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GOALS AND OBJECTIVES OF TOMHMR

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The State Board of MHMR on 22 February 1980 approved a mission statement and goals of the Department and, on 30 May 1980, approved objectives for the goals. The mission statement elaborates on the purpose and policy provisions of House Bill 3 to emphasize a continuum of services preserving and promoting home living situations for the mentally disabled, in the least restrictive environment, and in the best interest of the clients.

Goal I of the four specified is to develop a unified, comprehensive and integrated delivery system of care and treatment that focuses on client needs; provides high quality care; does not abridge the rights of clients; is responsive to community values, attitudes and needs; and provides a continuum of services equitably to all people in Texas.

- la. The delivery system will be based on accurate needs assessments.
- Ib. Services will be community-based, wherever feasible.
- Ic. Clients will, whenever possible, be treated at the community level, in the least restrictive environment.
- Id. The delivery system will contain a continuum of services ranging from community based to institutional care.
- le. The delivery system shall be provided in an efficient and effective manner to maximize the utilization of available resources.
- If. The delivery system shall include the capability to track and monitor the client as he/she enters and moves through the system.

Objectives listed to achieve Goal I are:

- Objective I: To perform needs assessment studies for the programs included in the delivery system by 31 January 1982.
- Objective 2: To develop and implement a management information system that provides comparative cost accounting and client tracking throughout the system by 30 June 1981.
- Objective 3: To define the service delivery roles and functions of state schools, state hospitals, human development centers, and community mental health mental retardation centers.
- Objective 4: To implement standard administrative structures for all elements of the service delivery system by December 1981.
- Objective 5: To implement a system for Management by Objectives in all facilities by I September 1981.
- Objective 6: To develop a plan for community based services to unserved and underserved identified target populations with specific attention to minority groups.
- Objective 7: To implement the Continuity of Care Rule by I September 1983.
- Objective 8: *To develop and implement a program evaluation plan that includes a treatment and care program in state schools, state hospitals, state human development centers and community MHMR centers by 31 August 1981 (*adopted at the Board meeting on 30 May 1980).

The three additional goals and their objectives are also highly desirable and address the need for expanded primary and secondary prevention, habilitation programs for the mentally ill and substance abuser, and habilitation programs for the mentally retarded and developmentally disabled.

In order to meet these goals and objectives, it is necessary that the Central Office of TDMHMR and all MHMR delivery components be organized in a manner effective to achieve them. Reorganization of the Department of MHMR has been urged by numerous individuals and groups including Chairman L. Gray Beck, Commissioner Kavanagh, the conference at Laity Lodge, the Special Committee on the Delivery of Human Services, the Governor's Special Audit, the Texas Research League, and the Texas Council. The Texas Council feels, as seemingly do these groups and individuals, that until the structure exists for all MHMR components to function as a coordinated and continuous system of care, the much needed goals and objectives listed above will be extremely difficult to achieve.

TEXAS COUNCIL RESPONDS TO SR-67 RECOMMENDATIONS

The April-May issue of <u>The Curriculor</u> listed the recommendations for improving the MHMR delivery system which were tentatively adopted by the Special Committee on the Delivery of Human Services in Texas (SR-67 group) on 24 April 1980. These recommendations were produced by the Subcommittee on MHMR. The Texas Council submitted comments on the MHMR recommendations to be considered as the Committee writes its final report. The substance of these comments is listed below. Specific comments on individual recommendations are available upon request from the Texas Council Office.

- 1. Regionalization of human service agencies, including TDMHMR, along HSA boundaries is desirable. Recommendations to this effect must include the means and sanctions to enforce compliance.
- 2. Creation of legislative committees to oversee interagency coordination and policy planning should take into consideration their relationship to agencies designated by law as responsible for such coordinated planning (e.g., the State Health Department as the State Health Planning Authority).
- 3. Terms should be explicitly defined. "Community Center" should be "Community MHMR Center"; "facility" should be changed to "institution" if that is what is implied in its usage; the use of the terms "mentally ill" and "hospital" should be reviewed in the recommendations to ensure that these terms are not being mistakenly used to refer to all MHMR clients or MHMR institutions. They should be revised accordingly to reflect the clients and components to which they apply.
- 4. Construction for Community MHMR Centers is an issue of major importance and should be considered further for inclusion in the recommendations.
- 5. Community MHMR Centers should be included in the programmatic funding format recommended for other MHMR components.
- 6. The Council concurs with Commissioner Kavanagh's reservations about placing limitations upon duration of services, since these limitations may infringe upon clinical evaluation of needs and do not take into account the chronic nature of certain disabilities.
- 7. While service providers should strive to make their services both effective and economical, effectiveness should be given primary consideration over economy.

