Summer 1994

IMPACT

of Mental Health Services in Texas

TXMHMR:
A Network of Support Across the State

The Texas Department of Mental Health and Mental Retardation (TXMHMR) offers a diversified network of services and supports to the state's citizens with mental illness. The network is designed to be responsive to individual needs and choices and to enable individuals to stay in or near their own community. Services range from 24-hour crisis intervention to employment opportunities, supported housing, psychiatric treatment, in-home assistance and others. Services are targeted to children and adolescents as well as adults.

TXMHMR contracts with 35 community MHMR centers to provide community-based mental health services in 143 counties. The state's seven general psychiatric hospitals and two state centers provide inpatient treatment. Their community services divisions operate community-based programs in the 111 counties not served by a community MHMR center. Two special units, Vernon State Hospital and Waco Center for Youth, serve the entire state. The adult campus of Vernon is a maximum security facility which treats individuals who are incompetent to stand trial, not guilty by reason of insanity and/or manifestly dangerous. At another campus, the hospital operates an inpatient program for adolescents with mental illness and chemical dependency. Waco Center for Youth serves severely emotionally disturbed youth ages 10 through 17.

Individuals access services through the mental health authority for their county, which links people with appropriate service providers. For most counties, a community MHMR center is the authority. In counties not served by a community center, the authority is a state hospital or state center.

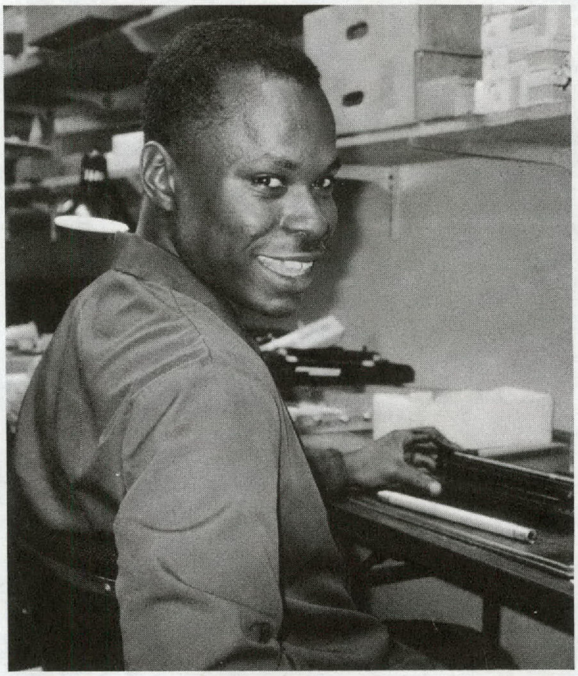


photo by David Clark

After training through Consumer Employment Services of the MHMR Authority of Harris County, Keith Scurry is an expert in rebuilding laserjet printer cartridges. He now works for American Retrolaser and can afford his own apartment.

Who Receives TXMHMR Services?

The state's mental health services are targeted to individuals who have a *mental illness*—a term for a group of disorders which cause severe disturbances in thinking, feeling and relating. Research indicates many mental illnesses are related to biochemical factors. Conditions that may alter thinking, emotions or behavior such as substance abuse or mental retardation are not mental illnesses, although an individual can have these conditions along with mental illness.

TXMHMR funding is directed to services for those individuals most in need of mental health services, the *priority population*, which consists of

- young people under the age of 18 with a diagnosis of mental illness who exhibit severe emotional or social disabilities which are life threatening or require prolonged intervention; and
- adults who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

Community centers must use state funds to serve the priority population, but they may use local or other funds to serve individuals outside the priority population.

Almost 2.6 million Texans—nearly one in six people—have some form of mental illness. Latest estimates indicate approximately 340,000 are in the priority population, but TXMHMR can serve only about 115,000 due to limited resources. Although some do find services elsewhere, close to 93,000 individuals in the priority population remain unserved.

Funding Reflects Strategies for Meeting Needs

TXMHMR's FY 94-95 mental health budget reflects the agency's strategies for meeting consumers' needs. For example, to avert or resolve crises, some funds are allocated to intensive supportive services such as 24-hour crisis intervention and mobile crisis units.

Appropriations for mental health services for FY 94-95 is approximately $1 billion—about 41 percent of the agency's total budget. Although overall funding for mental health services remains relatively stable for FY 93 through FY 95, the trend is for dollars to move into community-based services.

TXMHMR strives to make the best use of its dollars. For example, In-Home and Family Support, which allows consumers and families choice of services and providers, provides them up to $3600 annually to use for supports to enable the consumer to remain in the community.

Funding Follows Needs

To meet the agency's objective of enabling individuals with serious mental illness to obtain skills and supports they need to live in their home communities, TXMHMR has strived to increase funding of these strategies, but resources are limited:

	Funded*	Appropriated*	
	FY 93	FY 94	FY 95
Vocational Development	$37.9	$38.0	$38.0
Case Management	$17.4	$17.4	$17.4
Residential Services	$27.6	$27.6	$27.6
In-Home Support	$ 3.6	$4.4	$6.1

* in millions

Reducing the Impact of Mental Illness

State law requires certain *core services* to be available throughout the state:

- 24-hour emergency screening and rapid crisis stabilization;
- community-based crisis residential service or hospitalization;
- community-based assessments, including development of treatment plans and diagnosis and evaluation;
- services related to medication, such as medication clinics, laboratory monitoring and medication education;
- family support services, like respite care;
- psychosocial rehabilitation services, such as independent living skills training and vocational training; and
- case management.

Core services are part of a larger system of services designed to avert or resolve crises, reduce the impact of mental illness and support persons with severe and persistent mental illness. Services are intended to be flexible and supportive of consumer choice and dignity.

Costs of Mental Illness

✔ Direct costs of treatment and support services for mental illness in Texas in the private and public sector are an estimated $2 billion a year.

✔ National data on costs of depression alone show they are close to that of heart disease and greater than those of strokes, multiple sclerosis and other widely known illnesses.

Helping in Crisis

Crisis services include intervention and stabilization core services already in place at hospitals and clinics. They may also include newer methods such as home-based interventions, community-based inpatient treatment, mobile outreach and assertive treatment approaches.

Supporting Community Living

Consumers may be linked to one or more services that enhance their ability to succeed in the community by promoting their skills and social supports and helping them obtain work, housing and other resources.

Housing & Homelessness—Like anyone else, individuals with mental illness need a place to live and the kind of supports that make independent living possible. *Treatment/training residences* such as halfway houses provide short-term housing and training in skills such as applying for jobs. *Assisted living residences* are a long-term option for people with mental illness who need staff support. *Supported hous-*

(continued to next page)

ing activities assist consumers in finding, renting and staying in housing they have chosen.

Living & Work Skills—With the unemployment rate for individuals with mental illness estimated at 85 percent, many consumers of mental health services need self-help and vocational skills. Consumers learn skills for living in the community as part of their *psychosocial rehabilitation*. This occurs through peer support, formal classes and socialization in "clubhouses" and *individual support* found in self-help and advocacy groups. They may also include *family support* services: emotional support to family members and educational opportunities tailored to their situation. *Vocational supports* range from training in basic vocational skills to assistance in setting and meeting career goals.

Intensive Intervention—Campus-based programs of state hospitals and state centers provide *psychiatric services, medical care* and *psychosocial rehabilitation* for consumers who require more intensive and prolonged intervention than can be provided in their home community. Services are coordinated jointly by the state and local provider to encourage a smooth return to the community.

