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Commissioner Jones proudly displays poster presented by Gulf Coast MHMR Center Executive Director Mike Winburn. (See " Commissioner Visits Gulf Coast MHMR " on back cover.)

# Preston E. Harrison Award

*The third annual Preston E. Harrison Award will be presented on May 31 at Austin State Hospital. Superintendent Kenny Dudley will be master of ceremonies. The award will be presented to this year's winner by Commissioner Dennis Jones and Elizabeth Badgett Harrison, wife of the late Dr. Preston E. Harrison. Ten finalists will also be recognized at the event.*

*The award is named in honor of Dr. Harrison, who as superintendent of Big Spring State Hospital exemplified the traits of creativity, innovation and efficacy for which the award is given.*



## **Award Winner: Angelyn Smith**

The winner of the third annual Preston E. Harrison Award is Angelyn (Angie) W. Smith, technical director of the Regional Clinic Laboratory at Austin State Hospital. Smith began her career with Austin State Hospital in September 1957 as a Medical Technologist III. She advanced to her present position of Laboratory Administrator, in which she supervises 20 employees in providing clinical laboratory services to persons with mental illness and persons with mental retardation. She is responsible for coordinating all areas of the Laboratory and the School of Medical Technology. The ASH laboratory was the first within TDMHMR to be fully accredited by the College of American Pathologists in 1956, and it has remained fully accredited since then. When the laboratories of Austin State School, Travis State School, and Austin State Hospital

were consolidated to form the Regional Clinic Laboratory in March 1987, Smith's leadership contributed to the success of the merger. Largely through her efforts, ASH has a fully accredited Medical Technology training program—the only one of its kind in the TDMHMR system. This program ranks within the top 10 percent in the nation in scores achieved by graduates on the national certifying exam, and it produces well-qualified technologists for the TDMHMR system.

Smith is responsible for other "firsts" for TDMHMR: in the mid-1970s, she helped develop the laboratory reporting system for PORS and she now provides consultation for the uniform record system regarding laboratory services. In 1977, under Smith's direction, laboratory testing was begun for clients in the community programs outreach system, making ASH the first state facility to perform this service. In 1987, she began work on a cost accounting system to help Central Office meet a legislative mandate for cost accounting and comparison with privatization of laboratory services. She has also planned and hosted conferences to assist other TDMHMR laboratory facilities in obtaining accreditation. Praised highly by her colleagues throughout the agency, Smith has played a vital, pioneering role in creating the system of laboratories in TDMHMR facilities and ensuring that they meet rigorous standards of quality.

## Award Finalists



## **Marcia Bennett**

Marcia Bennett directs the Fayette County Mental Health Center in LaGrange, an outreach service of the Austin State Hospital, a position she has held since 1985. The center has an active caseload of 65 to 70 persons with severe mental illness, and although it serves as the sole mental health services provider for a rural county with over 21,000 residents, it has maintained a low rate of admissions to ASH. Bennett's greatest accomplishments have been in the services offered to individual clients to reduce their social isolation and increase their independence. Under her direction, the center has expanded services to include 24-hour crisis intervention, psychosocial programs, prevocational programs, and family support groups—all without additional staff.

Bennett has raised public awareness about mental health and the center and has mobilized a wide range of community resources in creative ways. Her financial management is efficient, despite limited funds. As stated in her nomination, Bennett "has consistently broadened and improved mental health services to her clients and community, all through much hard work and minimal fanfare."



**Carolyn Garrett**

Carolyn Garrett directed the Lubbock State School Workshop from 1974 to 1984. In 1982 she proposed an integrated network of workshops that would meet the need for vocational centers in the same geographic area of the state to share information and formulate uniform policies and procedures.

Vocational directors from Region I met in Abilene in December 1982 in a conference that would later become meetings of the West Texas Council of Vocational Directors. Garrett was key to the initial development of the conference, which brought together vocational directors and marketing specialists from state schools, regional MHMR centers, state centers, and other interested groups. Garrett's activities have improved services and fostered better communication among West Texas agencies and providers.

In November 1986, she became the marketing/production control specialist for Lubbock State School and opened the regional conference not only to TDMHMR programs but also to other nonprofit vocational organizations and local school districts. The conferences that have followed are improving the quality of vocational services and the communication among workshops. This year, Regional Vocational Director Networks exist in almost all areas of the state, thanks largely to Garrett's efforts.



**Bobbie Griggers**

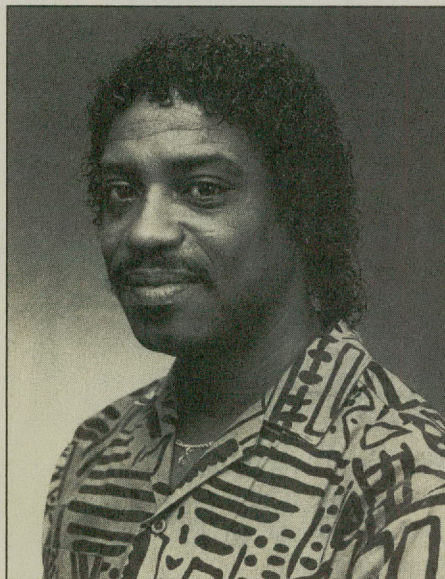
Bobbie Griggers has served at Terrell State Hospital for almost 16 years. Since May 1981, she has supervised the Clothing Store and has transformed it into the only one in the state that is organized as a realistic department store where patients receive sales tickets and clothing is priced. This allows patients to have the experience of truly shopping, rather than having the feeling of depending on charity. Griggers even arranged for the store to be redecorated in contemporary, inviting colors.

As Clothing Store supervisor, Griggers sorts, washes, sizes, arranges for dry cleaning of clothing donated through Volunteer Services and sets up displays. Griggers handles emergency clothing needs or special requests immediately. She plays an important role in preparing patients for special events such as the annual Spring Style Show, cantatas and community events. When clothing selections are low for certain sizes, Griggers works with Volunteer Services to bring in donations from the community. Her supervisor and co-workers report that "the welfare of clients is Bobbie's highest priority" and that "the Clothing Store is a source of pride for the hospital."

**Charles Gibson**

Charles Gibson has been employed with San Antonio State School for eight years. He began his career as an aide and in two years became a Specialist I. Two and a half years later, he had worked his way to the position of Specialist II and began supervising a shift. Gibson now supervises a shift of over 20 employees on Unit II, where he works with clients with mental retardation and physical disabilities. He is also an active volunteer at the school.

A nomination signed by numerous staff on Gibson's unit praises his "ability to gain the respect and admiration of the employees and thereby to gain their trust." Gibson creates "a warm, professional environment for staff" in which they are encouraged to work to the best of their ability under all circumstances. He is also a model for staff, who state that Gibson has "tremendous compassion" for clients and that his efforts on behalf of clients are "limitless." Thus,



clients on Unit II are treated with respect and dignity. Gibson's co-workers believe that he exemplifies the positive qualities needed in supervisory staff at TDMHMR facilities.



**Karen Hardwick**

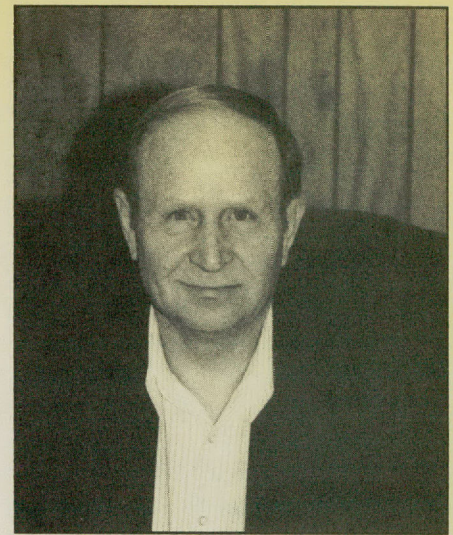
Director of Habilitation Therapies for Austin State School, Karen Hardwick has been described as "an innovator and leader in the areas of physical and nutritional management of residents." One of her major contributions is an in-depth study of dysphagia. She has added to her expertise by serving as member and chair of the Nutritional Management Committee at Austin State School. Karen has also been involved in the Physical Management Committee at facility and state levels, leading to dramatic improvement in the comfort of clients through innovative positioning and wheelchair design. She has also successfully involved staff in continuing education and has encouraged it throughout the system.

Karen is involved in serving clients in many additional ways. She served as chair of the Occupational Therapy/Physical Therapy Task Force, bringing about a more thorough evaluation for state school residents. She is chair of the Austin State School POR Committee. And she has addressed the Texas Senate on behalf of TDMHMR.

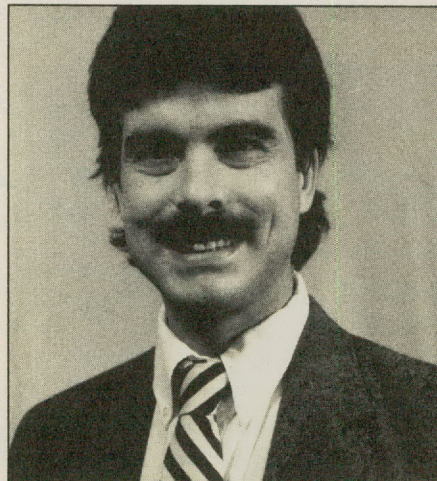
**James Huey**

James Huey joined Amarillo State Center in 1982 as operations manager of the center's ten sheltered workshops, in nine cities. He has successfully carried out his mission of procuring, locating contracts, and making the workshops less dependent on contracts with other businesses. In 1983, he worked with the Volunteer Services Council to establish a nonprofit corporation, Labor and Employment Opportunities (LEO). LEO made possible services and manufacturing efforts that have created additional jobs for persons with mental retardation. For example, he increased the number of job sites with the Amarillo highway office, bringing LEO's contract with this state set-aside contract to almost \$300,000.

