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IMPACT

of Working with Schools

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Nancy Hannon, School Bound coordinator, is pictured with Tyler, one of the students aided through the Youth Skills Development Center of the Abilene Regional MHMR Center.

Photo by Helen Scott

Awards Section,
Page 16



Commissioner Karen F. Hale



VIEWPOINT

Study after study shows that mental health and mental retardation services are most effective when provided early. Our children deserve the most comprehensive, effective services to ensure that they grow up to realize their full potential.

The most natural setting for reaching children and providing needed services is the school campus. When all stakeholders—students and families, educators, and service providers—work together, real progress can be made; thus, our theme for this issue of *Impact* is Working with Schools.

In this *Impact*, we look at some of the issues that young people of today face, as well as some of the collaborations of school and mental health and mental retardation services that address these issues.

In recent years, the names of certain U.S. towns have become synonymous with horrendous tragedy—Paducah, Jonesboro, Littleton and others. We no longer assume that our children are safe when they are on their respective campuses. How many parents feel a pang of apprehension as they hug their children when dropping them off at school each morning? How can we protect them, and what can we do to reach troubled children before they resort to violence?

Several federal agencies joined together in an unprecedented effort to heighten school safety and protect children from violence and drug and alcohol abuse. The Safe Schools/Healthy Students Initiative brings more than \$100 million in grants to

U.S. school districts and communities. For more information on the initiative—and the Texas grant recipients—see pages 6-7. Also, page 5 highlights a conflict resolution program provided by Texana MHMR Center. Pages 22-23 contain an article on the WHO Program, offered by MHMR Services of Texoma, which teaches students how to recognize abuse and dangerous situations and effectively deal with them.

This issue of *Impact* features a number of other mental health programs at Texas Panhandle Mental Health Authority (pages 14-15), the Center for Health Care Services (pages 24-26), Anderson/Cherokee Community Enrichment Services (page 27), and Central Plains Center for MHMR - Substance Abuse (page 28).

Also highlighted are a number of programs for individuals with mental retardation and developmental disabilities. Starting on page 13, *Impact* looks at transition services that are available to ease the move of students in special education from school-based to community-based programs. "Stepping stones lead to success" (pages 20-21) looks at the challenges encountered by staff at Abilene Regional MHMR Center in providing services to public school students. Our Personal Note on page 31 features a young woman with mental retardation who has been aided by Johnson-Ellis-Navarro MHMR Services. Page 32 highlights the Texas University Affiliated Program, which develops membership skills in people with cognitive disabilities who wish to participate and serve on boards and committees.

We help ourselves by helping others. Nowhere is this better illustrated than at the Austin State Hospital (pages 8-9) and Corpus Christi State School (pages 10-11), where high school and middle school students are brought in to interact and work with residents. A number of these teenagers now want to go into the mental health and mental retardation fields!

Last but by no means least, this issue highlights the recipients of 1999 Volunteer Services State Council (VSSC) and TXMHMR awards, including the Mary Holdsworth Butt Award (pages 16-18). The individuals and groups were honored in April at the VSSC's 42nd Annual Membership Meeting & Training Conference. We salute all the award recipients for their hard work and dedication.

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WorldView



The following announcement was released by Michael Faenza, president and CEO of the National Mental Health Association (NMHA), on Dec. 6, 1999, the day of the school shooting in Fort Gibson, Oklahoma. NMHA is a nationwide network of mental health advocates dedicated to improving understanding, treatment and services for adults and children with mental health needs.

Today's school shooting in Oklahoma again underscores how much more we need to do for our nation's children. These acts of violence are not going to go away on their own. Instead, such tragedies will continue until we recognize that keeping children safe takes a community effort. We must make sure that children have somewhere to turn before they act out in violence.

Each time these startling events happen, parents, educators, and policymakers search for programs that will keep our schools and our children safe. The issues that lead to school violence are complex, and so will be the solutions. Yet, time and time again, local school-based prevention programs have proven effective in reducing school violence and improving the development of healthy students.

For the first time in our nation's history, the federal government is acting on this knowledge and taking prevention programs to scale. Funded by the U.S. Departments of Health & Human Services, Education, and Justice, the federal Safe Schools/Healthy Students Initiative (see related article, page 6) is replicating prevention programs in 54 school districts across the coun-

try. This effort is further supported by a national education campaign, an evaluation program, and the Safe Schools/Healthy Students Action Center, a clearinghouse operated by NMHA. By investing more than \$100 million in these programs, the federal government is taking the first step of a long, complicated journey toward school and community safety.

Children's mental health needs must be addressed where children are—in schools. School-based mental health programs are key to identifying youths in need of help and connecting them with appropriate services.

There are no easy answers to troubling events like the one in Oklahoma, but we should aggressively implement the strategies that have proven effective. Doing so has actually become a matter of life and death.

For more information on the efforts by the National Mental Health Association, write to NMHA, 1021 Prince St., Alexandria, VA 22314-2971, or call (800) 433-5959 (toll-free) or (703) 684-7722. Visit the NMHA web site at www.nmha.org.

Texana MHMR teaches conflict resolution to youths

One pushes the other. A finger points back. A threatening fist raises in retaliation. Anger flares and escalates.

Youths unprepared to deal with a flood of angry emotions easily can resort to physical violence. Shootings at schools in Colorado, Arkansas, Kentucky and other states underscore statistical data that juvenile violence has been on the rise nationally. In response locally, Youth Services counselors at Texana MHMR Center in Wharton present conflict resolution techniques to students at schools in Texana's six-county region.

Very often, young people believe that conflict is bad and that ignoring it is the best way to handle it. Texana's youth counselors teach students that conflict is neither bad nor good; however, the way conflict is handled may result in positive or negative outcomes.

In their discussions, Texana counselors and students actively participate in role-plays designed to demonstrate how unresolved conflict can lead to expressions of violence. These role-plays act as motivators that encourage students to participate in the discussions that follow and allow for healthier replays of the same scenarios.

While students enumerate ways they've learned to deal with conflict effectively, the counselors teach conflict resolution skills. Because young people often lack skills to effectively deal with anger and to resolve conflict, they often mistake unhealthy approaches as appropriate. Teaching alternatives is the goal of the presentation.

Unresolved anger and a lack of problem-solving and anger-management skills can result in very serious consequences, including dropping out of school, juvenile crime, alcohol and drug abuse, failed relationships, and domestic violence into adulthood. Suicide can be another consequence

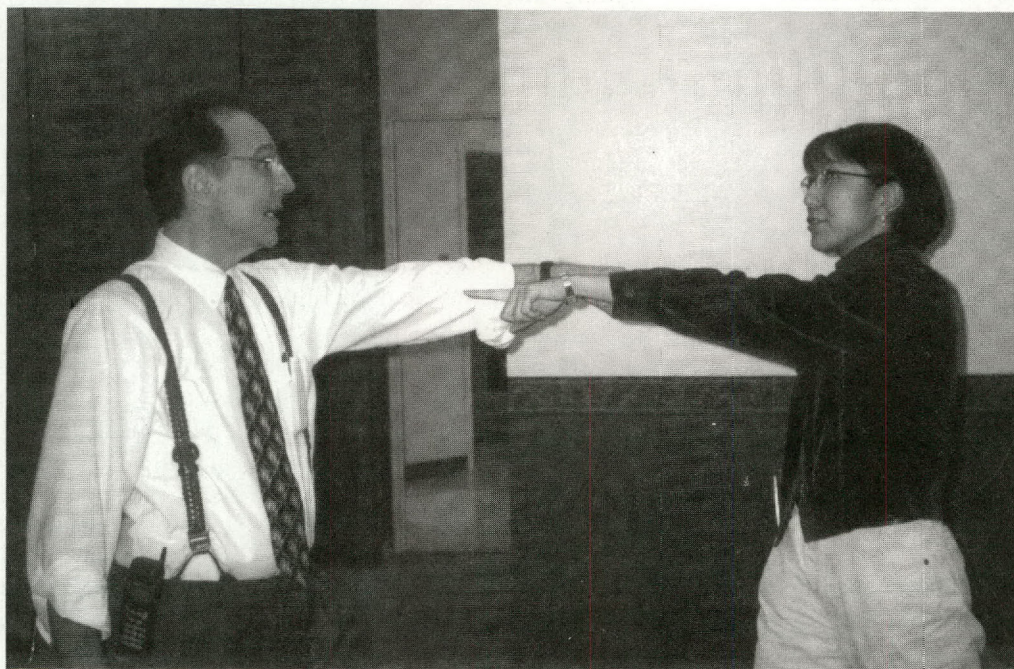
for young people as well as adults. Everyone experiences conflict on a daily basis. The question is whether it will escalate into violence or whether it will be expressed in ways that strengthen relationships and enhance the self-esteem of the individual.

