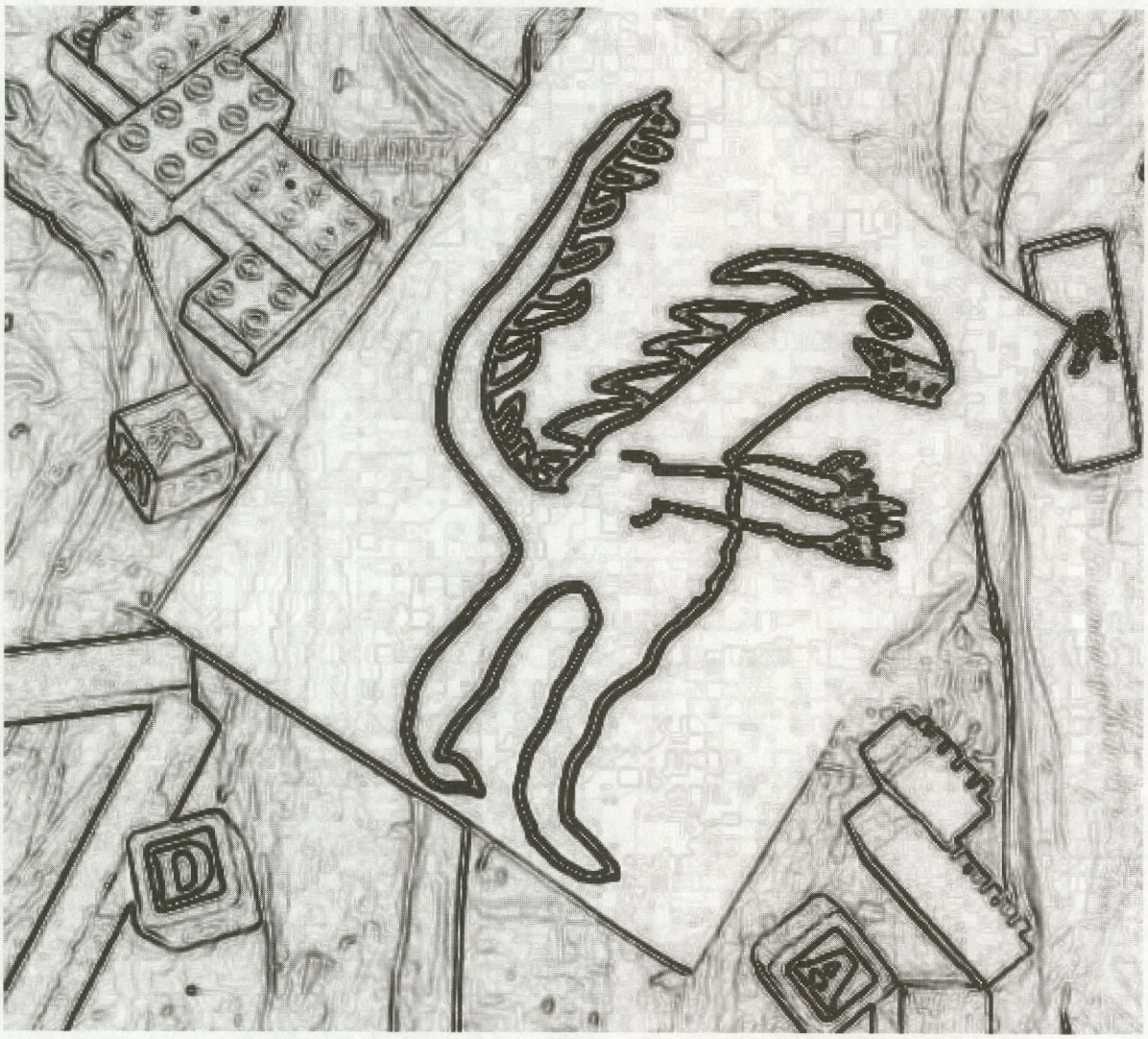
FALL 1998

IMPACT

of Innovations in TXMHMR Children's Services (Part 1)



Art by Sherry Grona/Dinosaur by Johnny Bender

VIEWPOINT

Interim Commissioner Karen Hale

As our agency enters a new fiscal year, it seems appropriate to celebrate our achievements and identify areas that need more of our attention in the coming year. In children's services, a great deal has been accomplished in a relatively short period of time. For example:

• TXMHMR serves about 32,000 children with severe emotional disturbance annually.

• In one decade, TXMHMR has progressed from not having a line item for children's services in our budget to having a $67 million budget for those services in fiscal year 1999. This funding reflects not only our commitment to serving children, but also the support of state leadership.

• TXMHMR children's services exemplify the best of interagency collaboration through local Community Management Teams participating in the Texas Children's Mental Health Plan (TCMHP) and pilots such as the Texas Integrated Funding Initiative (see page 14).

• The agency has strongly supported parental involvement at all levels. Examples include the TCMHP early intervention and prevention services offered at five pilot sites statewide (see page 6) and early intervention programs for children with developmental delay or disability (see page 23).

The first of two *Impact* issues on TXMHMR services for children, this issue focuses on successful programs already in place such as the Foster Grandparent Program (see page 10) and exciting new programs, such as the efforts to turn around the lives of juveniles who are first time offenders (see page 18).

Still, many needs remain to be met. Even using a conservative estimate of the mental health priority population, available funds allow us to serve only about one-third of the youngsters with severe emotional disturbance who need our help. Among the major, growing needs we have identified are early intervention for children under age 7, transition services for young people with mental retardation leaving the public school system, services for children at risk of involvement in the juvenile justice system, and community treatment beds for youngsters who cannot live at home.

TXMHMR continues to pursue funding to address current and unmet needs. For the biennium, the agency has submitted a $129.8 million base budget request for children's services. In addition, the Children's Health Insurance Program (CHIP) holds promise for possible coverage of the basic mental health needs of some of the children currently in our service population. As legislation around CHIP unfolds in the upcoming session in January 1999, the role of TXMHMR and the targeting of dollars for children's services may shift. State-funded MHMR services could become more intensive services for the children who are most severely ill. (More information on CHIP will be included in the next issue of *Impact*.)

As needs and funding evolve, we must continue to emphasize and support in every way possible individualized, "wraparound" services to children and their families. Like Marian Edelman in this issue's "WorldView," I believe this is a crucial time for our children. The importance we place on their well being and the actions we take will shape the future for all of us.

In This Issue

IMPACT•Fall 1998

Children First

In *The Golden Year*, the great English Poet Laureate Alfred Lord Tennyson wrote:

Ah! When shall all men's good
Be each man's rule, and
universal peace
Lie like a shaft of light across the
land,
And like a lane of beams across the sea,
Through all the circle of the golden year?

If we were to change it to read: "When shall all children's good be each person's rule. . ." the world would be healed. I think we've forgotten the primary rule of all civilizations and all creatures. A lioness will die protecting her cubs; elephants will move about the land in search of food and water clustered around their young who walk at the center of the group, surrounded by caring adults.

Have human beings, besieged by drugs, violence, economic distress, and a culture ready to dump its values over the side of the lifeboat for material gain and power, become less than the beasts? Sometimes I'm afraid that we're getting there.

Putting children first is not always the easiest or most comfortable thing to do. I have been a full-time mother and the full-time president of the Children's Defense Fund for almost three decades. I know how hard it is to remember what is important, to keep a proper balance between work and family, to constantly examine the pages of my life story by the light in my children's eyes. But I know that nothing else I can ever do will matter as much. If you're a parent, you've been there. You know what it's like to juggle a dozen things and wonder how you can make it through one more day. But you do, because you must.

But what if you're not a parent? Shouldn't you care about children too? Something disturbing has happened to us in the past few decades. People who have no children of their own have begun to think that children are none of their business. If that's where you are, you're dead wrong.

It is said in Native American culture that a grandparent's job is to pray for the children. Children, I believe, are everyone's responsibility—a trust that involves working, praying and living in a way that puts children first and provides a model for adulthood.

If you are involved in glorifying violence in the media, you are not putting children first. If you work or advocate for federal, state or local government policy like protecting guns and cigarettes and marketing them to children, you are not putting children first. If you are not supporting the life of a child you brought into the world with time, attention and money, you are not putting children first. If you are abusing alcohol or drugs or indulging in violence in the presence of children who do what you do, not what you say, you are not putting children first. If you are not teaching and living a love- and value-based life, you are not putting children first.

I believe this is a crucial time in the history of the world. It should never become too trite to say our children are our future. As we approach the new millennium, we can work to ensure a future for our earth and our species. We can make each year a "golden year" by making "all children's good" our own personal rule. We can put children first in everything we do. We can all work towards the goals we at the Children's Defense Fund and the Black Community Crusade for Children have made our passion and our life's work: to ensure for all children a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life.