- 8. The recommended change in language to Section 1.01(b) of House Bill 3, relating to the Department's authority over local agencies assuming responsibility for the provision of MHMR services, is felt to be redundant, as the Department's authority over Community MHMR Centers currently exists in statute and the language change does nothing to further clarify present lines of authority.
- Community MHMR Centers should be budgeted as part of a state-wide MHMR system of care and should be afforded ten percent flexibility in fund movement.
 - 10. Recommendations regarding changes in confidentiality should reflect a client's right to control, use or dispose of information in his or her record.
 - II. We concur with the development and implementation of a single, uniform client information system and recommend that Community MHMR Centers should be specifically included within this system.
 - 12. Experienced county judges should be included in the judicial advisory committee to TDMHMR.
 - 13. The Mental Health Code should be changed to include Community MHMR Centers.
 - 14. Any designation of "first priority" client populations for Community MHMR Centers should be examined in terms of goals and priorities established in the State Health Plan. While we concur that populations to be served by components of the MHMR system should be defined, designation and prioritization of these populations should be made in accordance with the State Health Plan and for all components rather than Community MHMR Centers alone. The Department should be allowed to contract with other local agencies where Community MHMR Center services are not available or where provision would place an undue hardship upon the Center.
- 15. Recommendations regarding screening of clients by Community MHMR Centers should consider the following:
 - a. the term "screening" should be replaced by "diagnosis and evaluation";
 - b. consent to screening should be addressed;
 - c. provision of this service will require budget consideration;

- d. clarification should be given as to whether these services will be provided during working hours or on a 24-hour basis;
- e. designation by the Commissioner of an alternate service provider for these services should be allowed in the absence of Community MHMR Center services.
- 16. Community MHMR Centers should be included in the development of any continuing care plan for a client furloughed from an institution. Distinction should be made between "discharge" and "furlough" of a client, since the discharge of a client releases him from any mandated involuntary treatment.
- 17. We concur with the recommendations that the Department of MHMR should evaluate the need for public emergency psychiatric beds in each Community MHMR Center service area, and that, based on evidence of need submitted by the Department, the Texas Legislature should appropriate funds to Community MHMR Centers to provide, either through contract or direct service, public emergency psychiatric inpatient services for both voluntary and involuntary patients in these areas if these services do not exist or are inadequate.
- 18. We concur with the recommendations to emphasize review, update and needed revision of the <u>Texas Plan to Combat Mental Retardation</u>. The Mental Retardation Plan developed by the State Health Planning and Development Agency (SHPDA) for the Statewide Health Coordinating Council (SHCC) should conform to this Texas Department of MHMR Plan. In further explanation, the Texas Department of MHMR, as the State MHMR Authority, should develop its plan in accordance with the Federal guidelines of the HSA process and in consultation with local HSA planners. This Plan should then be submitted to the SHPDA and SHCC for inclusion in the overall State Health Plan. The Texas Department of MHMR, as the MHMR Authority, should be responsible for the planning and implementation of any Mental Health or Mental Retardation Plan developed for the State, using the HSA process as a basis for their planning effort.
 - 19. We concur with the recommendations to identify the autistic populations currently served in all MHMR components, and to study the appropriateness of current placements and service alternatives to meet the needs of this client population
 - 20. It should be re-emphasized that, in order to include Community MHMR Centers in a continuum of care, they must be included in those recommendations requiring joint planning or delivery of services.

TEXAS HOUSE CANDIDATES FOR NOVEMBER ELECTIONS (*indicates incumbents)

