

M1000.6
Im 7
95/Summer
Summer 1995

Government Publications
Texas State Documents

NOV 03 1995

Depository
Dallas Public Library

IMPACT

of Research and Collaboration

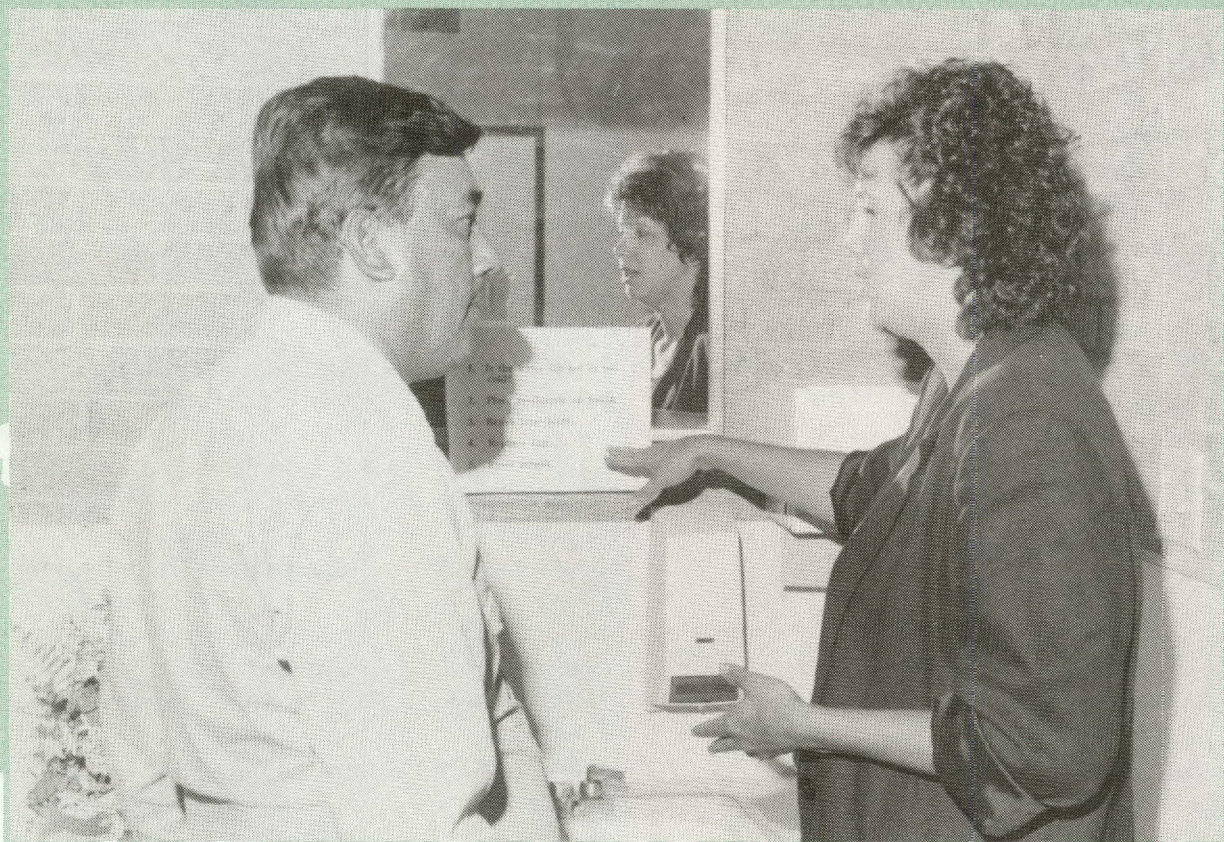


photo by Steve Hughes

ation • mental

VIEWPOINT



by Don A. Gilbert,
MBA,
Commissioner

viate the pain of mental illness for both patient and family. We have many lessons to learn as we move toward a model of managed care. The first is we can do better at diagnosing conditions by spending more effort on the front end of treatment to get a clear picture of the problems. This agency will be implementing a uniform assessment tool over the next year which is designed to result in more efficient diagnosis.

Our goal is to create a continuum of services based on our values of consumer choice and quality of life. That continuum will recognize the value of constancy and consistency in services so people do not feel they are being shuffled through a maze of state services. Developing those new protocols may be expensive at first, but in the long run will become more cost-efficient.

The same *Mental Health Report* indicated psychiatric treatment guidelines are dramatically improving cost-effectiveness and quality of care. Programs like our transition aides are being utilized in other states

where their experience has been a reduction in length of inpatient stay by two days. These kinds of programs can result in potential savings which can be used to expand services to the 40,000 on our waiting list.

Let me close by telling you a story. At one of my managers' meetings at Dallas County MHMR, four new transition aide staff members were invited to speak about their training. As they started, I began wondering if these four people were really in our priority population. As I heard them tell their stories, I realized they had been at Terrell State Hospital numerous times while I was the superintendent. Still, I did not recognize a single one.

They were so articulate, with such a powerful message about what they could do when given the opportunity to change their lives, that silent tears formed in many of the managers' eyes. Here were four people once almost totally dependent on the public mental health system, now doing outstanding work and living on their own . . . paying taxes . . . being part of a community . . . living meaningful lives defined in their own terms.

I realized then what I had known for a long time: We can and do make a difference. Our challenge will be to improve what we're already doing and transplant those successes into the culture of how we operate statewide so in every community there are successes just like those four transition aides.

A handwritten signature in black ink that reads "Don Gilbert". The signature is fluid and cursive, with the first name "Don" being larger and more prominent than the last name "Gilbert".

A recent issue of *Mental Health Report* revealed some startling facts. Sixty-five million Americans will be diagnosed with a lifetime psychiatric condition, yet only 15 million currently are seeking any help. Even more disturbing is the fact that when seeking treatment in a primary care or emergency center setting, only half will receive a proper diagnosis.

The unfortunate truth is a great deal is known about the best practices in medicine but not much is known about the best practices in the mental health field. In Texas, identifying successful clinical treatments will be an important step toward developing an integrated, uniform managed care system. That step will lead us to achieving the same favorable outcomes for people living in El Paso as in Longview. Sounds simple, doesn't it? Find out what works the best and then use it across the state. If I could sum up my hopes and dreams for this agency over the next five years, it would be that simple statement. I recognize it won't be an easy task, and we must allow for regional variation when it is proven to have value added, but it will shape the way in which we deliver services. More importantly, it will result in a better quality of life for people.

But getting there will mean more research much like that featured in this issue of *Impact*. Clinical research in our own facilities and community programs, including partnerships with medical schools, will allow us to determine and use the best diagnostic tools. In the end, effective treatment and efficiency will alle-

Collaboration Contagious for TXMHMR

Research and collaboration between the Texas Department of Mental Health and Mental Retardation and universities, medical schools and foundations once were confined to a few MHMR facilities. Now collaboration or research in some form takes place at almost all TXMHMR facilities and several community MHMR centers.

Individuals receiving services are reaping the positive results of this expansion. According to TXMHMR Medical Director William H. Reid, MD, "The benefits of research are clear. Because of their participation in drug trials, for example, TXMHMR patients were able to benefit earlier than patients in many other states from medications such as clozapine."

Robert Leon, MD, chairman of the Department of Psychiatry at the University of Texas Health Science Center at San Antonio, agreed, citing the benefits reaped by patients participating in drug trials at the Clinical Research Unit of San Antonio State Hospital (SASH). [See story, next page.]

In addition, the expertise of professors from the Health Science Center and the presence of "enthusiastic, well-informed psychiatrists" receiving their residency training at SASH have enhanced the morale of hospital staff and the quality of patient care, Leon said. Another plus: Many of the psychiatric residents eventually fill positions at the

hospital. He hopes for similar results from a satellite residency program at Rio Grande State Center, in cooperation with Tropical Texas MHMR.

