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MHMR WORKSHOP AT LAITY LODGE

The MHMR workshop at Laity Lodge on 16-18 October, which was conceived and led by Board Chairman Mr. L. Gray Beck, was a well-attended and highly successful meeting of key individuals who minister to the mentally disabled people of Texas. The hospitality, food, and accommodations furnished by the H. E. Butt Foundation Camp were outstanding and Mrs. H. E. Butt, a very gracious hostess. In addition to improving understanding between individuals, the workshop addressed the factors that will change and direct TDMHMR through the next decade. All major issues of concern to the Texas Council were considered at length. Since findings of the meeting will be distributed to all centers and participants, only the most salient issues will be mentioned here.

The need for a continuous MHMR system of care linking all delivery components on behalf of clients and the taxpayers was emphasized. It was apparent that actions to achieve such a system are necessary and will be recommended to the Legislature.

The fact emerged that a well-coordinated and continuous system of MHMR care cannot be achieved unless there are commensurate changes to the planning, budgeting and appropriations processes. Since the methods of budgeting and expenditure control determine future administrative and programmatic actions, better means of determining and allocating resources must be devised.

It was also recognized that organizational and planning changes are required to comply with existing statutes and to achieve a more appropriately funded and controlled system of MHMR care.

The meeting had the additional benefit of demonstrating to all observers, including those from the Governor's Office and Legislative staff, that there is a new and dynamic spirit in the leadership of TDMHMR.

EVALUATION IS INEVITABLE

Evaluation of MHMR services is inevitable; the question is, by whom and to what standards of accuracy and validity?

The TDMHMR workshops at Leakey, Texas discussed evaluation and concluded that, in process and product, it is indeed difficult. Pursuing the subject, it is apparent that two forms of evaluation exist, the formal and the informal, or even inadvertent, evaluation.

Potentially, the most useful evaluation is the formal one of performance, that which measures change in the clients' behavior and answers the question: Did the services or therapy move the client toward greater competency in dealing with problems of living? This can be done reliably when disabilities manifest themselves in aberrant behavior. Then it is possible to determine the factors that elicit the behavior and to measure the frequency and duration of the aberrant actions. Following therapy, it is then feasible to measure these same factors and to draw definitive conclusions. However, in the case of mental disabilities that produce few symptoms in advance of drastic actions, such as certain suicides or violent episodes, this model of evaluation is not fully adequate.

Another form of formal evaluation is that of measuring compliance with standards, rules, regulations, and statutes. This can be done by accreditation reviews and a variety of inspection techniques to assure conformance to regulations which may also measure economy and efficiency. Here, the present difficulty is the uncertainty of base-line information. Most frequently, it is now necessary to compare the performance of organizations against their own goals, rather than against concise and universal standards of performance.

The most readily achieved formal evaluation process is the simple financial audit, which can be performed as frequently as necessary to determine if funds were spent for the designated purpose and with adequate safeguards. This is done at least annually but is an inadequate basis for program revision.

In short, formal evaluation can be categorized into three areas: performance, compliance, and audit. However, there is a fourth evaluative category. This is the informal and decisive one of the political process. Political evaluation in the absence of hard data on performance has historically directed budgeting and appropriations. In this kind of evaluation, clients,

community citizens and elected officials develop their opinions in informal and unstructured ways. To some degree, clients express their evaluation of services with their feet. They may employ services as long as they are useful, or they may abandon them in frustration, or when they reach their goals. Without formal methods, it is easy to misinterpret client evaluations. The elected official evaluates services in a number of ways. First is the improvements the services make to the lives of the people in the district. This includes not only the possible therapeutic value of programs, but also the economic contribution of an institution or center to the district. Also influencing the elected official are expressed opinions of community leaders and negative comments from any source.

At the present time, the difficulty of achieving formal evaluation has, by default, resulted in almost complete reliance on political evaluation as the basis for programming and budgeting. Since evaluation is inevitable, MHMR administrators are well advised to proceed with all due haste to develop more effective formal evaluation and, at the same time, give due attention to providing those in the informal evaluative process all necessary information.

