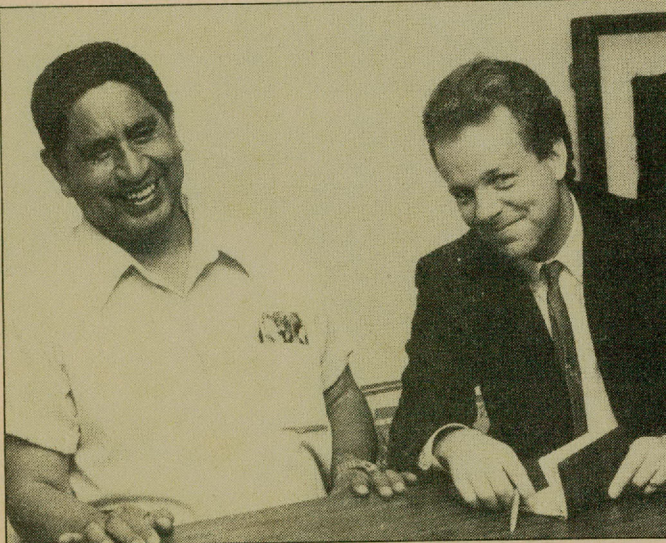
As for McKinnon, he says that he has "gotten as much, maybe more, out of the relationship as Alfredo." With 30 clients and only 8 advocates, Project Amicus is always looking for additional volunteers like McKinnon to work with clients.

Project Amicus is one of the few programs of its kind in the country. At least 10 percent of all prisoners in Texas are believed to be mentally retarded, with IQs at or below 73. According to national statistics, about 60 percent of them, compared to 40 percent of the general prison population, will return to crime after their release.

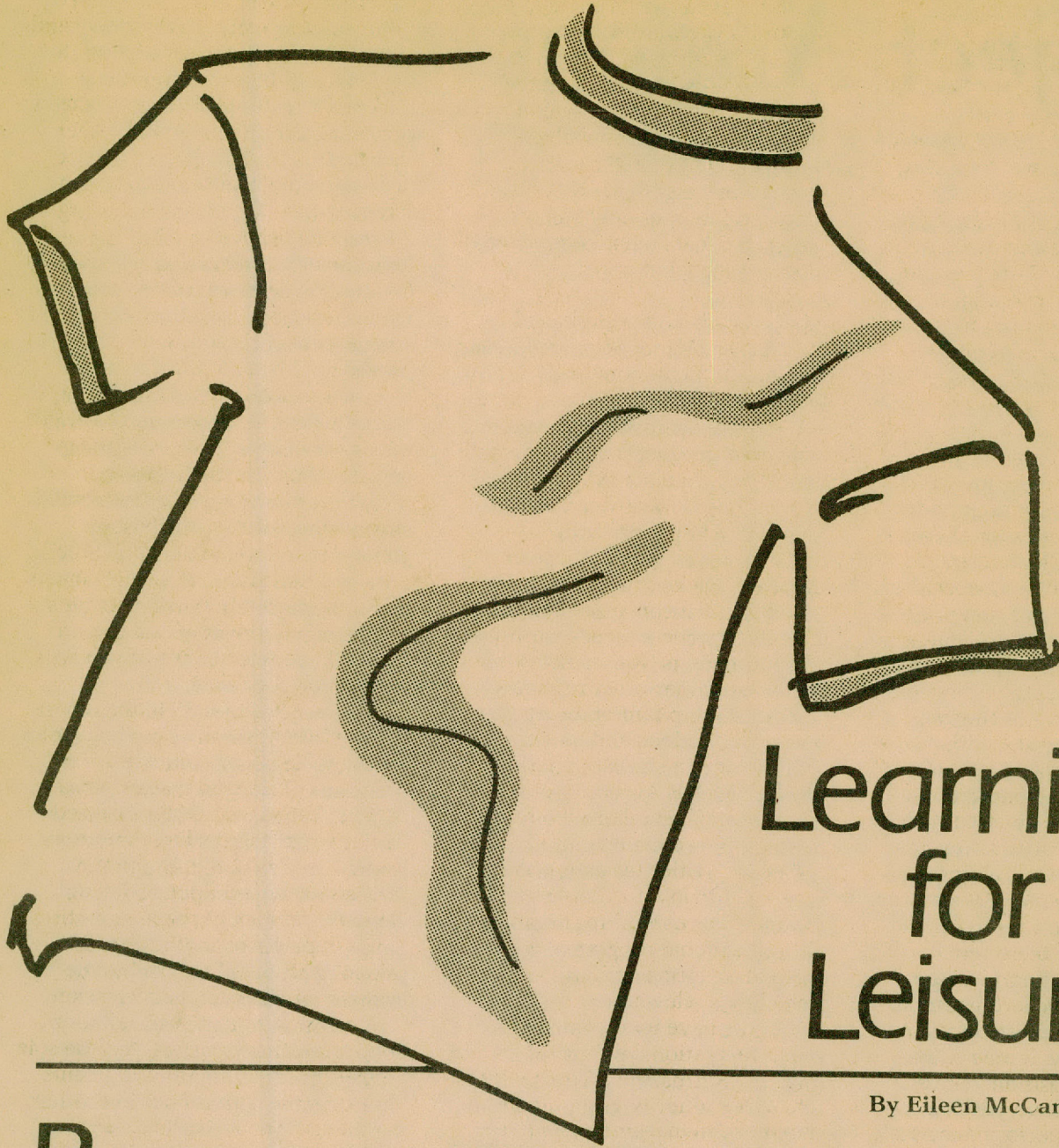
In addition to its volunteer advocacy and case management programs, Project Amicus also provides technical assistance and training to legal service and law enforcement personnel. In order to help reduce the high recidivism rate, the project also channels considerable effort into working with the county probation department and the Texas Board of Pardons and Parole, which have special officers assigned to work with people with mental retardation.

For more information on Project Amicus, contact ARC-Austin, 2818 San Gabriel, Austin, Texas 78705, telephone (512) 476-6457. □

Alfredo Gonzales (left) has a special friend and advocate in Mark McKinnon, whom he met through Project Amicus, a program for adult offenders with mental retardation.



Judy DeDonato is editor of Highlights, the newsletter of the Texas Planning Council for Developmental Disabilities, Austin.



Learning for Leisure

By Eileen McCann

Recreational programs should have a central role in activities of group home operations, to enhance the mental, physical and social development of the clients in residence. This opinion came from respondents at 29 Texas community MHMR centers to a 16-question survey of activities now offered in these settings.

An enhanced role for recreation programs is particularly appropriate in view of the increasing number of people requiring mental health care beyond the mental hospital realm. It is estimated that severe depression affects about 5

percent of the U.S. population and that another 2 to 4 percent suffer mood disorders.

Although statistics show that by the late 1970s the number of Americans in mental hospitals had declined, the number of "patient care episodes" for inpatient or outpatient services rose from 1,028 per 100,000 in 1955 to 3,079 per 100,000 in 1977.

A variety of innovative programming ideas were reported during the telephone survey interviews. Staff members suggested a range of approaches for fulfilling clients' leisure time needs.

