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IMPACT

of Community Involvement in Planning for the Future



Video Image by Peter Baer

Community members
at work in Longview

ViewPoint
ViewPoint
VIEWPOINT
ViewPoint



Commissioner Don Gilbert

This issue of *Impact* highlights community involvement with MHMR service development and delivery. People from a variety of backgrounds are joining in planning for the future of state and local MHMR services, overseeing current programs and services provided through the MHMR authorities, and advocating for appropriate services and supports for specific individuals.

Our increased focus on planning at the local level has great potential for strengthening the MHMR system. The agency's vision is of a system that will be a "*partnership of consumers, family members, service providers and policy makers which creates options responsive to individual needs and preferences.*" It is exciting and energizing to see this vision being put into action locally in new and innovative ways, where stakeholders are coming together to plan local systems of services to meet individual needs and preferences in ways that ultimately will benefit the community as a whole. Currently, at pilot sites throughout Texas, stakeholders are shaping the new trends in local planning outlined by House Bill 2377.

The reshaping of TXMHMR's annual Helen Farabee Conference underscores the agency's dedication to increasing stakeholder involvement in decision-making roles. This year for the first time, four regional conferences are being held around

the state to make the conferences more accessible. These regional conferences are training consumers, family members and others in how to identify and communicate local needs and priorities. Once identified, these needs and priorities in turn will have direct impact on the performance goals of local MHMR authorities.

In addition to planning, other kinds of partnerships—some of which are longstanding—improve the lives of individuals with mental illness and mental retardation. In Big Spring, consumers and family members have formed a committee to help the state hospital better meet the needs of patients and families. In Corpus Christi, state school volunteer Susan Thiem has turned her community involvement into a second career. For many years, Public Responsibility Committees at facilities across the state have worked to ensure that the legal and human rights of consumers are promoted and protected.

Community involvement and partnerships are improving lives. Together, we are coming closer to achieving the difficult balance between system-wide uniformity, which enables us to measure performance and increase accountability, and empowerment of communities and individuals to shape service delivery to local and individual needs.

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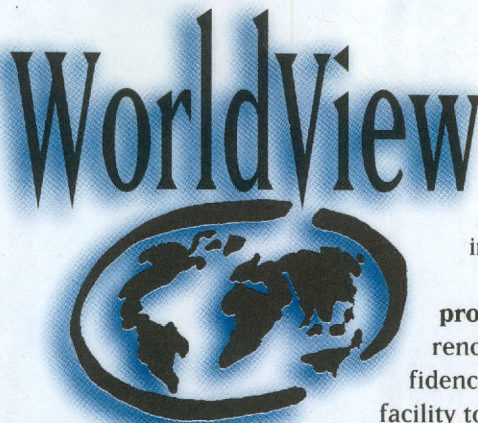
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How to teach provider boards to work with family members and consumers

Over the years, I have participated on several committees consisting of family members and consumers. The groups were formed to give families and consumers the opportunity to work on issues of interest to them. My experiences indicate successful partnerships can be fostered if certain guidelines are operating:

- **The group should meet frequently.** Group cohesion and continuity are weakened when meetings are spaced too far apart. Monthly meetings are best.
- **Committee meetings should be held at the same time and location each month.** This affords the opportunity to arrange schedules and plan ahead.
- **Staff cancellation of meetings, or a change in their time or location without the input and agreement of consumers and family members, should be avoided.** This indicates staff disinterest and attempts to delay discussions or control the group.
- **Staff members should not arrive late, depart early or be frequently absent.** These occurrences diminish the importance of the group.
- **Mutual understanding of the purpose and goals of the group is necessary to keep members focused and working together.** Consumers and family members become frustrated if too much time is spent in conversations and issues that are not pertinent.
- **Staff members should set meeting agendas with the agreement of family members.** Speakers or others invited should be a group decision. (Consumers and family members may view staff-imposed speakers and agendas negatively, believing they may be used to avoid or delay discussion of issues of a higher or more sensitive nature.)
- **Meetings should include a mix of staff members.** Attendance of upper level administration promotes acceptance of the group. Involvement of line supervision ensures staff members directly responsible for the patients are aware of family and consumer issues and concerns. A fairly equal number of staff, consumers and family members at meetings is best.
- **Staff members should show their sincerity through effective communication.** Sincere staff members respond in honest and concrete ways and refrain from answering in a defensive manner. They avoid controlling the group by not changing the subject or racing through topics. They recognize family members and con-



sumers will become skeptical when their responses are vague or lacking in pertinent information.

- **Staff follow-up should be prompt and thorough.** Frequent recurrence of the same issues diminishes confidence in the ability and willingness of the facility to respond to concerns and provide quality care.

• **Family members and consumers should have early involvement and participation in issues that directly or indirectly involve them.** This action will reduce family and consumer feelings of being considered an afterthought. Sensitive staff members recognize that "doing for" instead of "doing with" weakens empowerment and partnership. They understand participants will not be convinced their opinions and suggestions are acceptable and important when staff conversations indicate decisions already have been made.

• **Staff members should examine their own attitudes toward participants.** Staff may resent assertive participants. They should realize that their feelings may reflect a lack of acceptance of empowerment and the partnership concepts. Knowledgeable staff members understand the various dynamics operating in staff/consumer/family relationships and know little is accomplished when participants are unwilling to discuss deficiencies in the system. They seek to discover why the group is hesitant to communicate. They closely weigh the value and accuracy of those opinions that always are positive and placating in nature. They recognize that frequent resignation of committee members may indicate dissatisfaction. They strive to determine the causes of these behaviors.

• **Discussion and review of the group goals and purpose should occur periodically to measure progress and satisfaction.**

• **Mental health administrators should realize that lasting progress and growth can occur only when they consistently promote the importance of family and consumer involvement.**

• **Families and consumers should understand that their active participation at meetings is essential to promote change.** Meetings are non-productive when family members, consumers and staff remain passive or unwilling to discuss issues.

Contributed by Joan Muehlbauer of the Alliance for the Mentally Ill of Buffalo and Erie County (New York). The column reflects her experiences as a family member active on several committees consisting of staff, family members and consumers interested in reform measures and quality care for individuals with mental illness.

Stakeholder involvement vital in planning

House Bill 1659, passed in 1995 by the 74th Texas Legislature, requires that at least one TXMHMR state board member be a consumer or family member of a consumer. While the mandate was new in 1995, stakeholder involvement was not—a majority of board members serving at the time were consumers or family members of consumers of mental health or mental retardation services.

Such participation now can be seen at all levels of TXMHMR. Stakeholder involvement is a practice that has gained prominence over the past decade as more and more consumers are served not by large state-run institutions but by community-based, locally operated systems of care, services and supports. Consumers and family members offer a unique perspective in that they know firsthand about mental disabilities and are the most affected by the decisions of boards and committees. They are typically the most reliable judges of the quality of services delivered. Other community members also are affected by how public dollars are spent, so they, too, need a voice in decision making. For this reason, planning now evolves from a partnership of consumers, family members, service providers, policymakers and community representatives. This team effort—some of which is described below—helps maintain TXMHMR's consumer-driven vision, goes a long way in reducing the stigma associated with mental disabilities, and promotes quality of life for consumers and their families.