"Although any age is a good time to learn conflict resolution skills, junior high students often are very receptive to learning healthy ways to deal with conflict," said Beverly Walsh, supervisor of Youth Services.

Texana also sent information on Youth Services admission requirements and programs to all area school districts.

The county commissioners of Austin,

Photo by John Waddill



Colorado, Fort Bend, Matagorda, Waller and Wharton counties formed the center in 1999 to provide community-based psychiatric services for people diagnosed with mental illness and their families. Texana, formerly Riceland Regional Mental Health Authority and Central Gulf SOCS, is governed by a board of nine trustees.

Contributed by John Waddill, Community/Employee Relations director for Texana MHMR Center, (409) 532-3098.

Texana MHMR Center counselors Joe Hirsch and Ryoko Shimizu demonstrate how not to handle conflict. The center presents conflict resolution techniques to students at schools in a six-county region.

Safe Schools/Healthy Students Initiative

\$100 million in community grants directed to prevent youth violence

In September 1999, President Clinton announced more than \$100 million in grants to 54 U.S. communities to increase school safety and help safeguard young people from aggressive and violent behavior, as well as drug and alcohol use.

Under the Safe Schools/Healthy Students Initiative, urban, rural, suburban and tribal school districts receive support to help link community-based services and prevention activities into one community-wide approach to violence prevention and healthy child development—including promoting children's skills to show self-control and rebuff the use of violence or aggression.

The unprecedented joint effort involving the U.S. Departments of Education (ED), Justice (DOJ) and Health and Human Services (HHS) aims to help communities design and implement comprehensive educational, mental health, social service, law enforcement and juvenile justice services for youths. The grants fund the first year of three-year projects.

In Texas, the Georgetown and Houston school districts received grants of \$1,251,294 and \$1,996,271, respectively. (See page 7 for related article on Georgetown ISD project.)

"Research shows that a far-reaching, community-wide and school-wide approach is the best strategy to promote healthy child development and reduce school violence and drug abuse," said U.S. Secretary of Education Richard W. Riley. "Our children's

health, safety and future success depend on partnerships that pool the strengths of schools, families and community organizations and offer a broad-based preventive approach to violence and drug use. These partnerships also will address children's emotional and developmental needs."

School districts submitted comprehensive plans generated under a formal partnership with law enforcement officials and local mental health authorities, in collaboration with families, juvenile justice officials and community-based organizations. To be considered, the plans were required to address the following six elements:

- A safe school environment;
- Alcohol and other drugs and violence prevention and early intervention programs;
- School and community mental health preventive and treatment intervention services;
- Early childhood social and emotional development programs;
- School reform; and
- Safe school policies.

Applications—judged for their strength, comprehensiveness, viability and likelihood to succeed—were peer reviewed by an interdepartmental team that made recommendations to the cabinet departments.

Research demonstrates that preventing violence by building on children's strengths and promoting healthy development yields better results and is more cost-effective than strictly punitive measures. Grantees are encouraged to intervene early and to use programs that have a solid base of evidence showing their effectiveness—such as life skills development, mentoring, conflict resolution, support for families,

Safe Schools/ Healthy Students Initiative



professional development for staff, truancy prevention, after-school activities, teen courts and alternative education.


"We need to nurture the personal strengths of children and adolescents so they can resolve problems without resorting to violence, alcohol, drugs and suicide," said U.S. HHS Secretary Donna E. Shalala. "We must enter the 21st century using the knowledge we have to promote healthy development among our children and provide prevention and treatment services for them."

The initiative was funded in fiscal year 1999 with \$60 million from ED's Safe and Drug-Free Schools Program, \$25 million from the HHS Substance Abuse and Mental Health Services Administration (SAMHSA), and \$15 million from DOJ's Office of Juvenile Justice

and Delinquency Prevention. An additional \$6 million was allocated from DOJ's Office of Community Oriented Policing Services (COPS) to fund the hiring of 53 police or school resource officers in schools. Also, another 46 communities will receive nearly \$17 million to fund the hiring of 147 additional school resource officers.

For more information on the Safe Schools/Healthy Students Initiative, write to the National Mental Health Services Knowledge Exchange Network (KEN), a service of SAMHSA, at P.O. Box 42490, Washington, DC 20015, or call (800) 789-CMHS or (301) 443-9006. To visit the program's web site, type www.samhsa.gov, select SAMHSA Clearinghouses, and then select KEN.

Bluebonnet Trails part of federal Safe Schools grant



A number of agencies in Williamson County, including Bluebonnet Trails Community MHMR Center, are part of the Safe Schools/Healthy Students Initiative.

Georgetown ISD, which received a grant of \$1,251,294, is one of the initiative's 54 grant recipients.

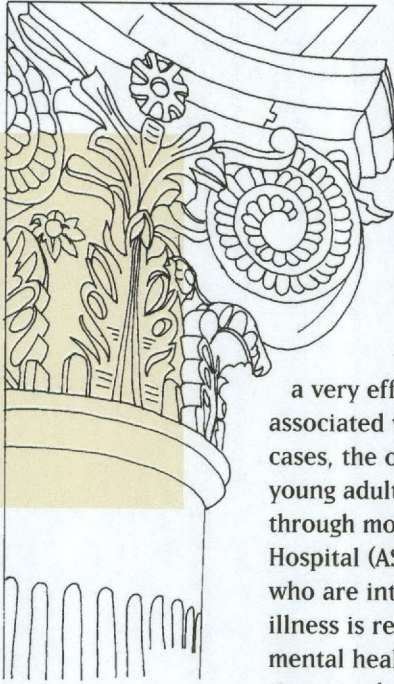
The Georgetown Project coordinated a comprehensive effort by 10 community agencies and 13 Georgetown school campuses to develop a community-wide approach that addresses the needs of children, youths and families in Georgetown.

Bluebonnet Trails' portion of the grant, around \$150,000 a year for three years, will allow the center to place one counselor and one intake/service coordina-

tor in Georgetown to serve youths identified by other agencies. It also provides funds for medications and a child psychiatrist.

In addition to Bluebonnet Trails, other agencies collaborating on the grant were the Georgetown Project; Georgetown ISD; City of Georgetown Police Services Division; Intervention Services; Williamson County Council on Alcohol and Drug Abuse; Partners in Education; Williamson County Juvenile Services; Williamson County and Cities Health District; and the Georgetown Prevention Partnership. The University of Texas Center for Social Work Research will conduct the evaluation component of the program.

*Adapted from an article in the Fall 1999 issue of *Outcomes*, a newsletter of Bluebonnet Trails Community MHMR Center, (512) 255-1720.*



Austin State Hospital Reaching out to young people

Reaching out to youngsters is a very effective way to combat the stigma associated with mental illness. In many cases, the only exposure that teenagers and young adults have to mental illness is through movies and the media. Austin State Hospital (ASH) opens its doors to students who are interested in learning what mental illness is really like and what role state mental health facilities play in assisting patients in their treatment and recovery.

Each semester, approximately 40 students from Ellison High School in Killeen travel to ASH to host activities and provide refreshments for the patients. Professional staff spend time with the students, describing the nature of their career at ASH, the different types of mental illness, and discussing the various treatment methods provided by the hospital. The students then split into smaller groups and accompany Community Relations staff to the units. Following refreshments and interactions with the patients, various nursing, rehabilitation and unit staff help answer any questions the students might have about their visit.

These Killeen students are in a nine-week Advanced Placement Psychology program, and many plan careers in the mental health field. Their visit to ASH is the highlight of the course and allows them the opportunity to use what they learn in class and apply it to a real life situation.

Debbie Mabray, who teaches the course, is very enthusiastic about the students' ASH visits. "This is an experience that they talk about the rest of the semester. The interaction with ASH patients makes more impact than any of the other coursework.

This trip has become so popular that we have a waiting list to get into the course. It motivates students to keep their grades up in order to meet course criteria.

"Our hope is that the students learn that people with mental illness are real people who have an illness—they are not to be feared or pitied, but treated with empathy and respect," Mabray continued. "These students will be the psychologists, therapists and counselors of tomorrow."

Other regular visitors to ASH include the junior and senior psychology students at Austin High School. These students, too, get an opportunity to speak directly with professional staff, both before and after their activities with the patients. Cynthia Johnson, who teaches the course, believes that the experience of giving parties and interacting with patients provides a multitude of benefits to the students. Johnson has three goals that she feels the ASH visits help to accomplish:

(1) To model volunteerism to young people. "Once they are exposed to the volunteer experience, they are much more likely to initiate it on their own," explained Johnson.

(2) To reinforce the students' understanding of abnormal psychology, which is a part of their coursework. According to Johnson, "The visit to ASH is a great real world educational experience and is the culmination of the program. This helps them start making the connection between the text and reality."

(3) To break the negative stereotypes associated with mental illness and help students appreciate the challenges faced by the

"These students will be the psychologists, therapists and counselors of tomorrow."