Bexar County MHMR Center has a contract with the YMCA, in San Antonio, which allows clients use of the YMCA facilities. The center pays 50 cents a day for each client. In return, two YMCA staff members weekly provide assistance to clients 2½ hours a day for 4 days. The program objective is to furnish a comfortable atmosphere in which clients may pursue their recreational, physical, occupational and social interests.

Gulf Bend MHMR Center, Victoria, also has a contract with the area YMCA. Clients exercise with a group called the Walk-N-Jog Club.

Each client's weekly distance is logged and the chart is displayed at the group home to recognize accomplishments. When a client reaches the 100-mile mark, a ceremony is held and the honored client is awarded a T-shirt.

Abilene Regional MHMR Center clients participate in activities of the Family Life Center, an outreach ministry program of the First Baptist Church of Abilene. Recreation is viewed as a way of communicating with those who might not otherwise attend church but church membership is not mandatory. Volleyball, racquetball, basketball and jogging are activities the center offers clients.

The Northeast Texas MHMR Center reported on the enterprise of one organization that provides recreational activities for clients in Texarkana. REACH (Recreation Events and Activities Concerning the Handicapped) is a non-profit organization operated by volunteers. Their recreational programs are financed by such fund-raisers as refreshment stands at interstate reststops during peak holiday travel. Complimentary coffee, doughnuts and buy-one-get-one-free softdrinks are given to travelers and donations are contributed to the REACH budget.

Tarrant County MHMR services in Fort Worth use volunteers extensively and divide them into classifications of therapist technician, leisure time coordinator, activity leader, physical education and enrichment volunteers. The volunteers' interests and skills determine their designations.

A three-tiered performance scale for recreational programming was developed in Lufkin by the Deep East Texas Regional MHMR Center.

A client's ability and desire to participate are factors used in assigning a performance level. After a year at a particular level, the client has the option of moving to another or remaining at the same level.

Socialization is the first level and clients meet in small, informal social gatherings featuring musical entertainment. The program is called a "coffeehouse." The second level is designed for self-expression. Clients develop creatively through

art and craft projects.

The third level has a dual purpose because clients develop both community awareness and job skills. Field trips help them to explore what is happening in the world. Work skills are taught in the MHMR's General Educational Development (GED) classes. Workshops highlight career orientation and job interview techniques to teach clients what is expected of them in the job market.

A program idea suggested by MHMR of Southeast Texas is a tour of Beaumont-area businesses. During visits to pizza and cookie companies, clients observed product preparation and work performance skills. They gained insight useful in future employment possibilities.

A Family Support Group is a MHMR Services of Texoma program for Denison-area clients. Family members meet monthly at the group home for a potluck dinner. The dinner programs are intended to help family members express frustrations and share ideas with others in similar situations.

Any MHMR Authority of Harris County staff member who has an interest in recreational or physical fitness activities for clients is encouraged to join the Superstar Committee. This committee organizes all recreational programs, with the help of an elected client to present the clients' views.

Clients have total control over what recreational programs will be offered at Amarillo's Texas Panhandle MH Authority group home. Financial management, activity feasibility, coordination, monitoring and necessary transportation are staff responsibilities.

Employers and companies contributing to programs for Amarillo center clients are honored at an annual awards banquet. The MHMR of Southeast Texas provides an appreciation barbecue for clients and staff and the evening's entertainment is a client talent show.

The survey response to the question about funding for group home recreation revealed less than 2 percent of centers' budgets are allocated for these programs. To supplement these funds, Central Plains MHMR Center clients

distribute the daily newspaper to subscribers in Plainview. The dual-purpose project gives clients an opportunity to work productively and acquire experience, in addition to generating recreation funds.

The Plainview center coordinates recreational programs with other agencies. City ball fields are used for an annual fund-raising softball tournament. Teams participating pay a \$100-entry fee. Staff members are volunteers and sell spectators soft drinks and T-shirts. The three top teams receive tournament trophies and all players are given a T-shirt.

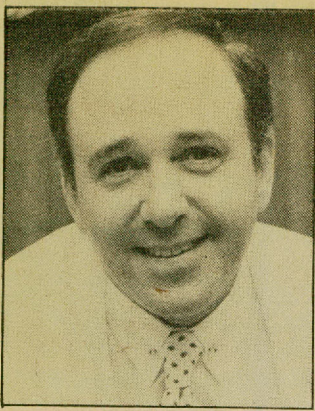
A suggestion by the Dallas County MHMR Center respondent was for a monthly \$5 charge to group home clients to participate in recreation programs. In addition to generating money, the charge would instill in clients an appreciation for recreation. It was reasoned that clients might participate on a more regular basis and acquire a sense of commitment to an activity for which they paid.

A change suggested in the recreation format offered at various group living locations would require individual clients' treatment plans. Clients' needs would be assessed and their strengths and limitations would be evaluated. Emphasis would be placed upon reducing clients' deficiencies and correcting inappropriate behavior. Professional staff could determine the clients' progression or regression.

The survey intent was not to imply recreation programs are the sole means of rehabilitation for clients living in the community but rather, that recreation programs can provide an environment in which a client can grow and develop through group interaction.

By providing these recreational programs for clients, professional staff members can focus on clients' needs, and the participating clients may acquire performance skills to use throughout their lives. The challenge to therapists is to interweave these programs with all others offered in a group home. □

Eileen McCann
Graduate Student
Department of Recreation
and Parks
Texas A&M University



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 August 26 talk.

There are new developments and I do want to cover what is happening in the Legislature's Special Session. It has an impact on all of us, and particularly Central Office.

Since our June meeting, Governor Mark White appointed Jamie H. Clements of Temple to the Texas Board of MHMR. Mr. Clements has a long history of involvement in human services in the State of Texas. An attorney, he is a former chairman of the board of the Department of Human Services, member of the Texas Legislature and mayor of Temple. His knowledge of state government makes him an excellent addition to our board.

The Management Study Group (MSG) reported its recommendations to our board and the board, in turn, expressed their appreciation for the group's work in coordinating this report. James Adkins now is converting those recommendations into a work plan. One-by-one they will be analyzed for their feasibility and implementation.

We will implement a number of the proposals over time. There are so many recommendations and in so many areas of the departmental management we will not be able to do them all at once. The basic work plan will be presented for the board's approval.

Two appointments to the Mental Retardation Services' assistant deputy commissioner ranks have been made by Jaylon Fincannon, deputy

commissioner. They are Dr. Pat Craig (Ellis M. Craig, Ed.D.) to serve Region 5, and David F. Rollins, of Austin State School, to work with administration. (See Images, page 22.)

Regional Committees

Regional coordination of the state hospitals, state schools, state centers and community MHMR centers is a topic of much concern to the groups that have looked at it. TDMHMR is developing a proposal for regional committees throughout the state that would assist us in insuring that state hospitals, schools and centers coordinate their services, budgets and planning processes with community MHMR centers. Our plan will include a prominent role for the assistant deputy commissioners.

When the administrative regions were developed, we tried to make them as compatible as possible with hospital, school and community service areas. However, with 8 state hospital service areas and 13 for state schools, it is impossible for an assistant deputy commissioner to serve a region in which all of the state facilities are of a particular type and all of the local service areas related to the facilities to be within that geographic region.