Involvement at the state level

The Citizens' Planning Advisory Committee (CPAC) provides a formal mechanism for input that would not otherwise be available in the planning process. Made up of community members, consumers and family members, the committee advises the TXMHMR Board of Trustees on all aspects of the development of the agency's strategic plan and the adequacy of the appropriations

request. CPAC also recently authored reports on managed care and on persons with mental illness and mental retardation in the criminal justice system.

In 1996, the TXMHMR board directed CPAC to provide recommendations on the agency's efforts to implement local planning statewide, including review of local planning training materials and of efforts to incorporate managed care principles and techniques in local planning processes. CPAC also was directed to assure that local planning committees are functioning appropriately.

Also designed to encourage stakeholder input and participation, the TXMHMR Mental Health Planning and Advisory Council (MHPAC) and Mental Retardation Planning and Advisory Council (MRPAC) provide advice on issues and initiatives regarding services to consumers. The two councils recently initiated a study that will lead to the development of benchmarks for community involvement; the study will include effective practices and usage of advisory committees at the local level. This process will provide valuable insight into some of the best practices for community involvement around the state.

Authorized by the Legislature in 1997, the House Bill 1734 Committee brings together stakeholders to develop recommendations regarding the most efficient and effective number of local authorities, along with the criteria and process of local authority selection and the definition of local authority responsibilities. The 1734

"Our goal is to work cooperatively with the centers to create greater consistency and a more visible presence of consumers and families in the planning processes in all parts of the state."

—Don Henderson, TXMHMR director of Plan Development

Committee will submit its recommendations to the TXMHMR Board of Trustees this summer. After reviewing public comment, the Board will submit an approved plan to lawmakers by Sept. 1, 1998.

Local planning committees

Starting with 1997 performance contracts, local planning committees at community centers were required to be composed of at least 50 percent consumers and family members.

The committees are designed to assess local needs and priorities and provide broader opportunities for consumers and families in local planning processes, according to Don Henderson, TXMHMR director of Plan Development for Strategic Planning and Resource Development.

"Local planning processes have existed in places for years," said Henderson. "Our goal is to work cooperatively with the centers to create greater consistency and a more visible presence of consumers and

Local planning under HB 2377

Local planning is a key element of pilot sites organized under House Bill 2377. HB 2377, passed by the 74th Legislature, allows TXMHMR to pilot alternative strategies for delegation of authority and the separation of authority and provider functions. The pilot sites—Austin Travis County MHMR Center, Lubbock Regional MHMR Center and Tarrant County MHMR Services—started their two-year contracts in September 1996.

In addition to the local planning committees required for all centers, pilot sites have formed network advisory committees. (Individuals with mental disabilities or their family members comprise at least 50 percent of committee membership.) The network advisory committees, working in cooperation with planning committees and local boards, provide an objective voice in the development and management of a network of service providers. The goal of the expanding networks is to increase access and choices for consumers and families.

"I applaud the high level of enthusiasm and teamwork displayed by the local authority pilot staff, stakeholders and state authority participants," said Dwain Shaw, TXMHMR director of Managed Care Implementation. "The collective commitment to this project has fostered the development of new business products and processes unparalleled by other states."

The committees of the Tarrant County MHMR Services and Lubbock Regional MHMR Center pilot sites are discussed on pages 9 and 10, respectively.

families in the planning processes in all parts of the state."

Community involvement in the local planning process is a main theme of the 1998 Regional Helen Farabee Conferences; sessions on consumer-driven planning are being offered at each site. More information on local planning is provided on page 7.

Local planning helps identify community needs

"Facing Change Together" is the theme of the Regional Helen Farabee Conferences that were conducted in Austin and Galveston in January and February and that will be held in Arlington and Lubbock this spring. The theme expresses TXMHMR's goal of increasing the involvement of consumers and family members in decision-making roles concerning mental health and mental retardation services, with equal participation by all parties.

In TXMHMR's strategic planning process, local planning is the cornerstone of policy development. Local planning should—

- Allow for meaningful participation by a diverse array of consumers, advocates, family members, service providers and other citizens at the local level in the planning process;
- Identify local needs and priorities;
- Provide input to the strategic plan being developed;
- Respond to the initiatives of the existing strategic plan; and
- Serve as the basis of contracts/memoranda of agreement that are developed with TXMHMR and other funding sources.

Local planning technical support was first phased in during fiscal year 1997. Local advisory committees are being trained on a variety of topics, including governance structure, budget development, contract management, performance and outcome measures, ethics, conflict resolution, decision making, self-advocacy and coalition building.

"We anticipate the technical training will reduce the variability in the quality of local planning processes while allowing local entities to maintain those features unique to their communities," said Don Henderson, TXMHMR director of Plan Development for Strategic Planning and Resource Development. "While TXMHMR requires advisory committees to assist with and evaluate plans, the charges and responsibilities of

those committees are determined by local boards. By the same token, while all advisory committee plans should evolve to a point where they have measurable outcomes, the content of those measures are determined by the advisory committees, local boards and staff."

Getting people involved

Recruiting volunteers to serve as members of advisory committees can be accomplished through a variety of methods, such as:

- Public service announcements on television and radio;
- Newspaper and newsletter advertisements and articles;
- Flyers and brochures;
- Contacts with persons who receive services; and
- Contacts with local- and state-level advocacy groups.

Also, TXMHMR's Office of Consumer Affairs (phone: 512-206-5759) maintains a database of volunteers from around the state who have expressed an interest in serving on local advisory committees.

In addition to forming advisory committees, local authorities must solicit community stakeholder input, which is vital. This type of public comment often has a direct impact on the level of support—both financially and promotionally—that is received from the community. Local authorities may gather this input via a number of methods, including public hearings, community forums, focus groups and collaborative coalitions.

An effective local plan

The work of a local advisory committee is an important feature of plans that guide the local service delivery system and reflect input from community stakeholders.

TXMHMR Strategic Planning and Resource Development recently distributed a

technical assistance document to help centers and advisory committees develop local plans within a participating process. The document contains information on performance contract requirements, key elements of the planning process and the components of an effective plan. The document lists effective plan elements as follows:

1. The mission, vision, values and principles that provide the foundation of the local service delivery system;
2. A general description of the populations (priority, non-priority) to be served;
3. An indication that relevant internal and external assessments and evaluations that may provide direction for the local planning process are utilized;

4. Needs assessment information that reflects the gaps between current services and the demand for those services and the identification of any other services and supports that the community sees as important;

5. A description of (or goals, objectives and strategies for) resource development and allocation activities;

6. An evaluation of existing services and supports and an evaluation of the potential redesign and redirection of existing resources;

7. Prioritization of local services and supports to be addressed through a combination of resource development, expansion, reduction and termination within the local service delivery system with the rationales