Or we can end history in a generation.

Let me end as I began with Tennyson's message of hope:

The deep moans round with many voices.
Come, my friends,
'Tis not too late to seek a newer world.

Contributed by Marian Wright Edelman, president of the Children's Defense Fund and a working committee member of the Black Community Crusade for Children. Reprinted from Child Watch, July 1, 1998, by permission of the Children's Defense Fund, 25 E St., NW, Washington, D.C. 20001. Visit the web site of the Children's Defense Fund at www.childrensdefense.org.

Children in America

- 1 in 4 is born poor.
- 1 in 11 lives at less than half the poverty level.
- 1 in 4 lives with only one parent.
- 1 in 8 is born to a teenage mother.
- 1 in 3 is a year or more behind in school.
- 1 in 8 never graduates from high school.
- 1 in 24 is born to a mother who had late or no prenatal care.
- 1 in 7 has no health insurance.
- 1 in 12 has a disability.
- 1 in 680 is killed by gunfire before age 20.

Children in Texas

- Every 3 minutes a child is reported abused or neglected.
- Every 10 minutes a baby is born to a teenage mother.
- Every 23 minutes a baby is born at low birth weight.
- Every 4 hours a baby dies during the first year of life.
- Every 19 hours a child or youth is killed by a gun.

Uniform Assessment for Children and Adolescents implemented Sept. 1

On Sept.1, 1998, TXMHMR centers and facilities across the state implemented the Uniform Assessment for Children and Adolescents, a comprehensive assessment designed to evaluate treatment needs and progress of youths in treatment. The Uniform Assessment is designed to assist in the determination of priority population membership. It also aids in assigning level of need, treatment planning, diagnosis, and individual outcome data.

"The Uniform Assessment assists local mental health authority staff as they interact face-to-face with clients and their primary caregivers and gather vital information concerning general emotional and behavioral functioning, psychiatric functioning, substance abuse, available family resources and risk factors," said TXMHMR Children's Services Director Debbie Berndt, M.Ed.

The Uniform Assessment contains:

• Child and Adolescent Client Registration (CARE Reg 1C)—Registers Texas Children's Mental Health Plan client on CARE, the state database system;

• Intake Assessment Form (CE1)—Documents information about the level of need and the behavioral/emotional functioning of the client at the time of intake;

• Child Behavior Checklist (CBCL)—Helps parents provide a standardized description of a child's social competencies and problem behaviors;

• Brief Psychiatric Rating Scale for Children (BPRS-C)—Characterizes individual patients in terms of childhood psychiatric disorder symptomatology at present;

• Brief Developmental and Medical History Form—Documents a variety of risk factors related to a child's developmental and medical history;

• Clinical Alcohol & Drug Use Scale—Documents substance use, abuse, and/or dependence over the previous six months;

• Children's Case Management Screening Form—Determines the child and family's unmet needs in nine categories: housing, income, behavior, basic living skills, social, school/work, legal, family stressors and developmental;

• Family Resource Inventory—Determines family-identified strengths and family-identified service and outcome desires on which to build service/support plans; and

• Uniform Assessment Data Summary—Captures the client's scores on the majority of the instruments included in the Uniform Assessment.

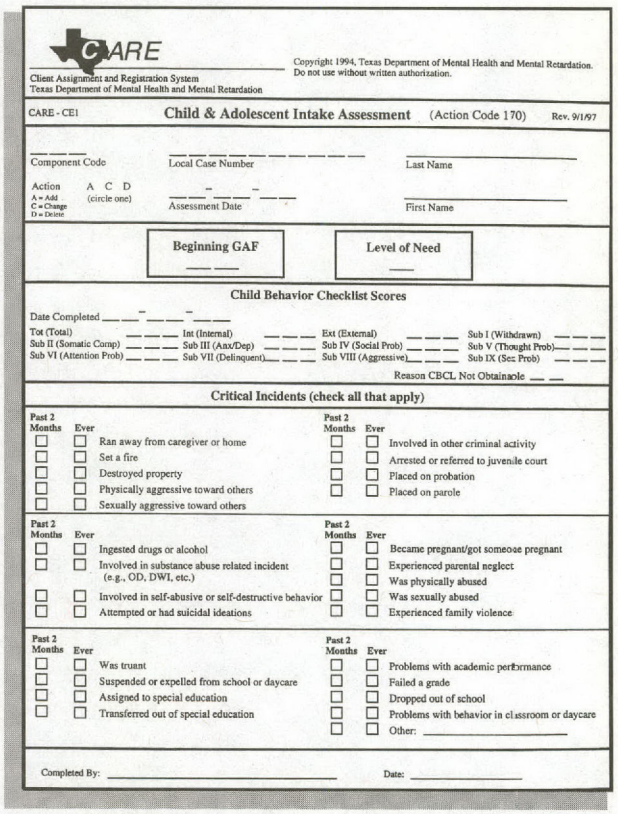
A group effort

"The Uniform Assessment represents the culmination of months of work by a dedicated group of individuals," said Berndt.

In May 1996, MHMR personnel representing a variety of operating units and professions joined with representatives from several agencies—the Texas Juvenile Probation Commission, Texas Education Agency, Texas Department of Protective and Regulatory Services and Texas Youth Commission—to develop the Uniform Assessment. Members of that committee also were part of the Core Committee to oversee development and implementation.

Twelve local mental health authorities and three state facilities volunteered to serve as pilot sites in fiscal year 1998. Representing the diversity of the state's population and reflecting a range of population densities, the pilot sites included Camino Real State Operated Community Services (SOCS), the Center for Health Care Services

continued on page 20



CARE

Client Assignment and Registration System
Texas Department of Mental Health and Mental Retardation

CARE - CE1 **Child & Adolescent Intake Assessment** (Action Code 170) Rev. 9/1/97

Component Code | Local Case Number | Last Name

Action A = Add C = Change D = Delete (circle one) A C D | Assessment Date | First Name

Beginning GAF | **Level of Need**

Child Behavior Checklist Scores

Date Completed

Tot (Total) | Int (Internal) | Ext (External) | Sub I (Withdrawn)
Sub II (Somatic Comp) | Sub III (Anx/Dep) | Sub IV (Social Prob) | Sub V (Thought Prob)
Sub VI (Attention Prob) | Sub VII (Delinquent) | Sub VIII (Aggressive) | Sub IX (Sex Prob)

Reason CBCL Not Obtainable

Critical Incidents (check all that apply)

Past 2 Months	Ever		Past 2 Months	Ever	
☐	☐	Ran away from caregiver or home	☐	☐	Involved in other criminal activity
☐	☐	Set a fire	☐	☐	Arrested or referred to juvenile court
☐	☐	Destroyed property	☐	☐	Placed on probation
☐	☐	Physically aggressive toward others	☐	☐	Placed on parole
☐	☐	Sexually aggressive toward others			
☐	☐	Ingested drugs or alcohol	☐	☐	Became pregnant/got someone pregnant
☐	☐	Involved in substance abuse related incident (e.g., OD, DWI, etc.)	☐	☐	Experienced parental neglect
			☐	☐	Was physically abused
☐	☐	Involved in self-abusive or self-destructive behavior	☐	☐	Was sexually abused
☐	☐	Attempted or had suicidal ideations	☐	☐	Experienced family violence
☐	☐	Was truant	☐	☐	Problems with academic performance
☐	☐	Suspended or expelled from school or daycare	☐	☐	Failed a grade
☐	☐	Assigned to special education	☐	☐	Dropped out of school
☐	☐	Transferred out of special education	☐	☐	Problems with behavior in classroom or daycare
			☐	☐	Other:

Completed By: Date:

Early intervention programs improve life for young children

What coordinated mental health services are available to children under the age of 7 with serious emotional/behavioral disturbances? Through the Texas Children's Mental Health Plan (TCMHP), a number of such services are being developed and evaluated across the state.

TCMHP's early intervention and prevention services are offered at five pilot sites: the Center for Health Care Services in San Antonio; Dallas County MHMR Center; Life Management Center in El Paso; MHMR Authority of Harris County; and Tropical Texas Center for MHMR in Edinburg.

At each pilot site, family members, Head Start staffers and other providers are involved in the delivery of services. Training and support is provided to child care workers in day care settings. Case management; teacher consultation; individual and family therapy; medication management; parent training, education and support groups; and psychiatric evaluation are among the interventions used to help infants, toddlers and pre-school children.