Collaboration with the health science center is just one example of positive public-academic linkages. Other collaborations have evolved from the Public-Academic Liaison Consortium. Representatives of universities and medical schools meet periodically with administrators from TXMHMR and local mental



Freddie Austin, a part-time gardener and a consumer of outpatient services at San Antonio State Hospital, discusses with Linda Funderburg, MD, the positive aspects he's noticed in himself from taking a drug currently being studied at SASH, Sertindole. No longer an inpatient consumer, Austin is able to work and have a home of his own. Photo by Steve Hughes.

health and mental retardation authorities to share successful models of collaboration. The meetings aim to stimulate public-academic linkages (PALs) in service provision, professional training and research such as those highlighted in this issue of *Impact*. Disciplines involved include psychiatry, social work, psychology, nursing, pharmacy, occupational and physical therapy, dentistry and clergy.

TXMHMR's partnership with The Hogg Foundation for Mental Health also has been invaluable. "We've had a long history of successful collaboration with TXMHMR," said Chuck Bonjean, PhD, executive director of the foundation. "In recent years we've worked together to initiate PALs and establish mental health programs for minorities and children. We've just entered into partnership to present a series of workshops on managed care, with the foundation providing partial funding," Bonjean added.

TXMHMR also participates in the Health Education Training Centers Alliance of Texas (HETCAT) initiated by the University of Texas. The purpose of the alliance is to develop training for health care professionals, with emphasis on improving services to underserved populations in the state, particularly along the Texas-Mexico border.

According to Reid, all TXMHMR research involving individuals with mental illness or mental retardation, whether done by the agency or by someone else with whom it is collaborating, meets all federal and state guidelines for protection of subjects, scientific worthiness, and monitoring of procedures. TXMHMR works with institutional review boards (IRBs) at medical schools, universities and even within the agency to ensure individuals' rights are protected and potential benefits outweigh any known potential risks.

SASH CRU:

Gaining and Building on Knowledge

Freddie Austin works at San Antonio State Hospital part-time as a gardener. He said until he began taking Sertindole, a medication being tested at SASH, no antipsychotic medication worked well for him. Now he hears voices rarely and is able to work and maintain his own home.

Freddie Austin, an outpatient consumer of San Antonio State Hospital (SASH), said for nearly 20 years he "saw images, frightening images, like snakes and ghosts" until he tried a new drug during a medication study.

SASH operates a Clinical Research Unit (CRU) which studies newly developed medications and new ideas in psychosocial treatment. In the study in which he participates, a drug called Sertindole is being tested. Sertindole was created for individuals who have schizophrenia.

Austin said he rarely sees ghosts or snakes anymore and

there are no side effects for him. With other antipsychotic medications, he said, he experienced a dry nose and mouth and had problems with body malfunctions. "I always felt like a zombie and I heard voices, but with this drug, I don't," he said. "I feel like if I hadn't been put on Sertindole, I would have committed suicide

by now or been dead from some other way."

The medication has given the 52-year-old Austin a new life. He's gone from many years living off and on in a state hospital



photo by Steve Hughes

Studies Improve Quality of Life

Gaining knowledge which will improve the quality of life for individuals with mental illness is one of the many missions of San Antonio State Hospital (SASH). In an effort to study prospective medications and psychosocial treatments, SASH created the Clinical Research Unit (CRU). The unit is a joint ef-

fort among SASH, The University of Texas Health Science Center at San Antonio and The University of Texas at Austin College of Pharmacy. Physicians, mental health workers, nurses, lab personnel, therapists and others all support the unit and the individuals with mental illness who agree to participate in the many

to working part-time at SASH as a gardener and living alone in his own home. "I don't have my life back entirely," he said, "but I'm working on it."

In the Sertindole study, which is in conjunction with The University of Texas Health Science Center, some consumers may be on Sertindole and others may be placed on another medication like Haldol, according to Linda Funderburg, MD, medical director for the CRU. In the second phase of the study, all participants will be on Sertindole and all will know it, but some will be on different dosages. So far, she said, the medicine shows great

promise. "Very few patients need meds for side effects while on Sertindole," she said.

Several drug studies currently are taking place at the CRU. All individuals participating voluntarily consent to the study. Individuals from SASH and from the community are screened to see if they meet the criteria for a study. Many individuals referred to the CRU for a drug study are persons who haven't responded to other medications well.

Funderburg said, currently there is no cure for schizophrenia. "All we can do now is treat the symptoms. Many of the

drugs we're studying now will treat the symptoms, but produce fewer side effects than other, older drugs. It really is exciting because fewer side effects mean better concentration abilities, better control over their bodies. The medicines are giving them the ability to think clearly and some are able to become more independent."

The Psychosocial Studies: The Other Side of the Coin

Although medicines are essential, Funderburg said, psychosocial treatment to improve living skills is also a necessity for people who have schizophrenia. The CRU also studies psychosocial treatments.

One psychosocial study, overseen by Dawn Velligan, PhD, research specialist and clinical psychologist, studies Cognitive Adaptive Training (CAT). Velligan said the CAT study examines how to compensate for the underlying cognitive deficits associated with schizophrenia by enhancing the consumer's environment with cues. Cues used in CAT include labels, signs, special medication containers with alarms and tape recorded mes-

(continued on page 6)

"It really is exciting because fewer side effects mean better concentration abilities, better control over their bodies. The medicines [being tested] are giving [consumers] the ability to think clearly and some are able to become more independent."

— Linda Funderburg, MD, medical director for the CRU

studies conducted.

Dozens of studies may be ongoing at the CRU on any given day. Consumers from SASH, outpatients and others are admitted for varying lengths of time, depending on the study in which they've chosen to participate.

Consumers may participate in the research studies for a vari-

ety of reasons: Opportunities to receive new medications and knowing that data produced from the studies will contribute to even better care for people with mental illness are the main reasons to volunteer. Individuals involved in the study also receive other types of therapy, just as patients do in the main SASH units.

All of the studies are funded by grants. An example of a current psychosocial study at SASH is one on ethnicity and caregiver burdens. The research teams compare urban versus rural residents and also mixed-American versus non-Hispanic white caregivers. This study will pro-

(continued on page 6)

SASH CRU: Gaining and Building on Knowledge

(continued from page 5)

sages. Cues are designed to assist people in performing the basic activities of daily living despite problems in memory and organizing behavior.

Not all the psychosocial studies are conducted inside the CRU. The CAT studies, for example, take place in the homes or in boarding homes of some individuals. "We go wherever they live," she said.

Velligan said it's

too early for statistical data to reach final conclusions, but, "We're finding that after a while many people no longer need the cues. Also, families have been very supportive of this type of treatment."

Some of the psychosocial studies may have effects beyond assisting people with mental illness. Velligan said some of the CAT studies may apply to Alzheimers patients and perhaps others.



photo by Steve Hughes

Gonzalo Mora learns how to sort his medications into small plastic boxes labeled with the days. Dawn Velligan, PhD, teaches him this task so he won't forget to take his medication. This is one of many life skills Mora is learning while he voluntarily participates in a psychosocial study at SASH.

Studies Improve Quality of Life

(continued from page 5)

vide valuable information on the impact of mental illness on female relatives of people with severe mental illness. Cultural relevance and residential relevance both will be studied.

Another example of a new drug trial concentrates on a drug

called Zotepine, which was created to treat individuals with acute schizophrenia. The study will focus on the safety and effectiveness of Zotepine. This compound is currently on the market in Japan and Germany.

After completion of a study,

individuals remain on the CRU unit until they are clinically stable. Then, they may be discharged to community placement, back to a SASH unit, or to another appropriate placement depending on their individual needs.



MHC: Connecting Lives, Ideas and Hope

"I've always been interested in the connectedness of people and how we can support each other's growth and development. I have come to recognize that we all have responsibility for people who have problems beyond their control. People need help from each other. That's part of our responsibility in trying to create a humane society."

— Joel Feiner, MD, clinical and residency training director, Mental Health Connections in Dallas.

Mental Health Connections (MHC, formerly called The Dallas Project) is the result of efforts by advocates to form a collaborative partnership among Dallas County MHMR, The University of Texas Southwestern Medical School and the Mental Health Association of Greater Dallas. Parkland Memorial Hospital, the Greater Dallas Council on Alcohol and Drug Abuse and the Dallas Alliance for the Mentally Ill also assisted in the structuring of the program. The Texas Legislature, Feiner said, initially approved a special line item to finance MHC's research and clinical program, and the budget was renewed this past session.