The LEO concept has become a model for other state-operated workshops, benefiting clients through increased training opportunities, more exposure to the community, and higher wages. Because of Huey's reputation as



a businessman, he chaired a task force in Austin to coordinate the relationship between Texas Industries for the Blind and Handicapped and the Texas Highway Department. Huey has had a positive impact statewide because of his innovations and determination to enhance vocational opportunities for persons with mental retardation.



**Richard Hussian, Ph.D.**

Recognized as a leading figure in behavioral gerontology, Dr. Hussian directs the Geriatric/Organic Unit at Terrell State Hospital, serving a dual role as unit chief psychologist and director of special programs. He has initiated research in treating persons

with Alzheimer's disease. He has brought national attention to TDMHMR and the hospital through many publications and presentations, and Hussian serves on the editorial board of *Clinical Gerontologist* and *Behavioral Residential Treatment*.

He provides patients with individualized, comprehensive treatment, and Hussian offers superior training to staff by personal example and by encouraging staff in research efforts. He also contributes to the hospital by serving as chair of the oversight committee for behavioral programming. His exceptional efforts consistently have resulted in the Geriatric/Organic Unit receiving favorable reviews from Medicare and court representatives. His associates state that these positive reviews are the result of "Dr. Hussian's outstanding guidance in ensuring compliance with Medicare standards and high quality patient care."



**Michele Reeves**

Described as "alert to any opportunity to improve patient care as well as better working conditions for her staff," Michele Reeves is Director of Food Service for Terrell State Hospital.

Among her exceptional efforts is the program she developed for enhancing and normalizing the dining environment and experience for patients: repainting, decorating, and rearranging the dining room; setting up family-style dining in some areas; initiating a Friday night buffet; developing a home-living center to allow long-term patients to participate in preparing meals; and supplying decorated cakes, cookies and treats to units and departments.

Reeves has been equally creative in her efforts to enrich the work lives of her more than 80 staff, with award programs, rotating shifts, and greater staff participation in events at the hospital. Co-workers report that Reeve's efforts on behalf of her employees have resulted in "contented, productive staff who deliver quality services to the patients at Terrell State Hospital."

**Denecia Dodson Ridge, M.Ed., CCC/SLP**

A Registered Therapist III for Mexia State School since 1985, Denecia Ridge has gone beyond her regular duties as speech-language pathologist to make major contributions to clients with a variety of severe impairments.



In 1986, she developed and implemented an evaluation protocol for feeding skills in conjunction with the Occupational Therapy department, setting the standards for mealtime management at the facility. Assigned in 1987 to a facility task force on programming needs of clients with both deafness and blindness, Ridge established an integrated training program for seven residents as a pilot project. Considered to have severely depressed adaptive behavior levels and severe behavior disturbances, these residents are learning to prepare meals, use household appliances, meet self-care needs, and develop skills that can lead to vocational success. With Ridge as monitor, the program has more than doubled in size and has been recognized both within and outside the state system.

Ridge also provides in-service training in treatment techniques. She has been a guest speaker at several state conferences. And she is pursuing a degree in occupational therapy.



**Luisa Saenz**

Assistant Volunteer Coordinator Luisa Saenz has been instrumental in recruiting hundreds of volunteers to beautify the San Antonio State Hospital, contributing to a therapeutic environment for the clients. According to a department chief, Saenz "so enthusiastically involved the community in the 'Healing Through Gardening' project that an entire student squadron from Lackland Air Force Base 'adopted' our hospital for this particular program." And she was instrumental in submitting information that earned the gardening project the first Public Lands Day Award. She is highly effective in seeking and using community resources.

Saenz carries out a variety of tasks for Volunteer Services, such as directing the Fashion Shop for patients, conducting tours of the facility, and fundraising. The ultimate goal of her projects is to provide needed services to the patients and to offer a learning experience to citizens about mental illness. □

*Thank you to TDMHMR facilities for providing photos of the Preston E. Harrison nominees.*

# Scouting Dream Becomes Real Troop 765

by Deanna Shuford

In September 1986, my four sons were keeping me as busy as any mother could possibly imagine. There were piano lessons, soccer practices, games and meetings. Each Sunday evening was spent as family time. Each person was responsible for a portion of this family time, no matter how small. Part of that special time was each member telling about something good that happened in his or her life in the past week. Another portion of the time was used to review the upcoming week's schedule of events. A large calendar was necessary to track the numerous activities.

One Sunday, after a lengthy discussion of what eight-year-old Todd and seven-year-old twins Bart and Bret were scheduled to do in the upcoming week, a question was posed to me that I did not expect from my eleven-year-old child, Eric. Consequently, I didn't have an answer to his question, "What about me, Mom? What can I do? I might be bored." Stunned almost to tears, I answered as honestly as I could, "I don't know, but we'll find something you can do." To most families this would not seem like a big deal because usually everyone has too much to do. But it was

a big deal for us because Eric has brain damage and epilepsy from anoxia at birth. My husband Preston and I did not know what was available for him.

The search was on. Due to Eric's peers outgrowing his level of comprehension I had recently set up a special ministries Sunday School class. Now another kind of normalizing experience was being sought by my child. The schools had no extra-curricular activity to offer. The community agencies contacted had nothing for him. He "fell between the cracks" at every lead. Area clubs and organizations were called, asking for information about a club or group activities that Eric could participate in and feel part of. The Soccer Association was willing to work with us if I could find enough children with special needs to make up two teams. After one week I gave up that idea.

The group that was enthusiastic was the Boy Scouts of America. With the support of a member of the Special Ministries Committee at church, who was the Boy Scout coordinator for Wesley Methodist Church, plans for a Boy Scout troop took form. He approached the Area Council for permis-

sion to start Troop 765 with the church as the sponsor. Approval was instant.

The next step was more difficult: before a meeting could be held as a troop, five boys and a leader had to be found. Interested parents met to discuss organization plans. My husband was approached immediately due to his past leadership experience in Boy Scouts. Although Preston appeared the natural choice for scout master, our discussion at home deemed otherwise. Ideally, the father of each troop member would attend meetings with his son in order to give the son individual attention to help him learn. If a father of one of the troop members was the leader, either the troop or the son would not receive the full benefit of the father's presence. Preston's leadership, we believed, would detract from Eric's scouting experience. The scout master should not be the parent of a child with special needs in the troop.

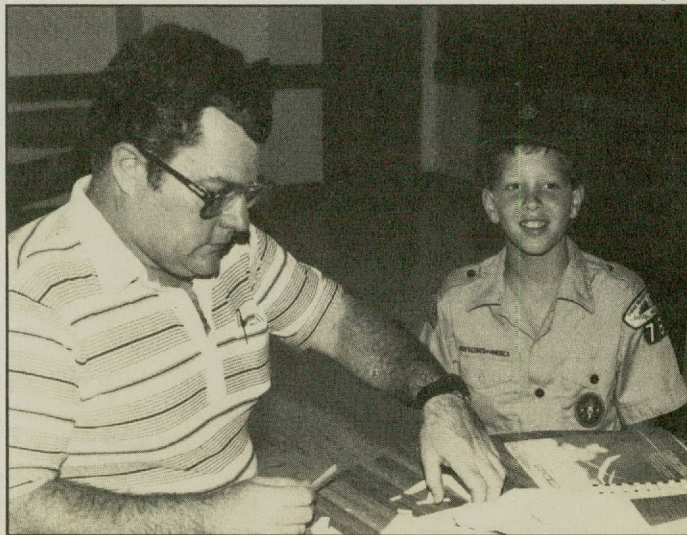
We made progress toward forming the troop when another setback occurred. Only four boys and their parents were interested. One more boy and a scout master were needed. Friends were told that we had a need to be met. Sandy Jones, the mother of eventual troop member Jason, heard about the troop and told her friend Nick Brandler about the problem of finding a troop leader. Nick had known Jason for four years, and, after thinking about it, he decided to volunteer as scout master. Now it's difficult to tell whether Nick or the boys have the most fun!

The first official meeting of Troop 765 was held in April 1987. At our family time that week the words may have been simple, but the pride and joy in Eric's eyes moved us all as he told us about the good thing that happened to him. He had a scout troop and new friends. His shy smile didn't cover the excitement that bubbled through. The opportunity to watch him lead in the Pledge of Allegiance is one of the experiences that I have had the privilege to witness. I am proud of Eric.