Evolution of the program

The TCMHP, which coordinates the resources of TXMHMR and nine other state agencies, was first funded by a fiscal year 1992-93 legislative budget appropriation. (For more information on the TCMHP, see pages 9-11 of the Fall 1997 issue of *Impact.*)

As part of the fiscal year 1996-97 TCMHP legislative appropriation, $1,400,000 was appropriated specifically for services for very young children and their families within the priority population. (See box on this page.) The funds were allocated to Texas' five largest mental health authorities, which were required to submit plans for early intervention services. In developing the plans, input was solicited from parents, Head Start representatives and other relevant providers. Interagency management teams at the state (TCMHP State Management Team) and local levels (TCMHP Community Management Teams) assess needs, plan programs, develop budgets, and monitor and evaluate the implementation of services.

Keeping children in the least restrictive environment

A primary goal at the pilot sites is to help children remain in mainstream day care and school settings.

"Maintaining inclusion in mainstream settings is ideal and vital for the child's cognitive and psychosocial development," said Nereyda Sanchez, director of Intensive Outpatient Services at Dallas County MHMR Center. "However, we recognize that children with developmental delays, severe emotional disturbance or behavioral problems are at risk of expulsion from day cares."

Early Intervention (Infant, Toddler and Pre-School Mental Health)

Priority population for services:

• Children, ages 0-3, with a DC 0-3 Axis I or Axis II or a DSM-IV Axis I diagnosis other than or in addition to substance abuse, mental retardation, autism, or pervasive developmental disorder.

• Children, ages 4-6, with a DSM-IV Axis I diagnosis other than or in addition to substance abuse, mental retardation, autism, or pervasive developmental disorder. The children are either at risk of removal from their preferred child care environment, at risk of removal from their preferred living environment, have a Global Assessment of Functioning scale (GAF) score of 50 or less, or have been determined by the school system to have a SED.

The Dallas program, which serves an average of 40 children at any one time, seeks to overcome the obstacles that children with disabilities face at day cares and schools—namely, crowded classrooms, limited one-on-one attention by staff, limited staff training in how to deal with disabilities, and lack of knowledge by families about available services. The program is open to children with behavioral problems, children who have experienced neglect or abuse, and children who have had difficulty developing a secure bond with their caregivers.

Through the program, children achieve small successes, thus leading to improved self-esteem and self-efficacy. Children who are at risk of expulsion from day care or school receive services within their natural environment, usually the home, day care or school. The staff meets with all caregivers (parents, day care providers and teachers)

PACT empowers families

Parents and Children Together (PACT), operated by The Center for Health Care Services in San Antonio, is committed to providing a service delivery system for children that complements Head Start efforts. This service delivery system uses a strength-based model to empower families.

PACT services include initial assessment; play therapy; family education and parenting classes; counseling; respite services; psychiatric support and medication services; case management; ropes group activities; crisis evaluation; and information and referral.

Typical referrals include:

• A 20-month-old child who is easily angered, pulls her hair, throws herself on the floor, throws things at people and is non-verbal. The child's mother requests help, because she feels overwhelmed with the child's behavior. An initial assessment is completed, and the child is placed in the PACT toddler group. Designed to help children learn social skills, the toddler group includes activities to promote cooperative play. Children learn to get in line, follow directives and practice cooperation. The group activities in the program help develop the toddler's self-esteem. Initially, the child is very shy and non-verbal, but 10 months later, she exhibits appropriate social skills and no aggressiveness. She talks more, interacts well with others and sings songs by Selena. She is ready to begin day care.

• A 5-year-old child who was referred at age 2 for aggression, severe tantrums lasting over 30 minutes and destructiveness. The child disabled a family pet, which eventually died because of repeated striking with a metal pipe. There is a history of family violence. Case management is provided to increase commitment to the treatment. After inpatient psychiatric treatment and placement on medication, the child's behavior stabilizes. The child, who now exhibits improved school behavior, continues in individual therapy.

Photo by Laura Wells

A PACT counselor works with children at The Center for Health Care Services.

• A 2-year-old child whose behavior is hard to manage; the mother fears she will harm the child. The child—who has been expelled from several day care centers—bites, throws things and is anxious. The mother is unable to discipline; at times, she feels she is losing control because of her daughter's behavior. The mother begins parent training, which makes her feel more confident. She now remarks, " . . .says the funniest things. I really like my child." The child's behavior at day care now is appropriate, and the mother and child are doing well.

When troubled adolescents and their parents are interviewed, they usually report that problem behaviors began when the children were 2- or 3-years-old. That is why this Early Intervention program is so worthwhile. Only time will really show the truly effective efforts of starting early and dealing with these problems.

Contributed by Irene Alvarado, MA, LPCI, Children's Services Unit coordinator at The Center for Health Care Services, (210)226-9241.

to provide information about treatment goals, interventions, useful techniques, progress and continued treatment planning. Some children who are at imminent risk of expulsion receive services through the Preschool Day Program, where children are placed in a highly structured setting to learn and practice skills required to succeed in less structured settings.

Also offered through Dallas' program is psychosocial skills training provided in individual and group play settings, which help children complete projects, regulate body movements and maintain focus on activities. Concentrating on these areas is especially important, said Sanchez, because the children served often are considered by caregivers "to be disruptive, less intellectually and socially competent, oppositional or non-compliant."

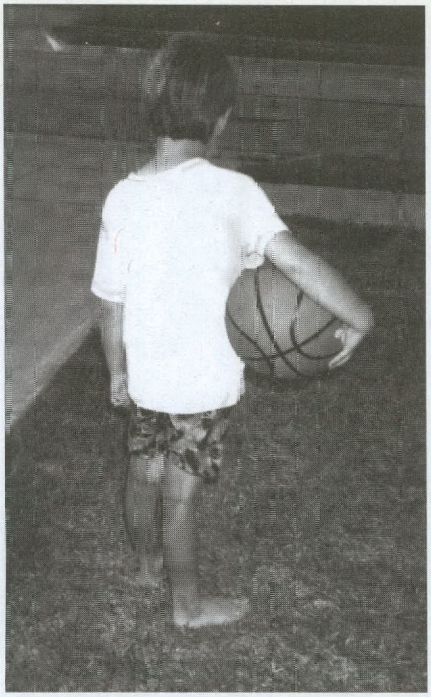
Child care staff receive training on developmental issues, classroom structure and emotional needs. Parents are educated in such areas as childhood development, etiology, symptoms and treatment of psychiatric disorders/emotional disturbances and may receive family therapy and case management services.

A better quality of life

Prior to being enrolled, 34 percent of the children served at the five pilot sites experienced family violence. Thirty-nine percent destroyed property, 22 percent experienced parental neglect, 16 percent were physically abused and 12 percent were sexually abused. Twenty-two percent were self-abusive, and 7 percent were suicidal. Almost 60 percent of youngsters in the program live below the poverty line.

"TCMHP has made mental health services available to children who traditionally have not had access to these resources," said TXMHMR Children's Services Director Debbie Berndt. "Approximately 49 percent of the children served by TCMHP are referred to our programs by state and local agencies outside the mental health system."

Outcomes established for the early intervention programs are increased social, emotional and behavioral functioning of the child, increased retention in day care settings, and parent and collateral satisfaction. Measures regarding the emotional/behavioral functioning of the child and the satisfaction of the parents/collaterals are available through existing TCMHP program evaluations.



In a recent study, 78 percent of parents surveyed said their children showed improvement after receiving services, and 89 percent were satisfied with the services received. The program has received such feedback from parents as, "I cannot begin to tell you how beneficial this program has been" and "We really appreciate all the help we received for our family."

Plans for the program's future

Historically, referrals for young child services came primarily from families, pediatricians, and children's hospitals. Presently, referrals come from families, Head Start providers, Early Childhood Intervention (ECI), pediatricians, other community members, and child care providers. In the future, the referral process will be based on integrated and collaborative assessments to more accurately determine the need for ECI and early intervention services. The program's administrators also plan to:

- Develop instruments to measure increased retention in day care settings;
- Expand the provision of services for children under the age of 7;
- Provide training specific to infant mental health, assessment and treatment;
- Develop outcomes specific to the age group;
- Develop cross-training among ECI, early intervention and mental retardation providers; and
- Analyze data related to indicators, trends and outcomes.