Feiner, who has been with MHC for three years, said he was courted to join the program by advo-

Six Facets of Mental Health Connections

MHC Day Treatment is an outpatient rehabilitation program that is open to consumers five days a week. Psychosocial skills, like life skills training and intensive casework, are available.

MHC Inpatient Unit is an acute care hospital setting providing crisis stabilization, state of the art diagnosis and pharmacotherapy, family interventions, casework and follow-up treatments. Consumers are admitted via Dallas County MHMR.

Transitional Residential services coordinates medical services and rehabilitation for consumers who are moving into the community. Psychosocial training and casework services are central.

Support Services like casework and life skills training in the consumers' homes and social environments are ongoing. As with other treatments and trainings, support services are consumer-driven. This program also includes peer services. Alumni of MHC, who are now on their own and living in the communities, provide transition aid to consumers in the program.

Research is a big part of the MHC. Medication studies, psychotherapeutical studies and more are conducted with the assistance of grants.

Training of psychiatric residents is one of the basic dimensions of the program. Currently, training includes medical and nursing students, psychology interns, social work students and physician assistant students.

All the services are geared toward relapse prevention, normalized community living, learning, working and socializing. Also, medication is an integral part of many consumers' regimens, but most balance their medication treatment with psychosocial training.

cates. "They emphasized to me," Feiner said, "that it was academia, public agencies and the community joining together. There are other places that incorporate clinical work, training or research. But I'm not sure there is a place that is so well defined, one which truly joins the public sector mission of providing quality services and the academic mission, which provides training and research. I've never seen a program in which the two came together so well."

MHC is near the medical school in Dallas. The 30-bed inpatient services and its day treatment program provide careful diagnoses, multicultural sensitivity, training in social skills, and much more.

Physician residency programs provide training for candidates in

all years of study and double as a recruitment tool for the public sector.

On the research side, Monica Basco, PhD, associate director of research for MHC, said goals include early detection of illness, reducing costs of care, proper diagnoses and a balance of medication management and psychosocial treatment, among others.

One of the many current studies at MHC is being conducted to determine the effectiveness of clozapine in individuals who are treatment resistant with either a bipolar or schizophrenic disorder. Consumers with a history of treatment failure are randomly put on programs of clozapine or their usual medicine and monitored for one to two years. Basco said researchers hope that hospital days and years will be

reduced by about 80 percent in people who respond dramatically. So far, she said, 50 percent of the patients on clozapine have responded dramatically, but the project is not over yet, so the figure may rise.

Both the clinical and the research sides work hand in hand, Basco said. "This allows us to conduct research that is clinically relevant to the special needs of those receiving TXMHMR services," she said.

Kenneth Altshuler, MD, chairman of the Department of Psychiatry at UT Southwestern, said he expects to see the ideas of Mental Health Connections expand outside of the organization's walls because the research efforts are going to be "disseminated and turned into practical efforts elsewhere in the state. We've already

Diagnostic Update Lessons Chances of Misdiagnosis

"As a researcher and a clinician," Monica Basco, PhD, said, "I have very strong feelings about our MHC program. It's satisfying because people will get better from what we are accomplishing. Our research is clinically focused and we get to see it work. It's fulfilling for all of us."

Other key players on the team are Research Director John Rush, MD, and Michael Kashner, PhD.

One of Basco's favorite projects is the Diagnostic Update Project.

"In order to treat someone properly, we need to make sure we have the correct diagnosis," she said. The team uses the Structured Clinical Interview for DSM-IIIIR (the third revision of the *Diagnostic and Statistical Manual of Mental Disorders*), also known as SCID, as well as medical, family and patients' psychiatric histories to arrive at a psychiatric diagnosis.

She said an analysis of 200 patients revealed about half of Axis I diagnoses (clinical disorders and other conditions which could be a focus of clinical attention) were incorrect or in-

begun to do this by assisting in developing a uniform way of assessing the patients through the state and diagnosing them. Then, we evaluate their course of illness so that their diagnoses will be portable from one place to another when they transfer and the degree of severity will be clear."

TXMHMR's new commissioner, Don Gilbert, MBA, was one of the project's originators in the late 1980s when he was the superintendent of Terrell State Hospital. Gilbert, who soon joined Dallas County MHMR (DCMHMR), and Larry Tripp, MD, medical director for DCMHMR, nurtured the collaboration with the medical school. Gilbert explained that cohesion and a continuum of services would enable the agency to provide less costly care in the long

run, even for individuals who are seriously ill.

"Ultimately," Gilbert said, "I'd like to see the program lead the way in defining what consti-

Tripp added that models like MHC become more pertinent as we weld TXMHMR into a managed care system. "By setting up this jointness," he said, "it lets the

"It's hard to see how a project like this could do anything but help."

—Larry Tripp, MD, medical director for Dallas County MHMR

tutes best practices and most appropriate clinical protocols for our population and then see the model expand around the state."

agency expand. . . . It's hard to see how a project like this could do anything but help."

complete. Also, they were able to detect secondary diagnoses such as anxiety disorders and substance abuse that had been missed.

In the diagnostic project, consumers were interviewed with the SCID by a nurse trained in this special interview process. A brief follow-up was conducted by a psychologist or a psychiatrist. The interview was structured and the consumers' medical records were also consulted. The new interviews were then compared to the former diagnosis on the chart to reveal the number of discrepancies.

Rush said, "We're delighted with the team effort between DCMHMR, TXMHMR and the Department of Psychiatry at UT Southwestern. Hopefully, both policy matters and care providers will benefit by the new knowledge we are developing."

The use of the enhanced SCID is spreading within TXMHMR and beyond. Training in the use of this SCID in the MHMR system will begin this summer.

Steven Shon, MD, director of TXMHMR's managed care division, said of the project, "It will eliminate redundant evalu-

ations as people move across systems and will allow clinicians to measure the SCID results. With the assistance of the MHC staff, state hospitals, community centers and state prisons in Texas have agreed to work together to develop a uniform assessment package, a pursuit unprecedented in Texas."

The second phase of the project is beginning in July and will measure the quality of life for people diagnosed with the SCID. Follow-ups to measure how individuals responded to treatment also will be conducted.

The Crisis Alternative Project:

Serious Psychiatric Crises Can Be Safely and Effectively Treated Outside the Hospital

We've come to a time when more and more medical services and procedures are being provided outside hospital settings. Surgical and other procedures once thought to be highly risky performed out of the controlled setting of a hospital now are routinely performed in doctors' offices or in day surgery centers. In the field of mental health, people who once spent a large portion of their lives in psychiatric institutions now live in the community. Yet, the general public, the medical profession, family members and many consumers still believe that people experiencing severe psychiatric crises, who may be dangerous to themselves or others, need to be treated in a hospital. The Crisis Alternatives Project