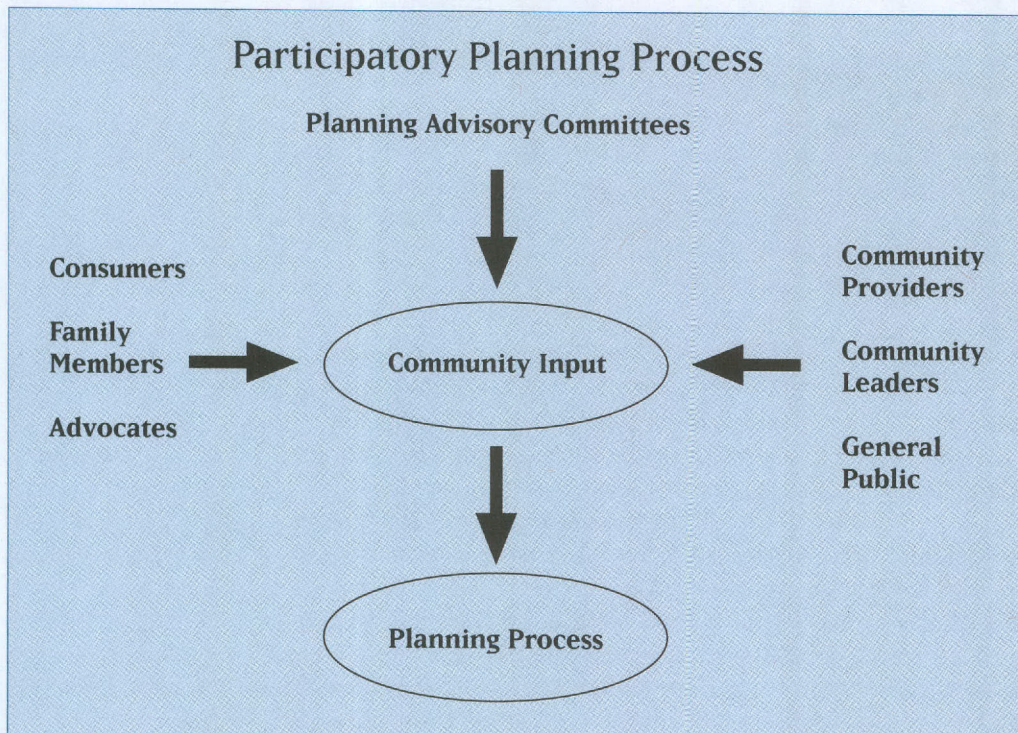
for these selections;

8. Designated plan for meeting the identified needs and priorities that may be stated as goals, objectives, strategies and measurable outcomes; and

9. A plan for review of goals and objectives throughout the fiscal year and into the next planning cycle.

Local advisory committees are key players in the formulation and evaluation of this plan and the planning process through which it is developed. For more

information on local planning, contact TXMHMR Strategic Planning and Resource Development, phone 512-206-4583.





Tarrant County MHMR Services

'Calling all volunteers!'

With more than 50 individuals serving on advisory committees, Tarrant County MHMR Services (TCMHMRS) ensures that the voices of stakeholders are heard.

"Community MHMR centers are legal entities created to serve people with mental disabilities, but it is clear that centers are responsible for more than just operating programs," said TCMHMRS Chief Operating Officer Jim McDermott, Ph.D. "They are responsible for representing the community and ensuring that the community's interests are acted upon.

"The local board and the many fine citizens serving on the various advisory committees define the character of TCMHMRS," McDermott continued. "They express the social conscience and values of the community as they make decisions based on their wisdom, experience and the input of their neighbors."

The passage of House Bill 2377 in 1995 and the designation of TCMHMRS as an authority pilot site (more information on HB 2377 is provided on page 6) made the input of consumers, family members and the general public a top priority. As directed by HB 2377, the center formed a Mental Health/Addictions Community Advisory Committee, Mental Retardation Community Advisory Committee, and Network Development Advisory Committee (which provides guidelines for the TCMHMRS network plan of providers). TCMHMRS also formed three task forces—the Mental Health Services Futures Task Force (which was disbanded in July 1997), Mental Retardation Services Futures Task Force and Addiction Services Futures Task Force—to provide independent examinations during the first year of pilot implementation and to make recommendations on future services to the Board of Trustees.

Recruiting members called for an aggressive publicity campaign. Shelley Buttgen, the center's public information officer, utilized both the print and broadcast media. In fall 1996, ads were placed in the *Fort Worth Star-Telegram*, and public service announcements were distributed to radio stations. Posters, handbills and bookmarks also were displayed and handed out in the community.

"The public responded wonderfully," said TCMHMRS Board Chairperson Roy J. Griffin. "We received more than 75 applications. Selecting members from the list of qualified applicants wasn't easy."

In summer 1997, TCMHMRS recruited volunteers for the Children's Mental Health Community Management Team, a new task force designed to advise the Board of Trustees on a myriad of issues

affecting children. To recruit parents with firsthand knowledge of children's mental health needs, Buttgen again utilized all publicity channels.

"We targeted a direct mail campaign to Tarrant County psychologists and psychiatrists, who were asked to display posters and place flyers in their office waiting areas," said



Members of the TCMHMRS Mental Retardation Futures Task Force are (standing) Donald Chappel, James Stricklin, Bruce Frankel, (sitting) Adell Campbell and Nancy Rimmer

Buttgen. "We also asked service providers and advocacy groups to help with publicity."

Once more, the citizens of Tarrant County were eager to volunteer. Members now are busy identifying budget and contract needs and priorities for the center and service area and in assisting in the implementation of plans and contracts. —NB

Shelley Buttgen, public information officer for Tarrant County MHMR Services, contributed the information for this article.

Photo by Jennifer Clubb

Investing in the future together

Art by John Winkler

VISION STATEMENT:

People with mental illness, mental retardation and chemical dependency shall be part of a community that is free of stigma, is safe, accessible and supportive of individual needs and preferences.

—The Lubbock Regional MHMR Center Planning Advisory and Network Advisory committees developed the center's vision statement.

The Planning Advisory Committee (PAC) and the Network Advisory Committee (NAC) at Lubbock Regional MHMR Center are critical to shaping the center's future. First appointed by our Board of Trustees in January 1997, the committees have been crucial to the success of a variety of projects.

A perfect example of the committees' involvement has been the development of our center's vision statement and the redefining of our mission and values statements in light of our involvement with House Bill 2377 and our being designated a pilot site. (More information on HB 2377 is provided on page 6.)

PAC and NAC members participated on a variety of subcommittees that have made recommendations about our agency's goals and the direction we should take with regard to informing consumers, family members, staff and the community at large about the ongoing changes resulting from HB 2377's implementation. The committee members also participated in a series of forums and focus groups held throughout our catchment area. They are very interested in getting comments directly from the community.

One of the committee members' most visible successes is the development of objective processes for procuring providers for our network. Because of the members' involvement and dedication to helping us meet the need for partial hospitalization services, we were able to establish a competitive Request for Proposal (RFP) process to obtain a provider of these services. NAC currently is helping the center develop an open enrollment process for providers of vocational/employment services.

Our committee members are becoming "drivers" of the system, and they are helping the center identify the issues important to them. At the committee members' recommendation, the center recently held a focus group to explore issues relevant to guardianship for individuals with mental retardation. The committee members also recommended that the Office of Consumer Relations be re-established within Local Planning.

These are but a few ways our committee members are moving and shaping our system. Many have become so involved that they have started volunteering in other capacities, such as in helping develop a consumer newsletter and peer support activities and assisting in family member training and education and volunteer recruitment. But the system does not get shaped to meet the needs of the future just because we have consumers and family members on committees. It has begun to happen because our center has a philosophy that this involvement truly can make a difference. At Lubbock Regional MHMR, this philosophy permeates from the top down.