Dist.	<u>Democrat</u>	Republican	Dist.	Democrat	<u>Republican</u>
I 3 10 12 13 15 17 18 19–B 20 21 24 25 27 29 30 31 32–C 32–E 32–1 33 33–A 33–C 33–F 33–G 33–H 33–I 33–I 33–I 33–J 33–J 33–N 33–D 33–H 33–J 33–H 33–J 33–H 33–J 33–H 33–J 33–H 33–J 33–H 33–J 33–H 33–J 33–H 33–J 33–H 33–J 33–H 33–J 33–H 33–J 33–H 33–J 33–H 33–J 33–H 33–J	*Hamp Atkinson Jim McWilliams *Smith Gilley *Bill Clark *Jimmy Mankins Jim Turner *Ed Watson Rodney Dwayne Tow *Lloyd Criss *Jerry Benedict Jim Coate *Bob Hendricks *Tip Hall Tom Waldrop *Bill Keese *Robert Saunders *Tom Uher *Lanny Hall Tim Woodring Dick Price Bruce Gibson Carroll Brown Mary Nichols Margaret Rey *Chris Semos Steve Wolens *Ray Keller *Ted Lyon *Carlyle Smith *John Bryant Louis Wittkower *Lanell Cofer Christopher Craig Doug Henager *Dan Kubiak	Charles Newton Patrick Roberts Jack Whilden Thomas Barber Michael Martin Jim Clark David King John Beck Henry Haney George Gabriles *Tom DeLay Frank Eikenburg Jim Horn Terry Means Jim Warren Earl Galipp Richard Hillyer Jan McKenna *Charles Evans *Bob Ware Ruby Horton *Bob Davis *Anita Hill *Bob Maloney Ruth Rayner Tom Brinson Nick Cariotis Jim Airhart Tommy Vaughan William Burch *Frank Gaston Lisa Hembry *Bill Ceverha Rollin Khoury John R. Carter	37-A 37-B 37-D 41 45 47 48-A 48-B 48-C 50 51 52 57-B 57-C 57-D 57-E 57-C 57-D 57-E 57-G 57-H 57-H 57-H 57-H 57-H 57-H 57-K 59-A 60 64 65 67 69 71 72-A 75-B 75-B 76 77 78 79	*Gonzalo Barrientos *Mary Jane Bode *Wilhelmina Delco *Leroy J. Wieting *Don Rains Joe Moron *Arnold Gonzales *Hugo Berlanga *Bill Harrison *Hector Uribe *Melchor Chavez John Gavin *Frank Tejeda *Al Brown Tommy Adkisson *Lou Nelle Sutton *George Pierce Joyce Dorrycott *Paul Elizondo *Matt Garcia Juan Hinojosa Richard Burnett J. W. Buchanan *Bob Simpson Dee Miller *Richard Slack *Mary Polk Mary Haynes Carolyn Jordan *Froy Salinas *Pete Laney *Jim Rudd Ted Kloesel Debra Danburg	Michael McAfee Terral R. Smith Robert L. Lusk Gene Matthews Lloyd Murphy J. H. Reynolds Charles Nichols Fidel del Barrio Ken Riley Edie Brees Bob Youker Bob Miks Manuel O. Flores Alan Schoolcraft Egon Tausch Murrene Gilford Dorothy D. Bryan Kae Patrick Bill Arnold Charles Olmsted Joe Summers, Jr. Charlie Hooker R. C. Porter Jim Fletcher Charles Staniswalis Jerry Cockerham S. L. Abbott Jack Vowell Nolan Robnett McKinley Shepherd John Kirchhoff Ed Hicks *Ed Emmett Harold May III

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TEXAS HOUSE CANDIDATES (Cont.)

Dist.	Democrat	Republican
80 84 87 92 95 97		*Dan Dowdey Don Whitefield Henry Flores *Frank Hartung Buddy Moritz Malcolm Roberts
00	*Bill Caraway	Randy Pennington

Incumbents Going Out of Office (Democrats only)

**indicates those defeated in primaries

3	*Ben Grant	52	**Dave Allred
5	*Buddy Temple	57-D	*Ron Bird
14	**Fred Head	57-H	**Don Cartwright
15	**Emmett Whitehead	59-A	*Cullen Looney
16	*Jim Browder	60	*Tom Massey
18	*Jimmie Edwards	63	**Mike Ezzell
23	*Bill Sullivant	64	*Bob Close
27	*Forrest Green	67	*Danny Hill
30	*John Wilson	72-A	*Luther Jones
33	*Ed Mayes	79	*Ron Waters
33-G	*Clay Smothers	80	*Lance Lalor
34	*Jerry Donaldson	84	**Herman Lauhoff
35-B	**Joe Gibson	87	*Ben Reyes
47	*Tom Martin		

Note: There were no run-off elections among Republican candidates in the House.