The boys have enjoyed their Troop 765 activities. Although they meet only twice a month, Eric knows which day is meeting day. I arrive from work to find him in uniform, cap and all, ready to go. He is happy and his self-esteem is better than before the scouting experience. It helps him feel whole and has enriched his life. □

Deanna Shuford

*Boy Scout Troop  
765 leader Nick  
Brandler working  
on project with  
Scout Jason Jones.*



*Deanna Shuford is a parent from  
Beaumont.*

# TDMHMR Honored by Central Texas Regional Network for Children

TDMHMR and four other state agencies were recognized by the Central Texas Regional Network for Children on April 13 for their role in providing health and human services to the children of Texas. Five state employees and five employees from the private sector who have dedicated their careers to helping children were honored at a special breakfast that day at the Doubletree Hotel in Austin. The TDMHMR employee honored at the event was Jacqueline (Jackie) Webster, Assistant Social Work Supervisor for Child and Adolescent Psychiatric Services at Austin State Hospital. Webster has worked with young people at ASH since 1977. In May, she will be joining the TDMHMR Office of Standards & Quality Assurance.

Executives from the five agencies to be recognized attended the breakfast in honor of their employees and to receive recognition for the accomplishments of their agency. Commissioner Dennis Jones represented TDMHMR. Charles Stephenson, acting commissioner of the Texas Department of Human Services; William Kirby, Ph.D., commissioner of the Texas Education Agency; Jay Lindgren, executive deputy director of the Texas Youth Commission; and Bill Anderson, executive director of the Texas Juvenile Probation Commission, attended to represent their agency. Each agency head received a plaque from Mary Margaret Salls, co-chair of the CTRNC.

Charles Locklin, director of the Waco Center for Youth and board member of the Texas Network for Children and Families, served as master of ceremonies for the breakfast program. Introducing Commissioner Jones at the gathering, Locklin stated that "TDMHMR has accomplished several 'firsts' in the last couple of years: the first state plan for children's mental health services, implementing a family services grant to provide the In-Home and Family Support Program, receiving a Robert Wood Johnson development grant, creating additional community-based

mental retardation services, and coordinating with local independent school districts."

After receiving the plaque honoring TDMHMR, Jones stated that in the future he would like to have said of his tenure as commissioner that he "put children's mental health and mental retardation services on the map in Texas." Jones said that the agency is committed to providing more services to young people and "in the right kind of way, that emanates from understanding of unique needs of children and families."

The breakfast was part of the ninth annual CTRNC conference, "Connecting for Children: Building a Community," held April 11 through 14 at the Doubletree. CTRNC began in 1979 as a grass roots effort by professionals who provide children's services in the public and private sector and who felt a need to volunteer their own time to assisting troubled or needy children. CTRNC has 500 members in the 30-county Central Texas area. The statewide organization for children, Texas Network for Children and Families, grew from CTRNC.

Keynote speaker was Dr. Tom Boyd, assistant professor of philosophy at the University of Oklahoma, who addressed

"The Art of Empowering Children." Speaking at the conference on Friday was Chris Costner Sizemore, the woman whose multiple personalities were the subject of the 1957 unauthorized book and movie, *The Three Faces of Eve*. Sizemore recounted how she overcame her multiple personality disorder. Those attending the conference also had the opportunity to listen to speakers from the Cult Awareness Council share information about how parents can help protect their children from cults.

Additionally, the CTRNC conference featured informative exhibits and practical workshops. Several persons from the MHMR system presented workshops. Ann Stanley, program manager of Austin-Travis County MHMR's DayGlo Treatment Program shared techniques for using art, movement, music and psychodrama with children as tools for diagnosis and projection. Charles Locklin, director of Waco Center for Youth, participated in a dialogue about client services, staffing, and management issues for supervisors, administrators and intake/referral staff. Dr. Regenia Hicks, TDMHMR's coordinator of child and adolescent services, participated in a panel discussion of the latest monitoring standards and how they affect service providers. Wanda Walker, RN, of the Waco Genetic Screening and Counseling Service was co-presenter of a workshop on how genetic screening and counseling can benefit children and the various services available. Gerald McKimmey, project director for TDMHMR child and adolescent services, presented a workshop on interagency collaboration. □



Sherry Grona

*Commissioner Dennis Jones emphasizes his agency's commitment to children's services at the CTRNC breakfast. Jones accepted an award from CTRNC on behalf of TDMHMR.*

# Community MHMR Centers Turn Business Sense into Dollars

**C**ommunity MHMR centers in Texas recently developed two entrepreneurial, cost-saving projects that will save state taxpayers at least \$1,400,000 per year! These two important projects are a bond program and an insurance risk management fund. The community MHMR centers are benefiting taxpayers, and clients, by pooling via the Interlocal Cooperation Act under the sponsorship of the Texas Council of Community MHMR Centers, Inc. According to the Council's Executive Director Spencer McClure, the pooling arrangement is "the first of its kind in the country—light years away from any other model that's been developed."

## Community MHMR Center Facilities Acquisition Program

On December 22, the Texas Council of Community MHMR Centers officially closed a transaction to produce almost \$38 million in bonds for 15 community MHMR centers. The bonds are being used to refinance approximately \$20 million in existing loans at lower interest rates, and about \$20 million is being used to acquire facilities and major equipment.

All bond projects were jointly approved by TDMHMR. Under this pooled arrangement, although TDMHMR takes part in the approval process, the state assumes no liability and no state debt is incurred, creating a winning situation for all involved. Texas Council of Community MHMR Centers President William L. Pettit stated, "This is the first pooled bond financing program in the nation in which the community MHMR centers are the direct recipients and guarantors of the bonds and in which the state is not required to provide guaranty for the

bonds." As a result, this project was given the highest possible bond rating, AAA. It is insured by Bond Investors Guaranty and is approved by the Texas Attorney General's Office.

Pettit reported that the accountability and credibility that the community MHMR centers demonstrated under close scrutiny by the underwriters, bond counsel, insurers, the rating agencies and the Attorney General made the program possible. "This is truly an historic issuance," he said. The issuance reflects extremely well on the centers. As reported in *National Council News*, the magazine of the National Council of Community Mental Health Centers, the investigating parties "concluded that the centers are extremely well managed and financially reflect sound fiscal policy, and Texas has one of the best structured MHMR systems." McClure reported that other states attempted to win approval for similar bond programs but were turned down because of inadequate accountability. "The only difficulty we had was explaining to Wall Street what a community MHMR center is. We had to explain how we are accountable to the

state, and yet autonomous," said McClure. "But the checks and balances between the local boards and the state MHMR board made our accountability very credible, and sold the project to them," McClure added.

The community MHMR centers will likely expand their use of this new financing arrangement in order to assist the state in developing additional community programs and facilities to meet growing demands. In fact, the Texas Council is sponsoring its second annual financing pool; money will be available to centers in September or October 1989. "Every year when we need this kind of funding, with TDMHMR approval, we will issue bonds," said McClure.

## How Do Centers Participate?

The 15 centers participating in the bond program are already putting proceeds from sales of the bonds to a variety of good uses. For example, Austin/Travis County MHMR Center is using part of the 1988 proceeds to acquire property for an outpatient clinic and a residential apartment complex for clients with mental illness. They are also using the proceeds to renovate several existing apartment complexes for persons with mental illness. And ATCMHMR is refinancing two residential group homes and a sheltered workshop/day treatment facility. A large portion of the bond proceeds will be provided to New Milestones Foundation, Inc., to acquire and lease to the



center 50 residential units for persons with chronic mental illness in conjunction with a private grant for a portion of the costs.

As another example, Lubbock Regional MHMR Center is using bond sales to acquire a 55,000 square foot facility in Lubbock for use as a crisis stabilization unit and offices. And MHMR of Southeast Texas is constructing and renovating a facility in Beaumont for use as a 96-bed psychiatric unit for children and adolescents, Daybreak Youth Hospital.

A center applies for the program by submitting an application, financial statements for the current year and past three years, and descriptions of their projects or acquisitions. After information from all centers is compiled, the credit of each center is reviewed for approval. Next, AAA credit enhancement is sought—bond issuance. Then, legal documentation is compiled to issue bonds. Finally, tax exempt bonds are sold to raise cash for the centers, and cash is placed in individual trust accounts for use by the participating center. Participating centers control construction and acquisition of projects as if they were paying cash.

**“the centers are extremely well managed and financially reflect sound fiscal policy”**

#### **Texas Council Insurance Risk Management Fund**

September 1, 1988, the Texas Council of Community MHMR Centers created the Texas Council Risk Management Fund, which has saved the centers approximately \$750,000 per year on insurance premiums and gives improved insurance coverage. This fund provides community MHMR centers with full service risk and insurance management. Twenty-eight of Texas' 35 community MHMR centers have joined the program. Their combined annual premium

volume is in excess of \$2 million. The fund is administered by a Risk Management Fund Board consisting of center directors.

Immediate goals of the fund are fiscal stability, availability of coverage, competitive pricing, and service plans tailored to the unique needs of the centers. The fund offers lower rates than are available from commercial insurers and existing group self-insurance programs, and it provides a full array of coverage below market cost. Also important to centers is that the fund enables them to ensure availability of coverage and long-term premium price stability. Centers can also have input into insurance decision-making and be directly involved in their own risk management program. This is because the fund is “owned” by the participating centers.

Looking toward the future, risk management funds may eventually be pooled for health insurance coverage to combat skyrocketing costs and for retirement programs. The goal, like that of current use of funds, will be “more coverage for less money,” said McClure.