It is possible to create a situation where each of the 60 local service areas will relate to one state school and one state hospital. Our Management and Support staff determined that by a little adjustment, by moving a few counties from one state hospital district to another or counties from one state school district to another, no one of the 60 local service areas or MHMR

authorities would relate to more than one institution of the type. This gives us the basic requirements for a rational assignment of the assistant deputies.

The next step is to develop coordinating committees that involve community program directors and state facility superintendents or directors who need to coordinate their activities because they serve a common population. In this way it is possible to have 8 regional mental health coordinating committees and 13 regional mental retardation coordinating committees.

Coordinating committees would be composed of the chief executive officer (superintendent, director or executive director) of each of those programs serving a population group of mentally ill or mentally retarded persons within each region. In some instances a committee member could be a designee of a chief executive officer, such as the director of mental retardation services, to participate on the MR committee.

To tie this in with the assistant deputy commissioners, we propose having them serve as the chair of the respective coordinating committee, crystallizing that role in terms of how they relate to field operations. The committee also will provide a logical, better vehicle for coordinating budgets, programs and service delivery.

Although this is in a draft form, many agree it is a feasible way of approaching the issue of regional coordination.

Sunset Advisory Commission

Work continues with the Sunset Advisory Commission staff as they have drafted recommendations in terms of management and legislation. Various members of our staff, community MHMR center personnel and other state agency representatives were invited to review that draft.

Our staff members have been forthright in indicating those areas that we feel wouldn't help us and the Sunset staff listened receptively. Objectionable elements have been eliminated and we have added some recommendations that would be helpful to our department.

At the Commission's September public hearings, meetings with Commission members, and discussions with the sponsors of the bills to re-create the department (Senator Ray Farabee, Wichita Falls, and Representative Bruce Gibson, Godley) there will be opportunities to influence the outcome of the final recommendations.

Special Legislative Session

Governor Mark White called the Special Session of the Texas Legislature because of the state's income shortfall and resulting emergency because there isn't enough money to cover the funding level appropriated for fiscal year 1987.

The House and Senate versions of the appropriation measures have us worried and concerned. The House bill cuts about \$6 million from our facilities' administration and auxiliary services budgets. We are bare-bones now in administrative areas because for a long time that money has been converted to use in direct services.

And given the requirements placed upon the department by federal courts and other pressures, we are almost at the point of exceeding our ability to respond to service demands.

There are proposed additional cuts in facility budgets, eliminating the services of barbers, cosmetologists and chaplains and combining support services into single operations for the three Austin and two San Antonio facilities. The \$2.2 million Central Office cut is equivalent to roughly 70 staff positions, as of the first of September.

We've taken the stand that we cannot operate with these cuts. Our ability to manage and provide the services required of us and to maintain the standards of quality imposed by the lawsuits and other requirements mean we simply cannot take any further reductions.

Needed also is the \$5.5 million for Life Safety Code renovation, appropriated in 1985, contingent upon the sale of the Leander Rehabilitation Center. We continue to need also the flexibility to use funds to comply with the requirements of the lawsuits, such as we have been

able to do to finance the community placement of many state school clients.

In addition to cutting facility administrative staff, and a lot of responsibility has been placed on them, both the House and the Senate bills will cut the operating budget for the new Fort Worth Psychiatric Hospital, to be operated by Tarrant County MHMR Services. Only the House bill, proposing a \$3.5 reduction, mentions funds for the new Harris County Psychiatric Center, scheduled to open in Houston in November.

The three percent salary increase scheduled for state employees in September was eliminated.

"And we are going to do anything possible to avoid the budget and staff cuts that would impair our effectiveness . . ."

When a spokesman appeared before the Senate at the invitation of the Lt. Governor and said that TDMHMR cannot sustain reductions in administration and needs the additional \$5.5 million for the Life Safety Code renovations, the Senate did approve the \$5.5 million and an additional \$3.6 million, to be split evenly, for the MH and MR staff-to-client line items.

Retroactive Collections

One proposed legislative rider directs TDMHMR to do what it is proposing to do and that is to claim retroactively Medicaid and Medicare program money. We contracted with an accounting firm that has had experience enhancing revenue for state mental health departments. It is possible, if everything goes right, that we could collect a minimum of \$24 million of new revenue for past services.

However, the legislation says the first \$5 million is designated to offset the collection costs. (Any balance after the cost is covered may be used for anything related to

litigation.) The next \$9 million collected goes to the state's general revenue fund, and everything in addition to that amount will be split between the department and the state.

We certainly hope this collection succeeds because these new dollars would offset cuts recommended by the Senate and the House to a significant degree. And we are going to do anything humanly possible to avoid the budget and staff cuts that would impair our effectiveness in all of our facilities and at Central Office.

Other Legislation

Among other bills proposed is one introduced by Senator John Leedom of Dallas to set up a super agency to provide support services to all other state agencies, including the University of Texas. It would merge transportation, air transportation, telecommunications and printing services.

Representative Lloyd W. Criss Jr., Dallas, sponsored a bill that states the criteria to be used in reducing the employee work force is seniority. Representative Wilhelmina R. Delco, Austin, proposed a bill that broadens the state employee grievance procedure, with an elaborate grievance process and a review panel for final appeals.

Resignations

Frankie E. Williams, M.D., deputy commissioner for MH services, reported Assistant Deputy Commissioners Raymond L. Hoobler, Ph.D., and Marsha Hoobler, have resigned to move to Georgia. In their absence, the work of their administrative regions will be divided among the remaining staff.

Retirement of Dr. Menn and Reed

[Dr. Miller concluded his report, as follows:]

Many staff members attended the retirement party honoring Dr. Menn (Hubert L. Menn, Ph.D., director of budget and fiscal services) and Al Reed (Albert R. Reed) chief of budget and budget analysis. We wish them the best and again I thank them publicly for the tremendous service they have given this department and the State of Texas over the years. □

Maps of Life: Genetics and Human Health

By Amy Quate



Mary Kukulich, M.D., medical director of TDMHMR's Genetics Screening and Counseling Service, conducts a physical examination.

Angela, a baby from a low-income family, was hospitalized for failure to thrive. Malnutrition was considered a major factor responsible for her poor condition, so she was removed from her home and placed in foster care.

While undergoing a thorough medical work-up, Angela was referred for genetic evaluation. Laboratory tests revealed that her condition was caused by a chromosomal abnormality, not lack of nourishment.

Thanks to the information provided by genetic testing, Angela was returned to her home, and her mother was given information, support and resources to cope with the infant's disorder.

Growing up in Ruthanne's family included caring for a severely disabled and profoundly retarded person—her brother. Fortunately, her four daughters were bright and healthy, but her experience prepared her for the disappointments and responsibilities that entered her life when her son Tommy was diagnosed to have moderate mental retardation with cerebral palsy.

After Ruthanne's sister had a son similar to Tommy, genetic testing was advised. Even though the affected members of her family were thought to have different problems, Ruthanne wondered whether there was some connection.