"The basic characteristics of the services provided through TCMHP have not changed since the beginning," said TCMHP Regional Coordinator Shirley Rendon, LMSW. "We still focus on family strengths; strive to preserve the family whenever possible; emphasize the necessity of strong linkages to other agencies—especially the schools; are sensitive to all of the forces—ethnic, economic, social, cultural—at work in a family; and recognize the need of providing a continuum of care for children and their families."—*NB*

ADHD and bipolar disorder frequently linked in children

In children, attention deficit hyperactivity disorder (ADHD) and bipolar disorder are often misdiagnosed due to an overlapping of symptoms like inattention and hyperactivity. If left untreated, these children are at risk for developing antisocial behavior, social alienation, and academic failure, along with problems with the law and substance abuse. Correct diagnosis and early intervention are the keys to improving the outcome for these children.

Nearly one in four children with ADHD has or will develop bipolar disorder. Both illnesses—

- begin early in life,
- are much more common in boys,
- occur mainly in families with a high genetic propensity for both disorders, and
- have overlapping symptoms such as inattention, hyperactivity and irritability.

ADHD and bipolar disorder appear to be genetically linked. Children of individuals with bipolar disorder have a higher than average rate of ADHD. The relatives of children with ADHD have twice the average rate of bipolar disorder, and when they have a high rate of bipolar disorder (especially the childhood onset type), the child is at high risk for developing bipolar disorder. ADHD also is unusually common in adult patients with bipolar disorder.

Research studies have found some clues for identifying which children with ADHD are at risk for developing bipolar disorder later on, which include:

- worse ADHD than other children,
- more behavioral problems,
- family members with bipolar and other mood disorders.

Children with bipolar disorder and ADHD have more additional problems than those with ADHD alone. They are more likely to develop other psychiatric disorders such as depression or conduct disorders, more likely to require psychiatric hospitalization, and more likely to have social problems. Their ADHD also is more likely to be severe than in children without accompanying bipolar disorder.

Excerpt from "The Difficulty of Diagnosing ADHD and Bipolar Disorder in Children," by Anne Brown. Reprinted by permission from the National Alliance for Research on Schizophrenia and Depression, 60 Cutter Mill Rd., Suite 404, Great Neck, NY 11021, (800) 829-8289.

Nearly one in four children with ADHD has or will develop bipolar disorder.

Foster Grandparent Program provides personal touch

For over 30 years, the nation's senior citizens have reached out to children with special needs through the Foster Grandparent Program (FGP). Part of the National Senior Service Corps, FGP enables individuals ages 60 and over to provide care, guidance and friendship to children in need—from babies with disabilities in rural communities to troubled teenagers at urban high schools.

Each year in the United States, more than 25,000 Foster Grandparents give person-to-person support to more than 80,000 children with special needs. Statewide, the program involves more than 1,000 volunteers working with some 300 agencies. The special care that Foster Grandparents give to young people is invaluable; it helps them grow, gain confidence and become more full and productive members of society.

TXMHMR's FGP is funded by federal and state grants, as well as TXMHMR funds. The program currently is administered through eight state schools and serves 96 volunteer sites. Through the agency's FGP, individuals volunteer 20 hours a week in MHMR centers; state schools on campus; preschools; public schools; transitional programs; hospitals; juvenile correction facilities; home health agencies; before/after school care programs; Head Start programs; non-profit day care facilities; and teen parenting programs.

Each year in the United States, more than 25,000 Foster Grandparents give person-to-person support to more than 80,000 children with special needs.

"We consider the program to be a vital aspect of the community delivery system that complements public funds in addressing the needs of children with mental retardation, autism, pervasive developmental disabilities or serious emotional disturbance," said Liz Shelby, Developmental Disabilities director and FGP coordinator for TXMHMR Children's Services.

FGP is very cost-effective. The average cost of institutional care for a child is over $44,000 per year. Through FGP, which has an annual cost of less than $5,000 per volunteer, many children can receive the help

Corpus Christi seniors serve children throughout community

How do the Corpus Christi State School (CCSS) Foster Grandparents serve children in the local community? Let us count the ways.

A large number of the Foster Grandparents spend their volunteer time in 17 elementary, middle and special emphasis schools located in the Corpus Christi area. More than 320 challenged youths look forward to sharing part of their school day with their adoptive "grandpa" or "grandma."

Through a partnership with Nueces County MHMR Center, four families enjoy some much needed time off, thanks to the in-home program. The parents now can run errands or have some peaceful moments previously unavailable to them. Their children with developmental disabilities now receive the extra attention of a Foster Grandparent when they come home from school. In addition, two CCSS senior volunteers fulfill the role of special friend to some 45 youths in the Nueces County Juvenile Justice Center.

they need outside of an institutional setting, thus saving thousands of dollars per child. Foster Grandparents "may provide the key for a child to be successfully included in regular day care or mainstreamed in regular school classes," said Shelby. "They may provide stability and support to prevent institutionalization of the child and disintegration of the family."

The youths who receive services of Foster Grandparents aren't the only ones who benefit. The volunteers also find that their lives are greatly enriched. Studies show that people who volunteer are healthier, feel greater purpose in their lives and have higher self-esteem.

"Today, public dollars are stretched farther and farther to support the ever-increasing demand for human services," said Shelby. "However, as the baby boom generation reaches retirement, there is an expanding resource pool of highly educated, healthy, experienced people. The resource of volunteerism may become a major influence in mobilizing communities to be a parallel partner with public agencies in serving children with special needs."—*NB*

The Foster Grandparents also serve 88 CCSS residents, spending quality time and participating in daily activities. A select group of Foster Grandparents who are blessed with musical talent also perform regularly for Corpus Christi children. The Foster Grandparent Choir, founded and directed by Chaplain Tom Dowdy, has sung at many schools in the Coastal Bend area, and the children are a most appreciative audience.

"We've done special events, graduations—you name it," said Chaplain Dowdy.

As the campus population continues to age, more and more paths into the community will be sought for these dedicated seniors. Servando R. Dimas, Foster Grandparent volunteer coordinator, spends his days making sure that 90 Very Important People are at their posts on campus and in the community. Dimas said he still is looking for a "few good seniors" to fulfill the expanding roles of campus and community caregivers.

Photo by Servando R. Dimas

Foster Grandparent Josephine Ornelas is a special friend to Corpus Christi State School client Isabel Garza.

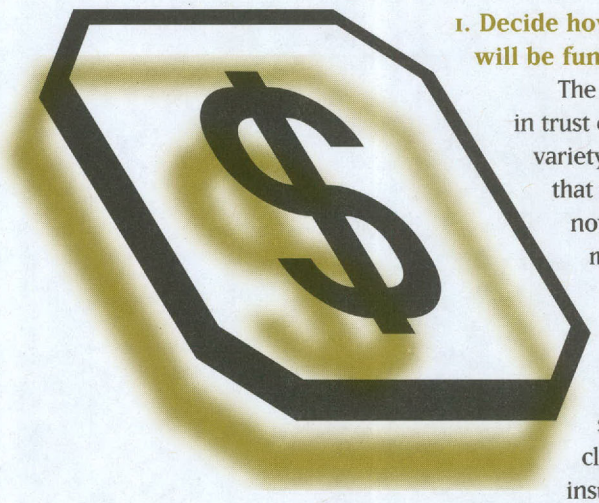
Contributed by Carla Daws, director of Community Relations for Corpus Christi State School, (512) 844-7719.

Master Pooled Trust Update

The Arc of Texas stops annual maintenance fees for non-funded accounts

Effective immediately, The Arc of Texas will no longer charge annual maintenance fees for non-funded Master Pooled Trust accounts. This policy applies to both new and existing accounts.

Master Pooled Trust accounts enable parents of children with disabilities to leave assets to aid in their children's quality of life without interfering with government benefits such as Supplemental Security Income (SSI) or Medicaid. (For more information on the Master Pooled Trust, see pages 10-11 of the Winter 1997-98 issue of *Impact.*) To open a Master Pooled Trust account:



1. Decide how the trust will be funded.

The money you place in trust could come from a variety of sources—some that you have access to now and others that may not become available until the time of your retirement or death. These sources could include a will a life insurance policy, your estate, a court settlement, a gift, a retirement account or even cash from your savings.

You also should consider how and when you want your family member to begin using the trust. If you have a young child, for example, you may want to use money from your savings to open an account in his name and then add to it as he grows so that when he moves out of your home, he will have supplemental funds to help meet his needs If your adult family member lives with you, you may only need to plan for him to use his trust disbursements when you are no longer able to care for him.

The source of money for your family member's trust will determine whether the account you open will be "funded" or "non-funded." Assets placed in funded accounts will be invested, so they will have an opportunity to grow. Even if your family member begins using his disbursements immediately, the balance still will earn interest and/or dividends. If your assets will not become available until sometime in the future, you can open a non-funded account. Many families choose this option so they can put in writing—through the legally binding joinder agreement (see Step 3)—their wishes for how the trust disbursements will be used.