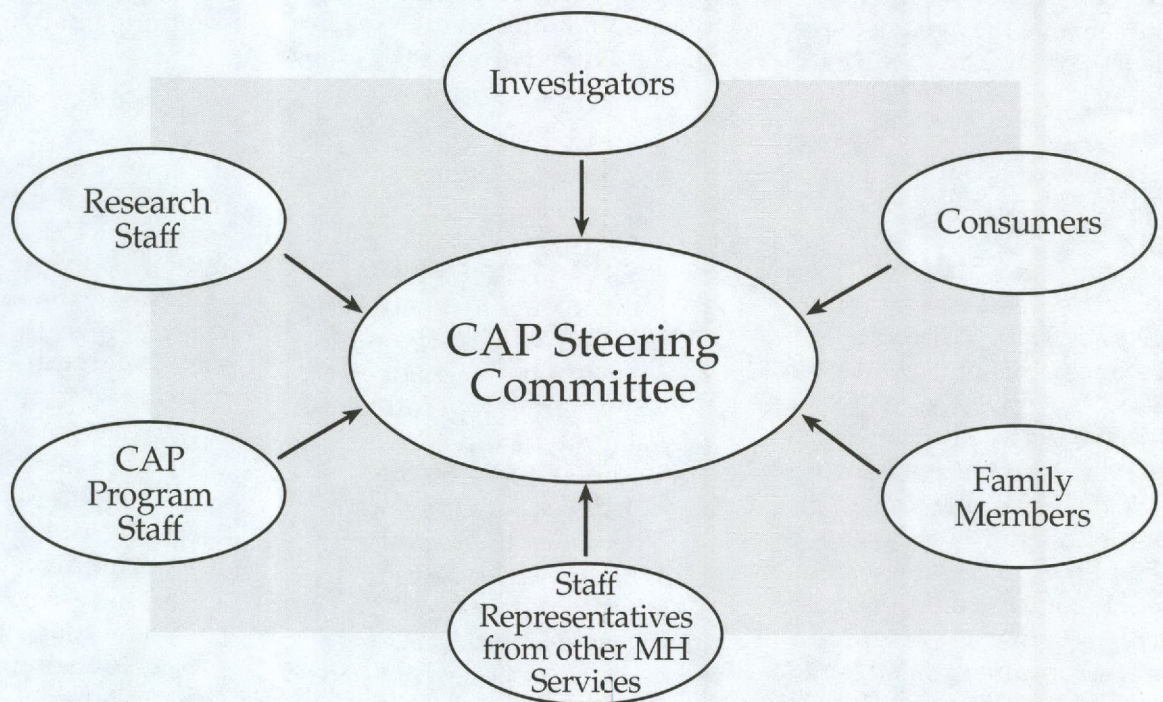
(CAP) was designed to question this widely held assumption.

An Innovative Project

CAP, a services research demonstration project funded by the National Institute of Mental Health and the Center for Mental Health Services, was designed to demonstrate and test the effects and costs of alternatives to hospitalization for severe psychiatric crises. The project was a collaborative endeavor involving

TXMHMR Central Office, the MHMRA of Harris County and faculty from the psychiatry departments of The University of Texas health science centers in Houston and Galveston.

More than 1,000 individuals with severe and persistent mental illness who were registered clients of MHMRA of Harris County consented to participate in the CAP study. Only a subset of the people consenting to be in CAP experienced a severe crisis



Researchers, program staff and consumers all worked together in a steering committee structure to plan, manage and monitor the program and the study.

Unexpected Results



As is the case in many studies, some of the most interesting findings in the CAP study were the least expected. One surprising result was that people who had received any of the crisis services appeared to return to their usual level of functioning much quicker than had been anticipated. The average CAP consumer had substantially recovered within about two weeks.

Another interesting finding had to do with a group of individuals who bypassed the study's crisis service alternatives and were hospitalized, most often involuntarily. CAP investigators thought this group might be more ill and more dysfunctional than those who did receive CAP services. Therefore, their progress was followed as well. Unexpectedly, the data showed that this group of mostly involuntarily hospitalized individuals was less symptomatic and higher functioning in general than the CAP participants. This finding calls to question the necessity of many involuntary hospitalizations.

during the study period. When a consenting individual experienced a severe psychiatric crisis, *which would normally result in hospitalization*, he or she was randomly assigned to an alternative community treatment or to traditional hospitalization.

The alternative treatments involved round-the-clock care either in the person's own home or in a house or apartment rented for this purpose. Round-the-clock care was provided by paraprofessionals, half of whom were consumers themselves, who were specially trained to provide crisis care. The paraprofessionals were supervised by and in frequent contact with medical staff and other mental health professionals. The intensive care lasted for two or three days on the average, at which time the person moved on to less intensive care offered

by the community center. In half of the cases, the intensive community treatment was preceded by a brief (one to three days) stabilizing hospitalization at Harris County Psychiatric Center.

The Hypotheses and Results

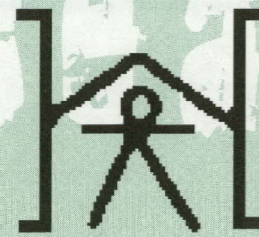
In designing the study, the CAP team hypothesized that people who received the alternative care would return to usual functioning quicker than those who received traditional hospitalization. The team also hypothesized that the alternative treatments would be less costly. Early results of the study appear to support the hypotheses.

First, the alternatives appear to be suitable for most people

who experienced severe crisis. Traditional hospitalization was avoided for the large majority of those who were assigned to alternative care. No serious incidents of physical harm occurred to either consumers or staff during the interventions.

The results also suggest most individuals who received the alternative care did just as well, if not better, clinically than did those who received the usual hospital stay. Also, as hypothesized, the treatment and services received by the alternative groups, both during the crisis period and afterwards, were less costly.

Contributed by Marcia Toprac, PhD, director of Research and Evaluation for TXMHMR.



ACCESS Means Treatment for People Who Are Homeless and Have Mental Illness

Harry Pruetz has become optimistic.

He's been battling depression since about 1986. The depression led the master's degreed computer programmer into a downward spiral. He wasn't able to work steadily.

"Everything feels angry and sad all around me when I'm depressed, even the walls seem hostile. It is a burden to do anything when I feel like that," Pruetz explained.

Homeless still for years in various cities, Pruetz says life on the street is alienating. "It's a different world, another culture. The nine-to-fivers probably can't understand unless they've lived through it themselves."

Recently, Pruetz was contacted by the ACCESS Outreach group in Austin and has been in treatment. He is becoming healthier and has

been searching for a job in which he can use his computer and writing skills. He'd also like to get an apartment soon.

"I'll feel a lot better when I can put something down as an address besides the Salvation Army," he said.

David Gomez, project coordinator for ACCESS in Austin, said "the sad thing is that there are a lot of guys out there like Harry, people with excellent skills, people who had lives they enjoyed, but when the mental illness strikes, sometimes they just can't live the



Harry Pruetz tells ACCESS staff members how the pieces of his life are coming back together. After being homeless for years, Pruetz received outreach and other services from the ACCESS Outreach group in Austin. With the medical and other treatment, Pruetz feels ready to search for a job.

same life unless they receive assistance."

That's when ACCESS steps in.

What Is ACCESS?

ACCESS (Access to Community Care and Effective Services

and Supports) is a federal demonstration grant program that serves people who are both homeless and have a mental illness. The program was initiated by the Center for Mental Health Services (CMHS).

One goal of the program is to improve systems integration, which is the collaboration between federal, state, local and voluntary systems to consumers. The three main aspects to the program are evaluation, outreach and continuous treatment. Services in these areas include seeking out individuals who could be assisted by the program, providing mental and medical health care, assisting individuals in receiving government entitlements, treating substance abuse, assisting with finding housing and more.

The five-year grant for the program began in 1994. Two sites in Texas currently receive grants: Austin and Fort Worth. Eight other states, with two sites in each state, also are participating in

the program. The purpose for the grants is to identify innovative support systems that are easily accessible for people who are homeless and mentally ill.

Research and Evaluation

Another purpose of the grant is to identify successful facets of programs and to evaluate the effectiveness in providing services. A national evaluation is comparing the successes of various grant communities across the country. Clients of the program will be

surveyed also.

Although the program evaluations won't be complete for years, positive results already are apparent. For example, barriers to services are being eroded by innovative solutions and this is being documented, according to Susi Serrins, MA, supervisor/evaluation specialist at Tarrant County Mental Health Mental Retardation Services in Fort Worth.

"One positive thing we've noted in Fort Worth is that the relationship developed between homeless individuals and our case managers has

enabled us to maintain a high follow-up success rate. Fort Worth has the highest follow-up rate of any of the other demonstration sites all over the country. The Fort Worth ACCESS program received an award for the highest 3-month follow-up interview completion rate at the ACCESS grantee meeting held June in Washington, DC.

That's something we're really proud of, Serrins said. "We even get phone calls from other sites asking us what we're doing to accomplish this."

Not only do our case managers continue developing positive and enduring relationships with consumers, but we are located right in the heart of where all the shelters are located. I think this makes us more accessible, more a part of the whole homeless community area."