Medication—A variety of *antipsychotic medications* allow individuals with mental illness to achieve the stability needed to learn to live successfully in the community. In conjunction with psychosocial rehabilitation, medications have proven effective in reducing the debilitating effects of mental illness. Among these is Clozaril, a relatively new drug that is proving beneficial to some individuals with schizophrenia who have not responded to other medications. TXMHMR is collaborating with universities and other researchers to test medications.

Serving Special Populations

Initiatives are underway to improve and expand mental health services to the following populations.

Homeless Mentally Ill—Homeless persons with mental illness can benefit from specialized outreach programs as well as access to basic mental health services. Two federal grants hold promise for expanding and improving services in targeted areas: Projects for Assistance in Transition from Homelessness (PATH), with which TXMHMR is establishing specialized services for homeless persons with mental illness in nine Texas cities and the south Rio Grande Valley; and Access to Community Care and Effective Services and Supports (ACCESS), which will allow Tarrant County MHMR Services and Austin-Travis County MHMR to test and evaluate improvements to services and service access.

Children & Adolescents—The Texas Children's Mental Health Plan is an interagency initiative to establish a strong continuum of services for young people across the state. In addition to ensuring that children and adolescents have access to services available to adults but adapted to their needs, the plan includes several new programs: school-based services, in-home services for adolescents involved with the juvenile justice system, school-based parenting programs and substance abuse services for mothers and affected infants.

The plan also includes transition services for emotionally disturbed special education students leaving the school system. TXMHMR works closely with the Texas Education Agency to plan transition services for this population.

photo by Ken Schmidt

The Luther Ross Building at Kerrville State Hospital was designed throughout with patients' safety and privacy in mind.

"We're learning to involve patients in their own care and to treat them with dignity. So many people stereotype mental illness. Once you work with them, you realize just how individual each person is. They're just people who need help."

– Mary N. "Molly" Butler, former director of nurses at Big Spring State Hospital, who retired in April 1993, after 26 years of service to the hospital.

Mentally Ill Persons in the Criminal Justice System—In addition to providing treatment at Vernon State Hospital, TXMHMR has an agreement with four other agencies and the Texas Council of Community MHMR Centers to provide a continuum of services to offenders with mental illness. Increasing numbers of mental health authorities coordinate their efforts with local jail systems.

Dual Diagnosis—TXMHMR and the Texas Commission on Alcohol and Drug Abuse (TCADA) are working together to develop comprehensive services for persons who have a primary diagnosis of mental illness as well as a diagnosis of substance abuse. State hospitals and CMHMRCs (Community MHMR Centers) provide treatment to these dually diagnosed individuals, although the hospitals no longer treat persons whose primary diagnosis is substance abuse.

Minorities—Recognizing that Texas is a culturally diverse state, TXMHMR established the Office of Multicultural Services in 1989 with a grant from the Hogg Foundation. The program director trains MHMR staff statewide on language and cultural differences, culturally relevant approaches to consumers and cultural competency in mental health services and standards.

Collaboration Brings Progress

Consumers, family members and private providers play an expanding role in mental health service planning and delivery. These groups participate in developing the agency's strategic plan and revising standards for service delivery. Representatives of Texas Alliance for the Mentally Ill (TEXAMI) and Texas Mental Health Consumers (TMHC) participate in the agency's Quality Services Council and Mental Health Planning Advisory Council. TEXAMI and TMHC members, along with professionals from the private sector, serve on teams monitoring services at state hospitals.

With funds from a federal system improvement block grant, TXMHMR, Texas Mental Health Consumers and Texas Alliance for the Mentally Ill are educating and involving consumers and family members in planning, providing and evaluating public mental health services. The TXMHMR Office of Consumer Affairs was initiated by a proposal from TMHC in 1993. Staff are employed by TMHC and the office is funded by the block grant.

Additionally, TXMHMR has established collaborative partnerships with universities, other state agencies and medical schools for developing and testing innovative treatments and services. One among several of these partnerships is Harris County Psychiatric Center, a collaborative effort among TXMHMR, MHMR Authority of Harris County and the University of Texas Health Science Center School of Psychiatry.

State hospitals and community MHMR centers also work with colleges and universities to provide training and internship opportunities for a variety of professionals, including nurses, psychologists and psychiatrists.

Coordinating Service Delivery

Case managers and other service coordination staff—some of whom are consumers—help individuals access appropriate agency and community resources. Service coordination for children, adolescents, older adults, minorities and people who have both mental illness and substance abuse diagnoses is expected to expand.

On a broader scale, TXMHMR works with other agencies and private providers to close service gaps for homeless persons, children, and individuals involved with the criminal justice system. Interagency efforts are beginning to target other groups such as individuals with mental illness who need vocational services and those who are older adults.

Changes in Mental Health Services Provide More Choices for Consumers

QA

The Mental Health Services division of TXMHMR is forging ahead with visionary concepts and leaving behind old ideas of treating and segregating individuals with mental disabilities. Steven P. Shon, MD, deputy commissioner for Mental Health Services, answers questions about the department's plan of action.

Q: We hear the word "vision" a lot. What does it mean for Mental Health Services?

A: The vision is our plan for the future. It focuses on consumer choice and community integration. Our vision strives for an integrated system of services which is more flexible and more responsive to consumers' needs. It also means we're looking at practical ways to rely more on community-based or outpatient services and less on hospitalization.

Q: What do you mean by consumer choice?

A: We no longer assume we know all the best solutions for the people we serve. Twenty years ago, nearly all treatment available in Texas for mental illness was at a state hospital. But most people would rather remain in their own communities and participate in the decisions for the supports they need rather than living away from their families and friends and having all treatment and service decisions made for them. Today, with new medications and the creation of community options, we are successfully able to support many people whose only option in earlier years would have been hospitalization. We now view consumers and their families as partners in treatment and recovery. We provide and negotiate services as best we can according to consumers' needs and wishes.

Q: Consumer choice sounds idealistic. Is it working?

A: Yes. We know that by providing flexible need-based supports, consumers can be more independent. We have often underestimated consumers' capacity to live independently, have jobs and be active members in their community. When we support individuals in these areas, everyone wins. We utilize resources more wisely and those we serve see gains in their independence and self-esteem. Oftentimes even

photos by Sherry Grona

low-cost supports like In-Home and Family Support make a world of difference in an individual's recovery.

Q: Perhaps every consumer should be moved into the community then?

A: Well, no. Progress has been made and is continuing, but that doesn't mean we don't need hospitals. For some individuals, hospitalization for either an acute crisis or long-term rehabilitation will be necessary. Hospitals still play a big role in our vision and our continuum of services. Sometimes individuals may need different services at different times.

For example, I know of a man who had a psychotic breakdown and needed to be hospitalized for about six months. He and his treatment team decided he was ready to go back into the community to live, but he no longer had his apartment and he didn't have a job. With services like supported housing and vocational support, he was able to find an apartment and a job in the city where he wanted to live. With these supports, which can be either community-based or facility-based, individuals can move back and forth through the system as they need.

Q: What types of services might we see in the future?

A: Over the next five to ten years we plan to expand on children's programs, services for offenders with mental illness and Assertive Community Treatment (ACT), among others. ACT is a team approach to intensive 24-hour service to high risk individuals. Texas has not addressed these groups and services in any significant way until recently. Additionally, healthcare reform will change our system in ways that will require us to learn new methods of providing services.

Q: Don't we already have a kids' mental health program?

A: The children's mental health program is off to a good start with some model programs beginning, but funding has been minimal. The current budget figure for children's mental health programs will be $22 million in FY 95. We would like to see funding increase to $50 million in the next few years to develop networks of services in partnership with other child serving agencies.