The community MHMR centers' innovative approaches to saving money while simultaneously expanding and improving services to clients clearly are outstanding examples of foresight and business sense that benefit all the citizens of Texas. □

# Disabled TDC Inmates Donate to Richmond State School

by Lisa Mann

*"Members of the  
'Bunny Group'  
had an  
opportunity  
to discover their  
own gifts  
and talents."*

Fifty-six stuffed Easter bunnies and ten dozen handpainted, candy-filled eggs were donated to the clients of the Trinity Unit at Richmond State School, courtesy of inmates with physical handicaps at the Texas Department of Corrections Jester III Unit in Fort Bend County. The inmates sewed the bunnies as part of a community service project under the direction of TDC social worker Katherine Sanders and physical therapy aide Judy Nolen.

The purpose of the project, according to Sanders, was to help the inmates develop self-esteem, initiative, social/interactive skills and a sense of community awareness. The inmates in the group all had physical handicaps or serious health problems. Since many of them were in wheelchairs, they were particularly interested in donating to a group of clients with physical disabilities.

"The task of constructing the bunnies proved to be quite a creative venture for the inmates," said Sanders. "Some of the guys joked about their tough guy image, since they had to become a member of the sewing circle to construct the bunnies.... Then came the realization that the chore took more expertise and devotion than they had anticipated.

"Most men were new to working with a needle and thread, so they had to learn some basic techniques. Being physically challenged brought up some interesting problems for the group; many are amputees, some have the use of only one hand, and one is blind. However, this situation [was] useful in developing cooperation. In addition, members of the "Bunny Group" had an opportunity to discover their own constructive gifts and talents," Sanders concluded.

Inmate Charles Young, a participant in the project, said, "There's a special feeling you get in your heart when you can give to [those] who are handicapped, [and] I know what it's like to be handicapped myself." The program was such an inspiration to the inmates that they are now planning to start a "Teddy Bear Group" for Christmas.

Although initially the participants had to endure some teasing about their membership in the sewing circle, they are now admired for the positive contribution they made. In fact, there is a waiting list of inmates wanting to belong to the "Teddy Bear Group" when it starts in April. □

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*Lisa Mann is assistant coordinator of Volunteer Services at Richmond State School.*

# San Angelo State School Holds First Annual Fall Festival

by Norma Parry

When faced with the issue of age appropriateness and what to do to replace the traditional Halloween carnival, what does one do? At San Angelo State School, one of TDMHMR's 13 facilities for persons with mental retardation, where the median age is 56 years old, that question could pose quite a problem. However, the resourceful staff combined brainstorming, talent, and action to deliver the most fun-filled week of activities to have been seen on campus yet!

The First Annual Fall Festival was held during the week of October 31 through November 4, 1988. In keeping with the philosophy of providing age appropriate activities which support active treatment for the men and women

living at the school, a costume ball took place on Monday, October 31, in the school gymnasium—replacing the traditional Halloween carnival. On Wednesday, November 2, an Arts & Crafts Fair was held to display and sell art and craft items made by the school's clients. The fair was open to the public, and at the end of the day items were sold to interested buyers.

The week's activities culminated on Friday, November 4, with a Food Fair providing small tastes of food to all clients interested in participating. The Food Fair was a spin-off of the local community's annual Taste of San Angelo. Clients were given tickets to exchange for individual small portions of food from 15 different ethnic food

booths: Southern Bells (chicken), Polynesian, Italian, Chinese, Texas/Western, Nigerian, Hawaiian, Mexican (two booths), German, Swedish, Dutch, U.S.A. Sweet Shop, western stew and cornbread, and ice cream.

Each booth had a corresponding activity depicting the culture from which the food originated. Employees serving food wore ethnic clothing in keeping with the culture represented by the booth. Eleven local food businesses contributed food, and the school's Volunteer Services Council purchased the remaining needed food items. Employees performed final food preparation for serving the food the day before or during the day of the Food Fair.

Assistant Superintendent of Program Services Philip Baugh, Ph.D., was overheard to say, "This is the most normal on-campus activity in which I have ever seen our clients participate." Superintendent R. Allen Williams expressed appreciation to all levels of staff and administration for making the huge project a success for the school's 411 residents. The event was so enjoyable for both clients and staff that plans are underway for a similar event for spring 1989. □

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*Norma Parry is public information officer for San Angelo State School.*

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*Vivian Clements (L) and Juanita Rogers (R) face the difficult task of judging the many delightful art and craft items made by clients of the San Angelo State School for the school's Fall Festival.*

# Results of Child and Teen Substance Abuse Survey Revealed

At a January 31 meeting convened by the Texas Commission on Alcohol and Drug Abuse (TCADA), representatives of TDMHMR and several other state agencies were brought together to discuss coordinating efforts to meet needs brought to light by TCADA's *1988 Survey of Substance Abuse Among Secondary School Students in Texas*.

Alcohol consumption by students was a major area of concern explored by the agencies at the meeting. Results of the survey indicated that an alarmingly high number of students moved from experimental use of alcohol in the lower grade levels to chronic heavy consumption as older students. Survey results showed that 76 percent of all Texas secondary school students have used alcohol during their lifetime, with 43 percent reporting use within the last month. Figures are higher for seniors. The average senior who drinks alcohol consumes an average of 41 alcoholic drinks per month. About 12 percent of seniors attended class while drunk at least once during the school year in which they were surveyed. Considering these figures, it is not surprising that 37 percent of the seniors reported driving a car after having "a good bit to drink";

## Childrens' Services Pilot Receives Grant

by Shari Massingill

TDMHMR and Texas Department of Human Services (TDHS) have received a \$150,000 federal grant for fiscal years 1989 and 1990 to develop and implement a pilot project of services for children. The two-year pilot project is titled "Intensive Family Services for Behaviorally Disturbed Youth," and is aimed at providing community-based mental health services for emotionally disturbed children and youth who might otherwise have to leave their homes to receive treatment at a mental health facility. Two programs will be developed with funds from the Office of Human Development Services grant: one in Houston through the MHMRA of Harris County, and the other in Edinburg through the Tropical Texas MHMR Center.

Regenia Hicks, Coordinator of Children and Youth Services at TDMHMR, developed the pilot project with TDHS. "What's exciting about this pilot project is that these services would allow mental health professionals to intervene earlier in crisis situations."

said Hicks. "And the earlier we can intervene and help these emotionally disturbed young people, then the more successful we'll be in helping them sort out their problems and helping them—and their families—learn skills to enhance their ability to lead a healthy life." The new programs at Harris County MHMRA and Tropical Texas MHMR Center will allow family members to be part of the treatment process and enable the child and family to receive treatment together. Young people will be referred to the programs by school personnel, juvenile probation officers, police, and other social service agencies. Grant money will pay for four staff therapists—two at each center, and for respite care for teenagers.

The project will be evaluated at the end of the two-year grant period. At that time, the Office of Human Development may choose to continue supporting the project on an ongoing basis. □

*Shari Massingill is director of the TDMHMR Public Information Office.*

and about 8 percent of them reported doing so 10 or more times. About 10 percent admitted that they had been in trouble with police at least once during the year due to drinking.

Another serious concern addressed by the agencies at the TCADA meeting was the use of inhalants. In 1980, the use of inhalants by young people in Texas was significantly lower than the national average. By 1988, use was up to the national level. Heaviest use is among younger students of all ethnic groups; 28 percent of seventh graders reported inhalant use compared to 17 percent of seniors. Of those seventh graders who used inhalants, 31 percent reported their first use at age ten or younger. These figures may indicate that a large number of younger students who

use inhalants do not remain in school, rather than that students stop using inhalants as they advance in school.

Other findings of the survey were discussed, such as the use of controlled substances such as marijuana, cocaine, "uppers," psychedelics, and heroin. Over half of all students have used illicit drugs. The use is more widespread and frequent than previously thought.

According to TCADA's newsletter, *The Commission News* (March 1, 1989), increased services for children and youth is the highest priority of TCADA's legislative appropriations request this year. The appropriations request also asks for expanded services to "medically indigent substance abusers who cycle through the state's mental health and mental retardation system." □

# Mental Retardation Month Proclamation Presented to Commissioner at Forum

On Tuesday evening, March 7, "A Forum on Mental Retardation: Texans Face the Issues" was held in the auditorium of the TDMHMR Central Office in Austin. Austin City Council member Smoot Carl-Mitchell launched the event by presenting to TDMHMR Commissioner Dennis Jones a proclamation signed by Mayor Lee Cooke, declaring March as Mental Retardation Month in Austin. Accepting the proclamation, Jones declared that the purpose of the gathering was "to celebrate gains we are making and to celebrate the gains we will make."

Panel members for the forum were Kevin Tracy, self-advocate from Texas Advocates; John Brubaker, executive director of Austin-Travis County MHMR Center; Jaylon Fincannon, deputy commissioner for Mental Retardation Services; and Laura Smith, director of Governmental Relations.

Fincannon presented an overview of the services that TDMHMR provides to persons with mental retardation and described the agency's goal of providing persons with mental retardation with "a place to live, a place to be educated and to work, and a place to play"—needs that all humans share.

Kevin Tracy addressed the audience on the topic, "The Winds of Change." Tracy described the origin of the recent improvements in mental retardation services, emphasizing the role played by persons with disabilities in initiating the changes. He stressed the importance of the In-Home and Family Support Program and the need for adequate funding for it. Tracy examined the future of self-advocacy in promoting funding and services, in monitoring state and local agencies and programs, and in participating as members of agency boards and committees.