2. Consult with an attorney or certified financial planner.

The Arc of Texas recommends that you seek the independent advice of an experienced estate planning attorney or certified financial planner who can help you prepare the necessary documents and advise you about any relevant tax issues. The Arc of Texas has a list of attorneys throughout the state who have offered to provide their services at reduced rates for families who want to establish Master Pooled Trust accounts.

3. Complete the joinder agreement.

The "joinder agreement" is simply the legal name for the document you fill out to establish a Master Pooled Trust account. You will need to provide some basic information about the beneficiary, the source of funding for the trust and your wishes for how the disbursements will be used. The agreement should take only a few minutes to complete. A check for the $300 enrollment fee should be submitted along with the completed joinder agreement. Enrollment fees are scheduled to increase beginning Jan. 1, 1999.

For more information about the Master Pooled Trust, contact Lisa Rivers at The Arc of Texas, 800-252-9729 or (512) 454-6694, ext. 124, or lrivers@thearcoftexas.org.

Regional consortia promote collaboration

Directors of children's mental health programs in the TXMHMR system gather quarterly to take advantage of a valuable opportunity for training, technical assistance and information sharing. Consortia in four regions of the state—South, West, Northeast and East Central—offer "a forum for reviewing regional issues and concerns as well as state policy directions in a supportive atmosphere," explained Regional Coordinator Shirley Rendon, LMSW, who collaborates with the South and West consortia.

"The program directors discuss issues they can address as a group to more effectively facilitate change," Rendon said. At meetings of the South and West consortia, for example, a standing item on the agenda is a "site report." Each director provides a 15-minute update on local program activities and issues with which members may be able to assist in problem-solving or which may provide members new concepts and approaches for their own programs.

The group approach to tackling shared problems has been effective. A hurdle cleared by the South consortium was the variation in charges and lengths of stay for inpatient crisis stabilization. As a group, the directors were able to send out request for proposals to obtain rates and timeframes that were reasonable and consistent.

Kay White, MA, SWA, program director for Youth Mental Health Services for Permian Basin Center and a member of the West consortium, said the group works toward specific short- and long-term goals. As a short-term project, members pooled their resources to purchase software at a group discount rate. A larger project addressed concerns about contract measures; together, members were able to effect changes in the measures. One long-term goal has been to work with universities in the region to develop curricula for therapeutic areas in which there are staff shortages, such as social work.

The collective approach to information sharing also is effective. Regional Coordinator Cathy Dukes-Givens, MS, LMSW, who collaborates with the Northeast and East Central consortia, said, "The consortia are one of the better moves we've made in children's services. The meetings are an easier and more efficient way to get information to the field and ensure that everyone receives the same message." Staff from the TXMHMR Research and Evaluation unit, which collects, analyzes and reports data on children's mental health services, provide training related to program evaluation and data management. In other presentations, consortia members have received information on topics such as advocacy, managed care, authority/provider roles and early intervention.

The Northeast Texas Children's Consortium—the first consortium—evolved in 1994 from meetings of a community management team in Collin County. As each consortium was established, meetings rotated among sites within the region. White said the meetings are so beneficial to program directors that attendance consistently is high although members may have to travel across many miles of Texas to get there.

"Regional consortia build relationships," noted Tracy Levins, Ph.D., associate director of TXMHMR Children's Services. "Real relationships in which people share goals, problems, solutions and stories. They mourn losses and celebrate successes together."—*LL*

"The consortia are one of the better moves we've made in children's services. The meetings are an easier and more efficient way to get information to the field and ensure that everyone receives the same message."

— Cathy Dukes-Givens, MS, LMSW
Regional Coordinator

Texas Integrated Funding Initiative works to build community-based children's services

It is estimated that one out of every five children between the ages of 0-18 requires mental health services at some point during youth. Providing better care for these children and families with mental health and other needs is a challenge facing Texas and many other states. Research by the Texas Health and Human Services Commission (HHSC) revealed these problems in children's services:

• The needs of the children and their families encompass many public health delivery systems with funding structures that are fragmented and categorical.

• Previous collaborative efforts among agencies increased information sharing but did little to promote shared agency resources.

• The public systems serving children spend the majority of their mental health dollars on high-cost residential and inpatient care without the information necessary to determine the overall effectiveness of these programs.

The Texas Integrated Funding Initiative begins

To remedy these problems, TXMHMR and HHSC in January 1997 created the Texas Integrated Funding Initiative (TIFI), a coordinated approach to children's services.

"The purpose of TIFI is to develop local organized service delivery systems for children with multiple needs that are family-based, accountable for outcomes and that maximize all funding sources, including state, local and federal dollars," said Ann Stanley, director of the HHSC Children's Financing Initiative and overseer of TIFI.

TIFI adheres to these principles:

• Families are important and necessary partners in the development and implementation of an integrated service delivery system.

• Local control allows for better decision making, produces better outcomes on every level, and enhances community development.

• Managing funds and providers through a single local entity produces a more accountable system of care with better overall outcomes for children and families.

TIFI has been supported by TXMHMR and the Robert Wood Johnson Foundation Mental Health Services for Youth Replication Grant, which provided clinical software and technical support to HHSC.

Pilot sites selected

The initiative began the process of creating a coordinated approach to Children's services by developing several pilot sites. TIFI currently is operating in Travis County and the area served by Central Texas MHMR Center in Brownwood. (See page 15 for a look at these pilot sites.) Pilot sites are under development in the Dallas and El Paso areas and at Riceland Regional Mental Health Authority in Wharton.

Each community is unique, but all recognize the need to build on their current interagency infrastructures and create or designate an entity to serve as an Administrative Service Organization and to receive pooled funds. In addition, a community board was developed in each site to:

• Develop the structure for purchasing and/or arranging services;

• Determine the funding strategy, including rate setting;

• Designate funds to the pool;

• Ensure family representation and voice;

• Establish shared outcomes (examples include evidence of family involvement in the treatment process, increases in child functioning and school functioning, and decreases in problem behaviors and the number of days of out-of-home care); and

• Designate the target population.

"I expect that the strategies employed in designing funding structures and service systems at the pilot sites will serve as the template for future expansion and development to other communities in Texas," said Stanley.

During the next year, the pilot sites will be evaluated by HHSC in conjunction with The University of Texas School of Social Work.—*JM*

The Central Texas MHMR Center develops WRAP

The Central Texas MHMR Center, one of the pilot sites for the Texas Integrated Funding Initiative (TIFI), has developed the Wraparound Resource Alliance Project (WRAP), an administration and care system that evaluates the individual needs of children and then wraps community resources around them to enable positive change.

The center, the mental health authority for seven Texas counties, serves as the Administrative Service Organization for the initiative at this site.

WRAP focuses on children at the most serious risk of separation from the family. These children exhibit such behaviors as criminal delinquency, property destruction, substance abuse and chronic truancy. An estimated 3,420 youths are at risk of emotional disturbance in the Brownwood area.

Children and families served by Juvenile Probation, the Texas Department of Protective and Regulatory Services and/or the Central Texas MHMR Center are eligible for WRAP services. Services to children and families include assessment of needs, resource coordination, parenting education and counseling and supportive services.

When WRAP is implemented fully, seven agencies will coordinate their efforts through the center.

Contributed by Rick Goodner, LMSW-ACP, director of Child and Adolescent Services at The Central Texas MHMR Center, (915) 646-5939.

WRAP focuses on children at the most serious risk of separation from the family. These children exhibit such behaviors as criminal delinquency, property destruction, substance abuse and chronic truancy.

Integrated Funding for children's services in Austin, Travis County

In its work as part of the Travis County Children's Mental Health Partnership (CMHP) Community Management Team and as a pilot site for the Texas Integrated Funding Initiative (TIFI), Austin Travis County MHMR Center (ATCMHMR) has joined with the Texas Health and Human Services Commission and TXMHMR to develop a comprehensive administration and care system for children.

TIFI combines state-of-the-art care management approaches, family-based treatment strategies and integrated funds to youths and families in need of behavioral health services. It was created as an alternative approach to helping children who are in need of various types of care from multiple systems and providers. The premise behind integration of resources is that when agencies serving youths combine their efforts and form partnerships with families, a more efficient, effective service system emerges.

ATCMHMR, which serves as a local Administrative Service Organization for TIFI, uses specialized software to provide care coordination and day-to-day management of fiscal and clinical utilization.

The young people targeted for TIFI are those who have been placed in or who are at risk of being placed in residential facilities. In the program, a care coordinator uses a wraparound process to help families develop a plan of care, identify needs and access services. Strategies may include such traditional services as outpatient therapy or such non-traditional services as respite care. Family members, in partnership with the care coordinator, determine what type of intervention will work best for them.