Through Genetics Screening and Counseling Service (GSCS) testing, her family received the first truly accurate diagnosis, which established the link she fearfully had suspected. Since an inherited problem was involved, other family members were checked. Three of her daughters were found to be non-carriers; one daughter did carry the trait for which they were then counseled. For Ruthanne, genetic information relieved 12 years of doubt and uncertainty.

Gilbert Montez

Karen and Steve had worked hard to establish themselves professionally. They finally felt ready to provide the children they hoped to have with a good, loving home. What was holding them back now? A fear that they might have a child similar to Steve's brother, Bill, who has Down syndrome. They came to GSCS to determine the risks involved.

The medical staff tested Bill at a regional clinic close to his home. Bill's karyotype revealed that his form of Down syndrome would not be carried by Steve. The happy couple was relieved and excited about starting their family.

Every expectant parent hopes for a healthy, beautiful baby. Food, warmth, love, education . . . there are hundreds of things that families plan to give their children, but the

first thing parents give is genes.

Genetics, the study of heredity, is a science that investigates the maps of life—the molecular material that passes physical and mental characteristics from one generation to the next.

Are birth defects and genetic disorders common? Unfortunately, they are. All of us carry a few genes that do not function properly. Any healthy couple has a 3 percent chance of having a baby with a serious problem; however individuals from certain age groups, ethnic origins and family medical backgrounds face a higher risk.

Current data indicates that 1 of every 20 babies born today suffers from some type of birth defect. Some birth defects are caused by environmental factors, such as ex-

posure to chemical or viral agents, but it is estimated that 60 percent are genetic in origin. Scientists now know of more than 3,000 genetic disorders. Cystic fibrosis, sickle cell anemia, cleft palate, spina bifida, hydrocephalus, phenylketonuria (PKU), color blindness, muscular dystrophy, dwarfism, and many syndromes (e.g., Down, Turner, and Klinefelter) are some commonly known genetic problems.

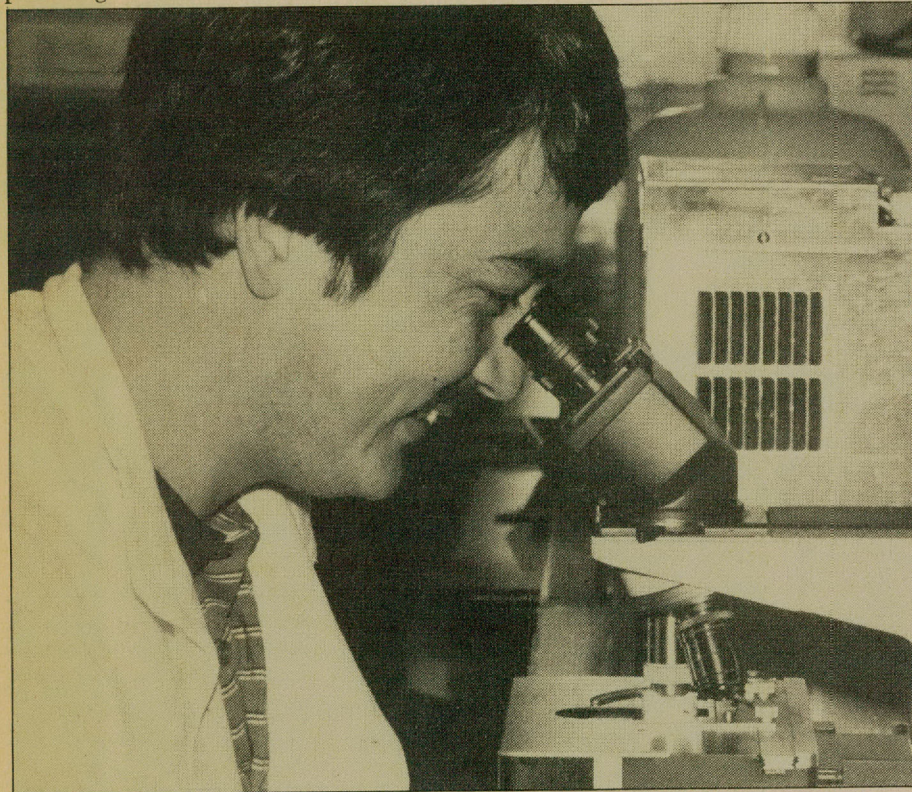
A significant proportion of mental retardation is believed to be wholly or partly the result of defective genes or chromosomes. When families know the nature of a disorder and the possibility of recurrence, they can make informed choices for the future.

Concern for the families of individuals with genetic handicaps and mental retardation prompted several Denton State School professionals to initiate Genetics Screening and Counseling Service (GSCS) as a pilot program in 1971. A grant from the Moody Foundation supported the activities of this successful project. In 1975, funds from the Texas Legislature to Denton State School expanded the program enabling services to reach into areas where genetics screening was not readily available.

Since then, 23 regional genetics screening and counseling clinics have been established throughout Texas, most in locations distant from major medical schools or centers. Each regional clinic has an office, often housed within another service agency, in the community it serves. This provides most people in Texas with easy access to important genetic screening and counseling services. The clinics are visited regularly by a traveling team of physician/geneticists.

Clinic coordinators, social workers recruited from the local communities, staff the clinic daily and receive the initial contact or referral of clients from physicians, TDMHMR activities, other agencies, or concerned individuals. The coordinator gathers medical background data, constructs a family history, and explains diagnostic procedures and counseling processes.

The coordinator's counseling skills are essential in helping families cope with the stress of



Gilbert Monies

Mickey Cecil, a cytogenetic laboratory technician, examines chromosomes.



being associated with developmental disorders in children. Often a genetic counseling session is the first time raw feelings about their handicapped child are revealed in a manner which permits therapeutic intervention.

When the medical team visits a clinic, they meet with the families, examine the clients, conduct physical evaluations, and collect laboratory specimens for analysis at GSCS's Denton headquarters. Each client seen by a visiting team has his case reviewed by the full genetics staff of GSCS.

To test for inborn errors of metabolism, biochemical laboratory technicians conduct a series of analyses on client specimens of urine or blood. Hair, skin biopsies and other tissues are used to make a diagnosis for some types of suspected metabolic abnormalities.

The cytogenetic laboratory runs chromosome studies on a variety of cells, including blood, skin and amniotic fluid. Highly magnified images of cell chromosomes are isolated and sorted by size and makeup. This map of human chromosomes is called a karyotype. Skilled technicians then scrutinize the karyotype for chromosomal abnormalities that may account for a client's suspected physical or mental problem.

When all tests are complete and a final diagnosis has been reached, the medical genetics team meets again with the concerned family or client. The team takes time to explain the disorder and its effects, evaluate the risk of recurrence, and answer questions in addition to providing emotional support and guidance.

"A lot of these families don't have the resources to get the proper diagnosis before they come here," says Mary Kukulich, M.D., GSCS medical director. "We feel strongly about giving them the best service we can."

Having a child born with a debilitating defect has profound effects on the family, carrying emotional shock and financial burdens. Clinic coordinators can help parents learn to manage a disorder and find assistance from other resources in the community. Follow-up care given by clinic coordinators provides a link between the medical geneticist and the client, as well as between the client and community service agents.