Surrena Schreiber, associate director of Community Liaison Activities at Austin-Travis County MHMR, said the majority of individuals in the Austin ACCESS program are now in housing, receiving psychiatric treatment and on their way to stabilization and recovery. "We've made a difference in their lives," she said.

When consumers begin the program, they are surveyed to reveal their needs. The consumers have listed medical services, clothing, housing assistance, a place to shower and do laundry, assistance in obtaining SSI and SSDI, a place to make phone calls and receive mail, among others.

Outreach: Street Calls

Rudy Zapata, outreach team leader for the Austin ACCESS project, routinely makes street calls to many parts of Austin, hunting for new recruits for ACCESS services.

Most of the contacts made with people who are homeless and mentally ill are made through outreach.

On one occasion, Zapata, known affectionately to the team

Photos by Sherry Gronia



Rudy Zapata, right, asks a man who is homeless how he received the slash wound to his neck. Zapata is an outreach specialist who travels around the areas of Austin where homeless individuals congregate. Zapata hopes to find people who may need assistance with their mental disabilities.

"Mr. Outreach," encountered three Hispanic young men under a bridge on I-35 near downtown. One of them pointed to a four inch slash across the front of his throat as he spoke with Zapata. The stitches were still in place, but the wound looked healed.

The man, Adrian Rodriguez, asked in Spanish if it would be possible to get someone to have his stitches removed. The bilin-

areas with photos of Jesus, pots and pans, and blankets. One group of two men under another bridge created a makeshift stove and hung a shelf that held cooking utensils from long strings attached to the bridge above. They were visited frequently by a family of felines who relied on the homeless individuals to feed them.

One of these men who called himself Fernando, said he's been living in Texas for five years and was a day laborer. He said he would feel very lucky to have a "real home" someday. Fernando commented that life under a bridge could be "frightening and depressing." Sometimes he feared other homeless people might hurt him or take away his space. He feeds the

cats, he said, because they don't have any place to go either.

"I feel very sad sometimes. It's not nice to live like this," he said.

Zapata said the underworld of the homeless often includes violence. Many of them receive disability checks and government entitlements via the Salvation Army. Often, assaults, robberies or burglaries occur among groups of homeless individuals around the time these checks arrive.

Homelessness seems to be a cycle of life unconnected to the cycles of people who have jobs and homes. Zapata's job is to assist the homeless who are mentally ill with treatment so they will be able to reclaim their former lives or start new ones that won't include homelessness.

Treatment

Crisis, poverty and chronic disability are the main reason for homelessness, according to Greg

Gibson, MAHS, the Central Office program specialist for Homeless Services. "The vast majority of homeless individuals want help," Gibson said. The major overnight shelter in Austin is the Salvation Army and there are never enough beds for the 3,000 people in the city who need them. About one-third of the homeless population have mental disabilities, Gibson said, and the people treated in the ACCESS program must meet the TXMHMR requirements for inclusion in the priority population.

"I have a great appreciation of the efforts of all workers at all sites. The complexity of needs for people with homelessness is obvious, but even though the programs are working, I don't see the numbers of homeless people decreasing. I see the numbers actually increasing, and at the same time government entitlements are becoming more restrictive.

Vashti Forbes, BSN, RNC, a nurse at the Austin ACCESS program, said many treatments are available from the program. New clients receive evaluations and diagnostic assessments from a psychiatrist. Medical support is available. Medications are given. Follow-up, transition and relapse prevention planning services are also available. Peer support counselors, who were formerly homeless, offer advice and assistance. Also, a Good Chemistry group assists consumers who have a dual diagnosis of mental illness and substance abuse.

Treatment and services are all individualized, according to need, Forbes said. Usually services are required by individuals for six months to one year before they are ready to step into a more independent life.


Services offered at the Fort Worth site and other sites around the country are very similar.

"I feel very sad sometimes. It's not nice to live like this."

—Fernando, a homeless individual contacted by ACCESS outreach

gual Zapata replied that he could try to coordinate something for him. Zapata also asked where the group was from and why they came to Austin. They answered they were from Mexico and San Antonio and were looking for work. Zapata asked more questions to determine if the men might be in need of mental health services. It seemed that they weren't, but in situations similar to this Zapata encounters homeless individuals with all types of needs, then concentrates on coordinating mental health services for them when needed.

Other individuals Zapata encountered that day included men who had marked sections of the underbridge as bunks for themselves. The spaces were as small as coffins, but served as shelter and a temporary home. Zapata said some homeless individuals are extremely territorial about their space. Some decorated their



Academic Links Enhance Quality Nursing Care

For TXMHMR Nursing Services, the ongoing development of public/academic linkages is central to its mission of providing quality nursing care for persons with mental illness and mental retardation.

The TXMHMR Nurse Academic Collaboration Task Force, founded in 1989, determined that many faculty from schools of nursing wanted a better understanding of the TXMHMR service system.

As director of Nursing Services for TXMHMR, Roberta Eacott, BSN, RN, MSHP, works diligently to maintain and increase public/academic linkages. She stays actively involved with colleges and universities and works with the deans of nursing schools. She is on the advisory council of the University of Texas at Austin School of Nursing, which asks nursing leaders to provide curriculum input.

TXMHMR's Nursing Practice Organization Executive Council has representatives from state facilities and community MHMR centers and nursing academia. They work directly with Eacott to make recommendations and address nursing issues within the system.

Eacott said, "Nursing faculty share ideas with us and help solve problems by suggesting different treatment modalities. It is critical to have linkages with all levels of nursing education, from LVNs to PhDs." She gave four principal reasons:

- *Public/academic linkages provide students with a better understanding of nursing care and working with persons with mental disabilities.*
- *Linking the public sector with academia produces high quality students who will work well with the consumer population to enhance their lives.*
- *Having the linkages aids research and improves positive results from care.*
- *The collaboration gives other persons within the nursing profession a positive view of TXMHMR.*

Public/Academic Linkages at the Facility Level

The Links at Terrell and Vernon State Hospitals

Barbara Johnson, PhD, RN, CS, teaches undergraduate and graduate level psychiatric nursing at the University of Texas at Arlington. She also teaches health promotion in a program for licensed RNs who want bachelor's degrees in nursing. She takes students in her psychiatric nursing classes to



Terrell State Hospital for part of the nursing students' seven-week rotation for clinical work. The rotation consists of three weeks at a private psychiatric facility (Charter Hospital of Grapevine) followed by four weeks at Terrell State Hospital.

She said, "Working at Terrell State Hospital provides excellent learning opportunities for the students. For example, they recently dealt with an individual with a rare mental illness, one they might not have encountered in other clinical settings."

Johnson also has been on the TXMHMR Nurse Practice Organization Executive Council for three years.

Kay Baker, MSN, RN, CS, is

"Traditionally, nursing students have been fearful of psychiatric nursing. Working at the hospital allays their fears."

— Kay Baker, director of nursing at Vernon State Hospital



photo by Sherilyn Pharr

From left: Dianne Quigley, RN; Roberta Eacott, BSN, RN, MSHP; Dianna Barton, RN; Rubynelle Powe, RN, MSN, discuss nursing issues at Lubbock State School.

director of nursing at Vernon State Hospital. When VSH created a forensics unit (for people with mental illness who have also been involved in the criminal justice system) seven years ago, the hospital's nursing division had no academic affiliations. She recruited academic affiliations from five nearby colleges: North Central Texas College in Gainesville; Vernon Regional Junior College; Methodist Hospital School of Nursing in Lubbock; Western Oklahoma State College in Altus, OK; and Southwest Technology Center, also in Altus.

Baker said the affiliations have been good for both the hospital and the nursing programs. "Cooperation promotes under-

standing between the hospital and the schools. We can work with the schools to make the goals of practice and education congruent."

She added, "Traditionally, nursing students have been fearful of psychiatric nursing. Working at the hospital allays their fears. We have been very successful recruiting permanent staff from the students."

According to Baker, "It is hard to tell someone what schizophrenia is. Students can see it much better once they've worked with someone with schizophrenia."