Youths involved in TIFI are selected by the systems pooling in-kind and financial resources. These agencies include ATCMHMR, Region XIII Education Service Center, Texas Department of Protective and Regulatory Services, and Travis County Juvenile Court.

Contributed by Willa Rosen, project director of the Travis County Children's Mental Health Partnership, (512) 445-7784.

Camps help youths get in touch with nature, each other

ACTIVE is the buzzword for the numerous MHMR centers and facilities that conduct camps for children and adolescents. The warm (often too warm) weather we experience in Texas is an open invitation to get outdoors. Provided below are just a few of the innovative camps that are held across the state.

Photo by Sherry Grona

As a counselor looks on, youngsters at a Mo Ranch camp sponsored by Hill Country Community MHMR Center learn the intricacies of Texas Skiing. The activity helps the young people learn to work as a team.

Hill Country Community MHMR Center holds an intensive camp at Mo-Ranch, located in Hunt. Designed for youngsters ages 8-16, the three-day camp includes such activities as swimming, canoeing, basketball, tennis and horseback riding to build self-esteem and self-reliance. The camp also features a ropes course to build teamwork and a freshwater ecology session to engage campers' imaginations and encourage a love of nature.

Mary Bode, children's mental health director and one of the 16 staff members at the camp this year, said the center has conducted a camp for five years (four years at Mo-Ranch). "This year, we had 33 kids," she said. "Every year, at our closing ceremony, the kids discuss what they've learned at camp. They mention that they've learned to trust people more and that they know now that people like them. They also say they've learned how to work in a team and how to make a friend."

Each summer, approximately 100 young people enjoy activities at the recently renovated Lone Oak Ranch, operated by the Gulf Coast Center. Located in Santa Fe, the ranch hosts different age groups (4-7, 7-10, 10-13 and 13 and up) each week for activities such as fishing, horseback riding, swimming and T-shirt painting. Campers also participate in basketball and kickball.

MHMRA of Harris County is a partner in the newly opened Camp For All, located near Brenham. A special needs facility, Camp For All opened in May and had an attendance of some 2,000 campers and counselors during the summer.

The 206-acre campsite includes a health center, gym, arts and crafts barn, swimming pool, fishing pier, canoe dock, amphitheater, ropes course athletic field, nature trails and horse riding ring and trails. Over the summer, the camp was enjoyed by groups of children with mental retardation, spina bifida, renal dysfunction, sickle cell anemia, AIDS, burns, muscular dystrophy, epilepsy, asthma and cancer. During the remainder of the year, the camp serves adults with special needs and families and support groups. The camp is open to groups without special needs during times when it is not reserved.

From June 15 to July 10, Beaumont State Center's Therapeutic Recreation Department held a free day camp for individuals ages 7 to 22 with mental retardation, autism or pervasive developmental disorder. Approximately 30 young people—representing six area school districts within the center's three-county catchment area—participated in outdoor recreation, swimming, arts and crafts, music and sports. They also enjoyed field trips to see the movie *Mulan* and to spend a day at a local park.—*NB*

Tri-Agency Board helps agencies work together

The interworkings of the various state agencies serving Texas' youth have been known to conflict sometimes, thereby failing to serve clients with maximum efficiency.

For this reason, a Tri-Agency Board was formed to improve communication and cooperation among TXMHMR, the Texas Juvenile Probation Commission (TJPC) and the Texas Department of Protective and Regulatory Services (DPRS).

"The Board's duties are to assign tasks to agency staff and to review or approve and pass on to each agency's full board any recommendations or policies," said Maribeth Powers, director of Program Services at TJPC. "In order to improve collaboration, each agency's limitations must be communicated. This exchange does a lot to reduce the territorialism between the agencies."

The Tri-Agency Board is comprised of two board members from each agency. TXMHMR Board members Janelle Jordan and Rodolfo Arredondo Jr., Ed.D., have served on the Tri-Agency Board since 1997.

"It is extremely important that we develop these types of working relationships," said Jordan, who is a past president of The Arc of Texas.

Collaboration started by TJPC and DPRS

The Board originated in the mid-1990s when staff of TJPC and DPRS agreed that—because they jointly served many difficult and multi-problem cases—the two agencies needed to work together to improve efficiency through reduced duplication of services and enhanced interagency communication. "By sharing responsibilities, information, resources and expertise, we hope to better facilitate services," wrote the two agencies in their statement of agreement.

The staff members identified the need for model local policy guidelines that could be adopted by communities to help their field probation departments and child protective service units work together more cooperatively and effectively and to improve services to clients for whom both local agencies share responsibility. The model guidelines adopted by the staff members were based on the Travis County Juvenile Probation Department's working procedures with Austin Child Protective Services. The guidelines address training, communication, information sharing, conflict resolution and coordination of services.

TXMHMR joins effort

One of the first projects undertaken by the joint agency effort involved collaboration in a juvenile sex offender pilot program at Galveston's Gulf Coast Center.

> A May 1998 survey of probation officers showed that 60 percent of those responding believed the collaboration of the three agencies was working well. Staff of the agencies also are completing surveys to suggest improvements in the joint effort.

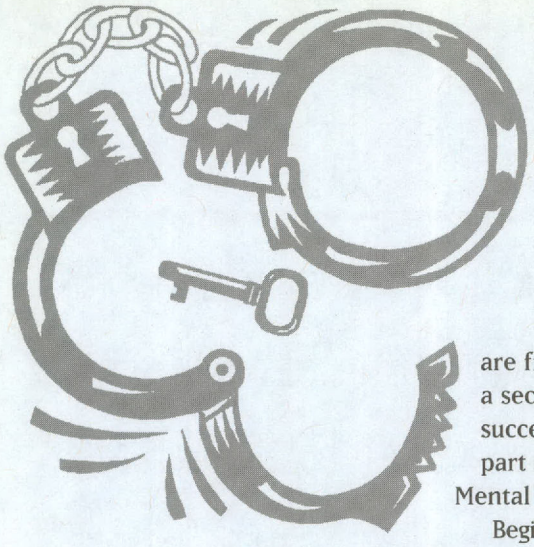
"We wanted to see how our agencies could support each other and work together," said Thomas Chapmond, director of Community Initiatives for DPRS. "We realized that MHMR input was needed."

In the summer of 1996, Andrés Guariguata, then director of TXMHMR Children's Services, was asked to join the group. The teamwork of the three agencies during the ensuing two years has been very successful, according to Tracy Levins, Ph.D. associate director of TXMHMR Children's Services.

"With the agencies working closer together, we all have increased access to resources," said Dr. Levins.

The success of the enhanced teamwork is mirrored in the pilot program, which, Chapmond emphasized, involves working not only with the juvenile offender but also with the offender's victims and the offender's siblings. "We also try to reach teenagers exhibiting 'problem' behaviors—to stop an offense before it occurs," he added.

"I believe we've built relationships and trust among the three agencies," Chapmond continued. "We've put individual agendas and turfism aside." *—NB*



First Time Offender programs help juveniles turn their lives around

Enabling juveniles who are first time offenders to have a second chance at making a success of their lives is a large part of the Texas Children's Mental Health Plan (TCMHP).

Beginning in fiscal year 1996, the Legislature allocated funds to the TCMHP to provide services for Texas youngsters involved in the juvenile justice system for the first time who also have intensive mental health needs. Through the TCMHP, TXMHMR and community MHMR centers coordinate activities with the Service to At Risk Youth (STAR) program expansion of the Texas Department of Protective and Regulatory Services and related activities of other child-serving agencies.

During fiscal year 1997, more than 7,600 of the 37,689 Texas youths receiving TCMHP services were enrolled in First Time Offender (FTO) programs. Most of the FTO and non-FTO clients had similar behavioral and emotional problem histories.

"Approximately half of the youngsters had a history of mistreatment–neglect, physical or sexual abuse or violence–by family members and a history of family alcohol or drug abuse," said Nancy MacCabe, Ph.D., manager of Children's Evaluation for TXMHMR Research and Evaluation. "Many clients had a history of mental health treatment and a history of family criminal activity, as well."

Among the youths served in fiscal year 1997, two specific behavioral and emotional problems–history of involvement with the juvenile justice system and history of alcohol or drug use–were found to be more common for FTO clients than non-FTO clients.