When we truly listen and respond to consumers, family members and the community, they want to be involved in the future. All of us become invested in the future together!

Contributed by Rebeca G. Wallace, director of Local Planning at Lubbock Regional MHMR Center.

A career of volunteerism

When immunologist Susan Thiem decided to take a year off from work to "stop and smell the roses," she never thought she would find the most rewarding career of her life. While some folks may dabble in volunteerism, Thiem embarked on her volunteer journey with all the gusto formerly given her career.

Thiem's service over the past 12 years has benefited the Adopted Child Abuse Caseworker program, Bethune Day Care Center, Gulf Coast Humane Society and other organizations. Since 1993, Thiem's energy has been concentrated in serving the residents of Corpus Christi State School (CCSS), a labor of love that Thiem admits "is one of my most gratifying experiences ever."

For the past six years, Thiem has been a member of the CCSS Public Responsibility Committee (PRC), designed to protect and promote the rights of individuals living at the facility. (For more information on PRCs, see page 18.) Thiem assisted in developing a PRC brochure that contains a complaint/concern form, and she manned a booth at the Employee Assistance Fair to increase the PRC's visibility to staff throughout the facility. She also served as keynote speaker at the Foster Grandparent training session, where she explained the function of the PRC to the senior volunteers. In 1994, Thiem expanded her service by becoming an alternate member of the Human Rights Committee, where she joins staff, other volunteers and consumers (often at a moment's notice) in reviewing rights restrictions placed on residents by the interdisciplinary team.

In 1996, Thiem's "non-work" came full circle as the medical experience she acquired in her former profession came back into service. As a member of the CCSS Ethics Committee, she sits alongside a clergyman, community physician, consumer family member and other volunteers and staff who review issues concerning lifesaving decisions in special cases.

Thiem's gifts to CCSS are many and ongoing. She has assisted clients in exercis-



Photo by Carla Daws

ing their right to vote and has served as an advisor in many areas. Christmas 1997 was made especially memorable for the medically fragile unit when Thiem brought Bismark and Speedy (her German shepherd and tabby cat, respectively)—dressed in their holiday finest—to visit. Thiem's "kids" were so popular that she plans to help establish a pet visitation program for CCSS.

For someone who doesn't "work," Thiem's achievements are profound; she is an exemplary advocate for persons with disabilities. She is our finest goodwill ambassador and represents CCSS well in her many community involvements. We hope she continues to share her talents with us for years to come!

Contributed by Carla Daws, director of Community Relations for Corpus Christi State School.

Susan Thiem introduces her German shepherd, Bismark, to a consumer at Corpus Christi State School. Thiem's volunteerism has included membership in the school's Public Responsibility Committee.

ATCMHMR Consumer Council prepares for the future

Inclusion. That is one of the main concerns of consumers involved in the MHMR system. How can they be heard during this period of constant change within the health care industry?

At Austin Travis County MHMR Center (ATCMHMR), consumers have a strong voice through the use of the Consumer Council. Formed three years ago, the group has voiced concerns in the areas of mental health, mental retardation and substance abuse.

"This is the only Consumer Council in the state that I know of that addresses all four areas of care: adult mental health, children's mental health, mental retardation and substance abuse," said Willie Williams, ATCMHMR community liaison.

Consumers agree with Williams that they get more information about issues that directly affect them through the Council. They also have gained more self-confidence, because they know their voice counts.

"I had complained recently about having a hard time getting through on the phone lines to the Single Point of Entry," said Council member Helen Littledale. "I called yesterday and got through immediately and got a lot of information. I was happy to see that a consumer's complaint had an impact."

The Council constantly tries to get more consumers to participate and encourages consumers at other agencies statewide to participate in their local chapters.

"We're working directly with people at the center, and we can make our recommendations directly," said Littledale. "It is crucial that they (ATCMHMR staff) get input from people who have been there so that they know where the flaws are; the big fear is that people with mental illness, mental retardation and substance abuse problems will be left out in the cold. By getting consumers to contribute to the process, we can be part of the change and be heard, ensuring that decisions aren't made solely on the basis of cost factors."


Contributed by Hugh Lewis, public relations coordinator for Austin Travis County MHMR Center.

Photo by Hugh Lewis



Participants on the ATCMHMR Consumer Council include (left to right) Gail S. Griffin; James Barr; Kathleen Thomas; Floyd Feuerbacher; Grace Andersen; Cheryl A. Youngberg; Cynthia Hopkins; Julie Klitsch, Council chairperson; Danny Feuerbacher; and Susan Medlin.

Resources



Resources in Texas:

TXMHMR Strategic Planning and Resource Development

P.O. Box 12668, Austin 78711
(512) 206-4556

Tarrant County MHMR Services

P.O. Box 2603, Fort Worth 76113
(817) 735-7615

Lubbock Regional MHMR Center

1602 10th St., Lubbock 79408-2828
(806) 767-1747

Corpus Christi State School

P.O. Box 9297, Corpus Christi 78469-9297
(512) 844-7719

Austin Travis County MHMR Center

5225 North Lamar Blvd., Austin 78751
(512) 440-4051

Life Resource

2750 South 8th St., Beaumont 77701-7719
(409) 839-1021

Big Spring State Hospital

P.O. Box 231, Big Spring 79721-0231
(915) 268-7222

Tropical Texas Center for MHMR

P.O. Drawer 1108, Edinburg 78540
(956) 383-0121

San Antonio State Hospital

P.O. Box 23991, San Antonio 78223-0991
(210) 531-8301

Lubbock State School

3401 North University, Lubbock 79408
(806) 741-3632

Kerrville State Hospital

721 Thompson Dr., Kerrville 78028
(830) 896-2211

Central Gulf SOCS

711 S. 11th, Richmond 77469
(713) 342-0090

Sabine Valley Center

425 South Main St., Longview 75601
(903) 234-1269

Rio Grande State Center

1401 Rangerville Rd., Harlingen, TX 78551
(956) 430-2430

Resources outside of Texas:

Alliance for the Mentally Ill/ Friends and Advocates of the Mentally Ill

432 Park Avenue South, New York, NY 10016
1-800-950-NAMI

The Center on Human Policy— Syracuse University

805 South Crouse Ave., Syracuse, NY
13244-2280
1-800-894-0826

Parent Advocacy Coalition for Educational Rights (PACER)

4826 Chicago Ave. South Minneapolis, MN
55417-1098

PACER—phone: 1-800-53-PACER

Web site: www.pacer.org

Alliance—phone: 1-888-248-0822

Web site: www.taalliance.org

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—Presented By—



'I have to do something'

—Advocate and GTAMI Executive Director Jeannie Morris



Jeannie Morris

For Jeannie Morris, a Beaumont mother of four, life progressed at a fairly normal pace until 1978, the year her 18-year-old son began showing signs of mental illness and the child of another son was born severely brain damaged due to complications of delivery.

Morris saw her family facing perhaps the greatest challenge of all—the declining health of two of its children. Her grandson

was cared for at home by his parents. They received no financial assistance until the last year of his life: he died at the age of 14.