—Debbie Mabray, Ellison High School teacher



Photo by Carla Daws

Debbie Trammell (left) of the Austin State Hospital Community Relations Office presents a certificate of appreciation to Austin High School teacher Cynthia Johnson. Johnson schedules regular visits by her psychology students to the ASH campus, where they interact with patients and staff and learn about the challenges of mental illness and the work done by state mental health facilities.

patients. "Not only do the students learn what mental illness is really about," said Johnson, "they also gain a new appreciation of how fortunate they are to enjoy good mental health."

The patients at ASH enjoy their young visitors. Special refreshments and activities are welcome breaks from their day-to-day routines. The young people's interest and concern for them helps to remind ASH patients that they are not forgotten but are

valued by people in the community. Each of these students serves as an ASH ambassador, returning to their schools, families and friends with a better understanding of the challenges of mental illness and the work done by state mental health facilities.

Contributed by Carla Daws, director of Community Relations for Austin State Hospital, (512) 419-2330.

Community Connections

Students help themselves, others by getting involved

Each Friday morning at 9:30, a bus transports 26 students from Corpus Christi's South Park Middle School to Corpus Christi State School (CCS), a residential facility that serves individuals ranging in age from the teens through the 70s. The youths are volunteers in an innovative program called Community Connections, winner of a Star of TXMHMR Award (group category) in 1997.

The federal grant program benefits youngsters in low-income areas marked by high dropout rates. The program's objective is to develop students' vocational skills by giving them on-the-job training in a volunteer assignment. Typing, filing, collating,

stapling, shredding and copying are just some of the duties that the office-based volunteers perform for the CCS staff.

The South Park students, who are individually assigned to a supervisor, also volunteer in the dorms, sewing room, warehouse and central kitchen and assist the staff during campus-wide activities. They participate in direct contact, psychosocial activities with the residents.

"The staff and residents feel that they are the real winners as a result of the Community Connections partnership. The staff welcomes the extra hands, and the residents are delighted with their new friends," said Frances

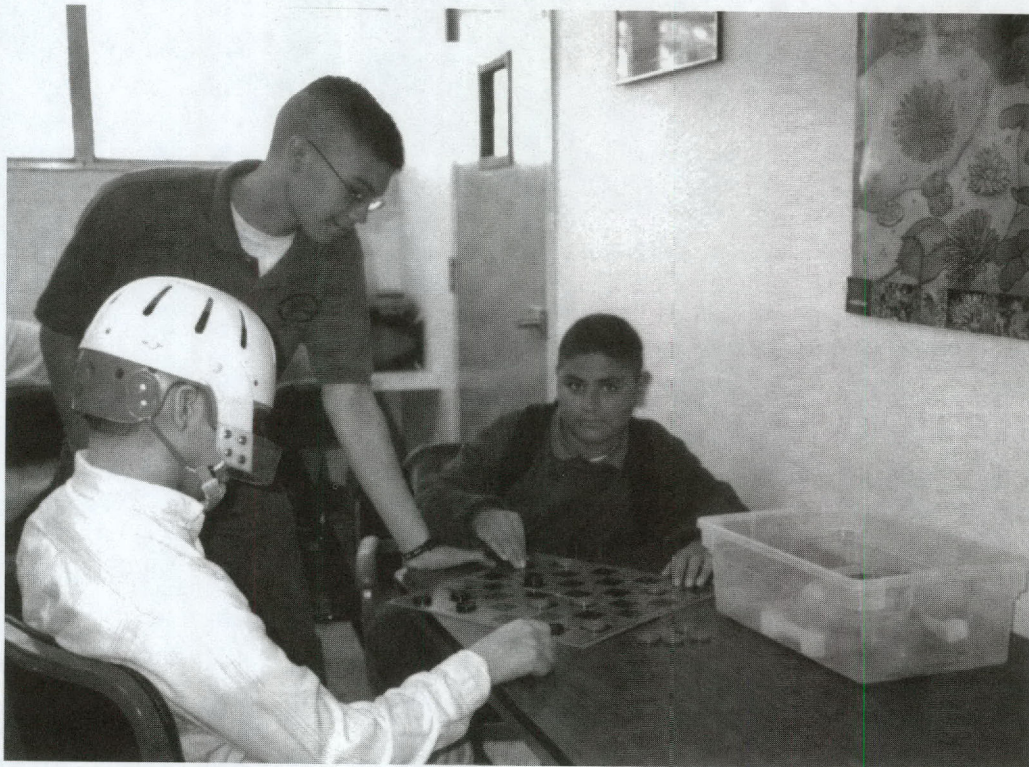
Garza, CCS volunteer coordinator.

A program that changes lives

The hands-on activities "go a long way in teaching the group about job responsibilities, educational needs and how to build successful working relationships," according to South Park Principal Bernadine "Bernie" Cervantes.

The students participating in the program show great dedication (absenteeism is very low on the Fridays that

Photo by Frances Garza



South Park Middle School students Erasmo Perez (standing) and Hazael Gutierrez participate in pre-vocational activities with a consumer at Corpus Christi State School.



"As the students learn firsthand about people with disabilities, they become ambassadors to the community in speaking positively about the facility and residents. This is a win-win situation for both the youths and the state school."

**—Frances Garza
CCS volunteer coordinator**

Glenda Keith, a teacher at South Park Middle School, accepts the Community Connections' 1997 Star of TXMHMR Award (group category) from TXMHMR Board Chairman Charles Cooper at the Volunteer Services State Council's 1998 Membership Meeting & Training Conference.

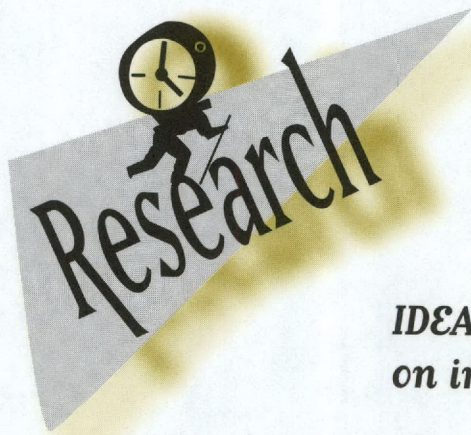
the students go to CCS) and increased leadership skills. They are very proud of the work they do at CCS. They have learned about job responsibilities, educational requirements and how to build successful working relationships.

'Ambassadors to the community'

While working at CCS, the young people gain a new appreciation for the many challenges faced by each resident and the staff.

"As the students learn firsthand about people with disabilities, they become ambassadors to the community in speaking positively about the facility and residents," said Garza. "This is a win-win situation for both the youths and the state school."

For more information on Community Connections, contact Frances Garza at Corpus Christi State School, P.O. Box 9297, Corpus Christi, TX 78469-9297, (361) 844-7719.



IDEA '97 regulations available on internet

Regulations for the reauthorized Individuals with Disabilities Act (IDEA), released in 1999 by the U.S. Department of Education, are available through three PACER Center, Inc. web sites. The web sites are www.pacer.org, www.fape.org, and www.taalliance.org. The regulations interpret federal law that sets education policy for the nation's 6 million children with disabilities.

Congress reauthorized IDEA in 1997, with changes. The original legislation was enacted in the 1970s and, for the first time, gave children with disabilities the right to a free and appropriate public education. IDEA '97 focuses on improving the education of children with dis-

www.pacer.org
www.fape.org
www.taalliance.org

abilities. It stresses quality and the right to participate in schools' general curriculum.

Proposed regulations for IDEA '97 were released by the U.S. Department of Education in November 1997, followed by a three-month public comment period. The department received 6,000 written comments, which were analyzed as the regulations were formulated.

Families and Advocates Partnership for Education (FAPE) is a national project

funded by a grant from the U.S. Department of Education, Office of Special Education Programs (OSEP). It is coordinated by the PACER Center and composed of education and disability organizations from across the nation. It disseminates information to families, advocates and students about the IDEA '97 and links them to services and organizations. The National Association of State Directors of Special Education (NASDSE) and the Council for Exceptional Children (CEC) also received Partnership grants from OSEP on the IDEA. PACER, NASDSE and CEC have formed partnerships with more than 30 additional national organizations.

FAPE's 11 core partners are the Federation of Families for Children's Mental Health; Academy for Educational Development; Center for Law and Education; Family Voices; National Down Syndrome Congress; National Council on Independent Living; National Coalition for Parent Involvement in Education; National Indian Child Welfare Association; Fiesta Educativa; National Association for Parents of the Visually Impaired; and the Technical Assistance Alliance for Parent Centers.

To obtain information about IDEA '97 and regulations clarifying it, in addition to the web sites, call PACER at (888) 248-0822 (toll-free), (612) 827-2966 (voice), or (612) 827-7770 (TTY) or e-mail fape@pacer.org.