Q: Why the emphasis on mentally ill offenders?

A: It's key to helping individuals with mental illnesses stay out of the criminal justice system in Texas. It's clinically and ethically the thing to do and it's also cost effective. Community diversion programs are only about one fourth as costly as prison, and repeat offenses are greatly reduced with community treatment. Important parts of the solution are 24-hour crisis intervention, intensive case management and jail diversion programs.

Q: What other changes are coming?

A: We will continue to emphasize flexible and responsive services and supports that are person-based more than program based. Many highly effective programs are currently in place which need to be expanded. They include psychiatric rehabilitation, housing supports, vocational services, case management, ACT and crisis services.

We will also see more collaboration with other service agencies and universities and improved systems for monitoring and measuring our service effectiveness.

Network of Supports People Need

The things people need. The things people dream about for themselves and for their families. These topics are addressed in the following vignettes section, pages 9-17. Pages 15-17 are devoted to areas of innovations that TXMHMR is particularly interested in expanding for the future.

TXMHMR's Mental Health Services designs programs to support individuals' needs and dreams. In decades past, mental health providers matched services with diagnoses. Today, service options are aimed at peoples' needs, to provide flexible and responsive services and supports. Programs link into one another to provide a full array of services from which consumers may choose.

- New medications like Clozaril help people with schizophrenia overcome the delusions and side effects associated with their illness.
- Programs such as supported housing assist individuals in paying for their rent and having necessary support to maintain their own home. Some available supports are outreach services like case management and skills training.
- PATH (Projects for Assistance in Transition from Homelessness) programs assist individuals in obtaining housing and other necessities like medical treatment. Case managers and caseworkers also teach people how to use the system of services available through local, state and federal governments to obtain food stamps, Social Security benefits and other necessities.
- Vocational services assist individuals with job training and locating and maintaining employment, among other services.

These are but a few of the programs offered through TXMHMR's community MHMR centers and facilities.

Not Afraid to Fly

"The trees that reach toward the stars but cling to the Earth for fear of flying" is a phrase from one of Bill Taylor's poems. Although he originally wrote it as a love poem, it also signifies how he felt his life was before he began taking Clozaril. Now, Taylor is not afraid to fly.

Clozaril is a medication mainly given to individuals with schizophrenia. In many cases Clozaril has been surprisingly successful in pulling people out of the distant world they seem to live in while they are showing symptoms of schizophrenia.

Although for some people the drug is considered a miracle, it is, unfortunately, expensive and costly to monitor. Frequent blood testing is required to assure that serious or life threatening side effects do not develop. But, because of budget restraints, many people who would probably benefit from Clozaril can't receive it.

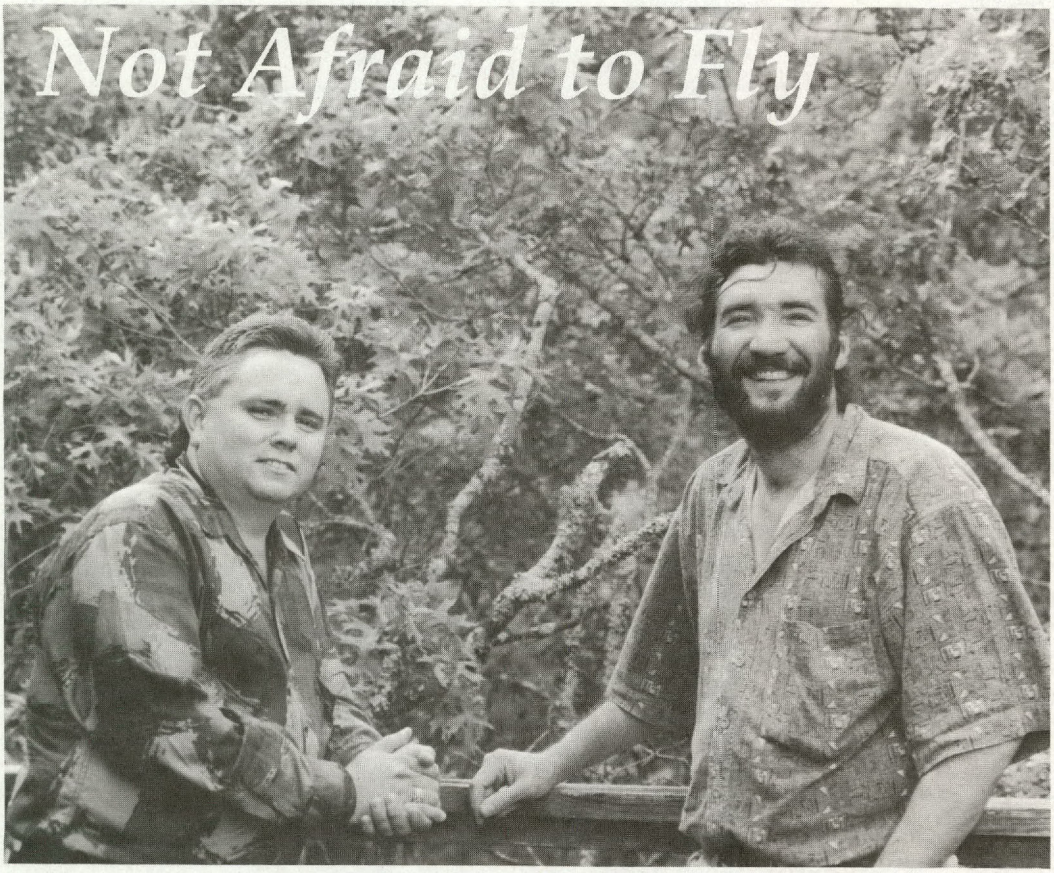
Taylor began taking the medication about six years ago and it "seems like the longer I'm on it, the better I feel," he says. Prior to taking Clozaril, Taylor tried various medications for schizophrenia, but he had repeated relapses of psychosis and was admitted and readmitted to Kerrville State Hospital over a period of 18 years. His psychoses' symptoms included hearing voices.

Now, Taylor doesn't hear illusive voices. His personality is bubbly and he sports a vivacious quality in his voice. He sounds like a person waking up from a coma and seeing a blue sky again.

Taylor lives with and supports his mother, Lazetta Taylor, who is equally pleased with her son's metamorphosis. "He missed out on 15 or 16 years of his life. His life was so broken up during that time. Now he's very capable of being on his own. I'm glad to have my son back."

Bill Taylor's case manager, Dwayne Smith, says Taylor also benefited by vocational training programs which led to his fulltime job in the laundry area at Kerrville State Hospital. He's also receiving family support services and psychosocial services and has been linked to supported housing services for the near future.

In his spare time, Taylor says he combines the good of "flying" with down-to-Earth living. He likes music and watching classic movies.



Dwayne Smith, case manager, left, relaxes and talks with Bill Taylor at one of their favorite getaways, a cabin in the woods.

photo by Jan Heim

Melody Weisner, left, and Randy Weisner

The PATH to a Home

Vermon Simms sometimes worries that people are trying to poison her food. She has been diagnosed by Texas Panhandle Mental Health Authority physicians as having paranoid schizophrenia, and she chooses not to take the medications as prescribed.

Simms lost a job in Los Angeles and was homeless for about four years. She'd tried to make it there as an entertainer while she worked in a cafeteria. But when Simms lost her cafeteria job, she also lost her home.

A social worker in Los Angeles found her family here in Texas, and Simms was brought back to her home town of Amarillo. Family stress soon led Simms to need her own housing and her family sought assistance for her through the Texas Panhandle MHA. Robby Schuman and Chris Otterness, clinical social worker and director of the PATH program, respectively, assisted her into the Texas Panhandle MHA's PATH program.