Morris' son Tracy was ill about two years before finally being diagnosed in 1980 with schizo/affective disorder, a combination of schizophrenia and depression. He was hospitalized eight times during the first five years of his illness.

The strain of Tracy's illness ultimately led to the breakup of Morris' marriage and the loss of her financial security. Other individuals with similar pressures might have crumbled, but Morris adopted the motto of Sir Winston Churchill—"Never Give Up." Adversity made her stronger and more determined to help individuals with mental disabilities and their families.

Reaching out to others

"Since 1978, I have devoted myself to survival, to my children and to advocating for individuals with mental disabilities," said Morris. "I have to do something; I can't let my son's lost life of the past 20 years be in vain."

During the past two decades, Morris has

become a self-taught advocate. After leaving Texas in 1985, she volunteered in the local Georgia and Alabama affiliates of the National Alliance for the Mentally Ill (NAMI). Returning to Texas in 1990, Morris became active in the Beaumont-area NAMI affiliate—the Golden Triangle Alliance for the Mentally Ill (GTAMI). Recently, after serving her fourth year as GTAMI president, Morris was chosen to serve as the organization's first executive director (and first paid staff member).

"I'm only the second local NAMI executive director in Texas," Morris continued. "For four years, I did my NAMI work—lobbying and speaking to groups—while holding down a full-time job and caring for my son. Finally, our board members said they were worried I would run out of energy and have to stop volunteering. They donated the first 12 months of my salary. This has been a dream of mine—to do GTAMI work full time."

Morris began her education in mental disabilities by attending courses and seminars. In 1988, she completed a course on mental illness education for family members at the University of Alabama at Birmingham. In 1993, she received training to teach the 12-week Journey of Hope Family Education Course and, in 1994, she was one of only two Texas teachers selected to be trained to prepare other teachers to present the course.

Morris also organized and presented 10 four-hour Training and Educational Seminars for Law Enforcement on the subject of recognizing and handling individuals with mental disabilities. In 1997, Morris and Nick LaConte, CPC administrator at Life Resource in Beaumont, presented a class on mental illness that was required training at the local Law Enforcement Training Academy. "Our local law enforcement has come so far in understanding mental disabilities," she said.

Morris has become a well-known speaker before community groups and on radio talk shows. She also appears in public service announcements and writes newspaper columns to spread the message that the blame for mental illnesses does not rest on the individuals or their families. "They are no-fault brain diseases," she emphasized.

In 1993, Morris was appointed to the Beaumont Mayor's Task Force for the Homeless. She and other task force members went on to form the non-profit People Assistance

continued on page 20

The Self-Advocacy Movement: Opportunities for Everyone

People with Disabilities

Locally and at a state level, the self-advocacy movement provides numerous opportunities for people with disabilities to learn about and practice self-advocacy skills, including how to be assertive, run or participate in meetings, give public presentations and help each other with the important issues in their lives. As the people most affected by the decisions made in regard to how services are structured and what legislation is passed, they consider themselves the best experts and are demanding the opportunity to be heard and to be involved in planning and policy-making.

Many states have well-run state organizations with numerous local chapters. Especially in these states, people with disabilities have opportunities to learn and practice leadership skills, give testimony during local and state hearings and other meetings on issues affecting them, and work on boards and committees of other community organizations that influence their lives.

People without Disabilities

People without disabilities can offer direct support to groups or engage in a variety of ways with self-advocacy groups, retaining their own roles as professionals, parent leaders, funders or service providers.

Becoming a group advisor is perhaps the most challenging and fulfilling opportunity for people without disabilities. Self-advocacy organizations, whether they are just beginning or have been established for years, usually rely on the support of one or more advisors. The advisor is selected by the group's members, is typically but not always an unpaid volunteer, and assumes a support role to the group. The advisor role is to help members gain power over their own lives and their own movement.

Opportunities exist also for people who do not choose to become advisors. For example, commissioners or directors of state mental retardation and developmental disability offices are learning to consult with self-advocacy organizations and leaders on an ever-widening range of policy issues. People who serve on state or local boards and committees increasingly find that at least one member of their board or committee has disabilities and can offer to support that person if support is needed, such as transportation to and from meetings or assistance in understanding and making decisions on the materials used in meetings. Educators—whether teachers, public presenters or training coordinators—can involve self-advocacy leaders in their educational efforts as guest speakers or as partners in an endeavor.

As the movement grows, foundations, developmental disability offices and councils, and civic organizations increasingly are being approached for funding. Funding still is relatively minimal and is needed so growth and development can be reinforced.

Parents can welcome the efforts of their sons and daughters to speak for themselves and can give support to self-advocacy organiza-

tions. Some parents are group advisors, and others direct organizations that give in-kind support such as meeting space or mailings of meeting notices.

People with developmental disabilities don't need us to speak for them when they can speak for themselves. However, they do appreciate having allies who understand and support their need to have their point of view taken seriously and to be in charge of their own lives.

Contributed by Bonnie Shoultz, The Center on Human Policy (CHP), Syracuse University, 805 South Crouse Ave., Syracuse, NY 13244-2280, Tel. 1-800-894-0826 or (315) 443-3851, TTY (315) 443-4355, e-mail thechp@sued.syr.edu. Published by permission of CHP, a policy, research and advocacy organization involved with a broad range of local, state, national and international activities to ensure the rights of people with disabilities.

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Big Spring State Hospital

TEXAMI committee charts course for improvement



Family Service Philosophy

Big Spring State Hospital believes in the value of family involvement in the treatment and rehabilitation of individuals with mental illness. We view families and significant others as an integral component of the treatment process, not as the cause of mental illness. We are dedicated to providing basic family education concerning mental illness and information on how families can positively influence the life of the individual with mental illness.

In 1988, Big Spring State Hospital (BSSH) consumers and their families told hospital officials that the facility had a reputation as being unfriendly to family members and other visitors. These individuals—so vital to the well-being and recovery of the hospital's patients—said they felt unwelcome.

To correct this negative perception—and to chart a course for improvement of services—key hospital staff and members of the Texas Alliance for the Mentally Ill (TEXAMI) formed the TEXAMI Liaison Committee in August 1988. This union of staff and stakeholders led to a Continuous Quality Improvement process.

"One of the first areas identified as needing improvement was in the training and education offered by the hospital to sensitize employees to family needs," said Ed Moughon, BSSH superintendent.

The TEXAMI Liaison Committee's activities have evolved over the years from "responding to TEXAMI member complaints to information sharing and identifying areas for improvement," according to Kathy Salazar, BSSH director of Social Work Services.

The TEXAMI members set meeting agendas, guaranteeing that the committee will be consumer- and family-driven. Meetings include member education about hospital operations and programs. Most committee activities are focused on making the hospital more comfortable and home-like for patients and their loved ones. Efforts to meet this goal have included constructing a playground/picnic area for family visitation; providing exterior visitation areas for each patient care building; expanding visitation hours; and offering transportation assistance and a toll-free number for families. The committee also spearheaded efforts to distribute comprehensive information packets and literature to families.

In 1992, the committee—through its meetings and patient satisfaction surveys—identified a need for a more "normalizing" eating environment. The hospital then remodeled the dining room and changed the

practice of serving patients on pre-served thermal trays to enabling patients to go through a cafeteria line, where they are served food items of their choice.