Transition services ease move from school-based to community-based programs

Students with disabilities face many changes and new challenges upon graduation from public school. Without proper preparation, life away from the school atmosphere can be intimidating and daunting.

Unlike special education for students, systems of supports for adults are not an entitlement. Many former students with disabilities face long waiting lists or fees for services. Studies by the Texas Planning Council for Developmental Disabilities have shown that more than 50 percent of former students are unemployed and living at home with their parents a year after graduation.

State and federal laws require an Individual Transition Plan (ITP) for all students aged 16 to 21 who are receiving special education services. (Some students may be entitled to an ITP beginning at age 14.) ITPs, which are developed apart from and prior to Individualized Education Programs, serve as road maps to help students achieve personal goals.

To help individuals move successfully from school to new endeavors, the 69th Texas Legislature in 1985 directed TXMHMR to work with the Texas Education Agency and Texas Rehabilitation Commission to facilitate individuals' transition from educational to vocational rehabilitation or to TXMHMR for persons with mental retardation. Eventually, a Memorandum of Understanding (MOU) was created among agencies involved in transition of all special education students. (For more information on the MOU, see article on this page.)

The 1997 reauthorization of the Individuals with Disabilities Education Act de-

fines transition services as "a coordinated set of activities for a student, designed within an outcome-oriented process, that promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing adult education, adult services, independent living, or community participation." TXMHMR can provide vocational services if they are in collaboration with the public schools, included in students' ITPs, and provided outside the regular six-hour school day.

Transition services are based on the premises that all people should have opportunities to choose where to live, work and play; all people should have opportunities to make informed choices and control their lives; and all people have values, preferences, abilities, responsibilities and limitations.

continued on page 30

Transition MOU being revised

TXMHMR is working with other agencies, community organizations, parents, students and educators in the revision of the Memorandum of Understanding (MOU) of Transition Planning for Students Receiving Special Education Services.

Texas Education Code 29.011 states that the purpose of the MOU is to establish "the respective responsibility of each agency for the provision of the services necessary to prepare students enrolled in special education programs for a successful transition to life outside the public school system."

A Transition MOU Review Committee is made up of signatory agencies for the MOU: TXMHMR, the Texas Commission for the Blind, Texas Department of Human Services, Texas Education Agency (TEA), Texas Workforce Commission, Texas Rehabilitation Commission, and Texas Department of Protective and Regulatory Services. Liz Shelby, Long Term Care specialist in TXMHMR Long Term Services and Supports, represents the agency on the committee. At TXMHMR, the transition issue cuts across several divisions: Long Term Services and Supports, Children's Mental Health (up to age 18), and Adult Mental Health (ages 18-21 for eligible school age for special education).

Several additional agencies have been invited to participate in the MOU process. The committee has gathered stakeholder input through a variety of ways, including video conferences via TEA's video conferencing system (TETN). Completion of the MOU content review is expected this summer.

For more information, contact the Statewide Transition Consultant, Education Service Center Region XI, 3001 North Freeway, Fort Worth, TX 76106, email jfeipel@esc11.net or fax (817) 740-3684.

**Texas Panhandle
Mental Health Authority**

Keeping families together

Texas Panhandle Mental Health Authority (TPMHA) is committed to providing high-quality services to families in the top 21 counties of the Texas Panhandle. The center's mission is to provide an accessible array of quality psychosocial services to children and their families with an emphasis on family preservation.

TPMHA builds on the idea that parents are the experts regarding their children's needs, and its programs emphasize the strengths of the family unit. Parents and staff partner together, formulating the most appropriate plan in reaching the family's goals. TPMHA approaches families in a holistic manner, taking into account family strengths and natural support systems to foster familial independence.

The family preservation program Families First, which began in 1992, is designed to thoroughly assess child and family needs to ensure the most appropriate care for each person. Funded through TXMHMR, Families First has done an excellent job of meeting clients' needs. Currently utilizing 10 clinicians in the Panhandle, the program provides resources and skills to families while fostering hope for the future. Trained professionals support families with in-home, in-school, and in-office services.

Families First is driven by the intervention occurring with the whole family, and families are active participants in the change process, resulting in improved functioning in the home, school and community. The program helps families determine their strengths and the goals they want to achieve during treatment. Clinicians use a variety of approaches to meet families' needs, including, but not limited to, individual skills training (parent and/or child); family skills training; and linking to community resources, advocacy, respite services, parenting classes, counseling, and psychiatric services that include hospitalization.

Striving to keep families together, the program works to improve family function-

ing, as well as the child's behavior. Program staff believe that children are one part of the system and that working with the system as a whole can have the greatest impact on a child.

The goals of the Families First program are:

- To provide a holistic, strength-based, family-oriented intervention in the family's natural surrounding;
- To preserve the family unit by preventing unnecessary out-of-home placements;
- To prevent further entry of the youngster into child-serving agencies; and
- To provide a seamless and convenient referral process for families, youths and community agencies.

TPMHA takes great pride in the collection of information regarding positive outcomes and has a favorable track record with compliance and positive outcomes with TXMHMR. Demographics, problem behaviors, critical incidents, and risk factors are collected during the assessment phase for all children entering services. At the end of services, the same data is collected with the addition of satisfaction surveys. These data sets are statistically compared with all beginning data. The outcome data then is communicated to decision-makers within the Community Management Team (CMT), Citizens Advisory Committee members, parents, and the TPMHA Board of Trustees and staff. Outcome data provide objective information in determining program strengths and weaknesses. The TXMHMR Planning, Research and Evaluation Department, other TXMHMR centers, and the Florida Mental Health Insti-

tute frequently call upon TPMHA to share information about its outcome success.

Families First serves the majority of families in home or nontraditional settings. In-home services help eliminate the hindrance of transportation to families living in the Panhandle and, therefore, make services more accessible.

Collaboration is paramount in the TPMHA service delivery system. In a unique cooperative arrangement with the various child-serving agencies in the Panhandle, TPMHA formed contracts to place family preservation and day treatment workers in the offices of other state agencies. Not only was this a fiscally sound strategy by sharing

costs of housing, support and training, but it also revealed advantages that were at the time unknown. Having TPMHA workers actually office in schools and probation departments helped create a cohesive working relationship that has aided in the elimination of territorialism. Our agencies have learned much more about each other's system and have discovered ways of working within each other's guidelines.

TPMHA invites the representatives of the agency receiving the Families First worker to participate in the interview of prospective employees for the position. This process helps ensure that the most appropriate staff member is hired.

The CMT meets monthly to look for gaps in services, analyze budget concerns, and plan for future services. Organized by TPMHA and funded by the Texas Children's Mental Health Plan, the CMT ensures that collaborating agencies have a voice in the services and direction of the program.

Contributed by Gene Ann Grant, Family & Community Education director at Texas Panhandle Mental Health Authority, (806) 354-2191.

Services to At Risk (STAR), a new program of the Texas Panhandle Mental Health Authority, is designed for youths of 7-17 years of age who have run away, been truant or delinquent, or experienced family conflict.

STAR, which started in September 1999, provides free counseling and support for youngsters and their families. Funded by the Texas Department of Protective and Regulatory Services, the program is not designed for young people on adjudicated probation or who have a current Child Protective Services investigation.

For more information, call (806) 359-2005 or (800) 692-4039.

1999 Award Winners

The following individuals were honored for their contributions to individuals with mental illness and mental retardation this past April at the 42nd Annual Membership Meeting & Training Conference for the Volunteer Services State Council. Congratulations to all the award recipients.

Mary Holdsworth Butt Award

The Mary Holdsworth Butt Award was designed as a tribute to Mrs. Butt and to individuals who have followed a path of service to persons with mental illness or mental retardation and to the department, community MHMR centers, volunteers, and the TXMHMR Board. Recipients of this award demonstrate outstanding contributions to improving local and state programs for Texans with mental illness or mental retardation. Current and past board members from community MHMR centers, the Volunteer Services State Council and the TXMHMR Board of Directors are eligible for nomination.

Murphy George-Burke Center & Lufkin State School



Murphy George began his involvement in the TXMHMR system in the early 1980s through Lufkin State School. Only a few outreach community programs were available through the school for Anderson and Cherokee counties. Through his efforts, the nonprofit Lufkin Association for Developmental Disabilities (LADD) was formed with George as its founding president.

His commitment to improving the quality and scope of mental health and mental retardation services did not end with the development of LADD. It was only the beginning.

While volunteering with the Area 7 Special Olympics, George saw a need for an orthotics center to fabricate wheelchairs for residents at the school. He immediately set out to collect private funds, and in 1992 a state-of-the-art regional orthotics center was built. He headed a project to expand the school's cafeteria to better accommodate the residents, and he personally donated funds to purchase computers for residents confined to wheelchairs. In 1995, George was appointed to the Burke Center's Board of Trustees.

Murphy George is a true champion and vital advocate for people with disabilities.