Working with students from these five colleges has had the beneficial effect of spreading the



Infection Control Practitioner Claudia Swain, RN, BSN, left, and former Assistant Director of Nursing Sherilyn Pharr, RN, BSN, search for information that will resolve a question regarding nursing that has arisen at Lubbock State School.

word to surrounding communities about the quality of care offered at the hospital, one said.

The Link at Abilene State School

Linda Hinshaw, RN, MSN, is director of Nursing at Abilene State School. The school began its public/academic association with the Abilene Intercollegiate School of Nursing in 1989. Last fall, students seeking bachelor's degrees in nursing came on a regular rotation for the first time. LVN students from Texas State Technological College in Sweetwater do regular rotations year-round. The school also has worked with Cisco Junior College in the past.

Hinshaw said, "It is impor-

tant to expose new nurses to information about people with developmental disabilities." She shows the students a slide show on developmental disabilities that features pictures of individuals with rare conditions. They discuss disease processes,

trauma and other causes of mental retardation.

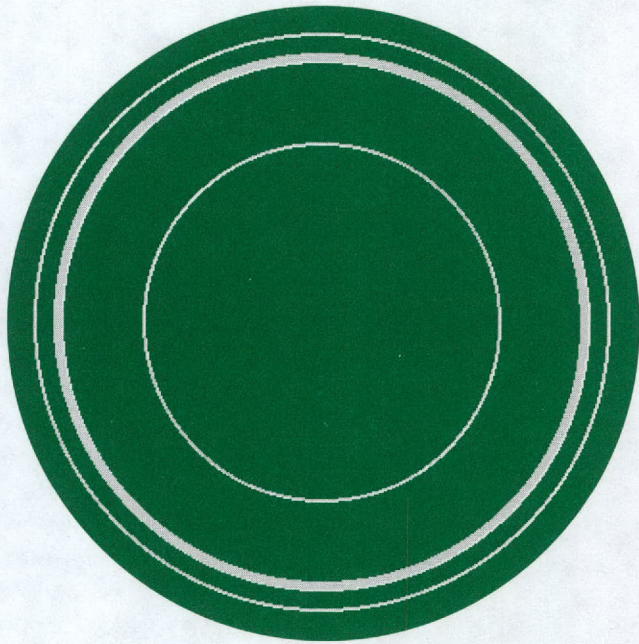
Students aren't as fearful of working with individuals with developmental disabilities after seeing the slide show. Hinshaw noted that prior to coming to the school, students often cannot differentiate between people with developmental disabilities and people with mental illnesses.

Eacott summarized by saying, "Continuing to build on the success of these public/academic linkages for the nursing program is a priority for providing quality nursing care. The nursing directors ensure TXMHMR has good nursing linkages both for facilities and community-based services."

"Continuing to build on the success of these public/academic linkages for the nursing program is a priority for providing quality nursing care."

— Roberta Eacott, director of Nursing Services for TXMHMR

Savory and Safe Foods:



Research by Dr. Puree *A Project* *in TXMHMR Facilities*

Food. We all need it. Some of us eat to live and others live to eat. But, either way, the texture, taste and diet of our food are important for our health and for our need to relish what we eat.

For consumers of TXMHMR services, especially consumers who have physical problems that create minor to major difficulties ingesting their meals, texture of food is a serious consideration. Choking incidents at facilities was a much bigger problem than now because of

the work of Rao Vemuganti, PhD, affectionately known in TXMHMR as "Dr. Puree."

Now facilities consistently use four texture groups: chopped, ground, pureed and also the regular solid texture for individuals with no special texture needs. Implementation of the texture guidelines and hundreds of new recipes have reduced choking incidents in facilities by 90 percent.

Vemuganti, program administrator for the Nutrition and Food Service section at Central

Office, consulted with facility staffs and compiled information which enabled him to define these guidelines for the preparation of meals for consumers with special eating needs. The research he gleaned from across the state showed him that not all textures were comfortable and safe for consumers with special eating needs. Also, feeding techniques for consumers who needed assistance could be improved upon. Vemuganti worked with staff across the state and developed videos to aid in preparation of food and feeding techniques.

The reasons people may choke vary. Some individuals have oral or facial problems like cleft palates. Some consumers may not be able to close their mouths completely, or they may take psychotropic medications which create dry mouth or other symptoms that inhibit easy ingestion.

Food is prepared to fulfill the needs of each individual. Some may require their food to be chopped into small bites about the size of sugar cubes. Some may require a finer composition, the ground texture. And still others need their foods completely pureed like the consistency of baby food. If a consumer can't tolerate any of these textures, some type of tube feeding may be necessary.

Feeding techniques were

T

X

U

R

also examined. Vemuganti found that "birdfeeding," or positioning a client so his neck is extended and his head is tilted back, is uncomfortable and can cause swallowing problems. The correct way to feed a client who can't feed himself is for the direct care worker to sit next to the consumer, maintain eye contact, and keep the consumer's head in a normal head-on position, not tilted backward.

Vemuganti said, "Many occupational and physical therapists and dietitians assisted in developing recipes that could be textured yet still remain tasty and have a savory consistency. One problem we encountered and later solved is that pureed foods often turn out runny." Sometimes baby cereal or potato flakes are added to pureed foods to eliminate a watery texture, he added.

One occupational therapist at Travis State School, Cecilia Chavarria, said Vemuganti's research and resulting texture groups "often help consumers remain independent while we still can maintain their health and safety concerns. Before, there were a lot of inconsistencies between facilities about how food was prepared. Now, we all have formulas to follow that are safe and tasty too."

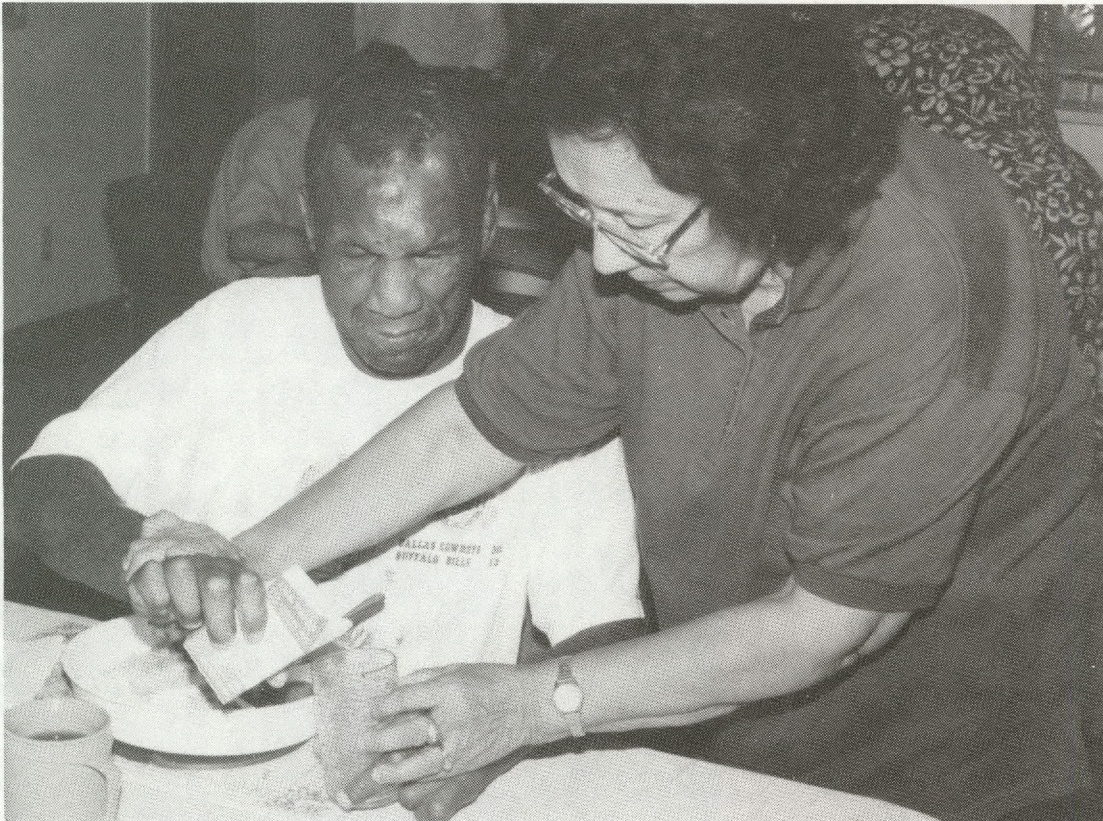


photo by Sherry Grona

Edwin House, a consumer at Travis State School, needs his food prepared totally in a ground texture because of swallowing difficulties and occasional coughing. Anita Lopez, dormitory supervisor, assists House with eating his lunch of roast beef, cabbage, fruit salad and green beans.