SENATE CANDIDATES FOR NOVEMBER ELECTIONS

Dist.	Democrat	Republican
5	Kent Caperton	N. A. McNiel
7	*Gene Jones	Mike Richards
8	Jim McNees	*Ike Harris
9	*Ron Clower	Dee Travis
15	*Jack Ogg	Richard Parker
16	Ron Kessler	John Leedom
17	*Babe Schwartz	James Brown
18	John T. Wilson	Bill Buckner
19	*Glenn Kothman	Lee Roy Condra
20	*Carlos Truan	Marco Eugenio
22	Bob Glascow	Jay Brummett
31	Bill Sarpalius	*Bob Price

Incumbents Going Out of Office

5

16

:18 22

**indicates those defeated in primaries

**Bill Moore *Bill Braecklin (R) *Bill Patman *Tom Creighton

CONFERENCES AND TRAINING

<u>Continuity of Care.</u> On II-12 July 1980, the Texas Council will sponsor a conference on Continuity of Care at the Joe C. Thompson Center in Austin. Sessions scheduled for the first day include the following topics: Continuity of Care Rule: Its Impact and Funds Requirement; Prevention of Institutionalization; Closing the Revolving Door; a presentation and panel discussion on Recommendations of Groups Studying MHMR Services in Texas, with representatives from the SR-67 Special Committee on the Delivery of Human Services, the Governor's Special Audit, and the Texas Research League; Legislative Initiatives; Reorganization of the Texas Department of MHMR; and the New Mental Health Systems Act.

Sessions scheduled for the second day will include a panel of the major advocacy groups in Texas discussing Advocacy and Effectiveness, and a panel of Federal and State agency representatives discussing MHMR Planning and Implementation. Members of this panel will include representatives from the Governor's Office of Budget and Planning, the Texas Department of Health, the Legislative Budget Board, the Department of Health and Human Services (formerly HEW) Region VI, and the Texas Department of MHMR. Following the conference, the Texas Council will hold a Board of Directors meeting to which all conference participants are invited.

In conjunction with this conference, the Texas Council is sponsoring a reception and dinner on the evening of II July honoring Dr. John J. Kavanagh, Commissioner of the Texas Department of MHMR, in appreciation of his continuing support of Community Centers and his efforts to improve the MHMR delivery system in Texas. Further information on the conference and dinner is available from the Office of the Texas Council.

<u>Continuing Education</u>. The Texas Council, in cooperation with the Division of Continuing Education at Texas A & M University, will present three regional workshops this fall for Board members of Community MHMR Centers on financial planning. The regional educational workshops will be offered as a part of the Texas Council's continuing board education program. Tentative dates, locations and faculty for the workshops are as follows:

17-18 October	Houston	Dr. Steven Schnee, Mr. Ward Burke, Mr. Joe Bart
		Mr. John Billings, Mr. Doug Barnes, Dr. Robin Smith
7-8 November	Lubbock	Dr. Wayne Lawrence, Ms. Linda Gregory, Mr. Dave Shannon

Additional training will be offered in the Spring of 1981. Specific

information on the workshops will be available from the Office of the Texas Council and later issues of The Curriculor.

<u>Volunteer Services.</u> The Board of the Deep East Texas MHMR Services and the Lufkin State School Volunteer Services Council will co-sponsor the Twenty-Second Annual Volunteer Services State Council Meeting in Lufkin on 25-27 September 1980. The meeting will include an awards banquet, tours of MHMR programs and facilities in the Deep East Texas area, information on innovative pilot programs utilizing volunteers, and workshops on such issues as: Understanding Public Responsibility Committees, How Volunteer Programs Operate in Community MHMR Centers, How to Work with the News Media, and Duplication of Successful Volunteer Programs.

Volunteers are a vital part of community involvement in the delivery of community MHMR services. Continuation and expansion of volunteers' participation is an issue of great importance to all Community MHMR Centers. Further information on the Annual Meeting of the Volunteer Services State Council is available from Ms. Gwen Cunningham, Director, Volunteer Services, Deep East Texas Regional MHMR Services, 4101 South Medford Drive, Lufkin, Texas 75901. Phone: (713) 639-1141.

TEXAS COUNCIL AWARDED TECHNICAL ASSISTANCE CONTRACT

On 23 June 1980, the Texas Council was awarded a contract by the Department of Health and Human Services (formerly HEW) to provide technical assistance to Community MHMR Centers in Texas. The contract involves development and provision of conferences in four areas of technical assistance. These are: continuity of care for persons discharged from inpatient care; development of community support programs; improving mental health services to Blacks, with emphasis on accessibility and appropriateness of services; and improving mental health services to Hispanics (Mexican-Americans), with emphasis on accessibility, cultural implications and appropriateness of services.