Murphy George accepts the Mary Holdsworth Butt Award from TXMHMR Commissioner Karen Hale.

Photo by Virgil Harrison

"Mr. George is a true champion . . ."

—Burke Center & Lufkin State School staff



Induction into the Hall of Fame

To be eligible for induction into the Hall of Fame, a volunteer must contribute 10,000 hours of service.

Euleta "Bill" Bell, *Richmond State School*
Elizabeth Hallmark, *San Antonio State School*
Helen Haskew, *San Antonio State School*
Pablo Oballe, *Camino Real SOCS*
Wayne Potter, *Rio Grande State Center*
Marie Skaggs, *Camino Real SOCS*
Fred Stavinoha, *Richmond State School*

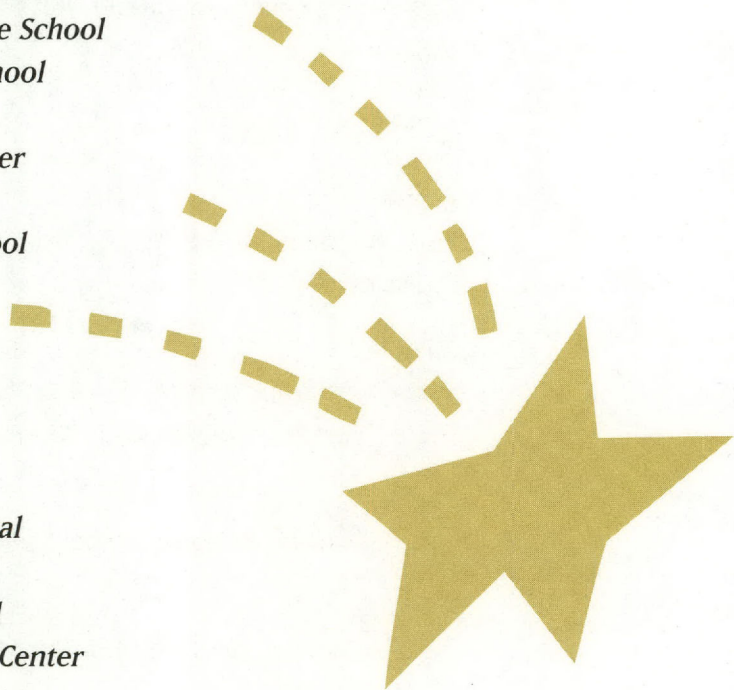
1999 Star of TXMHMR Awards

Individuals

Gayla Chambers, *Terrell State Hospital*
Douglas Elbert, *Burke Center*
Joanne Sorich, *Brenham State School*
Helen Wesson, *Central Texas MHMR Center*

Groups

Austin Community Eagles Society, *Austin State Hospital*
First Colony Mall, *Richmond State School*
Ingram Elementary School, *Kerrville State Hospital*
KWTX-Channel 10, *Waco Center for Youth*
SASH Sew-N-Sews, *San Antonio State Hospital*



1999 Volunteer Services State Council Awards

Innovative Volunteer Program

Santa's Workshop, *Lufkin State School*

CEO of the Year

Steve Anfinson, *Waco Center for Youth*

Outstanding Volunteer Fund-raiser

Alan Sandersen, *Richmond State School*

Best Fund-raising Project

Winter Wonderland, *Richmond State School*

Partner in Philanthropy

First Colony Mall, *Richmond State School*

Regional Volunteers of the Year

Region 1

Ruth Stephenson, *Big Spring State Hospital*

Region 2

Barbara Wallace Holzer, *North Texas State Hospital, Wichita Falls Campus*

Region 3

Mike Deshotel, *Beaumont State Center*

Region 4

Donald Dumas, *Austin-Travis County MHMR Center*

Region 5

The De La Garza Family, *San Antonio State Hospital*

Region 6

Helen McElwee, *Lubbock State School*

Rookies of the Year

Nora Castillo, *San Antonio State Hospital*

Julie Kent, *Brenham State School*

Tom Cunningham, *San Antonio State School*

Shannon Kilpatrick, *Waco Center for Youth*

Tanya Fernandez, *Laredo State Center*

Suzanne Markwell, *Big Spring State Hospital*

Tammy Harbin, *Denton State School*

Phyllis McCorkle, *San Angelo State School*

Evelyn Hill, *Kerrville State Hospital*

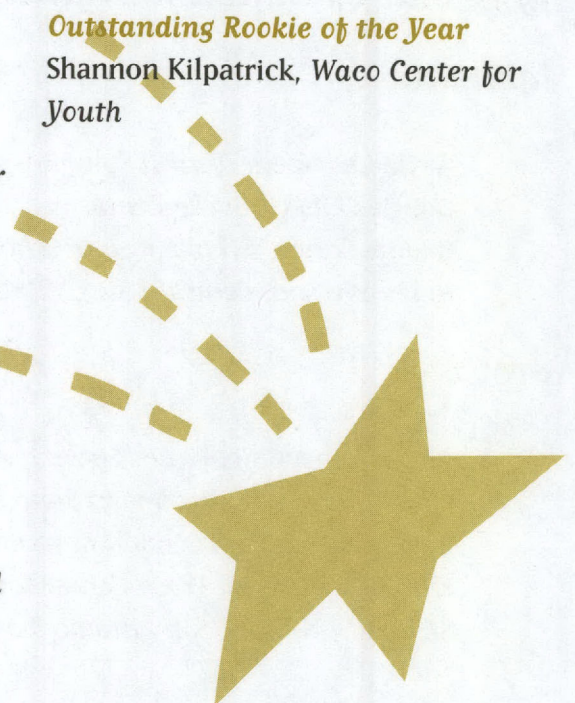
Don Pittman, *Abilene State School*

Cory Jones, *Austin State Hospital*

Belinda Regueira, *Austin State School*

Outstanding Rookie of the Year

Shannon Kilpatrick, *Waco Center for Youth*



Recent statistics provide U.S. snapshot

Fewer than one in five of U.S. children with mental illness receive treatment of any kind.

—National Institute of Mental Health

During 1999, 31 percent of 12th graders engaged in frequent drinking. Fifteen percent of eighth graders reported that they had consumed alcohol.

—Federal Interagency Forum on Child and Family Statistics

Twenty percent of students with serious mental disturbances are arrested at least once before leaving school, compared to six percent of all students. Too often, teens and young adults receive mental health care only after their problem has led to school problems or encounters with the justice system.

—Substance Abuse and Mental Health Services Administration

Everyday in America, six children and adolescents commit suicide (1998 statistics).

—Children's Defense Fund

Over 47 percent of teenagers have used marijuana (1999 statistics); this percentage is up 16 points from 1991.

—U.S. Centers for Disease Control and Prevention

The leading causes of disability: (1) Major depression, (2) Iron-deficiency anemia, (3) Falls, (4) Alcohol use, (5) Chronic obstructive pulmonary disease, (6) Bipolar disorder, (7) Congenital abnormalities, (8) Osteoarthritis, (9) Schizophrenia, (10) Obsessive-compulsive disorder

—Texas Mental Health Consumers

Illicit drug use among 12th graders was 27 percent in 1999.

—Federal Interagency Forum on Child and Family Statistics

Approximately 13.7 million children and adolescents between the ages of 9 and 17 experience a diagnosable mental disorder in any one year. Of these children, 3.5 to 4 million have a serious emotional disturbance of such severity that it affects the child's ability to function at home, to learn at school, and to engage in neighborhood or community activities. These disorders can lead to school failure, violence or suicide.

—Substance Abuse and Mental Health Services Administration

The number one cause of suicide in the United States is untreated depression.

—National Depressive and Manic Depressive Association

Attention Deficit Hyperactivity Disorder (ADHD) affects from three to 10 percent of all American children. ADHD often develops in children younger than 7 but is most often diagnosed between ages 8 and 10.

—National Institute of Mental Health

Abilene Regional MHMR Center

Stepping stones lead to success

The following story is an example of some of the challenges I faced in taking our services to the public schools. I hope it will encourage those of you who are in the process of establishing your own school bound program. So . . . sit back, grab a cup of coffee and have a few laughs—at my expense! And keep in mind that once you're in those schools, they will love you!

Photo by Helen Scott



Nancy Hannon, School Bound coordinator, is pictured with Tyler, one of the students aided through the Youth Skills Development Center of the Abilene Regional MHMR Center.

When I left my teaching job and became a school bound coordinator, I didn't realize the challenges that would beset me. I was a new employee trying to penetrate school districts with a new program, and the opposition was menacing. Yet, what I call the stepping stones to success helped to establish the Abilene Regional MHMR Center (ARMHMRC) Youth Skills Development Center's School Bound Program.

Trying to introduce the program to the school principals was the first major obstacle. The schools in my area hire what I call "super secretaries" who protect the principal from all contact with the outside world. Now, don't get me wrong. I under-

stand why they have to do that . . . to a degree, but let's be reasonable.