GOVERNOR CALLS FOR STATE GOVERNMENT EFFICIENCY

Governor Bill Clements has formulated a program designed to increase the efficiency of state government while reducing state employment. In the cover letter for his "Texas State Government Effectiveness Program," Clements proposes that the government's challenge of responding to more limited resources and the demand from the public for acceptable tax levels can be met through implementation of more effective management techniques in state government.

Mr. Paul Wrotenbery, Executive Director of the Governor's Office of Budget and Planning, addressed the major points of this program at the MHMR conference at Leakey. In addition, the Texas Research League describes the key elements of the program in their October 1979 issue of TRL Activities. These elements include:

Board Effectiveness: Governing Boards of the state agencies and institutions must exercise their responsibilities to see that our agencies and institutions are operated efficiently and effectively. To this end, we must carefully brief appointees to Boards on their responsibilities as Board Members and to provide them necessary data regarding their agency or institution to expedite their participation. To accomplish this, a major briefing program for new appointees is being established and a briefing package for all Board Members in state government is being prepared.

Employment Reduction: We must begin this program by reducing state employment. It is helpful to begin a process of improved management by forcing managers to deal with more limited people resources in order to turn attention to more effective and efficient methods, to eliminate redundancy and poor performance, and to streamline organization. (He mentions the endorsement by the Legislature of a five percent reduction per year in state employment and the use of attrition as a means of decreasing state employment by 25,000.) Some terminations will be necessary and in these instances the state should make every effort to retrain good qualified performers for other positions or to relocate them in other state agencies.

Performance Planning and Review: We must institute effective performance planning and review methods. Tied in with this must be a program to reward personnel based on performance and to identify and either upgrade or terminate people performing at an inadequate level.

Management by Objective: We must implement the philosophy and discipline of management by objective in every state agency. Every manager needs to work toward well-understood and well-defined objectives and to be measured on their progress in meeting these objectives. Here again, good performance must be recognized and rewarded.

Zero-based Budgeting: We must improve the budgeting process in our state government. Too many times, our budgeting exercise is an effort in futility and paperwork. Meaningful decisions that establish priorities based on well-defined objectives must be brought to bear. Careful reevaluation of all existing programs and the elimination of unneeded or outdated programs must be carried out.

Management Training: We must assist those currently in management roles to be more effective managers and strengthen the process of developing new managers through training and development programs.

Operational Audits: Operational audits, or management reviews, must be undertaken to improve organization and management. An operational audit is one of the first steps in improving management. Interagency operational audit teams using agency personnel supplemented by volunteer industry personnel will be utilized as a valuable resource to assist agencies in carrying out major operational audits.

Further information on this program is available from The Governor's Office of Budget and Planning, 411 West 13th Street, Austin, Texas 78701. Phone: (512) 475-2427.

COMMUNITY SUPPORT PROGRAM--PART II
MODEL DESCRIPTION

This article is Part II of a series on the National Institute of Mental Health (NIMH) Community Support Program. Part I, included in the September issue of The Curriculor, dealt with current problems in the delivery of services to the chronically mentally ill and the initial planning phases leading to the development of the Community Support System (CSS) concept of service delivery. This article will provide a general description of the CSS program model.

The 1977 NIMH Guidelines for this program define a CSS as "a network of caring and responsible people committed to assisting a vulnerable population to meet their needs and develop their potentials without being unnecessarily isolated or excluded from the community." NIMH identifies ten functions which the system should perform: 1) identification of the target population, whether in hospitals or in the community, and outreach to offer appropriate services to those willing to participate; 2) assistance in applying for entitlements; 3) psychosocial rehabilitation services including goal-oriented rehabilitation evaluation, training in community living skills, opportunities to improve employability, appropriate living arrangements, and opportunities to develop social skills, interests and leisure time activities; 4) crisis stabilization services in the least restrictive setting possible with hospitalization available where other options are insufficient; 5) supportive services of indefinite duration, including supportive living and working arrangements; 6) medical and mental health care; 7) backup support to families, friends, and community members; 8) involvement of community members in planning and housing or working opportunities; 9) protection of client rights, regardless of treatment setting; and 10) case management to ensure continuous availability of appropriate assistance.