"Patient satisfaction with food and the dining environment has increased as a result of these improvements," said Salazar. "TEXAMI members have had the opportunity to eat in the remodeled dining room on several occasions, and we have found their verbal and written satisfaction survey responses to be positive."

Another project of the committee is the BSSH Family Lodge, developed in 1993 as a response to a need for convenient overnight facilities for hospital visitors.

"Our lodge is an ongoing project used by family members and friends when visiting patients or participating in their treatment," said Salazar. "It has been a wild success. There are constant improvements to the facility as a result of family feedback."

During fiscal year 1997, committee members focused on improving waiting time for admission screening. They worked with community MHMR centers and staff to improve the admission process. An information sheet explaining admission procedures now is provided to all patients. The committee also identified the need to empower family members to report suspected patient abuse or neglect; information on reporting subsequently was included in information packets distributed to families of new patients. Brochures on TEXAMI also were included in the packets.

"By responding to issues and opening our doors for TEXAMI members to view our facilities and discuss concerns, we feel we have developed an alliance with TEXAMI that helps us to better meet the needs of our patients and their families," said Salazar.—NB

Kathy Salazar, director of Social Work Services for Big Spring State Hospital, contributed the information for this article.

Former supported employment partner continues to offer opportunities for consumers

Sam Martinez, manager of the Valley Travel Information Center of Harlingen, has proven to be one of the greatest voices for individuals with mental retardation. Martinez, a former supported employment partner with Tropical Texas Center for MHMR (TTCMHMR), promotes consumers' independence and abilities daily by educating the community, visitors and colleagues across the state.

In 1988, the travel center lost its maintenance and housekeeping staff as a result of a mandate from the Texas Department of Transportation. In an effort to maintain the integrity of the travel center for visitors, Martinez sought the help of TTCMHMR.

"The Valley Travel Center was our first contract in Harlingen. Our consumers (individuals with mental retardation) worked hard to learn the new business, along with my staff and me. We had to fake it until we made it," said Gary De Lorio, TTCMHMR vocational services coordinator.

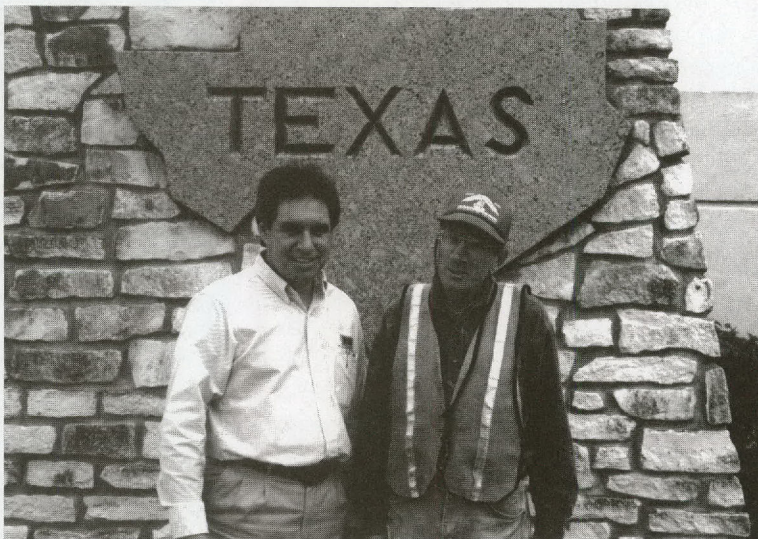
Martinez admits that he and his staff were apprehensive at first.

"We were hesitant, because we did not know how to communicate with these individuals nor did we understand their disabilities. Each person had different needs and limitations, but the experience was rewarding," said Martinez. "We all have learned to help the consumers achieve a balance in their lives. They face so many obstacles daily; we can help them make this one a little smoother."

After almost a decade, the partnership was dissolved recently. However, Martinez stays involved. He serves on TTCMHMR's Advisory Committee for Rehabilitative Services and has partnered with private service providers who have employed some TTCMHMR consumers and other individuals with mental retardation.

Contributed by Camille Salcido, public information officer and volunteer services coordinator for Tropical Texas Center for MHMR. The Valley Travel Information Center, located in Harlingen, operates 360 days a year and has a yearly average of 330,000 visitors. The center employs a staff of five and contracts services for an additional one and one-half positions through partnership with private service providers.

Photo by Camille Salcido



Sam Martinez (left), manager of the Valley Travel Information Center, formerly employed Frank Allred through Tropical Texas Center for MHMR vocational services. The two continue their working relationship through the travel center's partnership with private service providers.

PRC members—dedicated individuals tackling a difficult job

Of all the various committees of TXMHMR facilities and centers, the true "watchdogs" assigned to protect the consumer are the Public Responsibility Committees (PRCs).

"They give of their time selflessly," said Stephanie Perotte, M.A., in describing the PRC members at San Antonio State Hospital (SASH).

Perotte, director of SASH's Office of Consumer Services, can't say enough about the "incredible dedication" of the PRC. She emphasizes that the committee members

welfare and legal and human rights of consumers of MHMR services. The executive committee of each facility's Volunteer Services Council (VSC) selects persons to serve voluntarily as PRC members; at community MHMR centers, the centers' local authorizing agencies select members. PRCs receive assignments and training in client rights from local Consumer Services and Rights Protection (CSR) offices and the Texas Department of Protective and Regulatory Services.

The main purpose of PRCs is to inquire into or investigate and respond to comments, suggestions or complaints regarding services received by consumers and to ensure that these individuals (and, when appropriate, their family members) are informed of their rights and the means of protecting those rights. When necessary, PRCs submit instances of abuse or other denial of rights to the appropriate authorities for action. PRCs work with the local CSR and/or the entity conducting the abuse/neglect investigations to ensure efficient and thorough examination of allegations.

"Members of the PRC at Lubbock State School (LSS) served hundreds of hours last year," said Jackie Shaheen, director of Rights and Protection at the school. "One of the most important roles fulfilled by our members is their service on the Review Authority Panel, which examines cases of alleged abuse, neglect and exploitation. PRC mem-

bers are invaluable on the panel, because they bring independence and impartiality to the review. They also assist in identifying trends or patterns that may be occurring."

Members of the PRC at LSS also have served on the Human Rights and Death Review committees. The PRC represents the school as well as the consumers, providing accurate and impartial information to the public.

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Photo by Dolores Schroeder



Jim Stehling, chairperson of the Public Responsibility Committee at Kerrville State Hospital, discusses a committee issue with Ruth Brackeen, former PRC chairperson. In September 1997, the PRC's leadership transferred to Stehling from longtime Chairperson Brackeen, who still serves as a member. Stehling praises the work Brackeen did as chair. "She has the energy of a 20-year-old," he said, admiringly.

don't just come together for meetings and then leave; they truly are involved in the hospital.

"They like to go on the units," Perotte said. "One member always made sure donuts were provided for early morning PRC meetings. Our members present useful suggestions and insights."

PRCs are independent, impartial third-party groups designed to protect, preserve, promote and advocate for the health, safety,

Central Gulf SOCS

Coming Together for Children

At the first meeting of the Coming Together for Children workgroup, the facilitator told the participants, "This is your meeting. You all can decide what purpose this group should serve, how it should be comprised, how often to meet, and so forth."