Tucked away in a small corner of Austin State Hospital (ASH) is one of many links for TXMHMR to academia. The Psychiatric Pharmacotherapy Residency and Fellowship Program is one of about 20 programs in the United States specializing in this

three main purposes. One is to train leaders in psychiatric pharmacy. A one-year residency is oriented to specialty practice in psychiatric pharmacy. The two-year fellowship trains researchers in clinical psychopharmacology (the study of drugs used to treat

The Medicine Connection: The University of Texas and Austin State Hospital Study Together the Clinical Use of Medications Residency and Fellowship Program

area. A similar program exists at San Antonio State Hospital.

Pharmacotherapy is the study of the clinical use of drugs. The program at ASH is a cooperative effort between the University of Texas College of Pharmacy and the hospital. The program has

the mind and its composition, use and effects) and therapeutics (the medical treatment of disease).

The residents also study the clinical use of drugs in the treatment of individuals with mental illness. Only voluntary patients who consent to the use of drugs

Andrea Eggert, trainee at ASH's Psychiatric Pharmacotherapy Residency program, discusses her work with Peter Dorson, director of the residency program. Eggert is studying for her doctoral degree in the pharmacy discipline at The University of Texas. When she completes her studies and residency, she will begin work at San Antonio State Hospital.

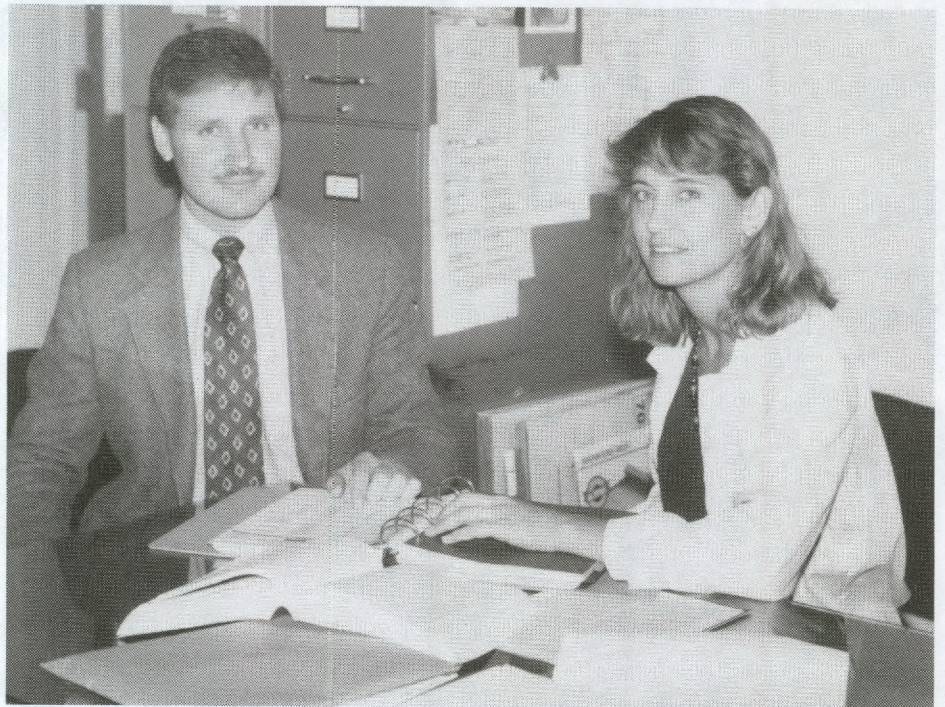


photo by Sherry Grona

are included in the research. Also, the program trains future pharmacists about the appropriate use of medications in mental disorders.

Lynn Crismon, PharmD, professor and head of the clinical division of the UT College of Pharmacy, founded the program in 1979, and in 1981, the program became a collaboration with ASH to train doctor of pharmacy graduates.

Currently, Peter Dorson, PharmD, directs the residency program and provides patient care at ASH. He also teaches at UT's College of Pharmacy.

Dorson, Crismon and Steven Stanislav, PharmD, work with the post-doctoral trainees, providing them with patient care experiences and orienting them to the treatment needs of individuals with mental illness.

Dorson explained, "The mission of pharmacy is to assure safe and effective use of medications. The role of the pharmacist has changed dramatically during the last three decades to include medication monitoring, patient counseling and assessing positive medication outcomes."

To respond to the diverse needs of persons with mental illness and mental retardation, pharmacists often perform medical histories, interview patients to monitor clinical response, consult with physicians regarding drug therapy, are often included on treatment teams and have many other duties.

Dorson explained, "Pharmacy education and training have become as rigorous as that in medicine as a result of the increased complexity in medications."

TXMHMR Promotes Other Residency Programs and Internships

TXMHMR facilities maintain academic linkages to train health care professionals, enhance research and improve the quality of care for individuals in the agency's hands. Two examples of the department's residency programs include the psychology internship at Austin State Hospital (ASH) and the chaplaincy residency program at ASH and Terrell State Hospital.

Chaplaincy

ASH and Terrell State Hospital (TSH) offer certified programs of clinical pastoral education (CPE). The programs are designed to train chaplains clinically and make them eligible for national certification, according to Robert Cullum, ThD, TXMHMR director of Chaplaincy Services.

Clinical pastoral education at both hospitals consists of two offerings: a three-month summer program for entry-level seminary students and a nine-month postgraduate internship. ASH also offers a part-time extended CPE program.

Cullum said that students who receive their clinical training at ASH and TSH benefit from their increased awareness of mental illness. Few centers that provide clinical pastoral education offer training in mental health, he said.

Psychology

David Cansler, PhD, directs ASH's psychology internship program. The accredited program's mission is to provide training for psychologists who will work with individuals with serious mental illness. The interns participate actively by doing psychological assessments, practicing psychotherapy and developing individual patient treatment plans under the supervision of licensed psychologists. The interns see inpatients at ASH and also outpatients at clinics operated by the ASH Community Services division.

The psychology program attracts applicants from across the country. Cansler said interns like the program and have given it high marks in annual surveys.

Closure of State Schools: A Catalyst for Research Projects

Closure Processes Address the Needs of Families

In 1994, a follow-up survey to a 1993 survey, developed by the State School Closure Steering Committee, was sent to families of all individuals who lived at Fort Worth State School (FWSS) and Travis State School (TSS) at the time closure began in March of 1992.

Overall, the results showed that the closure processes at both FWSS and TSS addressed the needs of the families. For example, families' responses indicated most felt the quality of care for individuals has been maintained and that their family member has been treated with dignity at both the facility and the new home during the closure process.

The results also showed that families seem to be feeling more comfortable with the closure processes overall over time, even though many still felt their state school should not have been closed. See related graph above right.