The goal of GSCS is to provide clients with an understanding of their medical problem—its cause, risk of recurrence and possibility of prenatal detection—so that clients can make informed decisions when planning their families and understanding the significance of a condition affecting themselves or their loved ones. Counseling is non-directive; the GSCS staff offers emotional support, but decisions are made by individual clients according to their own personal religious and cultural values.

To what degree do clients benefit from this professional care? In a 1980 sampling of client reactions to genetic counseling, 78 percent reported some type of relief. They experienced relief from guilt, relief that recurrence risks were low, relief that they could have additional children without undue worry, that the condition was not as serious as originally believed, or relief in the substantiation of their original thoughts about the disorder. Ninety-one percent of those who were referred to other agencies for follow-up services reported that those services were helpful to them.

Public information and educational activities constitute another part of the preventive care program offered by the Genetics Screening



Eileen Akers tests patient specimens in the Genetics Screening and Counseling Service laboratories.

and Counseling Service. Educational presentations, seminars and workshops are given to health care professionals, parents, agency staff, students and other interested groups. In its role as an information provider, GSCS employs an effective combination of media technology and personal contact.

All clients, whether they have the means to pay for services or not, receive the most individualized counseling and technologically advanced medical assistance available. "We offer one level of care—excellent," says Donald Day, M.D., the agency's executive director.

Residents of Texas are fortunate to have this service available to them on a sliding scale, based on the ability to pay. No one is denied services because of inability to pay. In many instances, a family's income will qualify them for complete medical and laboratory services at no charge. Residents of TDMHMR facilities and their families receive service without cost. Although medical and counseling fees are competitive, and in fact much lower than those charged by many other providers, GSCS does generate income from

its operations to match with its state appropriation.

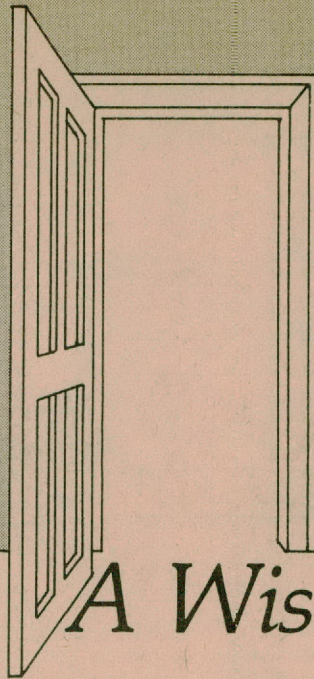
Apart from the tangible benefits to families, the state of Texas gains financially by the broad-based, preventive focus of genetics screening and counseling programs. GSCS serves thousands of individuals each year with a state appropriation which equates to the lifetime TDMHMR support (40 years) for only two mentally retarded clients.

This agency acts as a consultant to TDMHMR facilities and professionals in the community and to public and private medical, educational and social sectors. Its regional and local clinics complement the prevailing trend to decrease institutional populations and to provide support services in the community.

As an important component of TDMHMR, GSCS is a successful statewide health system providing mental retardation and birth defect prevention services utilizing the concepts of genetic evaluation, counseling and education. □

Amy Quate is information director at TDMHMR's Genetics Screening and Counseling Service, Denton.

For
Tommy . . .



A Wish Comes True

By Suzi Clawson

Several years ago Tommy Turner, a 33-year old Amarillo State Center client, received a blue towel, embroidered with his name. When his mother offered to place it in the family bathroom, Turner replied, "No, save it until I have my new bathroom."

Turner had faith that one day a bathroom equipped to meet his physical needs would be added to his family home.

That dream became reality when the Christmas-in-April organization, a volunteer group that provides home improvements for the handicapped, the elderly and low income families, teamed up with the Texas Panhandle Builders Association members to give Turner that customized bathroom.

A long-time client with the center's day and respite programs, Turner lives with his parents, Mickey and Mae Woods, and spends weekdays working at the sheltered workshop.

Although ambulatory and quite healthy, Turner has brittle bones and has had some severe fractures. This year his injuries made it almost impossible for him to maneuver in and out of the bathtub. He is a large man and too heavy for his parents to lift safely from his wheelchair.

Lynn Pierce, Turner's case manager, visited the Woods' house and determined a large shower stall and specialized commode were needed

urgently for Turner.

Pierce investigated resource possibilities and submitted the bathroom proposal to the Christmas-in-April group. Because the members usually do not undertake such a large project, they sought assistance from the Texas Panhandle Builders Association.

After Pierce and Jim Huey, a center employee and a past builders association president, made their convincing presentation of Turner's plight to Bob Finley, the current association president, construction was soon underway.

Tommy Ford, the project's general contractor, said that once the builders learned the need, they volunteered all the necessary material, equipment and services. Even the city building code enforcement staff donated the fees and inspected the job on a weekend.

In addition to adding the bathroom with its shower, commode, cabinets and marble-topped table that accommodates a wheelchair, Ford supervised the remodeling of Turner's bedroom and utility closet.

The estimated cost of the work was \$10,500 but Turner believed the construction volunteers received much more in return for

their contribution than Turner and his family gained.

"We all felt the family was deserving and could tell they work hard to make ends meet," Ford said, "And Tommy was terrific. We had fun talking to him and hearing about his work and his Boy Scout activities at the workshop."

Turner and his parents said they enjoyed becoming acquainted with Ford and all the construction crew.

"Tommy Ford was just great," said Mrs. Woods. "He continually asked us what we needed for Tommy and many times showed him exactly what he was doing."

Although the project was the first of its size for the builders association members, Ford was of the opinion the results were so positive they would undertake more like it in the future.

After the work was finished, Mrs. Woods' Paramount Baptist Church Sunday School class members brought blue bathroom curtains and bath mats to match the blue towel Turner received long ago.

There was total agreement by everyone involved in making Turner's wish come true—the builders, church members, center staff, volunteers—the result demonstrates what can happen when a community unites to take care of its own. □

Suzi Clawson is information director at Amarillo State Center.

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Case Management Update

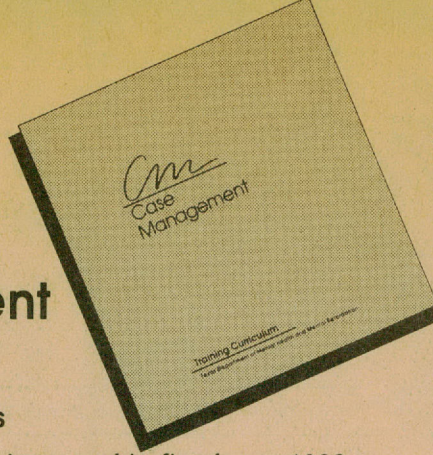
By Janet E. Collins

Individual client care improved in fiscal year 1986 as case management (CM) was implemented throughout the MHMR system. The 56 CM units, based at TDMHMR facilities and community MHMR centers, were staffed by 295 mental health and 147 mental retardation case managers and supervisors.

Case management is a system which supports a single accountable individual, the case manager, in assuring that MHMR clients receive the care and services which meet their individual needs.