The contract period for provision of this technical assistance will be from I July 1980 through 30 June 1981. Five Community MHMR Centers have been designated as sub-contractors to conduct the training.

The continuity of care segment will involve three distinct conferences, one each to be conducted by the Austin-Travis County MHMR Center, the Bexar County MHMR Center, and the Tropical Texas Center for MHMR. There will be two conferences in the area of community support programs. The first will discuss plans for development of such programs and the second, or follow-up session, will discuss efforts resulting from plans developed at the first meeting. Gulf Coast Regional MHMR Center will coordinate and conduct these conferences. The MHMR Authority of Harris County will be the sub-contractor

responsible for the contract segment concerned with improving mental health services to Blacks. This will involve working with a planning committee representative of the Black community of interest in mental health to design a conference on specific areas of concern. A similar format will be used for the sub-contract on improving mental health services to Hispanics, with Bexar County MHMR Center designated as the sub-contractor.

The contract will be carried out in three distinct phases: Phase I -Planning and Development (July-October, 1980); Phase II - Performance (November 1980-February 1981); Phase III - Documentation (March-June 1980).

Further information on these technical assistance efforts will be made available as plans develop.

BIOGRAPHICAL SKETCHES

The April-May issue of <u>The Curriculor</u> contained biographical sketches on four members of the Executive Committee of the Texas Council. This issue continues with information on members of the Executive Committee.

Mr. Frank Adams is the President of the Texas Council and a Board member of the Southeast Texas MHMR Center in Beaumont. He shares a law practice with his son. Mr. Adams spent many years in military service, including three and a half years U.S. Naval Reserve service in the Pacific Theater. He was the recipient of the Bronze Star medal and is currently a Captain, USNR (Ret). He was formerly a prosecuting attorney in Polk County and first district attorney of Jefferson County. Presently, he is a member of the Family Law Council of the State Bar of Texas and Vice-chairman of Family of Tomorrow of the American Bar Association. Mr. Adams has long been involved in service to the Beaumont area and the larger community. He is currently a member of the Chamber of Commerce and the Young Man's Business League. He is Chairman of the Jefferson County Child Welfare Board and was formerly President of the Jefferson County Bar Association, a County Commissioner for Jefferson County, and Chairman of the Board of the Southeast Texas MHMR Center. As President of the Texas Council, Mr. Adams provides leadership in many areas and serves as Chairman of the Board of Directors and the In addition, he serves on the Board of Citizens for Executive Committee. Human Development.

Dr. Martha Tevis is a member of the Executive Committee of the Council and Vice-chairperson of the Board of the Tropical Texas Center for MHMR in Edinburg. She has served continuously on that Board since 1969, and has been Vice-chairperson since 1973. Dr. Tevis is an Associate Professor and member of the Graduate Faculty at Pan American University where she has been a faculty member since 1967. She has provided leadership in numerous professional societies and organizations from the local through the national level. As a member of the Tropical Texas Board, Dr. Tevis is Chairperson

of the Personnel Committee, and is a member of the Program, Building, and Executive Committees. She represents the Center Board on the Board of Directors and Executive Committee of the Texas Council and serves as Chairperson of the Curriculum and Continuing Education Committee. She was Coordinator of the Board Training Conference sponsored by the Texas Council in January 1980 under HEW contract, is currently the Editor of <u>The Curriculor</u> and is working presently in conjunction with the Continuing Education Division of Texas A & M University developing a continuing education program for Community MHMR Center Board members. In addition, Dr. Tevis serves on the Board of Citizens for Human Development.

<u>Mrs. Lee Veenker</u> is the newest member of the Executive Committee, replacing Mr. Doug Barnes as Chairperson of the Dallas County MHMR Center and representing the Dallas Board on the Texas Council. Mrs. Veenker is a Registered Nurse and is Assistant to the Director of Nursing Service at Irving Community Hospital. She has served previously as President and Treasurer of the Irving Professional Registered Nurses Club, and is a past member of the Executive Board of the Brandenburg School PTA and the League of Women Voters of Irving. She is currently Secretary of the Republican Women's Club of Irving, a volunteer for the Red Cross, and a member of the Executive Board of the Christian Women's Club of Irving. We look forward to Mrs. Veenker's participation on the Executive Committee and the contribution of her experience and talents to the continuing work of the Texas Council.

	The Texas Council of Community	MHMR Centers, Inc.
Frank M.	Adams, President	H.W. Hise, Executive Director

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