First, I was a representative from a reputable organization. That factor, to me, should have been enough to gain entrance to all the schools in my area. But, no! Apparently, our public schools are bombarded with people wanting access into them. One school employee repeatedly asked me what I was *selling*.

Second, I had met with the director of the Special Education Department over one of our school districts. With her blessing on the program, I thought for sure I'd have no problem setting up an appointment with the principals. But, no again!

"I'm sorry," the secretary said, "but you have to get permission from the director of Student Services."

After I obtained a letter from him (which came after consultation from a school lawyer), I finally was permitted into the principal's office. With entrance gained, the principal, teachers and parents came to embrace the program.

As I began to schedule students, I noticed another immediate need. There wasn't enough staff for the number of referrals. The response to the program led to the hiring of additional staff.

The center serves the needs of hundreds of consumers, and each has a different need requiring a different teaching technique. Like medical doctors who specialize in certain areas, the center strives to hire teachers trained to help students with specific needs. However, sometimes staff trained in a particular specialty are unavailable. For example, because I lacked training in regard to autism, I was handicapped in aiding a particular student. However, my sister has a child with a mild form of this condition, so I enlisted her aid via various books and tapes she had purchased on autism. I also attended several workshops addressing students with autism.

Loaded with the new strategies, I implemented certain techniques to help my new young student. With the support of the

classroom teachers, he has made many positive strides. It takes all of us working together to help students reach their full potential. That, of course, is one of ARMHMRC's goals for the School Bound Program—that our staff and teachers work together to help children become their absolute best.

If I had to name the stepping stones to the program's success, I would list the following:

Confidence—You have to be confident when launching a new program. If you have a vision and passion for what you want to accomplish, confidence comes naturally. Believing in what you are doing is a big plus when you come to sell your program to principals.

Empathy—Empathy is a must, because this is a people business. Everyone has problems, and I think this is one truth that is often forgotten. Walk a mile in the old proverbial moccasins of the other person. Empathy promotes understanding and compassion.

Flexibility—A true leader conforms to any circumstance or challenge and comes out shaped into a tool that benefits the pro-

gram. Flexibility protects you from rigidity and legalism.

Patience—Wait for doors to open. Don't quit. Your patience will see you through.

Persistence—Persist even when it looks like failure is staring you in the face and saying, "You've lost!" Eventually everything will work out.

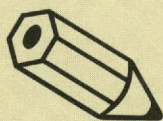
So, get ready to wear lots of different hats. You'll be a sales representative for your organization, a mediator between the schools and parents, and, finally, a teacher who desires and strives for all children to learn.

At the time of this writing, our four month-old program serves nearly 40 students in 17 area schools, with the promise of many more teachers requesting our services. We are excited about this program's potential and the positive impact we are making in the lives of students.

Contributed by Nancy Hannon, School Bound coordinator at the Youth Skills Development Center of the Abilene Regional MHMR Center, (915) 670-4806.

What is the School Bound Program?

A program that provides extra assistance to the teacher in the classroom setting for qualified students with special needs.



Who benefits from the program?

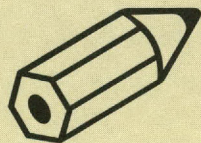
Any student with special needs who:

- Is struggling academically
- Is in the mainstreamed transition phase to the regular classroom
- Needs more one-on-one time to achieve success
- Needs assistance with social and behavioral skills



Who qualifies for the program?

- Students with IQs of 70 or below, a diagnosis of mental retardation, autism or pervasive developmental disorder.
- Students who are in pre-kindergarten (three years of age) through high school.



What are the program's goals?

- Cultivate a positive learning environment
- Improve motivation to learn
- Increase success in the classroom
- Build self-esteem
- Provide one-on-one assistance
- Promote independence, dignity and responsibility

WHO helps youngsters cope with difficult situations

Recognizing abuse and dangerous situations and knowing how to deal with them—these are important skills for children and teenagers. MHMR Services of Texoma sponsors a preventive educational program, We Help Ourselves (WHO), to help children ages three through teenage deal with these issues.

Presented by the Grayson County Attorney's Office, WHO makes a difference in the lives of area youngsters. Every year, children make disclosures to counselors and teachers. Some reports have stated the WHO program helped children escape dangerous situations.

First presented in the Denison area in 1984, WHO has been utilized in all 21 school districts in Fannin and Grayson counties during the past decade and a half. The program gained the attention of Grayson County Attorney's Office staff two years ago

when they tried a child abuse case. In this case, the child's disclosure occurred after a WHO program presentation. Kate Whitfield, a staff member at the Attorney's Office, has been a WHO volunteer for several years.

Six age-appropriate programs available

WHO has six age-appropriate programs: Pre-Kindergarten; Kindergarten-2nd grade; 3rd-4th grades; 5th-6th grades; 7th-9th grades; and 10th-12th grades and college.

The WHO rules are taught in Pre-K through 6th grade. The rules are to 1. **Know** safety rules and use them; 2. **Do** have a plan to get away from the situation; and, 3. **Tell** a trusted adult.

The Pre-K and K-2nd grade programs utilize puppets, a game show video, and the discovery method of teaching. The presenter asks a series of questions, and the students

Photo by Lynne Littrell



The We Help Ourselves (WHO) program, sponsored by MHMR Services of Texoma (MHMRST), combines the efforts of volunteers, MHMR staff and school district staff. Pictured from left to right are Paula Cawthon, MHMRST Community Relations director; Tomi Smith, Denison ISD counselor; Vivian Spears, volunteer; Kimberlli Cunningham, volunteer; and Jan Snow, Trenton ISD counselor.

work out the best solution to the problem. These two programs discuss stranger-danger and emotional, sexual and physical abuse. The 3rd-4th grade and 5th-6th grade programs discuss peer pressure; stranger-danger; bullies; self-care at home; and physical, sexual and emotional abuse.

Topics for discussion with adolescents in 7th and higher grades include peer pressure; sexual harassment; premarital battering; physical abuse; incest; running away from home; suicide; eating disorders; and date rape.

Volunteers needed

Individuals wishing to help make a positive difference in youngsters' lives and help prevent childhood victimization can find volunteer opportunities with WHO. Requirements for becoming a WHO volunteer include 1. a dedication to children; 2. completion of a 12-hour training course; 3. availability during school hours to present programs in schools; and 4. ability to present the program to a classroom of students.

WHO volunteers follow a flexible training schedule, which allows different time commitments. Volunteers may choose one particular school or age group. The training guides the volunteer in exactly what to say and do in working with youths.

Contributed by Paula Cawthon, Community Relations director at MHMR Services of Texoma, (903) 786-4804.

Every child's mental health is important.

Many children have mental health problems.

These problems are real and painful and can be severe.

Mental health problems can be recognized and treated.

Caring families and communities working together can help.

*U.S. Department of Health and Human Services,
Substance Abuse and Mental Health Services
Administration, Center for Mental Health
Services (Call toll-free 800-789-2647)*

Center for Health Care Services Collaborating with school districts to serve students

"Joe" is a 10-year-old Edgewood ISD fifth-grader who has few friends, gets into fights often, refuses to follow his teacher's directions and lately has begun to cut himself. He comes from a hard-working, single-parent home with few supports and multiple stressors, including ongoing violence in the family's neighborhood. Joe's behavior is noted by his school social worker, who contacts the family to discuss Joe's situation. Joe's mother has little money, no transportation and is aware of Joe's problems but is unsure of what to do. She is willing to seek outside help but is intimidated by doctors and professionals. Joe's social worker discusses a program that would provide Joe's mother with quick access to services, as well as support from Joe's school as the

family participates in treatment. Joe's social worker contacts the school district liaison, who refers Joe to Children's Services at the Center for Health Care Services (CHCS) for assessment. An intake appointment is scheduled with Joe's mother, who is accompanied to the appointment by the social worker she knows and trusts. So begins the treatment of another Edgewood ISD/CHCS clinic consumer.

The school team

Over eight years ago, the Children's Mental Health Program at CHCS began a collaboration with two of Bexar County's largest school districts to provide contracted mental health services to its special education students experiencing significant emotional and behavioral problems in school. Referred students and their families were provided psychiatric, counseling and crisis intervention services as needed on-site at their respective schools.

A key component in those early years of what became known as "the school team"

Photo by Maggie Parma



Team member Dr. Robin Dossman, child psychiatrist (standing), works with a consumer at the first branch office school mental health clinic as part of a partnership with the Edgewood ISD Special Education Department. Mobile team member Jose Coronado, LMSW, and the child's mother look on.

was the mobile crisis intervention service. With one phone call, school staff immediately could access the services of a mobile school team clinician to assess the risk factor of students displaying suicidal or homicidal behavior. Based on the assessment of the student's needs, team clinicians provided immediate diffusion of the crisis, facilitated transport to an area hospital, arranged further assessment by a CHCS psychiatrist or provided ongoing outpatient counseling for the student at his or her school.