In his comments, John Brubaker also reflected on changes in mental retardation services, including the increased expectations placed on professionals, family members, and clients. "As time goes by, we are able to do more and more as we learn," he said. Brubaker concluded that the skills and knowledge are available to continue positive change, but that funding is inadequate to support that trend.

Laura Smith concluded the panel's comments by giving an overview of current legislation affecting mental retardation services. She noted that this legislative session has been exceptionally fast-paced and that it is addressing

many issues relevant to TDMHMR, such as funding for In-Home and Family Support.

Before and after the panel presentation, those who attended enjoyed exhibits in the lobby shown by Austin State School, Travis State School, Austin-Travis County MHMR, Association for Retarded Citizens, Parents Association for the Retarded of Texas, and TDMHMR. The TDMHMR exhibit featured a videotape about the In-Home and Family Support Program, created by Staff Development Services. The evening's activities were delightfully concluded by music from the Travis State School handbell choir. □



Sherry Grona

*An attentive audience at TDMHMR Central Office listens to panelists Laura Smith, John Brubaker, Kevin Tracy and Jaylon Fincannon as they address the topic of current issues in mental retardation services in Texas as part of TDMHMR's commemoration of Mental Retardation Month.*

## Rio Grande Center Breaks Ground for Mental Health Unit

The Rio Grande State Center in Harlingen held groundbreaking ceremonies for a 40-bed mental health unit on March 31. The construction area is adjacent to the Center's mental retardation unit on Rangerville Road in Harlingen, on property owned by the Texas Department of Health's South Texas Hospital. The new building will be a major step toward centralizing the Center's total residential operation for the first time in its history.

Keynote speaker at the ceremony was Senator Hector Uribe of Brownsville, who was instrumental in obtaining funding for the facility. Master of ceremonies was Rio Grande State Center Director Aurelio "Ray" Valdez. In addition to Senator Uribe, Valdez introduced several speakers for the occasion: Harlingen Mayor William Card, State Representative Larry Warner, State Representative Alex Moreno, TDH Region 8 Director Dr. Charles Marshall, and Texas Board of MHMR member Judge Michael Moncrief.

An additional 20 mental health beds for stabilized clients making the transition to the community will be housed in a building formerly used as nurses' quarters for South Texas Hospital. From 1962 until now, all mental health beds for the center have been located in a former Air Force base hospital building, owned by Texas State Technical Institute, which needs extensive renovation and repair. Additionally, administrative, clinical and support staff still located at the TSTI site eventually will be moved to an existing building on hospital grounds.

In coming months, the Center and South Texas Hospital will begin consolidating some support services to reduce costs and increase efficiency. Anticipated changes involving food service, pharmacy, grounds, maintenance and housekeeping will enable one of the facilities to provide services currently duplicated at both. □

*Information for this article courtesy of Merrijo Tanberg Dean, public information officer for Rio Grande State Center.*

## TDMHMR Participates in Governor-for-a-Day Events

The public had the opportunity to get a firsthand look at a number of state agencies and what they do at the Governor-for-a-Day activities on Saturday, March 18. TDMHMR joined 13 other state agencies in festivities scheduled at the Capitol in honor of Senator John Leedom. Senator Leedom, who represents District 16, has served in the Legislature since 1981 and is president pro tem of the Senate.

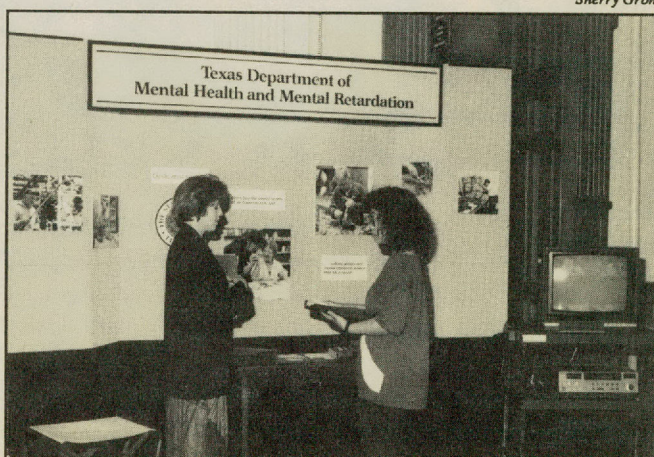
TDMHMR's colorful exhibit was located in the west wing of the Capitol. It included a videotape created by Central Office Staff Development describing the In-Home and Family Support Program. The tape was shown throughout the day. Public Information Director Shari Massingill staffed the exhibit to greet visitors, answer questions, and hand out information packets about TDMHMR. Almost 100 packets were distributed. Visitors from across the nation and even from foreign countries stopped by the TDMHMR booth to ask questions and pick up information about our services.

Included in the day's entertainment was a lively musical performance by a Scottish band that included TDMHMR Staff Development's Ken Burks on bagpipes.

Other displays were "A Taste of Texas" presented by the Department of Agriculture, modern and historical military equipment shown by the National Guard, the State Treasury's computerized listings of unclaimed property, the Employment Commission's Job Matching Service, and a video presentation by the Rehabilitation Commission, including a look at the Governor's Committee for Disabled Persons.

In addition to state agency exhibits, Governor-for-a-Day activities for the public included a reception, a barbecue dinner on the Capitol grounds, a nineteen-gun salute, and an open house at the Governor's Mansion. □

Sherry Grona



*Visiting Texas from Kansas, Chen Chen Hsiao stops by the TDMHMR exhibit, where she receives a friendly greeting and an information packet from Shari Massingill.*

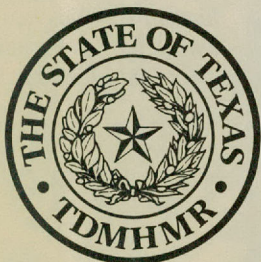
# New Executive Staff Begin Work at Central Office

**Maurice D. Kubena**, former president of Healthcare Learning Institute, a corporate training program located in Austin, was named TDMHMR's first **Special Assistant of Organizational Development and Operations Management**. He began his duties April 10. The position entails efforts to facilitate accomplishment of the missions of the agency through improved management systems and internal organizational elements. Kubena served 21 years in the health care delivery field at Healthcare International, Inc., and its predecessor, The Brown Schools, Inc. Among his most recent accomplishments was developing and implementing a Model Quality Pursuit Plan and creating a mock survey system whereby Healthcare's facilities could systematically prepare for surveys such as those conducted by Medicare and the JCAHO. Kubena has a master's degree in speech pathology and special education from the University of Texas at Austin.

The Texas Board of MHMR announced at its April 14 meeting the appointment of **William H. Reid, MD, MPH**, as the agency's first **Medical Director**. The position of medical director was created by Senate Bill 257 passed by the 70th Legislature in 1987. Reid has served in

the mental health care field for 18 years. From 1986 until his resignation to join TDMHMR, he was the medical director of Colonial Hills Hospital in San Antonio, a clinical professor of psychiatry at the University of Texas Health Science Center at San Antonio, and in private clinical and forensic psychiatry. Prior to his work in San Antonio, Reid was noted for his outstanding work at the University of Nebraska Medical Center in Omaha. He has written several books concerning psychiatry and serves on the editorial boards of six professional journals. Reid is president of the American Academy of Psychiatry and the Law, and he has been listed in the three most recent editions of *Who's Who in the World* and *Heritage Foundation Guide to Public Policy Experts*. Reid is certified by the American Board of Psychiatry and Neurology, the American Board of Forensic Psychiatry, and the Committee on Certification in Administrative Psychiatry. He is licensed to practice medicine in seven states, including Texas. He received his doctor of medicine degree from the University of Minnesota, his master's degree in public health from the University of California at Berkeley, and his bachelor of arts degree from the University of Minnesota. As medical director for TDMHMR, Reid's duties will include directing the quality and appropriateness of clinical services delivered and regulated by the department. He will also serve as chief medical resource for the TDMHMR system.

**Glenn W. Rust** was appointed **Deputy Commissioner for Management and Support** by the Texas Board of MHMR on April 14. Rust had served as bureau chief of the Bureau of Personnel Management at the Texas Department of Health since 1980. He began working for the Department of Health in 1972 as the chief of staff services of Welfare Coordination, and progressed to chief of staff services of the Early Periodic Screening, Diagnosis and Treatment Program in 1973, then to chief of staff services to the Deputy Commissioner of Health in 1979, and finally to bureau chief of the Bureau of Personnel Management in 1980. Before coming to the Department of Health, Rust was chief accountant for the San Antonio Chest Hospital from 1955 to 1972. He is active in several professional organizations, serving as chair of the State Agency Coordinating Committee in 1989; advisory member of the Senate Committee on Agency Services Management; member of the Texas Department of Health's Economy and Efficiency Committee for Administration; and member of the Texas Society of Certified Public Accountants. Rust received his bachelor of business administration degree from St. Mary's University in San Antonio. He is licensed as a certified public accountant in Texas. As deputy commissioner for management and support, Rust's duties will include directing the development and administration of TDMHMR's multi-million dollar budget. He will also direct units responsible for budget and accounting, automated data processing, federal reimbursement claims, and support services. □





## Safety Awards Presented by Attorney General

January 24, Texas Attorney General Jim Mattox presented safety awards to individuals and facilities in state government in ceremonies held in Austin. Twenty of the 38 awards were received by employees or facilities of TDMHMR. Nominations for the safety awards were reviewed by the Attorney General's Office, and final selections were made by the Texas Safety Association.