Assuming that those ten opportunities and services are available in a planning area, NIMH identifies four conditions necessary for constituting a system. These are: 1) a comprehensive evaluation of the population at risk; 2) legislative, administrative and financial arrangements to guarantee availability of appropriate forms of assistance; 3) a core services agency within the community that is committed to helping this target population; and 4) a single person or team at the client level responsible for remaining in touch with the client on a continuing basis, regardless of how many agencies get involved.

There are certain unique characteristics to the CSS model which provide advantages over other service models. Many models have been inadequate in terms of paying systematic attention to the wide array of human service needs

of this population. In addition, the traditional concepts of precare and aftercare have been misleading in their implication that the real care happens in the hospital. The CSS attempts to deal with the whole range of functions an organized service system should perform, including prevention of secondary disabilities among persons just entering the system, rehabilitation, and long-term support for persons whose condition has stabilized or whose functioning may inevitably deteriorate. There are many similarities between this model and the Balanced Service System model now being piloted by the Joint Accreditation of Hospitals. Both concepts give priority attention to the severely disabled, encourage use of the least obtrusive, most normative service methods and settings, and encourage service planners to enhance natural support systems potentially available in the community. The major difference is that the Balanced Service System relates to all mental health target groups in the 12 service categories whereas the CSS is limited to one.

The major unique features of the model are: 1) recognition of the unique characteristics of the population including functional characteristics and social service needs; 2) recognition of the potential of the population with an emphasis on client participation, encouragement of more dynamic and less restrictive approaches (such as rehabilitation clubs, semi-supervised self-help apartment living programs, transitional employment in business and industry) and incorporation of medical, rehabilitation and social support models to provide opportunities for clients to assume normal social roles; 3) recognition of the need to support families and communities through counseling, crisis visits and consultation; 4) acknowledgement that the community can provide support with specific attention to encouraging mutual self-help, maximizing natural support systems, and stressing the necessity of community involvement in planning and the actual provision of different kinds of services; 5) flexibility of the model due to function-specific rather than facility-specific orientation. The assumption is deliberately avoided that a particular type of service can be performed only by a particular class of facility or a certain type of service setting. It is intended to encourage local communities to make effective use of facilities and resources already available and to avoid the dichotomy between institutions and community alternatives. The model is flexible as to how services should be coordinated at the local level but calls for a "core service agency" to assume a leadership and advocacy role on behalf of the target population in each planning area. Designation of that agency is delegated to state and local authorities .

The next issue of The Curriculor will describe the implementation strategy of the Community Support Program and initial evaluation of the program.

TWO TEXAS GROUPS RECEIVE HUD FUNDS

Two organizations in Texas have been awarded loans through the Department of Housing and Urban Development (HUD) 1979 Demonstration Program for Deinstitutionalization of the Chronically Mentally Ill. Section 202 Fund Reservations totaling $735,000 have been made to the Wichita MHMR Service Corporation (Wichita Falls) and the Mexican American Unity Council (San Antonio) for the purpose of developing a total of 21 housing units in Texas for persons with chronic mental illness.

The Texas Council sent letters to all Texas Congressmen and both Senators asking their support for these Section 202 loans. The Council received letters from Senator Lloyd Bentsen and the following Congressmen expressing interest and support for these projects. Their communication with HUD officials on this matter is greatly appreciated.

Bill Archer
J. J. Pickle
Kent Hance
Ron Paul
Mickey Leland
James Collins
Jim Wright
E. (Kika) de la Garza
Phil Gramm
Marvin Leath

In addition, these demonstration loans have received the support of Governor Clements and the support and coordination of the Texas Department of MHMR, Texas Department of Human Resources, Texas Rehabilitation Commission, Texas Department of Community Affairs, and Texas Department of Health. Further information is available through the office of the Texas Council.

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