Differing local criteria, same outcomes

As part of the contract agreement with TXMHMR, each mental health authority maintains on-site a detailed description of its referral and screening process, including a definition of "first time offender," as defined by the local Community Management Team (CMT). Also maintained on-site is a detailed blueprint of services that include:

- methods by which planning for services will include family members, law enforcement, STAR providers, CMT members, advocacy groups and other interested parties;
- descriptions of coordination with other child-serving agencies, including education;
- processes by which continuity of care is ensured; and
- descriptions of the service array, including clinical programs, school-related services, and family support services.

All mental health authorities have the same planned outcomes for FTO programs: improvement in behavioral and emotional functioning, school performance and avoidance of rearrests. In addition, satisfaction with services is measured from the perspective of the youths, parents and other agency providers.

Juvy 10 offers proactive approach

Juvy 10, a collaboration of the Abilene Regional MHMR Center's Adolescent Services division and Taylor County Juvenile Probation, offers intensive crisis intervention services to juvenile law violators, ages 10-17, and their families. Program coordinators seek to resolve child and family issues and preserve the solidarity of the family unit.

This intensive, proactive program, which serves 40 juvenile offenders per year (no more than 10 youngsters and their families actively receive services under this program at any one time), provides meaningful therapeutic services to families that are experiencing multiple problems.

"These families often come to our attention as a result of law violations committed by children in the families," said Ed Wilcock, director of Child and Adolescent Mental Health Services at Abilene Regional MHMR. "Initial needs assessment frequently

reveals internal problems within the family, which—without resolution—will eventually result in disintegration of the family and removal of the child through residential placement or commitment."

Program goals include helping parents and youngsters to develop in-home plans that promote non-violence and harmony through mediation techniques; teaching parents new and increased skills in praising, disciplining and communicating with their children; and helping youths improve their coping skills and level of responsibility. "Our recent outcome measures by the state indicate that 89 percent of Juvy 10 clients do not get rearrested," said Wilcock.

Wilcock added that Abilene Regional MHMR also designed its Pursuit program for FTO clients. Comprised of such activities as mountain climbing, canoeing, and a ropes course—as well as anger management sessions, visits to a prison and talks by rehabilitated offenders—the program teaches decision-making, goal-setting, teamwork and the realities of poor personal choices. The program currently serves 72 young people.

Positive Steps™ help lead to bright future

Serving youths in a 26-county area, the Texas Panhandle Mental Health Authority offers a day treatment program, individual and family counseling, in-home crisis intervention and skills training, group counseling, psychiatric assessment, medication monitoring, parenting classes, parent support groups, medication education, respite care, social skills groups, outpatient mental health screenings and case management. Texas Panhandle MHA conducts mental health screenings for all youngsters entering the Youth Center of the High Plains, the primary detention center of the region.

In choosing a curriculum component for its FTO program, the Child and Adolescent Services staff selected Positive Steps™, a nationally known curriculum designed to help youngsters ages 8 to 16 stay out of trouble. Positive Steps™ concentrates on proven solutions for youngsters who are exhibiting behavior problems at home, at school or in the community. Program referrals are received from parents, child serving agencies, MHMR staff, law enforcement agencies, schools and churches.

The program, which places families in an educational setting once a week for six two-hour sessions, teaches skills to help youngsters and parents better manage their lives and relationships. Youngsters are taught learning skills, self-discipline, communication, decision-making, and how to handle peer pressure. Parents learn about family management and contracting, communication, praise and positive reinforcement, and effective discipline.

Communicating with the youths and family members who have graduated from the program is a top priority. Texas Panhandle MHA sends out a newsletter that updates families on information related to Positive Steps™ and encourages the graduates to continue with their specific skills. In July, a barbecue reunion was held for Positive Steps™ graduates, who were encouraged to submit applications to serve as peer trainers for the program.

FTO services result in dramatic drop in rearrests

Ninety percent of enrollees in special programs for juvenile offenders have a history of arrest. Of those youngsters, 47 percent have a history of felony arrest while 16 percent have been arrested for violent crime. A recent study showed that while the rearrest rate of Texas' juvenile offenders is approximately 50 percent, only 11 percent of youths receiving TCMHP's FTO services were rearrested during treatment. Of the FTO clients who also have a history of alcohol or drug use, 76 percent avoided alcohol or drugs during treatment. Overall, 53 percent of the FTO clients demonstrated significant improvement in behavioral emotional problems from intake to termination of treatment.

"The ultimate goal," said Wilcock, "is to re-integrate the child back into the home and school, to prevent entry of the child deeper into the juvenile justice system, and to reduce the likelihood of the child's recidivism in the juvenile justice system."—*NB*

Overall, 53 percent of the FTO clients demonstrated significant improvement in behavioral emotional problems from intake to termination of treatment.

Uniform Assessment, continued from page 5

in San Antonio, Coastal Plains SOCS, Dallas County MHMR Center, Gulf Bend MHMR Center, Hill Country SOCS, Laredo State Center, Life Management Center in El Paso, Life Resource in Beaumont, Nueces County MHMR Community Center, the San Antonio State Hospital Adolescent Unit, Terrell State Hospital, Texas Panhandle Mental Health Authority, Tropical Texas Center for MHMR, and Waco Center for Youth.

"During the pilot year of implementation, data have been gathered to assess the ease of use and the reliability and validity of the assessment as a whole."

— Debbie Berndt, Director, TXMHMR Children's Services

"During the pilot year of implementation, data have been gathered to assess the ease of use and the reliability and validity of the assessment as a whole," said Berndt. "Focus groups were conducted in an effort to determine the barriers to effective implementation and the clinical efficacy of the Uniform Assessment."

Dan Donnelly, Ph.D., a Core Committee member and the Children's Services Program director at Nueces County MHMR Community Center, said focus groups helped show "how the instruments worked and how they would be received." In one case, he said the focus group feedback indicated that one instrument might be considered invasive and not consumer-friendly, so it was made optional. One of the main objectives of the Core Committee, Dr. Donnelly said, was not to overburden the centers and facilities with a lot of additional paperwork. "In most cases, we utilized instruments that we already use."

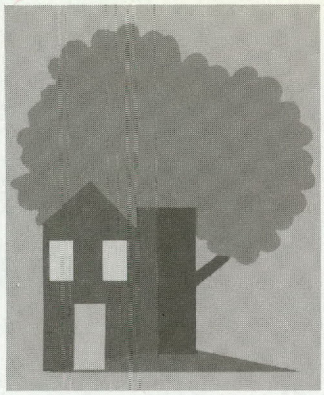
The Uniform Assessment complies with current Mental Health Community Services Standards and Case Management Screening.

Uniform Assessment training provided

"The need for training also was underscored in the feedback we received from the focus groups," said Dr. Donnelly. "With proper training, staff will understand the importance of this initiative and how to carry it through."

To help prepare staff for the Sept.1 start-up, training was provided at the 8th Annual Children's Directors' Retreat in May. Also, during the months of July and August, TXMHMR's Office of Research and Evaluation and Information Services Division offered training sessions on the Children's Services components of CARE data entry and reporting. "Five one-day training sessions took place in Austin, where each participant had on-line access to CARE to facilitate hands-on learning," said Berndt.

For more information on the Uniform Assessment, contact TXMHMR Children's Services at (512) 206-4830.—*NB*



Training is available for clinicians, caregivers

A number of helpful training courses are available for people who serve individuals with developmental disabilities or mental illness. Through proper training, clinicians and caregivers are better able to meet the needs of people with disabilities.

No Place Like Home

No Place Like Home is a new interactive training course available through "Families Are Valued," the five-year project of the Texas Health and Human Services Commission. The training course offers family support planning for children with developmental disabilities.

Certified trainers are available to conduct the course for local organizations. The course helps participants to:

- understand the history of permanency planning in Texas;
- understand the values and philosophy of permanency planning;
- increase awareness and understanding of the situations that families raising children with disabilities face;
- understand how to include a strengths-based approach in working with families; and
- practice writing a comprehensive permanency plan for an identified family.

Permanency planning, first started in 1992 through TXMHMR's "All Kids Belong in Families" project, supports the belief that children need enduring and nurturing relationships. It honors the special child-family bond. Permanency planning can include habilitative training, respite, parent education, emotional supports, service coordinating, and information and referral services. If it is not possible for a child to remain in the home full-time, permanency planning focuses on family-living alternatives (shared parenting, temporary therapeutic foster care and voluntary open adoption) that reinforce the "natural" child-birth parent relationship.

The "Families Are Valued" project aids child-serving agencies in implementing state legislation, passed in 1997, that requires permanency planning to be provided for each child residing in an institution on a temporary or long-term basis or for whom institutional care is sought.

For more information about the *No Place Like Home* training course, contact Yolanda Montoya, project director for "Families Are Valued," at (512)424-6528 or Liz Shelby, Developmental Disabilities director for TXMHMR Children's Services, at (512) 206-5575.