Equipped with cellular phones, pagers and traveling toy/supply bags, school team clinicians quickly gained a reputation as highly flexible professionals who could work effectively with students from kindergarten to high school age. To school staff, the school team clinicians served as mental health consultants who provided insights on how best to address these students' special needs during the course of the school day.

School team to mobile outreach team

In the years since the team's creation, it has undergone various transformations as the needs of the community and consumers have evolved. The biggest change has been the shift from crisis intervention to crisis prevention.

As the relationships between the Children's Mental Health Program and school district staff have grown, so has the understanding of how best to maximize collaborative efforts so that at-risk students are identified earlier and services are obtained long before a crisis occurs. A wider variety of mobile services are available to a broader scope of

clients as both school staff and students' families now can access mobile services.

The "school team" has evolved into the mobile outreach team and currently comprises three clinicians, one home interventionist, and part-time services from the Children's Mental Health Program's two ropes facilitators and contract psychiatrists. There now are contracts with three school districts, and mobile mental health services are provided to students across 41 school campuses from five school districts. More than 30 clients receive mental health services in their homes.

Photo by Maggie Parma



Caseworker Mylene Mackey works with a student as part of an in-house branch office school mental health clinic in partnership with Edgewood ISD.

The Edgewood ISD/CHCS Clinic

In October 1998, the mobile team took its services one step further and, in partnership with the Edgewood ISD Special Education Department, created the team's first branch office school mental health clinic. As the fictional narrative of "Joe" illustrates, eligible Edgewood students and their families work with their respective school social workers to receive services at this clinic, which is housed in a district facility.

Since its inception, more than 45 special education students have been directly referred to the clinic by Edgewood ISD social workers. This year, that number has risen sharply as all eligible Edgewood ISD students now are able to receive services through this clinic. The result has been an increase in commitment to mental health treatment by these students' families as well as the creation of a facility that, because of its convenient location and shared ownership, truly is a community mental health clinic.

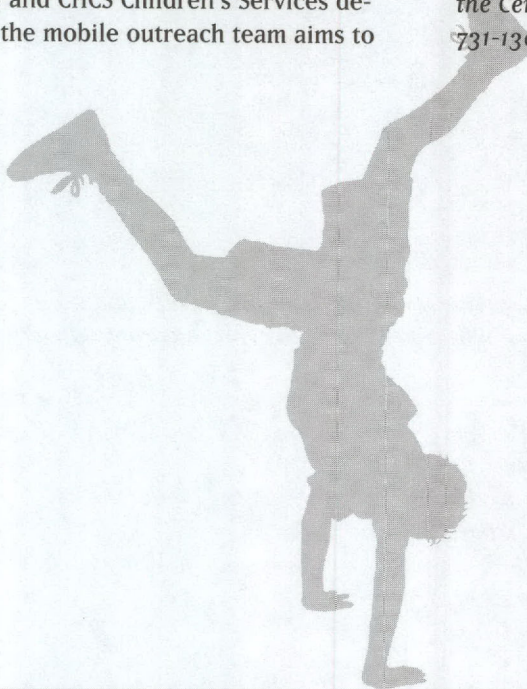
Mobile outreach and the future

As the needs of the Bexar County community and CHCS Children's Services develop, the mobile outreach team aims to

continue providing quality, easily accessible mental health services. In addition to psychiatric and individual and family skills training/counseling sessions, plans are underway to increase the number of ropes groups offered on school grounds with a special emphasis on students in alternative programs for behavioral problems. With the success of the Edgewood ISD/CHCS clinic, a long-term goal is to create more outreach clinics located within school districts in outlying areas where distance all too often precludes a family's ability to get the help it needs.

The mobile outreach team has come a long way since its early days of one-shot crisis calls. Its success has proven that different entities with different philosophies, like school districts and mental health agencies, can come together under a common goal to serve one community. In the end, as it should be, it is the child and adolescent consumers who drive that goal and who benefit from its ultimate achievement.

Contributed by Maggie Parma, Children's Mental Health Program unit coordinator at the Center for Health Care Services, (210) 731-1300.



ACCESS and Jacksonville ISD's Compass Center Partners in principles and practices

When asked about the therapists who have worked with her at school, the young woman in the photo said, "They have helped me."

Her therapist for the past two years has been Steven Kahn, Ph.D., who coordinates mental health services for youths at Anderson/Cherokee Community Enrichment Services (ACCESS), the community-based MHMR center that serves people with brain or behavior disorders in Anderson and Cherokee counties. One day a week, Dr. Kahn sees youths who attend classes at the ACCESS Compass Center, an alternative campus for Jacksonville ISD.

Three programs share space in the Compass building: STRIDE, OASIS and DIRECT. The STRIDE program focuses on occupational training and accelerated instruction for students at risk of dropping out. OASIS focuses on training and counseling for youths with severe behavioral or emotional disorders. DIRECT focuses on aggression replacement training for youngsters expelled from school for behavior problems.

The success of the Compass Center program has attracted national attention among educators.

"We do whatever it takes to have a positive impact and to help kids learn what it means to be responsible and respectful," said John Mark Lester, Compass Center director. "The collaboration with ACCESS has been critical in order to provide services with success for these young people."

The student in the photo is an example of the success of the collaboration between MHMR centers and schools. She entered services as a defiant and depressed 13-year-old. Her family has had many difficulties over the years, but she has stayed in school to get her diploma and has cooperated with

ACCESS treatment. She just turned 18, attends school part time, works part time, and takes care of her invalid father. Without the supports provided through the youth mental health program at ACCESS and through the Compass Center's STRIDE program, Dr. Kahn believes she would have given up and dropped out long ago. She also might have been at high risk for harm to herself or others or for self-defeating behaviors. Instead,

Photo by Bonnie Phlieger



she has a positive outlook on her future and is coping well with her life.

Contributed by Bonnie Phlieger, director of Community Education and Resource Development, Anderson/Cherokee Community Enrichment Services (ACCESS). For more information on the ACCESS youth mental health program, contact Steven Kahn, Ph.D., at ACCESS, 5656 N. Jackson, Jacksonville, TX 75766, (903) 589-9000. For additional information on Compass Center programs, contact John Mark Lester at Compass Center, P.O. Box 631, Jacksonville, TX 75766, (903) 589-3926.

This student (center) is just one of the individuals who have benefited from the ACCESS Compass Center, an alternative campus for Jacksonville ISD. She is flanked by Steven Kahn, Ph.D., coordinator of Youth Mental Health Services at ACCESS, and John Mark Lester, director of the Compass Center.

RYA works to meet students' mental health needs

Regional Youth Associates (RYA) at Central Plains Center for MHMR - Substance Abuse serves children ages 0-17 with mental health issues. Located in Plainview, the center serves nine counties between Lubbock and Amarillo.

At RYA, six rehabilitation skills trainers provide services within the school setting. With each trainer having an average caseload of 25, youngsters receive services once a week for 30 minutes to an hour. Depending on the needs of each youth, the following skills are taught:

- Problem solving
- Choices and consequences
- Decision making
- Respecting authority
- Anger management
- Communication
- Substance abuse prevention

As an example of the problem solving skill, a list of questions is cut into strips and placed in a basket. A bottle is spun around a group of children sitting in a circle. The child on whom the bottle lands must draw a question out of the basket and brainstorm as many different solutions to the problem as possible. For example, "You see that your friend has a gun in his locker at school. What do you do?" Solutions a child might brainstorm could include writing an anonymous note to the principal so the friend would not know you told or telling the friend the consequences of bringing a gun to school.

Another problem solving example is to have each youngster write down three prob-

lems that he or she is having. The lists of problems are cut into strips and placed in a basket. The children take turns spinning the bottle, reading the problems and helping to solve them. No names are listed on the paper, so no one knows whose problem is whose.

At RYA, three service coordinators help youths with food, clothing, shelter and medication. The service coordinators go to the youngsters' homes and monitor their home situations. They also visit the children's schools to assess the conditions there. They attend Admission, Review and Dismissal meetings if the students are in special education and attend the Community Resource Coordination Group meetings if the youths are referred.

A RYA team also is available in the event of a crisis situation at a school within the catchment area. For example, if a student commits suicide or is killed, RYA staff are available to provide counseling for children at that student's school. RYA should be invited to the school within 24 hours of the incident for the counseling to be helpful to the students. Counseling is offered in small groups, where RYA staff start out by explaining exactly what happened in the situation in order to help reduce rumors. Then staff ask how each individual knew the student and what he or she remembers about the student.

Contributed by Diana Bednarz, former coordinator of Regional Youth Associates at Central Plains Center for MHMR - Substance Abuse, (806) 291-4470.