Administrators, supervisors and case managers recognize the value of case management. All CM staff completed a survey and gave their evaluation on 16 items of CM effectiveness upon clients served by their units. The overall rating was "effective."

In spite of severe budget cuts, 72 percent of the administrators plan to expand CM programs. This is due to the fact that on Feb. 28, although 9,757 clients were assigned to a case manager, another 2,826 clients were on waiting lists for CM services.



Other facts and figures resulting from the CM six-month survey are:

- The average MR caseload is 22; MH is 29. The low average reflects new case managers with beginning caseloads.
- CM services are available at 90 percent of the units on a 24-hour basis.
- 96 percent report that within the facility or center organizational structure, CM is an identifiable unit.
- Personnel from 54 facilities and centers were trained as CM instructors by Central Office CM staff.
- The CM training curriculum is in use throughout the MHMR system and marketed nationwide.

Emphasis this year will be upon these issues:

- Expansion of CM programs to meet the need for 367 case managers to provide CM to all clients requiring these services.
- Provision of CM services for 1,197 clients on the waiting list and the 1,629 clients waiting assessment for CM services.
- Continuation of an effective CM system by insuring the basic requirements are met by all CM programs.
- Advocacy for CM salaries consistent with the skills and responsibilities the positions require.
- Revision of procedures to make funding flexible and accessible for such critical CM client services as housing, food and clothing. □

Janet E. Collins is TDMHMR Case Management Administrator.



Sharing Is Caring At Any Age

John Reiner



Eight Abilene State School clients, ranging in age from 54 to 75, donated the fresh produce grown in their garden to the community Meals-on-Wheels project.

Fall planting has begun on the school's 3/4-acre garden plot and that crop also will be given for distribution by Meals-on-Wheels.

Planting, harvesting and cleaning the tomatoes, squash, green beans and zucchini, done under the direction of John Reiner, program manager, help the clients develop their functional skills for living.

Sponsor of the gardening program is the school's Volunteer Services unit. □

Service Contracts Awarded To Community MHMR Centers

Community MHMR centers' funding method, mandated in 1985 by the Texas Legislature, continues this fiscal year.

Centers receive state grant-in-aid funds through contracts for services which require local matching support.

This approach to funding was designed to help centers

meet the clients' needs while increasing service accountability.

The amount of each community MHMR center's contract (composed of state grant-in-aid and required local match) and the total budgeted funds are listed below.

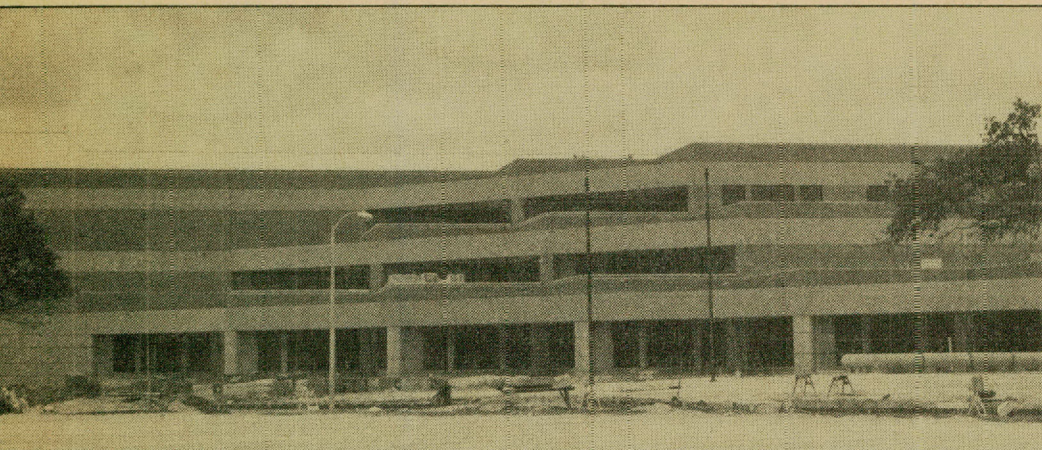
Contract Amount

Center	Grant-in-Aid*	Local Match	Total	Total Budget
Abilene Regional	\$1,122,275	\$213,232	\$1,335,507	\$5,504,582
Austin-Travis County	3,835,430	777,270	4,612,700	8,964,912
Bexar County, San Antonio	6,521,880	1,108,720	7,630,600	13,489,621
Brazos Valley, College Station	1,383,912	209,490	1,593,402	3,010,709
Central Counties, Temple	2,400,527	312,071	2,712,598	5,647,917
Central Plains, Plainview	1,050,666	157,600	1,208,266	2,407,768
Central Texas, Brownwood	1,211,056	133,909	1,344,965	2,611,573
Concho Valley, San Angelo	788,027	149,725	937,752	2,248,383
Dallas County	9,454,967	2,245,235	11,700,202	21,833,930
Deep East Texas Regional, Lufkin	2,234,892	293,292	2,528,184	7,291,050
Regional Center of East Texas, Tyler	1,843,020	350,174	2,193,194	7,142,692
Gulf Bend, Victoria	1,019,648	183,537	1,203,185	2,234,674
Gulf Coast Regional, Galveston	2,419,745	532,344	2,952,089	5,546,323
MHMR Authority of Harris County, Houston	13,301,119	3,120,170	16,421,289	33,728,890
Heart of Texas Region, Waco	2,134,484	322,474	2,456,958	5,024,936
Johnson County, Cleburne	293,845	23,769	317,614	776,863
Life Management Center, El Paso	2,864,836	415,186	3,280,022	7,487,301
Lubbock Regional	1,777,573	337,739	2,115,312	6,264,229
Navarro County, Corsicana	284,857	48,426	333,283	511,275
Northeast Texas, Texarkana	832,950	141,601	974,551	1,391,637
Nueces County, Corpus Christi	2,921,777	525,920	3,447,697	5,051,185
Pecan Valley, Stephenville	1,439,798	165,032	1,604,830	2,806,648
Permian Basin, Midland	1,803,596	1,770,242	3,573,838	3,468,784
Sabine Valley, Longview	1,837,184	222,136	2,059,320	6,359,552
MHMR of Southeast Texas, Beaumont	2,215,342	457,773	2,673,115	5,106,660
Tarrant County, Fort Worth**	5,086,524	1,081,508	6,168,032	13,223,816
Texas Panhandle Mental Health Authority, Amarillo	1,944,302	400,084	2,344,386	3,482,631
MHMR Services of Texoma, Denison	1,564,892	199,220	1,764,112	3,255,721
Tri-County, Conroe	1,966,664	389,238	2,355,902	6,493,312
Tropical Texas, Edinburg	3,627,749	358,174	3,985,923	6,674,166
Wichita Falls	1,095,451	219,090	1,314,541	3,470,035
Totals	\$82,278,988	\$16,864,381	\$99,143,369	\$202,511,775

*Includes state appropriation and federal mental health block grant funds.

**Does not include funds for Fort Worth Psychiatric Hospital.

Harris County Psychiatric Center To Be Dedicated in October



The Harris County Psychiatric Center, a new 250-bed facility in Houston, will be dedicated at a 2 p.m. ceremony on Oct. 15 at the site.