She describes her life as "better." Simms now receives Social Security Disability Income, ongoing case work services and supported housing services. While she doesn't expect she'll be able to work right away, she hopes someday to earn a living as a singer.

Simms and others will perform in an August variety show to be held in Amarillo's Civic Center to raise money for people who are homeless.

Setting Goals: A Life With a Future

Melody Weisner feels safe now.

Until receiving services from The Gulf Coast Center in November, Weisner and her son Randy were staying at a women's shelter. Weisner says her husband abused them both mentally, physically and emotionally. "My husband was giving my baby beer and kicking the stroller with the baby in it across the room. I was constantly fighting for the safety of my baby," she says.

"While I was staying at the women's shelter another resident suggested I contact The Gulf Coast Center. I was looking for a psychiatrist because I was confused, depressed and had no self-esteem and knew I needed help."

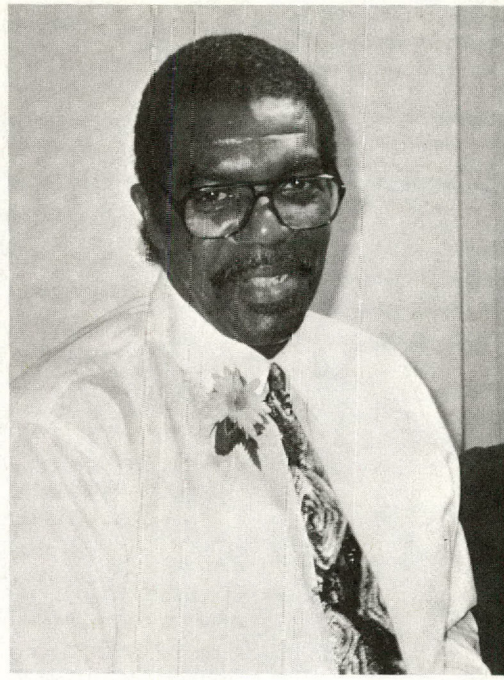
The PATH staff (Projects for Assistance in Transition from Homelessness) provided Weisner with the first month's rent and deposits on an apartment and assisted her in getting support from the Social Security Administration, the Texas Employment Commission and a medical clinic. Caseworker Jan Heim also helped Weisner understand the system of social services. PATH is a federally-funded program which provides services for individuals who have a mental illness and are also homeless.

Other MHMR services she's received since then include individual therapy, medication and assistance with transportation.

Weisner is setting goals for herself. She's currently looking for a job, possibly in a nursing home. Eventually, she'd like to work toward being a nurse's aide.

Weisner says with services available through the PATH program and The Gulf Coast Center, she looks forward to increasing independence and success.

Barnes Honored with Distinguished Service Award



Cornelious Barnes

Cornelious Barnes recently became the first MHMR consumer to receive the President's Distinguished Service Award for outstanding service from St. Luke's Hospital in Houston. Barnes is employed at the hospital in the Environmental Services Department.

David Clark, Barnes' vocational counselor, says Barnes became a client of the MHMRA of Harris County in 1991. The consumer employment service assisted Barnes with job training and job coaching in a transitional employment position as a custodian at the Bristow Homeless Center. After his skills were sharpened, Barnes landed the job at St. Luke's.

Barnes once received housing assistance, but now has his own apartment which he shares with his wife, Paula Barnes.

Barnes says MHMR has changed his life. "The staff gave me a chance to prove myself. Now I'd like to help others realize they can do what I've been able to do." Barnes plans to visit consumer orientation classes at MHMRA of Harris County to encourage others.

She's Back on Her Feet

As an administrative clerk for the Department of Arts and Cultural Affairs for the City of San Antonio, Kim Smith enjoys her work and looks forward to possible career advancements. With the support of her employer, Smith has taken various training classes and helped with projects like commercial advertisement videos for the city. She may even study Spanish soon.

"My boss says I have a lot of potential and encourages me to get involved," she relates. Smith has been gaining confidence in herself and her ability to stay on her feet.

The Center for Healthcare Services in San Antonio assisted Smith when a mental illness and other life events prevented her from finishing college and beginning the climb on the corporate ladder. The Center assisted her in finding the right medicine and also with housing assistance and vocational training. "They taught me how to look for a job and how to formulate a resume. I also learned interview skills and even what to wear to an interview."

While Smith gathers more and more courage to take initiative on the job, her employer is glad Smith told him about her mental illness. Her boss, Eduardo Díaz, director of Arts and Cultural Affairs, believes "an employer should take reasonable steps to accommodate an employee with a mental illness the same way he would if that person had a physical handicap."

Mental illnesses might not always be apparent, however, and Díaz feels that an employer's knowledge of an employee's mental illness brings their relationship "to another level of sophistication." Díaz's knowing of Smith's illness has not only been a learning experience for him, but it also enables him to understand her special situation and, when possible, provide her with additional training in some other areas.

Smith almost quit at first because she feared she couldn't do the job, but she's been increasingly comfortable with taking initiative. Both Smith and Díaz indicate she's fulfilling her work duties much better than just a few months ago. "He told me back then that the best thing for me to do was to try," Smith says. She did. With her own courage, her employer's support and the services she received from The Center, Smith is gaining confidence and skills and even learning to manage her personal life better.

photo by Sherry Grona

Melanie Green

A Life Full & Without Delusions

"It was like a resurrection. When you get your life back, it's the most precious thing possible."

"Working with consumers is where my heart and soul is because I'm a consumer also," explains Melanie Green, the new resource development specialist for the Texas Mental Health Consumers. TMHC is a nonprofit mental health advocacy group that educates, trains and advocates for consumers of mental health services in Texas. Green's new responsibilities include assisting local chapters across the state in organizing fundraisers.

Green's life has blossomed dramatically since January of 1987, when she was admitted to the Austin State Hospital in the Acute Care Unit. She was 21, depressed and suicidal. She had tried tricyclics, other medications and even electroconvulsive therapy, but no treatment had worked. For two years she remained at ASH, depressed and harmful to herself. Later in 1989, Green was ready for the Alameda House, a halfway house for individuals ready for community living and employment.

She returned to ASH for a few more years and during the last part of her stay, Green says: "I was hallucinating then and manic. That's when they realized I had a bipolar disorder. Back then I was so delusional that I thought I was Karen Carpenter. I received *Time* magazine at ASH, and once I called them up and told them I was Karen Carpenter and was still alive and they should interview me. They never called for an interview, but they did change the name on my subscription."

Green can laugh about her experience then because her life is full now and without delusions. The medication trials eventually led to Tegretol, which proved to "save my life. Within three weeks I became a different person. My mind was focused. I was peaceful. It was like a resurrection. When you get your life back, it's the most precious thing possible," she explains.

In time, Green began participating in the Vocational Services Work Training Center at ASH. She stuffed envelopes and worked on cablevision contracts, among other duties. She then gained confidence and became ready for more challenging tasks like clerical support in the Vocational Services office. Finally, a Transitional Employment Position (TEP) became an opportunity for fulltime work at ASH with a job coach and later at TXMHMR's Central Office as the receptionist/switchboard operator.

"During my switchboard time, I felt like I was living a double life. During the day I was totally a part of the world outside the hospital, and then at night I'd return and be a client again. When I first applied for the job at Central Office, I didn't tell anyone I was a consumer. I wanted to be judged just as a person. Later on an article appeared about me in the ASH newsletter, and I was afraid people would read it and judge me differently. I agreed to do the article because I was hopeful it would help reduce stigma. I was pleasantly surprised that when people commented about the article, they did so with respect. No one talked down to me, and I was treated no differently than before."