Four of five achievement awards went to Rio Grande State Center, Denton State School, Travis State School, and Austin State Hospital, all of which reduced injury rates by at least 10 percent in 1988.

Four of 12 safety contribution awards were earned by Lubbock State School; Denton State School, Unit 4; Denton State School, Education and Training; and Lufkin State School. These facilities reduced their injury rates by at least 5 percent in 1988.

Individual awards for contributions to their agencies' safety programs were won by Juan Silva, San Antonio State Hospital, and by Don Frizzell, Bobby Burns, and Adolph Supak, Austin State Hospital.

Of the 11 meritorious awards given, nine went to TDMHMR employees: Ed Dailey, Dennis Temple, Myrl Roberts, David Nattin, Lynn Fowler and Kristine Flood of Austin State Hospital; Keitha

Tate of Denton State School; and William Baumert and Albert G. Thompson of Austin State School.

Speaking at the ceremony, Mattox said, "An aggressive training program that carefully spells out safe work methods does make a difference in reducing accidents.... I encourage all other state agencies to take notice of these success stories so that we can do even better next year."

The number of on-the-job injuries within state government in Texas compares favorably with other states,

ranking third lowest after Wyoming and Utah—states with far fewer state employees than Texas. California, a state comparable to Texas in number of state workers, has an employee injury rate more than twice that of Texas. The TDMHMR injury rate for FY 1988 was 10.5 per 100 employees. The rate for first quarter FY 1989 was 12.1. These figures are surprisingly low considering the high number of TDMHMR staff employed in physically demanding occupations. □

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## In-Home and Family Support: Lufkin State School Puts Program Into Action

by Sheila Champion

David is 22 years old and lives at home with his parents in Wells, Texas. He enjoys visitors and is always ready to show how he can partially take care of himself with the special equipment and furniture provided by the In-Home and Family Support Program administered by the Lufkin State School.

On October 17, 1984, David was involved in an automobile accident in Hemphill, Texas. Before the accident, he was a student in the Hemphill Independent School District special education department. Following the accident, David and his family found the need for extra equipment and furniture and modifications to their home.

House Bill 1154, which created the In-Home and Family Support Program,

was passed in April 1988, and Lufkin State School received funding for the program in May. By July, funds were made available to David and his family for much needed assistance.

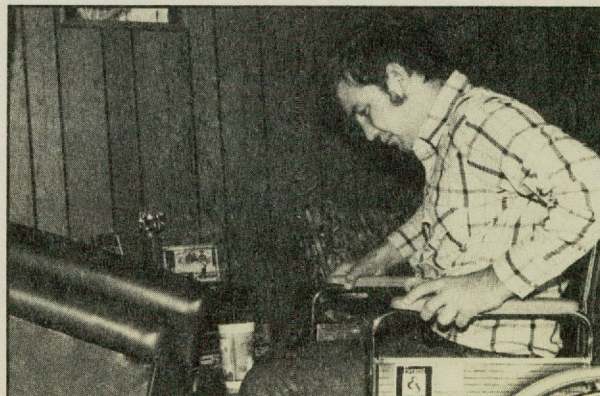
Lufkin State School administers the In-Home and Family Support Program for TDMHMR in the three mental retardation authority (MRA) counties of Anderson, Camp and Cherokee. □

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*For more information about House Bill 1154 and In-Home and Family Support, see "In-Home and Family Support Program" in the January/February 1989 issue of Impact.*

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*Sheila Champion is public information officer for Lufkin State School.*



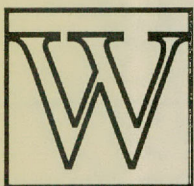
*David maneuvers himself from his new wheelchair to his new electrical lift chair.*



# Eye on Legislation

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by Laura Smith



With six weeks left to go, the 71st Texas Legislative session is entering the final frantic weeks when the FY 1990-1991 budget will be completed, and the more than 5500 bills filed will either become law or die somewhere between committees and the House or Senate floor.

## Budget Update

The Senate appropriations bill has been voted out of the Senate, and the House appropriations bill is tentatively set for floor debate on April 24. The bills will go to a conference committee early in May. The committee will be composed of five members of the House and five members of the Senate.

There are substantial differences between the House and Senate versions of the TDMHMR budget.

The Senate bill gives TDMHMR about \$1.8 billion over the biennium and includes most of the community services and state facility funding needed to meet court requirements and to provide services at all existing facilities. It also includes about \$70 million needed for implementation of nursing home reform required by federal law.

On the other hand, the House bill gives TDMHMR \$1.6 billion over the biennium, omitting about \$220 million in funds needed to maintain compliance with judicial mandates and to provide services at all existing facilities. It also fails to include any funds for nursing home reform. The House bill does include some funds in new areas, including expansion of In-Home and Family Support, establishment of a research program at San Antonio State Hospital, expansion of autism services, and expansion of community mental health services for children.

Both bills have about \$300 million budgeted for state employee pay raises, \$80 to \$85 million of which would go to cover insurance premium increases. The House bill allocates \$125 per month for employees who earn less than about \$1800 per month. The Senate bill does not specify how to allocate the pay raise funds.

## Legislation Update

The bills that the Texas Board of MHMR approved last fall are moving along well. All have been heard in committee and several have already passed one house or the other. These are some changes that will take place if each bill becomes law:

- A person charged with a misdemeanor offense and found incompetent to stand trial will no longer go to the Maximum Security Unit at Vernon State Hospital. He or she will be sent to a catchment area hospital instead.
- Community MHMR centers will have to obtain TDMHMR approval before purchasing property with state funds.
- The In-Home and Family Support Program will be open to siblings, children and spouses who assist a person with mental illness or mental retardation in living independently.
- Community MHMR centers will be able to be established in areas with populations under 200,000.
- State employee indemnification will be raised.
- An interim study on guardianship will be established.

TDMHMR is following the progress of more than 700 bills, ranging from changes in how state agencies handle mail to exemption of people with mental disabilities from the death penalty. When the session is over, *Impact* will give a brief synopsis of the major bills passed that affect TDMHMR and the people we serve. □

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*Laura Smith is director of Governmental Relations for TDMHMR.*

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# Hiring the Mentally Restored

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An estimated 2 million people in the United States have experienced emotional or mental problems, have been treated, and want their lives to be as normal as possible. For most of them, *normal* includes joining or rejoining the work force, but they face many obstacles in their attempt to do so.

The number of unemployed persons with histories of psychiatric inpatient treatment is estimated to be between 70 to 85 percent of the total. Unemployment is an all-too-familiar fact of life for former mental patients.

The effect on many of them is devastating. In our work oriented society, unemployment—especially if it continues over a period of months or even years—damages any willing and able person. It forces that person to live on public welfare payments, and it eliminates the social and other normalizing aspects of work.

This article describes these people and their advantages as potential employees, and answers questions many employers ask concerning mentally restored individuals and their ability to work.

## Who Are the Mentally Restored?

The mentally restored are people who have had disabling mental problems, have improved through treatment, and have returned to the community. The term *restored* is used here to indicate that these persons have been restored to the community and have the desire to be employed.

Two examples illustrate the wide range of people covered by the term *mentally restored*.

An accountant for an industrial corporation suffered a mental break on

the job, making it necessary for him to spend a few weeks in the inpatient psychiatric unit of the general hospital in his home town. After the episode, he was able to return to his position in the accounting department.

A woman who had spent more than 30 years in an institution was discharged as part of the national movement to release those patients found to be able to function in the community. The woman joined a rehabilitation club that helped place her with a manufacturing firm.

Both of these people had mental illness—he acutely and she chronically—but when they returned to the community they joined the ranks of the mentally restored. She returned to the community because she no longer needed treatment in the hospital; he stayed in the community because the practice today is to allow the community to participate in the recovery of mental patients.

Between the two extremes shown here, there are many variations. Many who have been treated for mental illness need continuing therapy of some sort. But that need does not eliminate their abilities or their desire to work. Work, in fact, is often an integral part of their recovery. Unfortunately, large numbers of the mentally restored are unable to find work, primarily because of their histories of mental illness.

## Mentally Restored Persons Can Succeed

Experience shows that these persons are equal to other workers—and perhaps are better in motivation, attendance and punctuality.

Evidence is growing that mentally restored persons, when placed in

appropriate job situations, are equal to other workers. Where the mentally restored have support such as a transitional program, employers have found that they have satisfactory work records.

One manufacturing plant executive who has a number of years of experience in hiring the mentally restored said that in several areas they are better than the average employee.

“In the area of attendance, I definitely think they are better. Absenteeism is much less of a problem for them. And their motivation, I think, is better.”

But he also expressed a thought all employers should keep in mind when they consider hiring persons with disabilities. In order to place their clients, some counselors make unrealistic promises, claiming the clients are ready for the job when they are not, or saying that they are able to perform at levels they have not attained.