Lt. Governor William P. Hobby and Harris County Judge Jon Lindsay, both of Houston, will speak at the program. Representatives of TDMHMR, MHMR Authority of Harris County, the University of Texas System Board of Regents and the University of Texas Health Science Center will take part in the dedication.

The center, located at 2800 South MacGregor, will have a community open house on Nov. 8 at 1 p.m. The event will provide an opportunity for neighbors of the center to learn of its functions and how they may contribute to its success. □

Texas Retains Research Resource

Austin State Hospital (ASH) has donated its Neuropathology Museum Collection, which includes brain specimens gathered over a 30-year period, to the University of Texas at Austin (UT) as a teaching tool and resource.

The museum collection, recently came to the attention of many researchers and teachers throughout the U.S. and has been highly sought after by more than five major facilities, according to Kenny Dudley, ASH superintendent.

"I am extremely pleased that we have been able to work out an arrangement with the University of Texas in order to continue making use of these most valuable specimens," he added.

The late Coleman de Chenar, M.D., an ASH pathologist, put together the museum collection during the 1950s and was in charge of it until his death in 1985.

"Having the collection permanently located at UT will allow for greater utilization of these specimens and will certainly be in keeping with Dr. de Chenar's wishes that they be used for teaching and research purposes," Dudley noted.

"Dr. de Chenar would have considered this a real tribute and would have been proud of the impact his collection will have in both the research and teaching field at the University," Dudley added.

Donald Foss, Ph.D., chairman of the UT Austin psychology department, said the Neuropathology Museum Collection includes approximately 350 specimens. "The collection is important because of the types of pathology demonstrated—brain tumors, brain infections, stroke and developmental errors in brain development," said Dr. Foss.

In addition, many specimens are included which are seldom, if ever, seen today, he added.

"For example, hydrocephalic brains are included. This condition is extremely rare today because of modern medical treatment," said Dr. Foss.

The collection, he said, is a very important teaching tool since it affords students the opportunity to compare normal brains to abnormal ones.

"Erin D. Bigler, Ph.D., the hospital's neuropsychology consultant, has been responsible for

the teaching processes utilizing this brain specimen collection in clinical neuropsychology for psychiatric residents and psychology interns for several years," said Linda Campbell, director of ASH clinical support services.

"Dr. Bigler's ongoing work and enthusiasm are really responsible for the decision to place the collection at the University," Campbell said.

Timothy Schallert, Ph.D., UT associate professor of psychology and Jerry Fineg, D.V.M., director of the Animal Resources Center, where the collection will be temporarily housed, have been instrumental in assisting with the transition to UT, Campbell added.

According to Dudley, UT-Austin has had a long record of excellence in neurobiology research. Graduate students in the areas of pharmacology, psychology, zoology and biomedical engineering will have direct access during the teaching process to one of the finest brain specimen collections in the world, he noted.

ASH psychiatric residents and psychology interns will still be involved in the teaching process and have access to the collection. □

A Shift To Opportunity



- 36-million people in the United States have a physical disability.
- The disabled and their families and friends, those for whom disability is an inescapable, day-in and day-out fact of life, number well over 10-million.
- The mentally and physically disabled have a direct impact on more than one half of the population of our country.

Art Nierenberg manages the Breakthrough Foundation's Project on Disability. Nierenberg is 58 years old and a paraplegic. He has not had the use of his legs and has had only limited use of his arms since he contracted polio at the age of 2½.

Several years ago, Nierenberg created a training program to assist businesses in the hiring and managing of the physically and mentally disabled people. In his training Nierenberg asked pairs of people to perform a simple task; "Pick me up out of this wheelchair," he tells them, "carry me over to that chair and put me in it."

This exercise evokes dramatic reactions: fear, sometimes stark terror and often revulsion at the prospect of contact with a stranger who has withered arms, legs and hands.

Many people behave this way around the disabled; it is even how the disabled behave around the disabled people. Disability is viewed as a burden, an embarrassment, an obvious limitation on participation in life. Disability is often used as a justification for lack of success, happiness, love, vitality and full self-expression.

Disability is a barrier that inhibits understanding and relationships. In the face of disability we feel powerless and frustrated. Theoretically, we know that the disabled can make an impact on the world. In actuality, we find it hard to believe.

A Breakthrough IS Possible

The Breakthrough Foundation's Project on Disability makes available a way of living in which well-being is not defined as the absence of disability but as the power available to human beings who have taken a stand that their life matters.

The project produces a fundamental shift, a breakthrough in our relationship with and our perception of disability. The shift is from hopelessness to power,

from burden to contribution and from limitation to opportunity.

The Project on Disability includes a Breakthrough workshop on disability and an ongoing, self-generated program tailored to the needs and demands of the people and communities involved.

The Workshop on Disability

The two-day workshop is designed for the disabled, their families and friends and the professionals who support them. Participants break through their feelings, ideas, beliefs and assumptions about disability. Disability becomes *what* some people *have* rather than *who* people really *are*.

Results of the workshop for the disabled are breakthroughs in key areas of their lives: educational achievement, job opportunities, sexual and family relationships, community involvement and their ability to care for their basic needs. Able-bodied spouses, parents, children, colleagues and friends experience improvements in their ability to communicate, appreciate and relate to the disabled.

Health and counseling professionals may expand their ability to bring themselves fully to the people they serve, rather than simply doing their jobs.

The methodology of the Breakthrough Project on Disability addresses our response to the entire phenomena of disability. Program participants reveal for themselves how the technology is best utilized in their lives.

Disabled individuals see past their own beliefs, feelings and hopelessness which have limited their productivity and success; they are able to achieve a quality of life previously seen as impossible.

Family members discover the presumptions they have held in dealing with a disabled member of their family leading to the attitude that, "Nothing will make a difference anyway." They begin to interact in a way that produces cohesiveness and partnership.

Health care professionals are able to observe their own structures of thinking which have limited their effectiveness and lead to resignation and burnout. They discover a renewed commitment to the quality of their work and to their clients and patients.

Special education teachers see the limitation that they have placed on their students as a result of their beliefs. They are able to interact with their students in an empowering way which addresses their abilities as human beings and brings out a new level of learning and accomplishment.

The work of the Breakthrough Project on Disability is not a replacement for work that is being done in the fields of rehabilitation, education, health care or other agency programs. The technology delivered by the Breakthrough Foundation enhances successful programs and increases the effectiveness and productivity in those areas. In order to reach the millions of disabled Americans and their families, those who work with the end-user on a daily basis must be trained. The thrust is to train those who can train others, including those professionals who interact with clients, patients, students, family members and those who serve these populations.

The Breakthrough Project on Disability will sponsor a workshop in Abilene Oct. 17-19. To register, or for more information, contact David Stuckey at (915) 695-9848. □

Images

Newsmakers

► **Ellis M. (Pat) Craig, Ph.D.**, is the assistant deputy commissioner for MR services for Region 5. Dr. Craig has been the coordinator of special projects and since June, the region's acting assistant deputy commissioner.