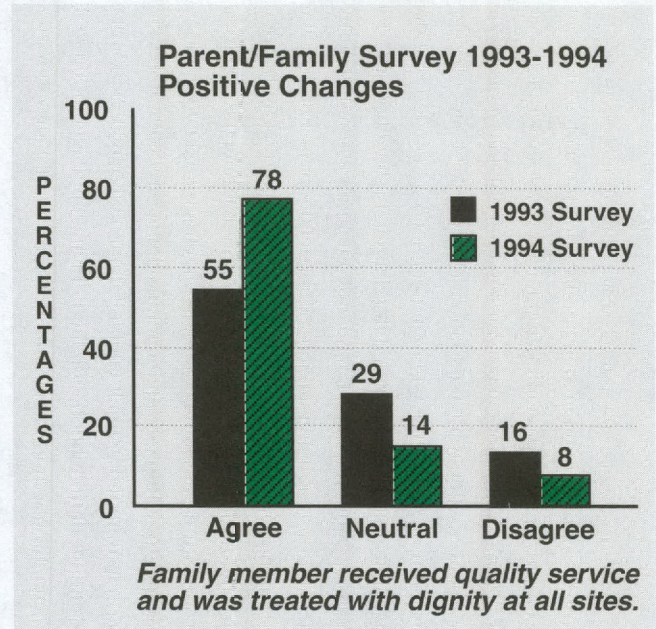
A Method for Transferring Individuals

Development of a process for transferring individuals with mental retardation and other medical problems coincided with the closures of FWSS and TSS. Individuals of special concern for this study were people deemed medically fragile.

Individuals considered medically fragile have medical complications in addition to mental retardation or complex medical needs unrelated to their mental retardation. Complications may include blindness, problems in

swallowing, asthma, seizure disorders, paralysis and others.

The project included researching available and needed resources; evaluating planning meetings, communication between the schools, and transportation needs; creating contingency plans for individuals, and assessing the individuals after they were settled into their new homes.



ASH's Lab: A Unique Medical Technology Program

Austin State Hospital's (ASH) state of the art medical laboratory provides reference lab services to many other facilities within TXMHMR. Their laboratory tests are wide-ranging, including microbiology, hematology, DNA testing and much more.

Unique to ASH's lab is their training program in medical technology, the only one of its kind in TXMHMR and in Austin. ASH's lab, since 1957, has joined academia with medicine on campus with its Medical Technology Program. The fully accredited program, located in the Medical Unit of the hospital, is designed to educate students in all practical phases of laboratory medicine. Both baccalaureate and graduate candidates with the required prerequisites are eligible to be in the program.

Six students are admitted each year. Once enrolled, the students are considered professional

trainees and spend 12 months completing the program.

Judy Larsen, MT (ASCP), SH, technical director of the lab and the Radiology Department for ASH, said the "atmosphere in the lab is stimulated by the education process. Continuing to educate trainees keeps the ASH lab staff abreast of new developments in the field."

The program provides an opportunity for trainees to understand the special needs of people with mental disabilities. "Students who train here graduate with no apprehension about working around psychiatric patients," Larsen said. "Even if the trainees aren't hired within TXMHMR or with another mental health provider, they take with them the knowledge and hopefully will pass it on. In the long run, programs like this could help erode stigma and fear in the general public."

Collaboration Fruitful between TXMHMR and UT's School of Social Work

Two years ago, faculty and administrators of The University of Texas at Austin School of Social Work (UTSSW) approached leaders of TXMHMR about building a collaborative research relationship between the two organizations.

A committee including UTSSW faculty, Central Office staff and consumers was asked to explore possibilities for this relationship.

A few important milestones have marked the progress of this initiative. For example, the dean of the UTSSW made it possible for one of her faculty, Kate Wambach, PhD, to spend a semester at Central Office to develop a research project that would be mutually beneficial to TXMHMR and UTSSW.

Wambach chose to develop a survey instrument to assess the impact of mental illness and mental health services on family members (with a focus on both positive and negative impacts).

Another outgrowth of the collaboration is the current assignment of a UTSSW doctoral student to work with the Performance Measures Team to develop outcome measures from the perspective of direct consumers of mental health services.

The collaborative effort has also led to the inclusion of Barbara White, PhD, dean of the UTSSW, as a member of the Mental Health Citizen's Planning and Advisory Council.

Contributed by Marcia Toprac, director of Research and Evaluation for TXMHMR.

SIDDA Maximizes Research and Service by Using CQI

Research, technical assistance and program evaluation are the building blocks at the Southwest Institute for Developmental Disabilities Abilene (SIDDA).

SIDDA provides assistance to consumers, families, professionals of private and state agencies and others in developing individualized and expanded treatment programs for consumers with multiple needs.

SIDDA, an arm of Abilene State School, is located on the school's campus.

One of the recent evaluation programs at SIDDA concerned a dual diagnosis demonstration project. Consumers with both mental retardation and mental illness were evaluated to see which services and treatments were the most effective. Also, barriers to providing individualized services to people with special needs were studied.

The intention at SIDDA is to have supports in place that plan for, rather than simply react to, a crisis or a special problem.

SIDDA evaluated state school closures using the ideals and tools of quality improvement.

"CQI (Continuous Quality Improvement) is making a positive difference in the smoothness of the ongoing state school closure process," according to Kevin Kraushaar, PhD, director of Special Projects for SIDDA. The processes are consumer-driven and "families and consumers are happier when treatment is individualized for their special needs," he said.

One of the tools used to evaluate the dual diagnosis project was interviews devel-

oped to rate the results of treatment and also study experiences providers and consumers had in various facilities and community centers while their support plans were implemented.

The interviewers asked individuals if they were consulted about their needs and if programs were being tailored to meet those needs.

Another result showed many of the barriers to providing specialized services revolved around communication problems. For example, staff in Mental Retardation Services often needed more psychiatric information about treating mental illness and vice-versa.

"Families and consumers are happier when treatment is individualized for their special needs."

—Kevin Kraushaar, PhD, director of Special Projects for SIDDA

Terrell State Hospital Creating New Research Unit

Terrell State Hospital's clinical and research staff is developing a contained research unit which will provide innovative treatment to the hospital's 22-county service area. An existing 20-bed unit will house and monitor individuals participating in drug study trials. Terrell's research has thus far been limited to drug studies, but members of the research team plan to

expand the program to include intervention, studying the causes of diseases, and more.

Beatrice Butler, superintendent of the hospital, said, "Our new program will enable Terrell State Hospital to provide TXMHMR and mental health researchers with valuable data and information to improve the quality of care for individuals with mental illness."

Dorothy Floyd, PhD, project di-

rector, explained that the hospital also plans to expand its longstanding affiliations with The University of Texas Southwestern Medical School (UTSW) and the Dallas Veteran's Administration Medical Center (VAMC) to provide research opportunities for students and professional trainees from various disciplines.

Contents

- 2 Viewpoint: Identifying Successful Treatment Clinical Treatments
- 3 Collaboration Contagious for TXMHMR
- 4 SASH CRU: Gaining and Building on Knowledge
- 7 MHC: Connecting Lives, Ideas and Hope
- 10 The Crisis Alternative Project
- 12 ACCESS Means Treatment for People Who Are Homeless and Have Mental Illness
- 15 Academic Links Enhance Quality Nursing Care
- 18 Savory and Safe Foods: Research by Dr. Puree
- 20 The Medicine Connection: The Clinical Collaboration on the Study of Medications
- 21 Examples of Residency and Internship Programs within TXMHMR
- 22 Closure of State Schools: A Catalyst for Research Projects
- 22 ASH's Lab: A Unique Medical Technology Program
- 23 TXMHMR and UT's School of Social Work
- 23 SIDDA Maximizes Research and Service by Using CQI
- 24 Terrell Creating New Research Unit



Issue Advisor: Marcia Toprac
Staff Writer: John McLane
Graphic Designer: Sherry Grona
Editor: Wendy Hazelwood
Team Leader: Laurie Lentz
Director: Peg Barry

IMPACT is published three times annually to inform, educate and provide recognition for employees and friends of the Texas Department of Mental Health and Mental Retardation about models of excellence within the TXMHMR system for their awareness and for reference in implementing programs and policies. Published for TXMHMR by the Community Relations Office, PO Box 12668, Austin, Texas 78711-2668, (512) 206-4540 or STS 824-4540.

On the cover: Gonzalo Mora, a consumer of services at San Antonio State Hospital (SASH), is undergoing life skills training with Dawn Velligan, PhD. Velligan and other staff members at SASH are studying the effects of cues like signs, lists and alarms for consumers who have schizophrenia. Here, Velligan shows Mora a list of tasks he should perform before leaving his home every morning.