Resources

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

Resources in Texas:

Texana MHMR Center

3007 N. Richmond Rd., Wharton 77488
(409) 532-3098

Austin State Hospital

4110 Guadalupe, Austin 78751-4296
(512) 419-2330

Corpus Christi State School

P.O. Box 9297, Corpus Christi 78469-9297
(361) 844-7719

MHMRA of Harris County

MR Division—Transition Services
2850 Fannin, Houston 77002
(713) 970-7561;
www.mhmraofharriscounty.org

Dallas MetroCare Services

MR Service Coordination
1380 River Bend Dr., Dallas 75247-4914
(214) 689-5140
Career Design & Development Services
101 N. Zang, Dallas 75208
(214) 948-2400

Texas Panhandle Mental Health Authority

1619 S. Kentucky, Suite 640F, Amarillo 79102
Families First—(806) 354-2191
Services to At Risk—(806) 359-2005 or (800)
692-4039.

Abilene Regional MHMR Center

School Bound Program
765 Orange St., Abilene 79601
(915) 670-4806

Center for Health Care Services
Children's Mental Health Program
3031 IH-10 West, San Antonio 78201
(210) 731-1300

MHMR Services of Texoma

WHO Program
203 Airport Dr., Denison 75020
(903) 786-4804

Anderson/Cherokee Community Enrichment Services

Youth Mental Health Program, 5656 N. Jackson
Jacksonville 75766, (903) 589-9000
Compass Center Programs, P.O. Box 631
Jacksonville 75766, (903) 589-3926
www.accessmhmr.org

Central Plains Center for MHMR— Substance Abuse

Regional Youth Associates
2700 Yonkers, Plainview 79072-1892
(806) 291-4470

Johnson-Ellis-Navarro MHMR Services

800 North Main, Suite N, Corsicana 75110
(903) 872-2491

Texas University Affiliated Program

UT-Austin College of Education
(512) 471-7621

Sabine Valley Center

107 Woodbine Place, Longview 75608
(903) 234-4223

Resources outside of Texas:

National Mental Health Association

1021 Prince St., Alexandria, VA 22314-2971
(800) 433-5959 or (703) 684-772
www.nmha.org.

Safe Schools/Healthy Students Initiative

National Mental Health Services Knowledge
Exchange Network
Substance Abuse and Mental Health Services
Administration
P.O. Box 42490, Washington, DC 20015
(800) 789-CMHS or (301) 443-9006
www.samhsa.gov

Transition Services, continued from page 13

A number of local MHMR authorities are designating Transition units to reach more students needing services. A fiscal year 1997 survey on service priorities, conducted by the Mental Retardation Planning Advisory Council (MR PAC) of MHMRA of Harris County, identified transitioning as one of the top five needs of Harris County's priority population. In response, the MHMRA's Board of Trustees started a Transition Services unit, which identified potential new consumers and worked with the community to provide services for students who had not yet been informed about resources available to address their needs.

"The Transition unit coordinates services for individuals 14 through 22 years of age who are registered in a special education program," said Sylvia Smith, Transition coordinator. "We have developed training materials for families, agency staff, community organizations, school districts and other MOU participants. The Transition staff also provide translation for the MR PAC meetings and serve as liaisons for working committees of the MR PAC."

Students can contact Transition Services—housed within the MHMRA's MR Division—for information about eligibility and accessing the MHMRA's programs; representation at ITP meetings;

help in planning vocational training; aid in planning for continuing education; and other assistance.

During the first two quarters of fiscal year 2000, Smith and her staff provided transition services to 622 students in the 21 school districts in Harris County and conducted or participated in 760 school/community activities. The Transition Unit distributes a newsletter, *Transition News*, to more than 600 subscribers.

At Dallas MetroCare Services, MR Service Coordination staff members are assigned to provide transition services at 15 area school districts. Involvement is the key to their outreach.

"They build a rapport with their respective school district's transition person-

nel and participate in numerous information fairs for school staff and families during each school year," said A.G. Black, program director for MR Service Coordination.

Individual service coordinators address issues that come up in ITP meetings and act as resource contacts for the school staff, families and students. "They identify agencies' services or other community resources that address the issue at hand," said Black.

If the student desires employment, Black and his staff access vocational transitioning through Dallas MetroCare's Career Design & Development Services (CDDS).

"We work to let students know that the resources are there and that they have choices," said John Luna, CDDS director of Vocational Services. "We are active in all the school districts, letting people know about the vocational training we provide and the employment options that are available—in sheltered settings or supported employment settings."

CDDS is a member of six area chambers of commerce and also is involved in the Irving Business Advisory Committee. Staff provides information on disability issues and available resources to high school principals and assistant principals, as well as teachers and vocational counselors. Students receive needed services in such areas as career guidance and counseling, vocational training, supported employment, habilitation services and community inclusion.

Three times in the past five years, CDDS received a TXMHMR Showcase Award for innovative ideas that support and improve the quality of life for people with disabilities.

When individuals with disabilities find employment they enjoy, "you increase productivity through efficient use of the labor force," said Luna, "and these new employees are able to contribute to the growth of their community. In short, everyone wins."

For more information on services available at MHMRA of Harris County, contact Sylvia Smith at (713) 970-7561. For more information on the transition program at Dallas MetroCare Services, contact A.G. Black at (214) 689-5140 or (for employment services) John Luna at (214) 948-2400. —NB

"We work to let students know that the resources are there and that they have choices."

—John Luna, CDDS director of Vocational Services

Years ago, the parents of a child with mental retardation often were advised to have him or her institutionalized or at least sent to a special school.

But as understanding of mental retardation has increased, so have support programs. Now the goal is integration, as much as possible, into the community. People with mental disabilities are trained for jobs, taught living skills, and guaranteed the same rights to a fulfilling life as their peers who do not have disabilities.

Shemaki Robinson is a happy, busy 18-year-old with a job, hobbies, family and friends. She also has a form of mental retardation. She lives by herself in an apartment and graduated in May 1998 from Corsicana High School. She is employed as a dietary aide at a local nursing home. When asked what she likes most about her job, she responded, "I like people, and I realize that the nursing home where I work is the home of the people who live there, so I act as if I am a guest in their home."

At Johnson-Ellis-Navarro MHMR Services, Robinson received services tailored around her personal needs. The Service Coordination Department helped her with budgeting, transportation, paying bills and setting up her apartment.

"Shemaki has really progressed in the last year, and the support programs that are available are a big part of that," said Sharon Hall, her service coordinator.

Robinson also took classes at Corsicana High School that helped her with interviewing, completing an employment application and commercial cooking. Her family has been very supportive, giving her the encouragement she needs to take steps to independence.

"I love living in my apartment, because it is peaceful and quiet," Robinson said. "I have several hobbies. I like to cook, talk on the phone and read. Some day, I hope to become a nurse."

Her cooking skills already have received honors. She won first place at the FHA Navarro County Youth Expedition for her banana nut bread.

Contributed by Kathleen Brown, Community Relations director for Johnson-Ellis-Navarro MHMR Services, (903) 872-2491.

Personal Notes



Shemaki Robinson



Texas University Affiliated Program teaches board and committee membership skills to consumers

On public boards and committees overseeing services to individuals with mental illness and mental retardation, input frequently is gathered from people associated with consumers rather than the consumers themselves. For this reason, the majority of consumers have no direct input in the decisions affecting their quality of life.

A curriculum developed by the Texas University Affiliated Program (UAP) at The University of Texas at Austin provides training and activities to develop membership skills in people with cognitive disabilities who wish to participate and serve on boards and committees. Its mission is to provide a coordinated program of interdisciplinary training, service delivery, technical assistance, applied research and information dissemination so that individuals with developmental and other disabilities are in control of their own lives and are fully included in all levels of their communities.

Funded by a grant from the Federal Administration on Developmental Disabilities of the U.S. Office of Health and Human Services, the program uses a team approach to enhance such skills as active listening and problem solving. Activities are guided by a belief in individual supports, inclusion, self-determination, natural supports, and collaboration with organizations to address policy issues and systems change. Through Texas UAP's Leader-

ship Agent Team project, individuals with cognitive disabilities are paired with their chosen advisors to participate in a six-month training designed to facilitate their participation on state and local decision-making bodies. A number of Leadership Agent Teams have graduated from the training at Sabine Valley Center in Longview.

"These graduate teams provide the perfect opportunity for boards, committees and councils to receive advice and support from consumers regarding programmatic concepts and needed changes," said Anna Escamilla, project leader at Sabine Valley Center.

Also, the Leadership Agent Team project conducted a presentation at the TXMHMR Helen Farabee Conference in 1999.

Texas UAP, located in UT-Austin's College of Education, is one of 61 non-profit facilities based in colleges or universities throughout the United States and its territories. For more information, contact the UAP office at (512) 471-7621.

Upcoming Theme

• Strategies to Promote
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