Employers should have realistic expectations. “I also think that, as employers, we only have the right to expect and demand performance that is equal to the average,” he said. “In many cases, we get better. If we get less, we’ll drop the individual just as we would anybody else.”

The main point for employers is that for many of the jobs they have to offer, a mentally restored person presents risks similar to those of any other job applicant. If an employer adopts a policy that an applicant will not be dropped from consideration simply because that person has a history of mental illness, the employer can assess all candidates on the merits of personal qualities and abilities.

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# They need the opportunity to take advantage of one of the most normalizing agents in the lives of all adults: job satisfaction.

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## **Mentally Restored Persons Can Work at All Levels**

The mentally restored can work at all levels; most are limited only by a lack of opportunity. The kinds of work the mentally restored can do are limited—as for most people—by talent, ability, experience, and determination. Unlike most people, however, the mentally restored face limited employment opportunities.

Many of the mentally restored, like the woman in the example given earlier, do not have established work records because they were hospitalized during the years in which they would have received training or early job experience. Now they are eager to make their way into the work force through entry-level positions. With training and continued support, they can become productive members of the work force.

People with good work records or those with none can work, and they need the dignity that work provides. They need the opportunity to take advantage of one of the most normalizing agents in the lives of all adults: job satisfaction.

Employers should reassess their hiring policies and practices. If they have positions available at any level, particularly those in which there is costly turnover and absenteeism, employers may find it profitable to investigate the labor pool of mentally restored persons.

## **Rapid Turnover Is Reduced**

When the job and the employee are properly matched, turnover is reduced to a minimum, saving costs for the employer. In some instances, turnover is almost a function of the type of job. Employers have found, as mentioned earlier, that the mentally restored who receive some outside support are equal to or better on the job than those who

have never been treated for an emotional disturbance. The mentally restored are dedicated to making successes of their lives, and a lengthening work record adds to their success. With mentally restored employees, turnover may be reduced, in some cases dramatically.

The restaurant industry, for example, has found that employees classified as “handicapped,” including the mentally restored, have a much better record than their usual employees. In jobs in which turnover is as much as 300 percent annually, the group that includes the mentally restored has a record of no more than 44 percent turnover.

Other industries have had similar experiences. The lack of turnover provides employers with savings in help-wanted advertising, payments to employment agencies and training costs.

Perhaps the most important point is one of the simple tenets of good management: success comes when the employee and the job to be done are properly matched.

## **Working Together Brings Acceptance**

Other employees will find that the mentally restored are usually hard to distinguish from their co-workers. Working together brings understanding and acceptance.

A food service operator was concerned about how mentally restored workers would affect his other employees when he first agreed to hire mentally restored persons to work in his establishment. “I really didn’t know what to expect,” he said later. He soon realized that his fears were unfounded, and if he had not known who the mentally restored persons were, he would have been unable to distinguish them from his other employees. Personal contacts are valuable in helping relieve or banish the fears of most people.

In some organizations, a buddy system helps in the process of transition. A veteran member of the work force takes charge of the new employee and teaches work rules and procedures. The educational process, of course, becomes a two-way street, each learning about the other.

On-the-job personal contacts are part of the normalizing process that benefits both the mentally restored employees and their fellow employees.

## **Mentally Restored Differ Little from General Population**

Mentally restored persons are similar to the rest of us. Their behavior shows little difference from the rest of the population. An employer of the mentally restored reported, “People have said to me, ‘If we hire the mentally restored, I assume that some will go berserk on the job. How do you handle the danger that they will probably hurt themselves or their co-workers and damage machinery?’ My answer may be a hard one to believe: in all our years of working with the mentally restored, we have not had one incident of this sort.”

The mentally restored are comparable to the general population in regard to unpredictable or dangerous behavior. The rate of violent crime committed by persons with mental illness is approximately equal to the rate for the general public. Refusing to hire mentally restored persons for reasons of unpredictability or dangerousness is not valid.

## **No Increase in Health and Disability Costs for Employers**

Employers who hire the mentally restored get health insurance at standard rates, and their use of disability insurance is comparable for the mentally restored and their co-workers.

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# Experience shows these persons are equal to other workers— and perhaps are better in motivation, attendance and punctuality.

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According to a businessman who uses a number of mentally restored persons in his organization, "Insurance companies say they would not think of telling an employer whom to hire. Since these companies do not track the disabled, there are no figures on the effects of hiring the mentally restored, but employers who apply for hospitalization get it at standard rates."

In addition, experience has shown that there is little or no abuse of disability insurance. Another employer, who had more than three years' experience in working with the mentally restored, pointed to just one injury in the first two years, saying, "I would have to say that is a low, low percentage."

He added that "any prospective employer who is doing well protects himself by having the proper insurance, by having the proper safety committees, safety programs, safety literature. We are firm believers in this."

Another experienced employer said, "Other employers who are beginning to look into this source of labor raise all the questions—workers' compensation, increase in cost of benefits across the board, employee morale, productivity—everything that an employer would be interested in. My answers are all positive!"

## Targeted Job Tax Credits Available

Employers have an opportunity to lower their taxes through targeted job tax credits. The employers who have been quoted here all attest to the fact that taxes do not increase when employers hire mentally restored persons. They say that existing tax forms ask only

about the numbers of employees, not who the employees are. Whether mentally restored people are included on the work rolls is not a consideration.

Hiring the mentally restored can have a positive effect on taxes. Public Law 95-600 says that for any tax year an employer can receive a tax credit of 40 percent (up to \$2400) for the first year of employment of a handicapped person. For each qualified disabled person employed by corporations or individuals who own their own businesses, these salary amounts can be credited against business taxes owed to the federal government. (A "qualified individual" is anyone who has a physical or mental disability that constitutes or results in substantial handicap to employment and who has been referred to the employer through a state vocational rehabilitation agency or other certified training program.)

One large corporation saved more than \$500,00 in six months by using the tax credit; smaller companies, too, have benefited. Thus, the law is a positive advantage for employers, one well worth exploring.

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For the job applicant with a history of mental illness, the prospects for employment are too often bleak.

One reason for this is the nature of mental illness itself. Unfortunately, even those who experience only brief episodes of emotional upset and inpatient treatment find that despite their quick return to health, they may face many changes: family status, friendship patterns, financial circumstances, and even living arrangements may be altogether different. However brief the episode, it may result in a tarnished reputation and lowered expectations for career advancement. It all too often results in a lost job.

Persons who have had serious or chronic mental illness face still more difficult problems: a loss of capacity to function independently, brought on by long-term hospitalization; a change in thinking processes and even personal appearance caused by side effects of medication; and problems finding any kind of work, intensified by lack of a work history.

Another problem is the reaction of most people toward persons with mental illness and to the mentally restored. Many perceive mentally restored people as different, and consequently the mentally restored become victims of stigma and discrimination. Stigma is one of the greatest problems facing those who have or have had mental illness. Calling the attention of the public to the problem can go a long way toward its solution.

Employers, of course, are members of the public, and many of them—for reasons of good economics and good business—have begun to stimulate a change for the better. They are finding that persons with histories of mental illness can be assets to the firms that employ them.

The avenues for investigating this labor pool are many. The Texas Rehabilitation Commission, local vocational rehabilitation offices, local offices of the Texas Employment Commission, the Mental Health Association, community mental health centers, and other agencies and groups are available to provide information and assistance. □

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*Adapted from "Eight Questions Employers Ask About Hiring the Mentally Restored," National Institute of Mental Health.*

## Second Notice

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Note: TDMHMR and community MHMR center employees are exempt from this requirement because the public information officers receive a verified number of copies of *Impact* and distribute them to employees.

# National Nurses' Day Says "Thank You"

by Shari Massingill

The two million registered nurses in this country will be recognized for their abilities to improve their patients' lives on National Nurses' Day, Saturday, May 6. "Nurses Change Lives" is the 1989 theme designated by the American Nurses' Association (ANA) and its 53 constituent state nurses associations, who sponsor the event each May 6 on behalf of the profession.

TDMHMR joins the ANA and other employers of nurses and nurses' families and friends in thanking nurses for enhancing the well-being of patients and their families during what are often the most vulnerable times of patients' lives.

"More than 2200 nurses have chosen employment at TDMHMR facilities, and we should take the time to recognize the talents, skills, and education that they bring to their place of work," said Commissioner Dennis Jones. "Because of changes in the health care environment, the demand for registered nurses is so great that there has been a nurse shortage in this country since 1986,"

Jones continued. "That has affected TDMHMR and other employers of nurses. But health care institutions are reporting marked improvement in nurse recruitment and retention."

Within TDMHMR's Central Office, nurse recruitment and retention is organizationally a part of the Medical Recruitment Unit of Training and Staff Resources and is managed by Lillian Kay Cowan, BSN, MSHP, RN. She works with state hospitals, state schools, and state centers in recruiting nurses for those facilities.

One of the most important roles of a registered nurse in TDMHMR facilities is the ability to individualize a treatment plan for a person with mental illness or a person with mental retardation. To individualize a treatment plan, the registered nurse must not only know the physical diagnosis of the client, but also the behavioral characteristics which are not

always visible to other members of the health care team. Then the nurse must begin the nursing process in the care of the client, including identifying both physical and mental health problems, implementing a process to resolve any problems, and evaluating the total nursing care plan process.