Green's desire for more independence eventually led her to her own apartment in Austin. She receives case management services from Austin-Travis County MHMR. "It took awhile to develop a trust with my case manager," she says. "At first she took me shopping and sometimes we'd go out to lunch. She showed me how to have fun again."

Green spends her private time creating music and prose. Her music experience and training in college has developed into a soothing outlet. Recently, she recorded a tape called "One Voice for Choice" which communicates her experience in the Texas mental health system. She's also had writing projects published in *Hunter's Digest* and *Redbook*.

A Crisis Alternative Project

photo by Richard Burley

Charlotte Williams

Three letters. CAP. They mean a lot to some consumers in the Houston area.

Consumers in crisis were recently involved in a research demonstration project. They were evaluated by a physician at the Harris County MHMRA Crisis Unit or other MHMRA Outpatient Clinics. When these consumers met the criteria for CAP (Crisis Alternative Projects) services, they were randomly assigned to one of nine treatment conditions. One of the conditions included the standard psychiatric hospital stay of approximately three to four weeks. Other treatments included some hospitalization coupled with community based treatment. When assigned to one of the nine conditions, the consumer had the option of accepting or rejecting the treatment. Treatment took place in the consumers' homes or in a special crisis apartment.

Jim Griego, project director of CAP, and others involved in the project examined the cost, effectiveness and consumer satisfaction with alternatives to psychiatric hospitalization. "The data received is not completely analyzed," Griego says, "however, most consumers experiencing crises do as well in community-based treatment as they do in the hospital."

After being assigned to treatment, consumers were monitored closely by CAP staff. The average length of stay was three days. Consumers were then referred back to their primary caregiver for further assistance.

Charlotte Williams was a consumer who utilized the CAP option. She was homeless and had tried to take her own life. A crisis worker referred her to CAP.

Williams says she probably wouldn't be alive today if she hadn't been connected to CAP.

She now resides in an apartment building overseen by MHMR personnel who respond to Williams' needs.

"CAP and these folks here really turned my life around," Williams says. "I used to pace back and forth because I was worried about not having a place to live and not feeling well, but they taught me to take life one day at a time. Now I want to live."

After the information is analyzed, researchers will know which CAP options were most successful and which ones will be available in the future.

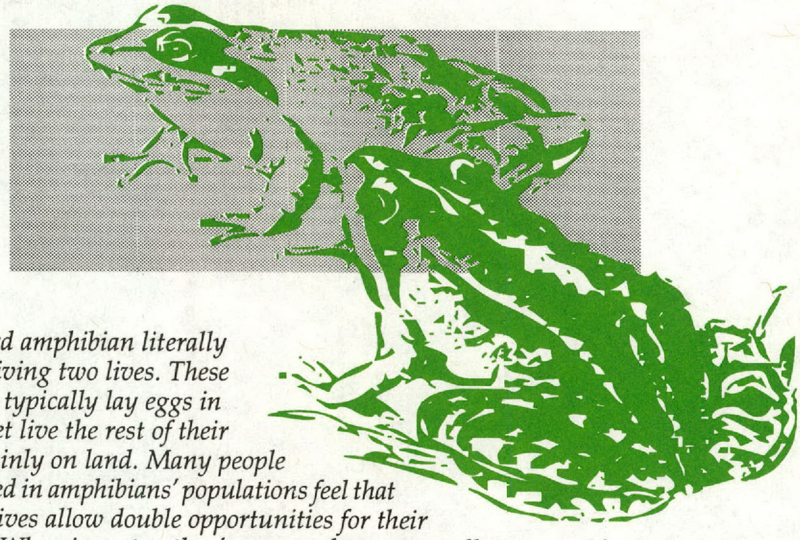
Expanding for the Future

Mental health services at TXMHMR have come a long way in the last 20 years. Extended hospitalization, for example, is still an option for some consumers, but now it is not the main option for most consumers in the treatment and recovery process.

The examples we include on the following three pages show community integration, interagency cooperation and extensive community support in the areas of children's mental health, dual diagnosis and forensics.

Programs in these areas and others, like community-based crisis services, outreach support and Assertive Community Treatment (ACT) are becoming the norm rather than the novelty in mental health services.

Kidz 'n' Amphibs



The word amphibian literally means living two lives. These animals typically lay eggs in water yet live the rest of their lives mainly on land. Many people interested in amphibians' populations feel that double lives allow double opportunities for their demise. When in water, they're exposed to water pollutants, acid rain and more. While on land, air pollution, global warming and ozone problems affect them. Kids in the Summer Adventure Program captured many types of frogs and toads, tagged them and monitored them. This is a part of a large research project which will determine if amphibian populations are declining throughout the world.

Ever play hide and seek with a frog? The kids from a recent Summer Adventure Program (SAP) did in order to help monitor the amphibians' behavior.

This SAP came into being when Camp Tyler in Tyler, Texas, recently teamed up in an interagency effort with The Andrews Center (the community MHMR center for the Tyler area), the University of Texas at Tyler Biology Department, the juvenile justice system and the Tyler Independent School District to organize a summer program for kids.

The SAP is a six week program which provides learning experiences for kids whose behavior problems often escalate during the summer months when school is not in session. Marking and monitoring amphibians was one project this past summer.

Counting local populations of frogs and toads and monitoring some species have enabled the kids and officials at Camp Tyler to help scientists determine if amphibian populations are really declining throughout the world and what might be done about it.

Some of the kids in the SAP were emotionally disturbed and insensitive to others at the start of the program, according to Jan Younger, the children's interagency coordinator for The Andrews Center. The Andrews Center is one of many entities involved in the Children's Mental Health Plan for Texas.

"We had some tough kids," she says. "Many didn't have a male role model at home. Some were cold and unwilling to be a part of a team, but six weeks into the program they blossomed."

"Joey" is a 16-year-old who participated in the program and in the amphibian hunt. [We've been asked to not use the teen's real name.] The young man says he and other kids assisted the head ranger at Camp Tyler by "going into the woods and hunting for baby frogs and regular sized frogs, putting tags on their ankles or the bottoms of their feet and then releasing them." He says some frogs were smooth, some bumpy and that bullfrogs were his favorite.

Birds, lizards and other creatures were studied by the group. Joey is now considering studying biology because of his experience.

Camp Tyler Ranger Alan Byboth says "the kids do a lot of the legwork for the research project. They like being out there and catching frogs. They're naturally curious about little creatures and it gives them a real experience in the scientific field. Also, they are contributing to an experiment that may help many species of amphibians in the long run."

Younger says that although the amphibian program was one of the most colorful events of the SAP, she is especially excited about how some adolescents showed a profound change in socialization skills. Before the program, some of the kids wolfed down food with no utensils at the dinner table, and by the end of the program these same young men had the manners and social skills to attend a restaurant.

Turning a New Page

About a dozen years ago Joyce Van Guilder's life turned slowly into a downward spiral which ended in psychosis and involvement in the criminal justice system. Prior to the episode, no one noticed the subtle changes in her behavior, not even she. Her psychosis eventually engrossed her thoughts. Delusions and hallucinations were so grandiose that she believed she had a special mission.

"I heard voices," she explains, "and I became violent and even hurt some people. A few weeks later, when I came out of the psychosis, I realized what I had done and how awful it was and I attempted suicide."