► **David F. Rollins** is the assistant deputy commissioner for MR services administration. Formerly Austin State School's director of community services, Rollins is the school's acting superintendent since the August departure of B.R. Walker, Ph.D., to direct the Central Virginia Training Center in Lynchburg.

► **Hubert L. Menn, Ph.D.**, director of budget and fiscal services, and **Albert R. Reed**, chief of budget and budget analysis, with TDMHMR Central Office since its beginning in 1965, and with the Board for Texas State Hospitals and Special Schools since the 1950s, were honored at a retirement reception in August.

► **Sabe M. Kennedy Jr., Ph.D.**, Lubbock, professor emeritus at Texas Tech University, was appointed by the Texas Board of MHMR to its Citizen's Planning Advisory Committee. Dr. Kennedy was a member of the Management Study Group that recently reviewed TDMHMR's operations.

► Texas Board of MHMR approved the name of the **Winton Gable All Faith Chapel** at **Terrell State Hospital**, in recognition of the service of Chaplain Gable at the hospital since 1957. He retired in August.

► **Gerald L. Schappe** is the new TDMHMR safety officer. A member of the standards and quality assurance staff at **Central Office**, Schappe has been chairman of the Committee on Accident Prevention for TDMHMR for a year.

► **Paula Womack**, coordinator of volunteer services at **Austin State Hospital** since the program began, retired in August, completing 30 years of service.



Around the state

► **Fort Worth State School** will celebrate "A Decade of Caring" on Oct. 10 at a dinner and dance at the Holiday Inn South in Fort Worth. Guest dinner speakers will be Speaker of the Texas House of Representatives Gibson D. Lewis and Tarrant County Judge Mike Moncrief.

► **Michael D. Nash, Ph.D.**, is acting director of the **Life Management Center** in El Paso, since the June departure of Lee W. Yudin, Ph.D.

► **Frankie E. Williams, M.D.**, deputy commissioner for MH services, assigned the duties of Raymond L. Hoobler, Ph.D., and Marsha Hoobler, assistant deputy commissioners for MH services, temporarily to the remaining staff.

Harold Parrish Jr. will serve Region 2, including Johnson County MHMR Center. Region 5 will be divided and **H. Ed Calahan** will work with Wichita Falls State Hospital, Central Texas MHMR Center, Pecan Valley MHMR Region, Tarrant County MHMR Services, MHMR Services of Texoma and Wichita Falls Community MHMR Center. **Carolee C. Moore** is assigned Terrell State Hospital, Dallas County MHMR Center, Navarro County MHMR Center and Northeast Texas MHMR Center.

In addition to the regional assignments of the assistant deputy commissioners, Calahan is to be Substance Abuse Coordinator; Moore will be the Refugee Assistance Program and the Aging Coordinator; **Marvin (Doug) Rudd** is to be the Texas Education Agency Liaison and the Child and Adolescent Program Coordinator.

The Hooblers resigned to accept positions with the State of Georgia.

► Following the dissolution of the **North Central Texas MHMR Services** in McKinney, TDMHMR designated **Denton State School** as the MR Authority for citizens of Collin, Denton and Hunt counties. **Terrell State Hospital** is the Hunt county MH Authority and **Wichita Falls State Hospital** is functioning in that capacity for Collin and Denton counties. Contracts for appropriate services have been awarded to MHMR providers in the three counties.

► The 1987 TDMHMR Directory of Services will be distributed in January by the TDMHMR Public Information Office to MHMR system information officers and the public.

► Until the Texas Board of MHMR confirms permanent appointments of facility administrators, the following are serving: **David F. Rollins**, acting superintendent at **Austin State School** and **Don Newsom** is acting director at **Amarillo State Center**.

► The **Travis State School** clinical laboratory is the first TDMHMR laboratory to receive Medicare certification in addition to its accreditation by the College of American Pathologists.

The **Fort Worth** and **Lufkin State School** recently achieved accreditation, increasing to 16 the number of TDMHMR clinical laboratories with this distinction.



Conference Calendar

Oct. 8-10, Kerrville TDMHMR Physicians Conference

Annual Meeting
Contact: Medical Services
TDMHMR
P.O. Box 12668
Austin, TX 78711-2668
(512) 465-4667 STS 824-4667

Oct. 14-15, Austin Balancing the System MHMR Social Workers Conference

Annual Meeting
Contact: Vicki Clark-Bradley
or Alan McCoy
TDMHMR
P.O. Box 12668
Austin, TX 78711-2668
(512) 465-4650 STS 824-4542

Oct. 24-25, Austin Mental Health Association in Texas

Annual Meeting
Contact: Bernadette Black
MHA in Texas
1111 West 24th Street
Austin, TX 78705
(512) 476-0611

Nov. 6-8, Fort Worth Opportunity for All: A Texas Tradition

Annual Conference
Texas Association for Children
and Adults With Learning
Disabilities
Contact: TACLD
1011 West 31st Street
Austin, TX 78705
(512) 458-8234

Jan. 27, Austin VSSC Luncheon for Legislators

Volunteer Services
State Council
Contact: Volunteer Services
TDMHMR
P.O. Box 12668
Austin, TX 78711-2668
(512) 465-4660 STS 824-4660

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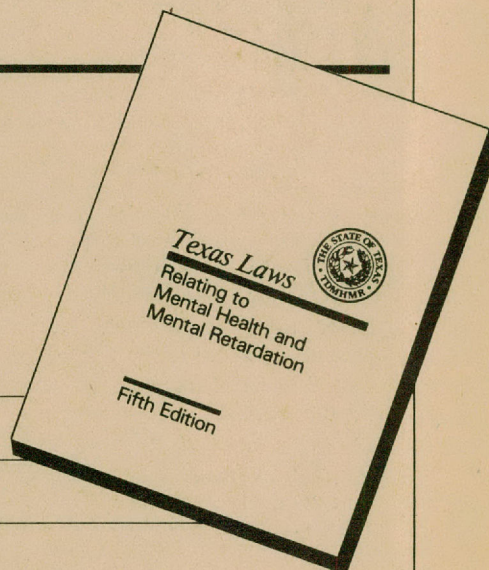
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Friends Across Texas

The 1986 Special Musical Festival returned to its 1977 birthplace: San Angelo. Again the host for the Sept. 16-18 event was San Angelo State School (SASS) and the theme was "Friends Across Texas."

Approximately 200 talented clients, representing Laredo State Center, and state schools in Abilene, Austin, Brenham, Denton, Lubbock, Mexia, Richmond, San Angelo and San Antonio were welcomed to the competition by R. Allen Williams, SASS superintendent.

Invited to share in the opening ceremonies were TDMHMR Commissioner Gary E. Miller, M.D., Deputy Commissioner for MR Services Jaylon Fincannon, and local dignitaries.

The All State Choir, a group of four clients from each participating facility, sang at the awards ceremony. Honored with gifts of watches at the anniversary banquet were the 22 clients who have attended each of the annual festivals.

Rosemarie Healy, (left) was a piano soloist at the festival, representing San Angelo State School.

Expenses of the musical event are underwritten by local volunteer sponsors.

SASS Chaplain Richard L. Mahler initiated the first festival and coordinated the 1986 production at the San Angelo Convention Center.

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