Project Director Connie Almeida, Ph.D., utilizes this approach as she looks to the community for resources, knowledge and feedback to meet the needs of families raising children with disabilities.

The workgroup was formed to provide direction to Coming Together for Children. The new grant-funded project is located and administered within Central Gulf State-Operated Community MHMR Services (Central Gulf SOCS), which serves six counties south of Houston. The project is one of four "Families Are Valued" sites in Texas. (Other sites are Austin Travis County MHMR Center and Children's Mental Health Partnership, Life Management Center for MHMR Services, and Uniting Parents of Amarillo.)

Families Are Valued is a four-year initiative funded by the Texas Planning Council for Developmental Disabilities and administered by the Texas Health and Human Services Commission. It is based on the concept of *permanency planning*, the philosophy that children grow and develop best in families. Permanency planning has the explicit goal of securing a permanent living arrangement that enhances the child's growth and development.

What makes the Coming Together for Children workgroup different from other groups? "It is parent-driven in order to develop and evolve according to the needs of children and families," said Dr. Almeida. "This is a break from traditional committees or task forces wherein the agency sets the parameters, allocates resources and makes decisions that affect the lives of others."

Dr. Almeida came on board in September 1997, and formed the workgroup, com-

"It [the Coming Together for Children Workgroup] is parent-driven in order to develop and evolve according to the needs of children and families."

—Connie Almeida, Ph.D., Central Gulf SOCS project director

prised of parents, advocates, interagency group members, various professionals who work with children, and Central Gulf SOCS staff. The group is examining various community projects, including some that won't be administered by Central Gulf SOCS. For example, workgroup member and Fort Bend Arc Executive Director Cynthia King is assessing the need for after-school care and inclusive summer camps for children with disabilities. She also is exploring the availability of additional grant monies to increase education and public awareness of developmental disabilities.

Parents in the workgroup are discussing the possibility of placing parent mentors in the public schools who can assist other families of children with developmental disabilities in navigating the system. According to Dr. Almeida, empowering and partnering with families and other key community members is the first step in laying the groundwork for permanency planning. "*Permanency* refers not so much to the permanency of a place, but to the permanency of relationships," she emphasized.

Contributed by Ellen Bynum, director of Information, Admission and Referral for Central Gulf SOCS.

Morris, continued from page 14

Coalition Inc. (PAC), which Morris currently serves as vice president. PAC first established Henry's Place, a day center for the homeless. Last August, Beaumont Mayor David Moore chose Morris to serve as the first representative for persons with disabling mental illness on the Committee for Employment for Persons with Disabilities.

Morris has served in numerous capacities at Life Resource. From 1994 to 1996, she was a member of the community MHMR center's Public Responsibility Committee (PRC). (For more information on PRCs, see page 18.) She also participates regularly in Life Resource's focus groups, committee meetings and board meetings.

"There is no one that I know of who is more active than Jeannie," said Candy Carr Howell, Life Resource public relations officer. "Jeannie has been through many rough years with her son and his illness, and yet she keeps working to improve the quality of life for those dealing with mental illness. She is a tireless worker, always fighting to educate, inform and improve the lives of those around her."

Safe havens

Finding safe havens for people with mental illness is Morris' priority. In 1994, she lobbied for Beaumont's Samuel's House, a 24-hour care home. In part through her diligence, the home received a \$34,000 grant. "Some people with mental illness are unable to live alone, even with weekly visits from case managers and other services," she said.

Like other parents of children with disabilities, Morris worries about how her son Tracy—now 38 and living in his own apartment—will cope when she's gone. That concern keeps her committed to doing everything she can to effect positive change.

Most recently, she circulated petitions in support of establishing assisted living centers in the community.

Although sometimes overwhelmed by all that needs to be done to help those with mental disabilities, Morris finds solace in the progress she already has helped bring about. "I have played some part in bringing together local agencies that never had gotten together before," she said. "In the future, I hope to help a greater number of people—through support groups and family education—as well as to help educate the public at large."—NB

Candy Carr Howell, public relations officer at Life Resource, contributed information for this article.

PRC, continued from page 18

PRC members receive ongoing training to help them fulfill their duties. "Our members received extensive training in the Abuse and Neglect Review Authority (ANRA) process prior to serving on our ANRA Committee," said SASH's Perotte, adding that the PRC members also were involved in the making of a client rights film on abuse and neglect.

Perotte said SASH's PRC members have logged some 760 volunteer hours over the past five years. "They never shirk from their responsibilities," she said. "In fact, they get concerned if we don't meet more often than quarterly."

PRC members are a diverse group of individuals. Some are retirees; others are public school teachers, college professors, homemakers, business owners, physicians, real estate brokers—the list goes on and on. Some members are former employees of the facility or center. (After a one-year separation from employment, former employees may apply for membership through the regular nomination channels and with the approval of the facility superintendent/director or the center executive director.) Some members are parents, siblings, spouses or friends of individuals with disabilities.

Like many other PRC members, Kerrville State Hospital (KSH) PRC Chairperson Jim Stehling served the facility in another capacity before assuming membership. He first served on KSH's VSC.

"When you go to the facility, it really pulls your heart strings," said Stehling, owner of Fawcett Insurance Agency. "You see people who need help, and you want to do what you can to make their lives easier. You want to reach out."

Stehling, a lifetime Kerrville resident who serves on numerous other public, private, civic and charitable boards, sees his PRC service as a natural progression of his volunteerism. During his four years on the committee, he has found representing patients' rights to be immensely rewarding. "It makes you feel good to help someone. We treat the patients as we would want to be treated."

Stehling was named chairperson in September 1997. In his new role, he attends the KSH administration's monthly Quality Improvement Team meetings, writes quarterly PRC reports and is making it a priority to educate and prepare the other PRC members to assume more active roles. "I'm sharing everything I learn," he said. —NB

Psychiatric hospital opens at UTMB

TXMHMR Commissioner Don Gilbert and State Reps. Craig Eiland and Patricia Gray were on hand for the Dec. 3 ribbon-cutting ceremony and tour of the Regional Psychiatric Hospital at The University of Texas Medical Branch (UTMB) at Galveston.

Housed on the third floor of Rebecca Sealy Hospital, the new psychiatric facility treats individuals with mental health and mental retardation in the acute, mood and anxiety, psychogeriatric, child and adolescent units.

"We now have a facility we can use to keep patients here with their families," said Eiland. Through the new hospital, individuals have access to longer in-patient care without having to be transferred out of town.

"The addition of this excellent facility will mean better care for patients," added Gilbert.



Photo by Cheryl Robinson

Participating in the Dec. 3 ribbon-cutting ceremony for the Regional Psychiatric Hospital are (front row, left to right) Dr. George Bernier, vice president of academic affairs and dean of medicine, UTMB; Dr. Sharon Dott, Department of Psychiatry-UTMB and Gulf Coast Center medical director; Mike Winburn, Gulf Coast Center executive director; Don Gilbert, TXMHMR commissioner; State Rep. Craig Eiland; and Dr. Robert Hirschfeld, chairman, Department of Psychiatry-UTMB.