Van Guilder's suicide attempt left her with, among other injuries, a broken back that required surgery to keep her from being paralyzed. She can walk now and even adds spice to her community with her volunteer landscaping.

Her psychotic violence led Van Guilder through a series of governmental way stations. The court system ultimately released her on a charge of not guilty by reason of insanity. She then spent time with the Veterans' Administration and hospital system.

Finally, after an assessment at Rusk State Hospital in conjunction with The Center for Health Care Services' Case Management Unit in San Antonio, Van Guilder was released on an outpatient basis to the Center. There, through the Clinical Services Department for the Forensic Intensive Treatment Services (formerly Forensic Case Management), Van Guilder received services enabling her to have a place to live, enough to eat, clothing and medical care.

"I don't feel like I have any authoritarian barriers here. When I am with the staff at the Center they greet me like I'm a customer at a department store. They ask 'how can I help you today.' " She carefully monitors her medication, with the staff's assistance, for a bipolar disorder and sees a psychiatrist frequently through the Center. The courts released her to the Center on a 20-year outpatient commitment, but soon she will travel to Virginia to be with her family and transfer her commitment to treatment there.

TXMHMR has been serving forensic clients for decades—first through Rusk State Hospital and, since 1988, through Vernon State Hospital.

The adult campus of Vernon is a maximum security facility which treats individuals who are incompetent to stand trial, not guilty by reason of insanity and/or manifestly dangerous.

After a patient is ready to be moved from maximum security, he may be transferred to another state hospital near his home. For those going back to San Antonio, outpatient services may be rendered in the community through the Center. Community MHMR centers assist individuals with forensic outpatient services if the individual resides in their catchment area.

The Center is a forerunner in community support for consumers with forensic backgrounds. Several other community areas in Texas have recently been funded for community support in forensics: Dallas, El Paso, Harris, Tarrant and Travis Counties.

As a consumer of forensic services, Van Guilder is grateful for the services the Center has provided. "With their help, I've been able to lead a life that has hope. I also have family who supports and trusts me."

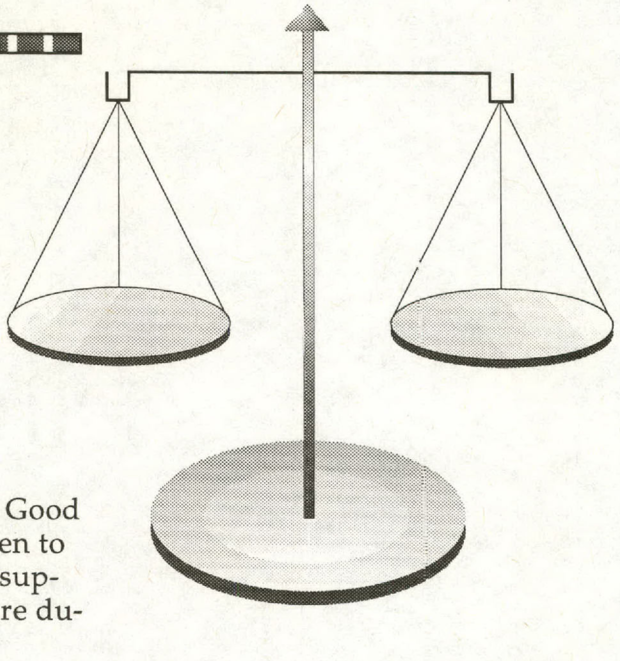
Van Guilder says she didn't realize what mental illness was until her psychotic episode ended with subsequent treatment. "It's important to me that people understand that illness can be mental as well as physical and that people can recover. I still have awful feelings about what I did to others and myself and I take full responsibility." Through education, she believes mental illness will become more recognized, more people with illness can be helped, and violent incidents because of psychoses will decrease and maybe even stop entirely.

Van Guilder is writing a book that will address these issues through her life story.

"It's important to me that people understand that illness can be mental as well as physical and that people can recover."

The Scales of Balance

Good Chemistry Yields Recovery for Many with Dual Diagnosis



A divorce, a nervous breakdown and "a lot of other stuff coming at me at once" triggered several admissions to a private psychiatric hospital in Austin for Evelyn Goudreau over three years ago. Goudreau says she smoked pot for about 16 years, among other drugs, in an attempt to self-medicate the anxiety and major depression she was fighting at the time.

"I wanted to feel anything but what I was feeling," Goudreau explains. While in the private psychiatric hospital, she denied her drug problem at first then slowly "started to admit some of it, but not completely."

When her insurance funds ran out, Goudreau tried an overdose, was luckily unsuccessful, and then sought help at Austin State Hospital. The ASH staff stabilized Goudreau and felt she would be a good candidate for Austin-Travis County's Alameda House, a halfway house which accepts individuals considered dually diagnosed—having a major mental disorder and also abusing drugs and/or alcohol.

At Alameda, Goudreau received assistance from staff including Debbie Webb and Phil Heim, co-leaders of Good Chemistry groups. During the next six months, she and other consumers supported each other and discussed drug abuse problems that paralleled their neurobiological problems. Good Chemistry is the name given to a program of therapy and support for individuals who are dually diagnosed.

Goudreau says one of the first things she learned at Alameda is that drug abuse is one of the first signs of mental illness. Webb agrees.

Webb, who is now associate director of research and training for Austin-Travis County MHMR, has been providing direct service to individuals who are dually diagnosed for the last 14 years and is the founder and copyright owner of the Good Chemistry program.

One premise underlying Good Chemistry is that individuals who are dually diagnosed often feel more comfortable in groups where it is okay to talk about both illnesses. Although 12-step programs like Alcoholics Anonymous often help as well, she finds those with dual diagnoses to have special needs. "The tools we use in the Good Chemistry groups include psycho-education, group processing and dynamics, the power of positive reinforcement, peer support and positive role models," she says.

Webb recently completed her doctorate and used her research about Good Chemistry in her dissertation. Preliminary results indicate Good Chemistry participants may be more likely to finish residential services as "treatment successes" instead of "premature discharges." More extensive research is planned.

Since its inception in the fall of 1990, Good Chemistry has spread throughout Texas as well as provided training for co-leaders. The state of Tennessee has begun using Webb's methods. Soon California and other states are expected to jump on Webb's wagon since the National Association of State Mental Health Program Directors has recommended Good Chemistry as one of the five best practices nationally for treating persons with mental illness and substance abuse or dependence.

"We're seeking a balance," Webb says. "In fact, our symbol is the scales of balance."

And it is achieving balance for many consumers. Goudreau has been sober and taking her prescribed medications for two and one-half years. The group helps her celebrate milestones of accomplishment. She also has graduated from member status of the group to being a co-leader.

"Back before Good Chemistry, I was a messed-up person, confused. Now," says Goudreau, "I'm in control of my life."

Embracing Each Others' Differences as Strengths

Texas's continually changing population also means changes for TXMHMR. As the state's population becomes more culturally diverse, so does the system's mental health care consumers.

These shifts, mostly an increase in the Hispanic and Asian cultures, require staff to become more aware of the way mental illness is perceived by different cultures. It also means learning about communication differences.

Not all individuals within a cultural group will mirror the norm, but generalities often are seen within cultures.

TXMHMR's Mental Health Services Division includes the Department of Multicultural Services. Every community MHMR center and facilities' community service area receives a book of operating standards from MH Services which includes requirements for cultural diversity.

Many programs throughout the system are aimed at dealing with the problems that may arise because of diversity. David Luna, director of Multicultural Services, travels around the state in an effort to spread the word about differences. Luna says we all should embrace each others' differences as strengths and proceed from there. For example, he says, until trained in cultural diversity, a case manager who tries to assist someone from a different cultural background may make assumptions based on his own culture unless diversity skills have been learned.