"Our nurses participate in the development, review, and continuous update of an individual's treatment plan—and that takes special skills and the ability to keenly observe problems and take action to resolve them," commented Cowan. "They deserve their day of recognition on National Nurses' Day." □

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*Shari Massingill is director of TDMHMR's Public Information Office.*

# Images

## Newsmakers

✪ On March 22, Governor Clements announced appointment of San Antonio psychiatrist **Dr. Fermin Sarabia** to the Texas Board of MHMR for a six-year term. Formerly a clinical director at **San Antonio State Hospital**, Dr. Sarabia is now in private practice and is a clinical associate professor in psychiatry at the University of Texas Health Science Center at San Antonio. He replaces **Dr. Roberto Jimenez** of San Antonio, whose term expired January 31. Sarabia is president of the Alamo Neuropsychiatric Association and a member and former president of the Bexar County Psychiatric Society.

✪ **Patricia Jessee**, acting superintendent of **Denton State School** since November 1988, was named superintendent of that facility by the Texas Board of MHMR at its April 14 meeting. She had served as assistant superintendent since 1986, and has served in the mental retardation habilitation field for 15 years. She began her career in that field at Mexia State School. Jessee is an assistant instructor of sociology at East Texas State University, an adjunct instructor for the social services department of Navarro College, and an adjunct assistant professor in health care administration at the University of Texas Medical Branch at Galveston. She received her master of science degree in sociology from East Texas University.

✪ On April 14, the Texas Board of MHMR announced appointment of **Beatrice Butler** as the director of **El Paso State Center**. Butler, a registered nurse with a master of arts degree in health services management, has directed all aspects of nursing services for the psychiatry division of St. Mary's Hospital in Galveston since May 1988. From 1984 to 1988, she served as associate administrator of the Ambulatory Care Center at the Texas Tech University Regional Academic Health Center in El Paso. Butler first began serving persons with mental disabilities at the El Paso State Center in 1974 as nursing supervisor, from which she advanced to health services coordinator before leaving in 1982 to found her own career development consulting firm in El Paso.

✪ **Nancy Barker**, director of **TDMHMR Volunteer Services**, was selected last fall as one of 50 renowned leaders of volunteers in this country to attend the National Issues Leadership Meeting held November 30, 1988, in Arlington, Virginia. The meeting, sponsored by the American Red Cross, gave volunteer leaders and persons involved in volunteer research, training, and foundations the opportunity to discuss the results of a volunteer study initiated by the American Red Cross. Barker and others attending the meeting addressed volunteer issues, opportunities, policies and practices, and the future of volunteerism. The Volunteer Services State Council of Texas was founded 30 years ago, and the TDMHMR volunteer program is the only one of its kind in the nation. Barker, who has been with TDMHMR for 20 years, is a consultant to the 27 volunteer programs in the agency's facilities, which involve approximately 12,000 volunteers.

✪ **Patricia A. Melvin**, chief of food services management at **Rusk State Hospital**, recently received two awards in recognition of outstanding service. Melvin received the Honorary Texas Department of Corrections Employee of the Month award for April from the TDC Skyview Unit at Rusk. She was acknowledged as a key member of the interagency staff who contributed to the success of the Skyview project. The selection committee was unanimous in selecting her for the honor.

The second award Melvin received was a Special Recognition Award from TDMHMR's Nutrition and Food Service Department at Central Office, presented in ceremonies on March 22 in Austin. She was recognized for her contribution to quality TDMHMR food service operation through her work to improve the Rusk State Hospital Food Services Department. For several years her department has received excellent reports from Medicare and JCAHO survey teams, with no exceptions noted. Melvin was also cited for her leadership role in the conversion of her department to serve the TDC Skyview Unit, a "first" in the MHMR system.

✪ **Karen Hall**, Systems Dietitian for **TDMHMR Nutrition and Food Service**, has been invited to participate in the prestigious Annual Ross Roundtables, which focus this year on computers in food service. The conference will be held in New Orleans from April 19 to 21. Karen will be a guest of Ross Laboratories, and she will interact with other leaders in the area of computers in food service throughout the country. Ross Roundtables in Medical Nutritional Issues have been held

annually since 1980. Topics are timely concerns, and the "Roundtables" are published and distributed nationally to nutrition and food service professionals.

✪ In March, **Peggy Frost**, coordinator of volunteers at **Laredo State Center**, retired after ten years of service. Frost was named *Laredo Morning Times* Woman of the Month for March in honor of her contributions to the Center.

✪ **MHMR of Southeast Texas** in Beaumont has appointed **P. David Maley** as director of the center's **Daybreak Youth Hospital**. Daybreak is a 40-bed psychiatric hospital for children and adolescents, with construction on a 96-bed unit expansion to be completed at the end of 1989. Daybreak will then be one of the largest psychiatric hospitals for youth in Texas. Maley has many years of experience with troubled youth, and came to Daybreak from Buckner Children's Village, where he was program director.

✪ **Tom Cripps, Ph.D.**, joined the Special Programs Section of TDMHMR Mental Health Services as the **Coordinator of Substance Abuse Programs** last December. Cripps was formerly with the Standards & Quality Assurance section, where he was responsible for reviewing substance abuse programs at facilities. He is available to provide consultation and technical assistance to facilities and community MHMR centers.

## Around the State

✪ The College of American Pathologists has notified **Terrell State Hospital** that no deficiencies were found during recent accreditation survey conducted by the College—a first for a state hospital in Texas! R. Irving Morgan, MD, is director of the laboratory, and Osiel Perez, MT (ASCP) is chief technologist.

✪ **Concho Valley Center for Human Advancement** celebrated its twentieth anniversary in March. One of the highlights of the anniversary was announcement of a name change for the center: **MHMR Services for the Concho Valley**. During FY 1988, the center served over 1600 clients in the service area of Tom Green, Coke, Sterling, Reagan, Irion, Concho and Crockett Counties. **James M. Young** has been executive director of the center since 1969. He joined trustees in working to develop the center in 1967.

✪ Last October, the Volunteer Services Council of **Vernon State Hospital** began the TLC (Too Little Cash) Club to provide money for hospital patients who do not have access to spending money for purchases such as snacks, favorite brands of soap, and cosmetics. The TLC Club is made up of individuals and organizations who contribute \$1 or more per month to the trust fund of a needy patient. The Club was formed by Volunteer Services Coordinator **Marianne Norris**, who reports that the patients are benefiting from the normalizing experience of having money of their own to spend as they choose.

✪ At the December meeting of the Case Management Advisory Committee, Commissioner **Dennis Jones** presented plaques to six members in appreciation for their time and hard work on the Committee since 1983. Jones presented plaques to outgoing members **Lou Gilliam, Terrell State Hospital**, and **Neal Matthews, Kerrville State Hospital**. Ongoing members who received plaques were **Samantha Anderson, Heart of Texas MHMR**; **Arlene Byrd, Tarrant County MHMR**; **Peggy Perry, Austin State Hospital**; and **Cathy Pope, Lubbock Regional MHMR**.

New members of the Advisory Committee from MHMR facilities were appointed at the December meeting: **John Brian, Beaumont State Center**; **Jim Brittnacher, MR Services (Central Office)**; **Phyllis Jordan, Austin-Travis County MHMR**; and **Brent Walker, Wichita Falls State Hospital**. Newly-appointed advocacy and consumer members include **Thurman Thomas, Dallas**; **Dian Cox, Austin**; and **James Templeton, Austin**.

✪ Effective March 1, six buildings for geriatric patients at **Kerrville State Hospital** now serve adult general psychiatric patients in response to an increase in the number of younger adults needing services from the hospital. The changes were made to support the hospital's expanded service area and more active outreach services.

### Notice to All Participants, Beneficiaries, Applicants and Employees

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# Commissioner Visits Gulf Coast MHMR

by Lodie Bunce

Commissioner Dennis Jones visited the Gulf Coast MHMR Center on November 1. First on the agenda was a meeting with Lt. Booker Joseph and the Galveston County Mental Health Deputies. He then visited the MHMR inpatient unit, operated through a contract with the University of Texas Medical Branch. Dr. Sharon Dott gave Mr. Jones a tour of the unit, and described the working relationship between the hospital and the community centers. The next stop was at the Galveston Day Treatment Program, a psychosocial unit located in downtown Galveston.

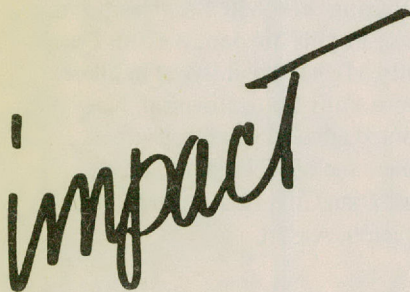
A small private reception was then held for Commissioner Jones to meet with key Gulf Coast staff

and parents of clients. Immediately following, he was the guest speaker at the Fourth Annual Awards presentation held at the beautiful San Luis Hotel on Galveston Island. Mr. Jones addressed 350 staff and volunteers, and in appreciation was presented with a gift by center Executive Director Mike Winburn. Commissioner Jones was given a framed poster of a work by Texas State Artist Neil Caldwell, husband of MHMR Board member Mary Lou Caldwell, as a memento of his visit to Gulf Coast MHMR. □

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*Lodie Bunce is director of special services for Gulf Coast MHMR.*

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