Beaumont parent center participating in nationwide alliance project

Partners Resource Network Inc. in Beaumont is one of four U.S. parent centers selected to serve in the Technical Assistance Alliance for Parent Centers (the Alliance), a five-year project of the Parent Advocacy Coalition for Educational Rights (PACER) Center.

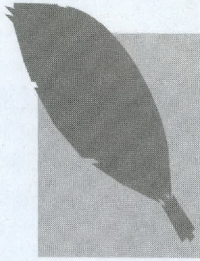
The Beaumont facility, which serves as the Alliance's South Regional Center, will help the Minnesota-based PACER Center disseminate information to parent training and information centers and community parent resource centers throughout the country. The Beaumont facility and three other centers in New Hampshire, Ohio and California will help serve 75 parent centers and some 5.8 million children and young adults with disabilities and their families.

The Alliance will provide a system to

distribute information and build working relationships among parent centers. The project will include developing access to the Internet in the parent centers and encouraging systems change and school reform.

The project, made possible through a U.S. Department of Education grant, will aid the PACER Center in "helping families acquire the opportunities for their children that will enable them to participate in their communities," according to Paula F. Goldberg, co-director of the Alliance.

A coalition of 20 disability organizations, the PACER Center provides training, information and advocacy for families of individuals with disabilities and resources to professionals in education, health and human services.



Beth Holt didn't start out to be a trailblazer in consumer involvement, but her dedication and commitment to improve the system led her naturally in that direction. Holt, once a piece assembly worker in the Sabine Valley Center's Marshall Sheltered Workshop, desired a "real job, to earn real money and to have job benefits like others in the workplace." That desire led her to develop a person-directed (futures) plan for herself, which eventually led—in September 1996—to her being named the first consumer advocate with mental retardation to be hired in the TXMHMR system. Now the consumer affairs coordinator at Sabine Valley, Holt helps other consumers develop their own person-directed plans. She also is very active on local- and state-level TXMHMR committees, as well as the Texas Planning Council for Developmental Disabilities, The Arc of Texas and Texas Advocates.

I became the vice chair of the TXMHMR Mental Retardation Planning and Advisory Committee last December. I serve on the state 1734 Committee (established by House Bill 1734) and on Sabine Valley's Human Rights Committee. I also served on TXMHMR's Ad Hoc Committee on Managed Care.

On the committees, I try to look at everything with a consumer's eye. I take out the big words and find other words I know a consumer can understand, and I say, "Wait a minute, we have to speak English to these people."

The "normal" person who hasn't been sheltered all these years can try to understand consumers, but until you walk in their shoes, you can't. I try to offer that point of view.

In my work at Sabine, I have placed two individuals out in the community through person-directed planning, and I'm working with two more. In locating places for them to live, you have to find out if they want a house or apartment. You have to look at their resources. What do they have to work with? Do they know how to cook



Photo by Dianne Davis

Beth Holt

and clean? Much of the normal routine stuff that you and I take for granted, the consumers need help with from the (person-directed planning) team. I facilitate that.

I've had people help me—like Mark Johnston (TXMHMR special assistant to the assistant commissioner, who helped with Holt's person-directed planning), Jaylon Fincannon (former TXMHMR deputy commissioner of mental retardation services), Kevin Tracy (TXMHMR coordinator of consumer affairs), and Mike Bright (executive director, The Arc of Texas). These four people and others have been there for me. I lost my father in 1995, and they surrounded me with love; all I had to do was pick up the phone, and they were there. I feel it's time for me to take what they've taught me and put it to use.

I want to change roles. Instead of being in the "consumer role" so much, I would like to be in the "Mark Johnston role" and help people understand the issues. It's time for more consumers to get involved and do what I've been doing.

Contributed by Beth Holt, consumer affairs coordinator at Sabine Valley Center.

With the introduction of House Bill 2377, consumers and family members have a unique opportunity to participate and help in the future direction of MHMR. How I became involved is a tribute to the Lubbock Regional MHMR Center staff.

Meeting personnel who were respectful and encouraging has gone a long way towards my becoming involved at our center. I was sent to the Helen Farabee Conference and learned how to become an advocate. I began doing volunteer work for MHMR on a regular basis when HB 2377 passed and consumer involvement was a criterion. Positions opened up on the Planning Advisory Committee (PAC) and the Network Advisory Committee (NAC). I applied and won a seat on both committees. There were some time requirements, as the PAC and NAC meet on alternate Thursdays. Our group is very active, and no one likes to miss a meeting.

At first our meetings were learning sessions. Gradually, as I began to understand our task, I started to give my opinions. It was important that we got information slowly, because too much information too soon would have been overwhelming to me and I probably would have dropped out. Soon my self-esteem began to rise. There was a lot of encouragement from the staff. We began to see the fruits of our labors. There was so much reward from knowing that I was making a difference. My suggestions and comments—and those of the other committee members—have been heard all the way to the board on a monthly basis.

Problems with my illness still present themselves, but I think they are less intense because my self-esteem is higher. I have additional supports in the people I work with. They help to keep me stable. And, I know that despite my diagnosis, I am heard and I do make a difference. I now am the consumer involvement liaison (at Lubbock Regional MHMR Center), and my job is to provide recommendations on how consumers should become involved at every level of

MHMR future development. I also am co-chairperson of a state committee working on developing the consumer participation guidelines for the region. Recently, I was recommended for nomination to the Lubbock Regional MHMR Center Board of Trustees. I also am very involved in the planning for the Regional Helen Farabee Conference being held in Lubbock in April; I have been asked to speak to consumers about how to be heard by being more involved.

Staff attitude and willingness to help and encourage are very important to the success you will have in getting consumers and family members to participate and become involved. Not only are you helping your center, but you also are helping the consumers' self-esteem. Success for me has meant that a partnership has been formed and is growing with the staff of MHMR.

This Personal Note by consumer Janet Paleo was contributed by Lubbock Regional MHMR Center.



Photo by Rebecca Wallace

Janet Paleo

Personal Notes

Texas Department
of Mental Health and Mental Retardation
P.O. Box 12668
Austin, TX 78711-2668

Photo by Tom Segel



Judy Burst, community relations coordinator at Rio Grande State Center, shows client Adan Alvarez how to groom Izzy the Greyhound. Izzy's companion, Duchess, is shown in the foreground.

Pet therapy program gets two paws up

Community involvement comes in many forms. It has helped clients of Rio Grande State Center (RGSC) in Harlingen and Tropical Texas Center for MHMR enjoy the benefits of a pet therapy program.

Three years ago, the RGSC's Volunteer Services Council adopted two Greyhounds — "Izzy" and "Duchess"—who had finished their racing days. Community donations helped in the construction of a dog house and dog run, and residents with mental retardation provided care and love for the animals.

In 1997, the vocational education staff at Tropical Texas Center asked RGSC if they could bring some clients over to help care for the pets. Tropical Texas Center consumers now visit the dogs several times a week and have learned to groom them and walk them around the campus unassisted. Izzy and Duchess love all the attention. It seems most of their handlers come to see them not only with leashes and grooming brushes but also with some nice doggie treats.

Contributed by Tom Segel, director of Public Information for Rio Grande State Center.

Upcoming Theme

- A Salute to the Farabee Award Winners and VSSC 40th Anniversary

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