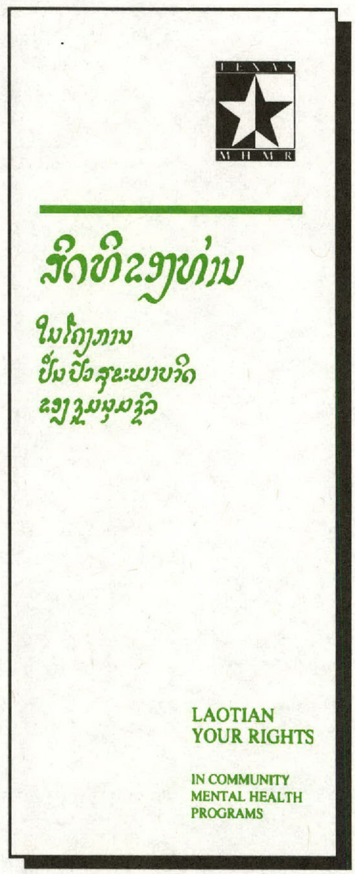
Many problems revolve around communication or lack of understanding of a consumer's culture. For example, Luna says, "in some pockets of Texas some Hispanics believe in *brujeria* (witchcraft) and hexes. A consumer might feel his illness, let's say schizophrenia, is a curse that manifests itself into something that makes him sick. If a patient starts talking about these beliefs, a case worker might think they are delusions, but really they are cultural beliefs, not a symptom of their mental problem."

We must take into account family make-ups for different cultures. In the Anglo culture the husband and wife of a nuclear family usually will make decisions together. Luna says, according to census data, approximately 50% of black families are single mother households and therefore a strong maternal influence exists. In the Hispanic culture the father traditionally makes decisions for the family. In order to treat a family member, a mental health worker needs to know who will be making decisions for the family.

"Another thing we need to remember," Luna says, "is that soon whites will be in the minority. Already they are minorities in some areas of Texas. Many people assume that Anglos are the only ones to which we direct our diversity training, but that's not so. It is not just members of the Anglo culture who need to know or learn diversity. Also, we need to keep in mind that in a culture there are many subcultures. In the white culture, for example, there are German, Czech and Polish pockets of influence, to name a few. It is the same with all cultures. In the Asian cultures, we have the Japanese, the Vietnamese, the Laotian and more. There are also subcultures of subcultures."

TXMHMR offers many programs for family education and outreach services. Work with advocacy groups also helps bridge the gap between cultures. One example is El Puente, a program out of Tropical Texas MHMR in which bilingual and bicultural staff conduct outreach in homes, churches, etc. It incorporates language support systems and belief systems. "It's the kind of thing we'd like to see spread," says Luna.

Another special effort: Vernon State Hospital currently is working on a joint interpretation training project with Vernon Regional Junior College. The training is designed for Spanish speaking staff members who wish to serve as interpreters to the hospitals. The hospital is concentrating on training the staff in understanding the special vocabulary of terms used in connection with consumers being treated at the hospital. The interpreters will assist staff in explaining to consumers what the staff need and what the staff will do to determine the needs of the consumer. The interpretation program is a pilot that may be adopted in other areas in the system.



Besides diversity training, mental health workers can familiarize themselves with the many cultures in their areas, Luna says. He suggests staff can attend social activities of various cultures, develop friends of various cultures and try to understand their needs and priorities.

A statewide conference on multicultural diversity is scheduled October 17-19 at the Wyndham Austin Hotel. Planning is also underway for a South Texas family support conference which will be entirely in Spanish. This conference, which targets Hispanic families, is scheduled July 6-8, 1995, in Corpus Christi.

Quality Initiative Sparks Progress Toward Resolution of RAJ Lawsuit

It was the summer of 1991. The Texas Department of Mental Health and Mental Retardation had just received the 14th Report to the court on the RAJ vs Jones lawsuit. The report found the agency out of compliance with certain clinical care provisions of a 1981 settlement agreement in the case. Bill Rago, director of CQI Services, remembers being in a quality improvement meeting about that time.

"It was brand new," he says of the Continuous Quality Improvement initiative. "Someone threw on the table that it would be a good idea to weld quality improvement into compliance with RAJ. The next thing I knew, Don Gilbert (former acting deputy commissioner for mental health services) wanted to work on it."

A team was assembled to draw up a plan of action. On the panel was Ed Cloutman, the plaintiff's attorney; Gilbert; Diane Faucher, then director of nursing services; a representative from the attorney general's office; Rago; and Court Monitor David Pharis. Other individuals joined the team from time to time to offer input on technical issues, such as software design.

"Our goal was to assume responsibility for our own performance and to gain the authority to make decisions necessary to manage our performance," Rago says. "We wanted clear goals and an objective means of gauging our progress. We wanted to make decisions based on data. We wanted to listen to our customers.

> "We wanted clear goals and an objective means of gauging our progress. We wanted to make decisions based on data. We wanted to listen to our customers."

"Quality improvement says you identify the process," Rago says. "What is the process for medication management? What is the process for individualized treatment?"

The team identified eight patient care issues that remained outstanding from the 1981 settlement agreement. These eight issues were to be self-monitored by each hospital and subsequently reviewed by what was to become known as the Quality System Oversight (QSO) team.

Treatment issues had become the focus of RAJ compliance after ten years of efforts at the eight state hospitals to upgrade physical plants, improve staffing ratios, achieve JCAHO (Joint Commission on Accreditation of Healthcare Organizations) accreditation and update rules on seclusion and use of psychotropic medications. As Pharis says, the compliance issues that could be addressed by rules and additional funding were successfully handled in the 1980s. What remained on the table were clinical issues that became the focus of a new settlement agreement.

Once the new settlement was approved by US District Judge Barefoot Sanders in early 1992, the QSO process was set in motion. Quality improvement teams were organized at the hospitals to handle self-monitoring. QSO teams were assembled, including outside psychiatrists, clinical professionals and advocates, to do the actual court compliance surveys. Pharis' new job as court monitor was to review the QSO team findings for each hospital.

The result of this system, according to Pharis, has been "very gratifying. The department can go in (a hospital) with a group of consultants and my team can go out (to the same hospital) and come to agreement on the quality of care. This will ultimately bring about a resolution to this case."

Charles McDonald, Ph D, an Austin psychologist, former quality assurance employee for TXMHMR and now a QSO surveyor, says the process is focused on "how can we improve, not what we did wrong. It's a more positive approach, more staff centered. There's more ownership and responsibility. It's setting your own standard rather than someone setting it for you."