In September, the Texas Alliance for the Mentally Ill (TEXAMI) will make its new education curriculum, *Visions for Tomorrow* available statewide. Designed for caregivers of children with mental illness, the 12-workshop course balances basic psycho-education and skill training with self-care, emotional support and empowerment.

"My dream has been the development of an education program for families of children with brain disorders," said Mary Krommes Robins, co-chairman of the Child and Adolescent Network for TEXAMI. "*Visions for Tomorrow* is a dream come true. We hope caregivers of children with brain disorders will take advantage of this unique opportunity."

Last spring, TEXAMI piloted the curriculum at five Texas sites—the Amarillo-Lubbock area, South Texas, San Antonio, Houston and Deep East Texas. Twelve caregivers participated in the pilot course that was offered through the Burke Center and NAMI Nacogdoches, according to Pam Fitch, public relations director for the center. Fitch said the center plans to offer the course again in the fall.

Vicki Rowe, education program director for TEXAMI, also encourages caregivers to take the *Family-to-Family Education Program*. The course, which consists of 12 sessions, helps participants learn to cope with a loved one's brain disorder. This nationally known program has led many family members to become empowered and to advocate for individuals with mental illness.

For more information about the *Visions for Tomorrow* curriculum or the *Family-to-Family Education Program*, contact Rowe at (512) 474-2225.

What a Good IDEA!—The Manual for Parents and Students About Special Education Services in Texas is a joint project of The Arc of Texas and Advocacy Incorporated. Designed to increase parent and student involvement in planning, the manual covers the planning process outlined in the Individuals With Disabilities Education Act (IDEA) and the Texas Education Agency's document *Rules and Regulations for Providing Special Education Services*. By using this manual and by working with school staff, parents and students learn how to plan educational programs that help them lead ordinary lives. Copies of the manual are available from Advocacy Incorporated, 7800 Shoal Creek Blvd., Suite 171-E, Austin, TX 71731, phone (800) 252-9108 or (512) 454-4816.

For more information on the programs discussed in this issue of Impact, *contact the organizations below.*

Resources in Texas:

TXMHMR Children's Services
P.O. Box 12668, Austin 78711
(512) 206-4830

Nueces County MHMR Community Center
1630 S. Brownlee, Corpus Christi 78404-3178
(512) 886-6960

Dallas County MHMR Center
1380 River Bend Dr., Dallas 75247-4914
(214) 743-1200

The Center for Health Care Services
711 E. Josephine, San Antonio 78208
(210) 226-9241

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

Lubbock State School
P.O. Box 5396, Lubbock 79417-5396
(806) 741-3632

The Arc of Texas (Master Pooled Trust)
P.O. Box 5368, Austin 78763
(800) 252-9729 or (512) 454-6694

Texas Health and Human Services Commission
4900 N. Lamar Blvd., Austin 78751
Integrated Funding—(512) 424-6503
No Place Like Home—(512) 424-6528

Austin Travis County MHMR Center
Children's Mental Health Partnership
1430 Collier St., Austin 78704
(512) 445-7784

The Central Texas MHMR Center
P.O. Box 250, Brownwood 76804
(915) 646-5939

Hill Country Community MHMR Center
819 Water St., Suite 300, Kerrville 78028
(830) 792-3300

The Gulf Coast Center
P.O. Box 2490, Galveston 77553-2490
(409) 763-2373

Camp For All Foundation
10500 Northwest Freeway, Suite 145, Houston 77092; (713) 686-5666

Beaumont State Center
655 S. 8th St., Beaumont 77701
(800) 317-5809 or (409) 784-5573

Texas Juvenile Probation Commission
P.O. Box 13547, Austin 78711
(512) 424-6700

Texas Department of Protective and Regulatory Services
701 W. 51st, Austin 78751
(512) 438-4800

TXMHMR Research and Evaluation
P.O. Box 12668, Austin 78711
(512) 206-5220

Abilene Regional MHMR Center
3909 S. 7th St., Abilene 79606
(915) 690-5106

Texas Panhandle Mental Health Authority
7201 I-40 West, Suite 330, Amarillo 79106
(806) 354-2191

Texas Alliance for the Mentally Ill
1000 E. 7th St., Austin 78702
(512) 474-2225

Camino Real SOCS
Early Intervention Program
767 S. Saunders, Seguin 78155
(830) 303-0417

Austin State School
2203 W. 35th St., Austin 78703
(512) 374-6048

Resources outside of Texas:

Children's Defense Fund
25 E St., NW
Washington, D.C. 20001
(202) 628-8787; www.childrensdefense.org

National Alliance for Research on Schizophrenia and Depression
60 Cutter Mill Rd., Suite 404
Great Neck, NY 11021
(800) 829-8289

In 1997, Sarah Foster's daughter, Alyssa, began receiving services of the Early Intervention Program (EIP) at Camino Real State Operated Community Services. Serving a nine-county area, EIP provides families of young children (ages 0-3) who are handicapped or developmentally delayed with screening and evaluation, individualized developmental activities, and family training, counseling and case management. With the knowledge that most development occurs in the first five years of a child's life, it becomes crucial for children who are experiencing difficulties in development and learning to receive help as soon as possible. Below, Sarah Foster shares her experiences with her daughter and EIP.

Photo by Nancy Livengood

Sarah Foster and her daughter, Alyssa

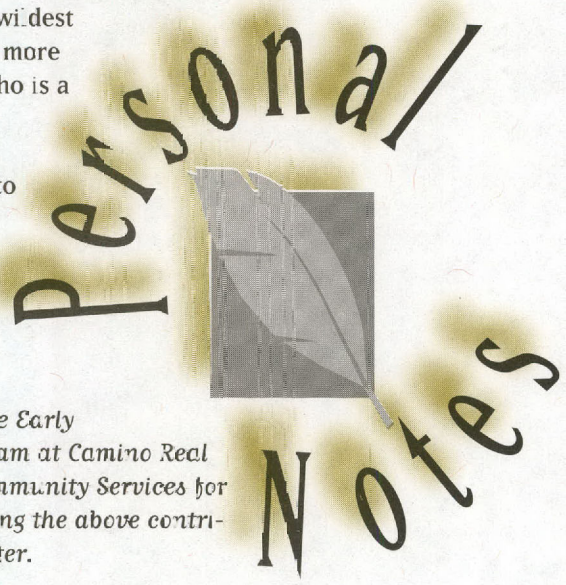
Alyssa Lane Foster was born March 3, 1997, four months premature at 23 weeks gestation. She weighed 1 lb., 3 oz. and was 12 1/2 inches long. I had never imagined something so tiny being so full of life. Alyssa was affected by the standard preemie complications, such as respiratory distress and intraventricular hemorrhage.

We first heard about the Early Intervention Program (EIP) while Alyssa was in the NICU, but at that time my only concern was bringing my baby home. We were linked with Tiny Trax in the hospital, and they were beneficial during the transition from hospital to home.

When Alyssa had been home for about two months, I contacted Tiny Trax about receiving an evaluation, and they contacted EIP on our behalf. Our service coordinator contacted me almost immediately and put the wheels in motion for Alyssa to receive the necessary evaluations to determine if she was eligible for services. I was pleased that I was able to have some involvement in the process and to express my wishes and concerns about Alyssa's condition and what could be done to help her reach her full potential. We began to receive occupational therapy at home, which was a great relief as Alyssa had a fragile immune system, and we very seldom left home at that time.

In December 1997, I noticed that Alyssa was not making progress in some developmental areas. She had a new evaluation and began receiving physical therapy. Last spring, Alyssa was diagnosed with cerebral palsy, which is not uncommon for a baby born as early as she was; she now receives occupational, physical and speech therapy and nutrition services in the home. She also participates in the hippotherapy (therapeutic horseback riding) program; she really enjoys riding the horses.

I feel as if we all are a team working toward one common goal: Alyssa developing to her maximum potential. She recently started crawling and continues to amaze her family and her therapists, who all have worked so hard to get her to where she is now. When I sat by her bed 16 months ago, I never in my wildest dreams imagined a more perfect little girl who is a love to everyone around her. Alyssa truly is an answer to my prayers and a testament to the great worth of the EIP program.



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Camp memories

Camps help to improve the self-esteem and self-reliance of children and adolescents, as well as to help them learn the importance of teamwork. Page 16 of this issue of *Impact* includes information on several Texas camps, such as the three-day camp (shown at right) sponsored at Mo-Ranch by the Hill Country Community MHMR Center.

Photo by Sherry Grona

Upcoming Theme

- Innovations in TXMHMR Children's Services (Part 2)

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