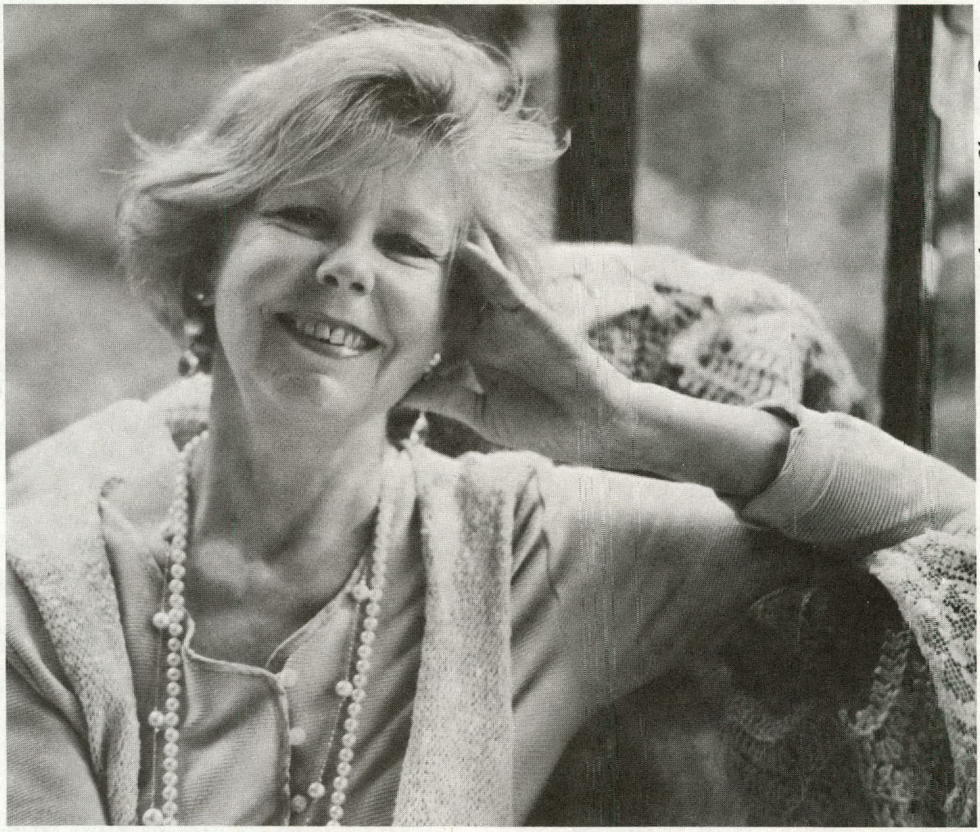


photo by Sherry Grona

Melva Jean Cain

The result of the QSO process has been a steady progression toward compliance. Melva Jean Cain, consumer advocate and QSO reviewer, says she has seen real progress at the hospitals. One barometer she uses for measuring quality is patient satisfaction surveys. "The majority of the patients feel as though they're getting good care," she says. "Overall, I find satisfaction."

The beginning of next year could see Rusk and Vernon State Hospitals' recommendations for dismissal from the lawsuit.

Contributed by Sheila Allee, media relations director for TXMHMR.

Send in the Clowns

photo by Sue Low

Patty Goforth prepares for one of her clowning adventures.

You like to laugh with them and maybe tweak one of their made-up noses. Hey, it's all in the clowning.

The Hill Country Clown Club is composed of consumers who dress up as the bright gagsmiths. Their audiences include school children, nursing home residents, parade watchers and others around the state.

Martha Toles, activity director for Kerrville State Hospital, has attended clown camps and clown schools to gain knowledge to dispatch to her crew of clowns. "I teach them how to handle presentations, be creative with make-up, develop characters and oversee the adventure from an organizer's point of view." Toles says consumers who clown must assume "a lot of responsibility for their own conduct, which is good for developing self-esteem, but also it enables them to go beyond the emotional limits they've set for themselves and be uninhibited for awhile. Sometimes they become totally different people."

The consumers in the Clown Club raise their club expenses through local volunteer fundraisers.

Clownster Jim Goforth calls his volunteer work "gratifying and fun."

Goforth's spouse also is a clown. Patty Goforth says, "It makes me feel good to be happy and to help others be happy. While I'm a clown I can forget about my own problems and think about helping others to forget theirs for awhile."

Illuminating the Public

When Donna Daniels found out, at the age of 38, that she had a bipolar disorder, she wondered if her life were over. Little did she know that her illness "would open up a new world of opportunity"—the opportunity to act with a troupe called The Illumination Players. The Illumination Players are all consumers affiliated with Terrell State Hospital and Vernon State Hospital. They travel around the state to spread understanding of mental illness to the public through their skits.

The Illumination Players have performed many skits, all written themselves with the assistance of troupe Director Laura Bates. Bates also helps with rehearsals and coordinating shows. When not serving as the Players' director, Bates is the consumer affairs director at Terrell State Hospital's Community Services Division.

Another thespian, Jean Mitchell, says the acting experience is the most "fulfilling thing I've done in years. My self-esteem was real low and now I'm beginning to feel good about myself."

Other consumers don't feel comfortable in the spotlight, but like Connie Clark, some work behind-the-scenes. "I'm not ready to be an actor," she says, "but I can come up with script ideas."

Daniels says members of the audience tell her after the performances they've gained a better understanding of mental illness, convincing her what The Illumination Players have been doing is "right and good."

VIEWPOINT

Building Quality of Life Where People Live

It was 1969, and as a brand new social worker I had gone to work at the first community mental health center in Indiana. Prior to its conversion to a community center, it was the psychiatric ward of a general hospital in Indianapolis where somewhere between 75 to 100 patients were housed in each open-bay ward with beds about a foot apart.

Most days were the same. In the morning a physician would arrive accompanied by an anesthesiologist who administered shock treatments to the majority of patients. Follow up or aftercare was done through medicine clinics with a large number of patients seen for five to ten minutes each.

It's hard to sell prevention and early intervention when the public doesn't understand mental illness.

I have no doubt, even today, that many thousands of people got better and many stayed better. But I always was struck by the limitations of what we seemed able to do and by the high dropout rates. We called those people the non-treatment-compliant.

The realization grew that it was not the acute treatment of severe mental illness that was at issue. Such treatment could be done in one to two weeks. Rather, the challenge was to develop a community-based psychosocial rehabilitation system, jobs, housing and necessary support services, skills and training.

The consumers, both persons with mental illness and their families, began to send clear and loud messages: *"Treat me like a person. I want to have not only a diagnosis, but also a dream."*

No doubt, new treatment philosophies and drug discoveries have contributed mightily.

The challenge remains for us to do a better job of anticipating, working with and responding to people during episodes of extreme psychosis with appropriate intervention. Advanced directives—much like living wills where people tell what they want done in the case of serious physical illness—is just one new avenue to explore.

Money will continue to be a major barrier in Texas. Healthcare reform on a national scale, if it includes mental health coverage, can help solve some of that problem, but without state monies for support systems like housing and jobs we will not succeed in ensuring quality of life for consumers.

Also ahead lies the opportunity to remove barriers across related state services. People with a mental illness should be treated in a holistic way rather than forced to become single-service customers of multiple agencies.

Perhaps our toughest challenge relates both to money and public perception. Research suggests the onset of depression and some other forms of mental illness which can become chronic often start in mid- to late teens. Unfortunately, most adolescents and their families don't seek or receive treatment until much later, adding to the personal and social costs.

It's hard to sell prevention and early intervention when the public doesn't understand mental illness. It's harder to justify moving funds to early intervention when so many people are already on our waiting list.

We haven't done an adequate job of educating the public. There remains an erroneous halo of hopelessness stigma despite the fact that the chances of recovering from a mental illness are higher than the chances of recovering from many chronic health problems, such as cardiopulmonary diseases. Startling facts!

My ultimate goal for our mental health services will be reflected in the character of our agency. When people began being moved out of institutions, the hope was to put *freedom into life.* Community based programs were intended to put *life into freedom.* My hope is not just to enhance freedom but rather to build quality of life wherever people with mental illness live.

Dennis R. Jones

Dennis R. Jones
Commissioner, TXMHMR

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Contents

Elaine Brade, a consumer of MHMR services, is employed as a packager of component parts for Droemer Industries, Inc., in Giddings. The parts will be used later to assemble furniture. Brade is "a very capable employee" according to her boss and she enjoys her job. "The money pays for the groceries and I love being out of the house," she says.